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Why and How Do I Use the Same/Similar Code Lookup Tool?

Hi! Today, I'm going to walk you through how to use the Same/Similar Lookup Tool and why it matters.

The Same/Similar Code Lookup Tool helps you check whether an item is the same as, or similar to, an item the beneficiary already has. This is important because Medicare usually won't pay for a second item if the beneficiary already has one that's still within its reasonable useful lifetime, or RUL.

For most Durable Medical Equipment, or DME, the RUL is five years unless the Local Coverage Determination or Policy Article says otherwise.

There are a few exceptions to the RUL. Medicare may cover a similar item if the original one was lost, stolen, irreparably damaged, or if the beneficiary had a change in medical condition.

Here's how to find the tool:

1. Go to www.cgsmedicare.com.
2. Choose your contract. For this demo, I'll select JC.
3. On the left side, scroll down to Tools and Calculators and click it.
4. Select Same/Similar Code Lookup.

Enter a HCPCS code to see other codes that may be considered the same or similar.

Note this disclaimer: The tool doesn't include all HCPCS codes billable to the DME MAC. Codes that are not part of a Local Coverage Determination (LCD) or Policy Article, codes associated with accessories and supplies, or Lower Limb Prosthetics are not included.

For example, let's say your patient received a heavy duty walker — code E0149 — from Medicare less than five years ago. Now they're requesting another heavy duty walker, the E0147.

I'll enter the code E0149 and click "search."

Results show two similar heavy duty walker codes. Because it's been less than five years since Medicare paid for a heavy duty walker, Medicare won't pay for another unless one of the exceptions we talked about applies.

Now, I'll enter a different code, a K0005- an ultralight weight wheelchair. Here are the results.

You may notice that the K0001-K0004 wheelchairs don't appear. This is because they're considered lower-level equipment. If the beneficiary has had a change in condition and now requires a higher level of equipment, Medicare may consider payment.

For example, if Medicare paid for a K0001 standard wheelchair less than five years ago, and the physician now prescribes a K0005 ultralightweight wheelchair, you'll need supporting documentation supporting the change in condition.



The claim may deny as same or similar. Appeal rights are then available.

If this tutorial has helped you, subscribe to the channel.

Thanks for watching!