

## MotionMD Early Warning List available for Officecare Accounts

### Aetna Billing Channel Switch

<b>Description</b>	Will alert users that any Patient Agreement with an Aetna payor needs to be submitted to the respective local biller.
<b>EW Wording</b>	PAs with Aetna payor need to be submitted to local billing entity. Update Billing Channel accordingly.
<b>Trigger</b>	Payor name includes 'Aetna'
<b>Displays / Dismissal</b>	On Aetna Payment Method. No dismissal.
<b>Notes</b>	Currently only turned on for NY accounts.

### Cigna Medicare

<b>Description</b>	Will alert users that when a Patient Agreement has an affected HCPCS code and Cigna Medicare Advantage payor that Prior Authorization is required.
<b>EW Wording</b>	Cigna Medicare Advantage plans require Prior Auth for this Product/HCPCS code. Please complete and submit the PA to billing as soon as possible.
<b>Trigger</b>	Payment Method is Commercial, payor name includes 'Cigna' Policy Number starts with a digit, and a HCPCS code that requires Prior Auth (this includes most HCPCS codes).
<b>Displays / Dismissal</b>	On Cigna Payment Method. No dismissal.

### CT Medicaid Length of Need Required

<b>Description</b>	Will alert users that Length of Need (LON) is required when the payor is Medicaid CT.
<b>EW Wording</b>	Length of Need is incomplete.
<b>Trigger</b>	Payor name matches 'Medicaid CT' exactly and no Length of Need has been added to the PA.
<b>Displays / Dismissal</b>	On Medical Information section of the Patient Agreement. EW is dismissed if Length of Need is added.

### Custom OTS Products

<b>Description</b>	Will alert users to email OfficeCare Logistics for the Custom OTS Product.
<b>EW Wording</b>	To process an order for a Custom measured OTS product, the Custom Measurement form and Shipping details need to be emailed to <a href="mailto:OfficeCareLogistics@enovis.com">OfficeCareLogistics@enovis.com</a> to process the request.
<b>Trigger</b>	A custom TOS product was added to the Patient Agreement.
<b>Displays / Dismissal</b>	On the Product section of the Patient Agreement. No dismissal.

### Duplicate HCPCS for Commercial Payors

<b>Description</b>	Will alert users when another Patient Agreement exists for the same patient and same HCPCS and Commercial Payor as the Payment Method.
<b>EW Wording</b>	Another Patient Agreement exists for this patient and HCPC for Commercial Payor.
<b>Trigger</b>	Another existing PA in MotionMD with the same patient and HCPCS code.
<b>Displays / Dismissal</b>	On the Product section of the Patient Agreement. No dismissal.

### Duplicate Medicare

<b>Description</b>	Will alert users when another Patient Agreement exists for the same patient and same HCPCS and Medicare as the Payment Method.
<b>EW Wording</b>	Another Patient Agreement exists for this patient and HCPC for Medicare.
<b>Trigger</b>	Another existing PA in MotionMD with the same patient and HCPCS code.
<b>Displays / Dismissal</b>	On the Product section of the Patient Agreement. No dismissal.

### Fitting & Adjustment Form Warning

<b>Description</b>	Will alert users when a Patient Agreement requires the completion of either an appropriate form and/or documentation describing the adjustments made to this product.
<b>EW Wording</b>	This PA requires the completion of either an appropriate form and/or documentation describing the adjustments made to this product.
<b>Trigger</b>	Payment Method is Medicare and product has a Fitting & Adjustment HCPCS Code: L0113, L0140, L0150, L0180, L0190, L0200, L0458, L0460, L0462, L0464, L0470, L0472, L0488, L0490, L0491, L0492, L0635, L0810, L0820, L0830, L1001, L1005, L1600, L1610, L1620, L1650, L1652, L1660, L1690, L1820, L1831, L1910, L1930, L1932, L1951, L1971, L2035, L2112, L2114, L2116, L2132, L2134, L2136, L3931, L3960, L3962, L3980, L3981, L3982, L3984.
<b>Displays / Dismissal</b>	On the Product section of the Patient Agreement. EW is dismissed when a Custom Form has been added to the Patient Agreement.

