K0108 APPEALS GUIDELINES

For durable medical equipment providers

INTRODUCTION

Please follow these guidelines when submitting documentation for an appeal regarding a K0108 claim denial. By doing so, we will be able to more efficiently review your requests.

For other billing guidelines, refer to our Durable Medical Equipment payment policy.

To download our payment policies, log in and click **Find a Payment Policy** on the right side of your home page. Or, go to **Office Resources>Policies & Guidelines>Payment Policies**.

WHAT TO DO

DO:	
✓	Make sure that your documentation is completely legible
✓	Clearly mark crucial information that you'd like us to review (circles, boxes, underlines, etc.)
✓	Attach the invoice for each K0108 item
✓	Make sure the AAC + mark-up fee is already calculated and matches your submitted charge for the item
✓	Indicate if it's a repair versus a new wheelchair (you can do this in box 19 of the 1500 claim form) and include the rationale behind why it was needed
✓	Include the appropriate medical records that support medical necessity on why a new wheelchair or repair was required
✓	List out the individual claim line charges instead of just line numbers, as the claim lines in your appeal may not match the claim lines in our system
✓	Make sure that every page that you intended to send us gets faxed over successfully

WHAT NOT TO DO

DON'T:	
✗	Don't use abbreviations or jargon for part numbers
✗	Don't use claim line numbers to identify individual claim lines, as the claim lines in your appeal may not match the claim lines in our system (use line charges instead)

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