

Medical Supply HCPCS Code T2029

T2029 is a generic code and can be used for many different types of supplies; however, if there is a more specific code for the item you are billing, we require the specific code (example: incontinence supplies), as claims must be coded to the highest level of specificity.

When submitting claims for this code (T2029), you are also required to include a description of the medical supply you are billing for and must enter it in box 19 or box 24a (shaded area above date of service) on the CMS 1500 form or 837P electronic transaction.

PrimeWest Health has recently received several questions regarding correct billing codes for durable medical equipment (DME). These questions center around when claims should be billed through a member's DME benefit or through the Elderly Waiver benefit using Healthcare Common Procedure Coding System (HCPCS) code **T2029**.

If the DME can be covered under a member's DME benefit or any other source, that benefit must be utilized **before** billing through the Elderly Waiver benefit is allowed. In addition, T2029 should **only** be used when the following conditions are met:

1. The county case manager has determined the necessity of the equipment (i.e., there is direct medical or remedial benefit to the member), documented the need in the member's care plan, and supplied the provider with the Elderly Waiver Service Agreement
2. A Service Authorization is not necessary or a Service Authorization **denial** has been obtained (see below). A component of determining when you can bill using T2029 is whether or not a Service Authorization is necessary and whether the Service Authorization is denied or approved. To understand the Service Authorization requirements, refer to chapters 23 and 26 of the PrimeWest Health *Provider Manual* and consult the following instructions:
 - If the item being requested appears on the list of **non-covered** services (e.g., air conditioners, grab bars, etc.), the provider **does not** need to obtain a Service Authorization before the county case manager reviews the request. If the county case manager determines the equipment is necessary, he/she will document the need in the care plan and supply the provider with the Elderly Waiver Service Agreement. The claim should be billed using T2029.
 - If the item being requested is on the list of **covered services and requires authorization** (e.g., total-electric beds), a Service Authorization **must be requested**.
 - If the Service Authorization request is approved by PrimeWest Health, the claim **cannot** be billed using T2029.
 - If the Service Authorization request is denied by PrimeWest Health, the county case manager needs to determine if there is a need for the equipment, indicate the need in the member's care plan, and supply the provider with the Elderly Waiver Service Agreement. The claim **should** be billed using T2029.
 - If the item being requested is on the list of **covered services and does not require authorization**, the claim **cannot** be billed under T2029.