### Front-Wheeled Walkers Coverage

<b>Description</b>	This alerts users of non-coverage when front-wheeled walkers are added to a Patient Agreement and payor Cigna.
<b>EW Wording</b>	Please note Cigna does not cover front-wheeled walkers.
<b>Trigger</b>	Payment Method is Commercial, payor name includes 'Cigna,' and HCPCS E0143 is on the Patient Agreement.
<b>Displays / Dismissal</b>	On Cigna Payment Method. No dismissal.

### Jump Ball Code

<b>Description</b>	Will let users know they need to send Jump Ball HCPCS code claims to OfficeCare if the product was dispensed at the time of service.
<b>EW Wording</b>	If this product was dispensed to the patient, click the below button to update the billing channel to submit the PA to OfficeCare.
<b>Trigger</b>	If a product with one of the following HCPCS codes is added to the Patient Agreement: L0627, L0642, L1832, L1833, L3760, L3761 and the Billing Channel is set to Specialty Bracing.
<b>Displays / Dismissal</b>	On the Product section of the Patient Agreement. EW is dismissed once the button on the EW is selected.

### Massachusetts Medicaid Coverage

<b>Description</b>	Will alert users when a Patient Agreement has Medicaid or a set of Massachusetts Medicaids that DME is not covered.
<b>EW Wording</b>	The following Masshealth plans do not provide DME coverage and patient will be responsible for the self-pay price for any product dispensed. Masshealth Health Safety Net, Masshealth Partial Health Safety Net, Masshealth Connectorcare + HSN or Partial HSN, Masshealth Premium Assistance, Masshealth Emerg Aid to Elderly, Disabled and Children, Masshealth Children's Medical Security Plan.
<b>Trigger</b>	Payment Method is Medicaid or 'Masshealth' is in the payor name.
<b>Displays / Dismissal</b>	On Medicaid or Masshealth Payment Method. No dismissal.

### Medicare ABN

<b>Description</b>	Will alert users when a Patient Agreement with Medicare as the Payor that an ABN may be required.
<b>EW Wording</b>	ABN may be required for Medicare patients if coverage criteria are not met.
<b>Trigger</b>	Payment Method is Medicare.
<b>Displays / Dismissal</b>	On the Product section of the Patient Agreement. ABN is added.

### Medicare Reasonable Useful Lifetime (RUL) Warning

<b>Description</b>	This will alert users what the HCPCS CODE RUL is for a product
<b>EW Wording</b>	The HCPCS code on this product has a Reasonable Useful Lifetime (RUL) of {5,3,2,1} year(s).
<b>Trigger</b>	Payment Method is Medicare and an active HCPCS code on a product with a value in the new RUL Field
<b>Displays / Dismissal</b>	On the Product section of the PA. No Dismissal.

### Medicaid Authorization

<b>Description</b>	Will show users a warning when an Authorization (Auth) is required for Medicaid Payor.
<b>EW Wording</b>	Medicaid may require an Authorization (Auth) for this product/patient
<b>Trigger</b>	Payment Method is Medicaid.
<b>Displays / Dismissal</b>	On the Medicaid Payment Method. No dismissal.

### Medicare Pre-Authorization

<b>Description</b>	Will alert users that a Product on the Patient Agreement requires Pre-Authorization with Medicare prior to dispense.
<b>EW Wording</b>	[Product Name] requires authorization from Medicare PRIOR to dispensing the product to the patient.
<b>Trigger</b>	Payment Method is Medicare and Product HCPCS includes one of the following: L0648, L0650, L1832, L1851.
<b>Displays / Dismissal</b>	On the Medicaid Payment Method. No dismissal.

### Non-Billable Diagnoses

<b>Description</b>	Will show users an alert when the diagnosis is not specific enough to be billable.
<b>EW Wording</b>	A more specific ICD-10 code exists for [ICD-10 Code]. This may not be billable.
<b>Trigger</b>	An ICD-10 code that is considered non-billable by CMS is added to the Patient Agreement.
<b>Displays / Dismissal</b>	On the diagnosis section of the Patient Agreement. EW is dismissed when a more specific Diagnosis Code is added.

