DME CODING · CHECKLIST

PDAC / HCPCS Verification Checklist

The fastest way to create a “coding” denial is to assign a HCPCS code from memory, or from a manufacturer’s sales sheet, to a product that was never classified under that code. This checklist is about matching the item you actually delivered to the HCPCS you plan to bill. It does not decide coverage, and it does not replace a Standard Written Order.

1. Know what PDAC is — and what it is not

Palmetto GBA holds the CMS contract for Pricing, Data Analysis and Coding (PDAC). PDAC reviews products and assigns them to HCPCS categories, with DME MAC input. For Medicare claims, only CMS and the DME MACs have authority to establish HCPCS Level II coding guidelines. A PDAC listing is not a coverage decision, and it is not proof that every product on the market has been formally reviewed.

- ☐ You are treating PDAC as a coding check, not as proof of medical necessity, SWO completeness, proof of delivery, or prior authorization.
- ☐ You are not using a manufacturer “recommended HCPCS” letter as coding authority. Those recommendations have no official status with the DME MACs or PDAC.
- ☐ Price and the fee schedule are not part of the coding decision. A higher-paying code is not the correct code unless the product actually fits it.

2. Identify the product that will actually ship

Look up the make and model in the warehouse or on the packing slip, not a “usual” cousin SKU your system tends to default to.

- ☐ Manufacturer or distributor name is recorded.
- ☐ Product name and model number are recorded, along with any other identifiers your system stores for that exact item.
- ☐ The code you are about to bill is for this product, not for a similar item you often ship.

3. Check DMECS and the Product Classification List

When PDAC formally reviews a product, the manufacturer receives a coding verification review letter, and the product appears on the Product Classification List (PCL) inside the Durable Medical Equipment Coding System (DMECS). You can search DMECS by manufacturer, product name, model, or HCPCS. Not every HCPCS code has an associated product list, and listings change, so re-check rather than relying on last quarter’s code.

- ☐ You searched DMECS / the PCL for this manufacturer and model.
- ☐ If the product has been reviewed, it is listed under the HCPCS you intend to bill, and you kept a copy or a screenshot of that listing, or the coding verification review letter, in the file.
- ☐ If you used the PDAC Contact Center or HCPCS helpline, you treated that conversation as educational only. A phone answer is not a formal determination and does not add the product to the PCL.

4. Is listing required for this code, or is review voluntary?

For a defined set of HCPCS codes, DME MAC LCDs and related Policy Articles require a coding verification review. On those codes, claims can be denied if the product is not on the PCL. Which codes sit in that bucket changes as policy articles are updated, so confirm against the current LCD, Policy Article, and PDAC's "items requiring coding verification review" materials.

If the code…	What you do
Requires PCL listing	Do not bill that HCPCS unless the delivered product is on the current Product Classification List. If it is not listed, stop and resolve the coding — often by asking the manufacturer to submit the product for review — before the claim goes out.
Does not require listing (most codes)	Review is voluntary. Many products have never been formally reviewed. You are still responsible for the HCPCS you bill. Use the long descriptor, LCD coding guidelines, and DME MAC correct-coding articles, and pick the code that most closely describes the item. Avoid a not-otherwise-classified code when a closer code fits.

- [ ] You confirmed whether this HCPCS currently requires coding verification review.
- [ ] If it does, the delivered product is on the PCL under that code.
- [ ] If it does not, you documented how you chose the closest appropriate HCPCS, using the long descriptor and the LCD or Policy Article coding guidelines. If you bill this SKU often, you have asked the manufacturer to submit it for formal PDAC review, or noted why you have not.

5. Then finish the claim line

- [ ] You read the long HCPCS descriptor, not only the short title.
- [ ] Units and modifiers are correct: rental versus purchase (RR, NU, UE), capped-rental month modifiers when they apply, laterality when it is required, and KX only when the chart supports the coverage criteria.
- [ ] The claim is set to file to the correct DME MAC for the beneficiary's state of residence.
- [ ] Medicaid or commercial coverage, if involved, was checked against that payer's own coding rules. Medicare's PDAC / PCL framework is Medicare-specific; other payers may follow it, use different edits, or ignore the PCL entirely.

Related Salyx reading and sources

Related reading: PDAC verification for DME suppliers; SWO / WOPD checklist; DME billing services; medical coding. Sources: PDAC contractor site (dmepdac.com) and the DMECS Product Classification List; Noridian JD DME PDAC page; Noridian / DME MAC "Basics of Choosing the Correct HCPCS Code – Correct Coding." Policies and code lists change — verify the current LCD, Policy Article, and PDAC listing before you bill.