

interChange Provider Important Message

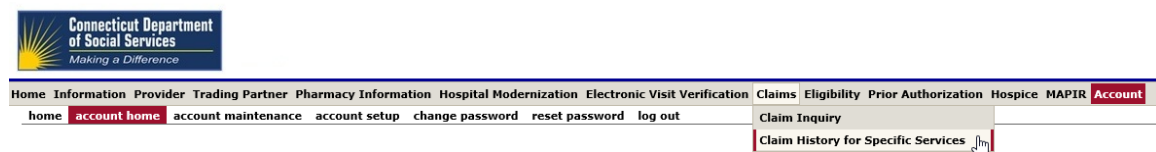
Attention: Medical Equipment, Devices, and Supplies (MEDS) Providers

RE: Using the Web Portal Claim History Inquiry to Prevent Durable Medical Equipment (DME) Claim Denials

With the recent limitation changes to Medical Surgical Supplies, Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices announced in [Provider Bulletin 2021-37](#), DME providers are encouraged to utilize the Web portal claim history inquiry feature to verify the claim history for procedures subject to the recent quantity changes as well as any other procedures subject to limitation restrictions.

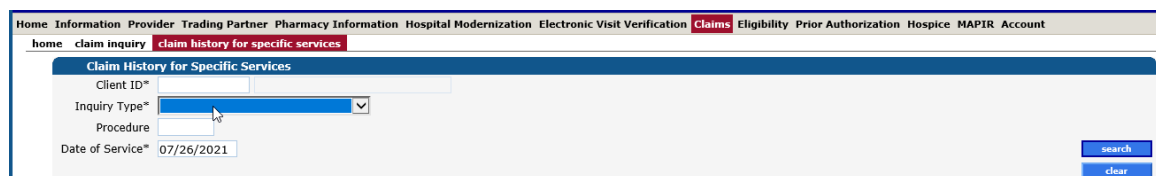
The Web portal claim history feature allows DME providers to verify whether a specific product has been rented or purchased by another provider, prior to providing the service to Medicaid clients. This feature can alleviate claim denials for products/services where a quantity limitation exists for a specified time period.

The Claim History for Specific Services feature is available on the secure Web portal, under “Claims” then “Claim History for Specific Services.”



Secure Web portal users must enter the client ID, inquiry type and date of service to see search results. For the date of service, enter the date that the provider will be performing the service or dispensing the product.

A specific procedure code may be entered to narrow down results in the Inquiry Type category, but it is not mandatory to complete the search. Once the criteria have been entered, click “Search”.



The search results will return the previous 365 days of history of the client based on the date of service entered.

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Example 1

DME Rent to Purchase inquiry type selected. Procedure code was not specified.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification **Claims** Eligibility Prior Authorization Hospice MAPIR Account

home claim inquiry **claim history for specific services**

Claim History for Specific Services

Client ID* 00000000 x

Inquiry Type* DME - Rent to Purchase

Procedure

Date of Service* 07/26/2021

Benefit History

Date of Service	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Diagnosis	Units Allowed	Paid Date	ICN	Detail Number	Provider Name	Phone
07/19/2021	E0607 - Blood glucose mon	NU				E119 - Type 2 diabetes mellitus without complications	1			1		
09/04/2020	E0114 - Crutch underarm p	NU				S80911A - Unspecified superficial injury of right knee, init enctr	1	09/22/2020		2		

Example 2

Med Surg Supplies and Orthotics inquiry type selected. Procedure code was not specified.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification **Claims** Eligibility Prior Authorization Hospice MAPIR Account

home claim inquiry **claim history for specific services**

Claim History for Specific Services

Client ID* 000000000 x

Inquiry Type* Med Surg Supplies and Orthotics

Procedure

Date of Service* 07/26/2021

Benefit History

Date of Service	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Diagnosis	Units Allowed	Paid Date	ICN	Detail Number	Provider Name	Phone
07/03/2021	K0553 - Ther cgm supply a					E161 - Other hypoglycemia	1	07/13/2021		2		
07/03/2021	K0553 - Ther cgm supply a					E162 - Hypoglycemia, unspecified	1	07/13/2021		2		
06/04/2021	K0553 - Ther cgm supply a					E162 - Hypoglycemia, unspecified	1	06/22/2021		2		
06/04/2021	K0553 - Ther cgm supply a					E161 - Other hypoglycemia	1	06/22/2021		2		
05/04/2021	K0553 - Ther cgm supply a					E161 - Other hypoglycemia	1	05/25/2021		2		
05/04/2021	K0553 - Ther cgm supply a					E162 - Hypoglycemia, unspecified	1	05/25/2021		2		

Example 3

Med Surg Supplies and Orthotics inquiry type selected. Procedure code specified.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification **Claims** Eligibility Prior Authorization Hospice MAPIR Account

home claim inquiry **claim history for specific services**

Claim History for Specific Services

Client ID* 000000000 x

Inquiry Type* Med Surg Supplies and Orthotics

Procedure A4253

Date of Service* 07/26/2021

Benefit History

Date of Service	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Diagnosis	Units Allowed	Paid Date	ICN	Detail Number	Provider Name	Phone
10/20/2020	A4253 - Blood glucose/rea					E1142 - Type 2 diabetes mellitus with diabetic polyneuropathy	2	11/10/2020		1		
09/09/2020	A4253 - Blood glucose/rea					E1142 - Type 2 diabetes mellitus with diabetic polyneuropathy	2	10/14/2020		1		