### Non-Covered Medicare Code

<b>Description</b>	Will alert users when a product with a HCPCS code commonly deemed "non-covered" by Medicare is added to the Patient Agreement.
<b>EW Wording</b>	The HCPCS code associated with the product [PRODUCT NAME] you selected is commonly deemed as 'non-covered' by Medicare and may not be a covered.
<b>Trigger</b>	Payment Method is Medicare and a typically non-covered product HCPCS code including: A4466, A4467, A4490, A4500, A4510, A4565, A4530, A6534, A6535, A6536, A6537, A6538, A6540, A6541, A6542, A6543, A6544, A6549, A9270, A9300, E0191, E0218, L0210, L1800, L1815, L1825, L1901, L2999, L3100, L3260, L3265, L3485, L3651, L3652, L3700, L3909, L3911, L3999.
<b>Displays / Dismissal</b>	On the Product section of the Patient Agreement. No dismissal.

### Orientation Mismatch

<b>Description</b>	Will alert users when there is a body side discrepancy between the diagnoses code(s) and product(s) added to the Patient Agreement.
<b>EW Wording</b>	A body side discrepancy exists in the diagnoses and/or products.
<b>Trigger</b>	Any conflicting Right/Left orientation mismatch from the Diagnosis Code name, Product name, Inventory Item Attribute, or Body Side.
<b>Displays / Dismissal</b>	On the Product section of the Patient Agreement. When the right/left orientations match.

### Same or Similar Check Reminder

<b>Description</b>	Will remind a user to perform a Same or Similar check if the Payment Method is Medicare and the HCPCS code is billable per CMS.
<b>EW Wording</b>	Same or Similar Check may be indicated for Medicare Patients.
<b>Trigger</b>	Payment Method of Medicare, a product with a billable HCPCS code, and the Same or Similar check has not been completed.
<b>Displays / Dismissal</b>	On the Payment Method section of the Patient Agreement. EW is dismissed when Same and Similar check is completed.

### Same or Similar Fail ABN

<b>Description</b>	Will alert users that an ABN is needed due to a Same or Similar check Fail response.
<b>EW Wording</b>	MotionMD's Same or Similar check determined this patient has received a Same or Similar product(s) within the applicable Reasonable Useful Lifetime. An ABN should be obtained for the affected product. ABN can be found on the Product section of the PA.
<b>Trigger</b>	Same or Similar Fail.
<b>Displays / Dismissal</b>	On the Payment Method section of the PA. EW is dismissed when an ABN is added to the Patient Agreement.

### Unguaranteed Coverage

<b>Description</b>	Will alert users when the payer is Humana that certain products might not be covered depending on the plan.
<b>EW Wording</b>	Some Humana policies may not cover the item(s) being dispensed. This does not apply to: Humana Gold, Tricare/Military, CareSource, Integrated Care or Medicare Adv. Plan.
<b>Trigger</b>	Payor includes the word “Humana.”
<b>Displays / Dismissal</b>	On the Payment Method section of the Patient Agreement. No Dismissal.

### Unprinted ABN

<b>Description</b>	Will alert users that the ABN needs to be printed and provided to the patient.
<b>EW Wording</b>	Per CMS, a printed copy of the signed ABN for [Product] must be given to the patient.
<b>Trigger</b>	An ABN has been completed but the “Print ABN” option has not been selected.
<b>Displays / Dismissal</b>	On the Product section of the Patient Agreement. EW is dismissed when the Print ABN option is selected.

### WC/Auto Date of Injury

<b>Description</b>	Will alert users that a Date of Injury is required when a Payment Method of WC/Auto is added to the Patient Agreement.
<b>EW Wording</b>	A Date of Injury (DOI) is required for Workers Comp and/or Auto claims. Please remember to add in the Medical Information section of the PA.
<b>Trigger</b>	Payment Method is Work Comp or Auto, and No Date of Injury is added.
<b>Displays / Dismissal</b>	On Medical Information section of the Patient Agreement. EW is switched when the Date of Injury is added.