



National Government Services, Inc.  
8115 Knue Road  
Indianapolis, Indiana 46250-1936  
*A CMS Contracted Agent*

# Medicare

## Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Council Meeting

### Meeting Agenda

Castleton Park Conference Center  
6415 Castleway West Drive  
Indianapolis, IN 46250  
November 11, 2008  
1:00 p.m. ET

- I. **Introductions** All
  
- II. **DME MAC Medical Policy Update** Dr. Adrian Oleck
- III. **Medical Review**
  - A. Glucose monitors/test strips:
    - a. Wide spread probe finished – article published on pre-pay claims for non-insulin treated claims. Not a 100% review. However, a large sampling will occur. Recurring issues were discovered in the probe.
    - b. Looking for medical records and orders dated prior to date of claim – usually within 6 months of the date of the claim. Looking for why there is a need to test more frequently. Looking for documentation that beneficiary is actually testing that frequently – copies of logs (download or handwritten (two consecutive weeks)). Cannot be supplier driven documentation – needs to be from beneficiary or physician.
  - B. Post pay probe on cancer drugs:
    - a. No response to letters.
    - b. Verbal order – not acceptable for Medicare purposes – needs to be detailed written order.
  - C. Parenteral Nutrition Probe:
    - a. Lack of written orders, qualifying conditions, and lack of documentation for excess quantity of lipids.
    - b. Looking particularly to make sure that need is not short term.
  - D. Therapeutic Shoe Probe:

- a. Need medical documentation from certifying physicians to ascertain they are managing the diabetes.
    - b. Ulcers, foot deformities not listed in medical records.
  - E. Enteral Nutrition, surgical dressings, power wheelchairs are being looked at right now.
- IV. Medical Policy:
  - a. Analyzing comments on the policies that were out for public comment. Responses will not be released until after 1<sup>st</sup> of the year.
  - b. Published letter on documentation requirements for PMD devices.
    - i. Reminds physicians that forms are not acceptable.
    - ii. Tried to add more detail on information that would be acceptable to help educate the physicians.
    - iii. Sent to physician community for distribution.
- C. Nebulizer policy:
  - a. Held back due to law suit – on hold indefinitely.
- D. HCPCS update:
  - a. Not a lot to add this year – will be included in next bulletin.
  - b. No repair codes in this list.
    - i. Some discussion has occurred in this area but it was too late to include in 2009 update.
    - ii. More discussion to occur over this next year.
    - iii. Providers can make an official entry through the Alpha-Numeric workgroup.
    - iv. Oxygen content HCPCS – no discussion yet on codes that describe “billable with patient owned equipment”, this is a concern with providers since the beneficiary will not “own” the equipment.
- E. PAP policy:
  - a. Revised policy published in September. Included an article for physicians (posted on website). A FAQ was released with initial issues. Nina did a Lunch and Learn and a follow up question and answer from this to be released soon. Medical Directors are also working on a Q & A to be released in new couple weeks.
  - b. Reporting compliance values in particular visual inspections – for the majority of devices without download capability there is not enough information to meet the compliance requirement. Some devices measure sessions as 4 hour continuous usage and count the number of sessions over 30 days. For these, it could be the beneficiary or the physician reading it off the device. So it is possible in this case, but this is the minority of devices.

- c. Downloadable machines can be used and then switched out after the compliance data has been captured.
- d. Physician's certification: Change between July and September, next test is fall of next year which is why Jan 2010 implementation date was set. If board eligible, that would be acceptable until the next board exam date as long as they take the exam.
- e. Defining RDI and AHI – CR clarified RDI definition. AHI and RDI both count apneas and hypopneas. One records by sleep the other records by recording. Home study can't determine sleep – only sleep lab equipment can measure sleep.

V. CEDI Update:

- a. Any update from the last version to the FAQ's are highlighted for easy reference.
- b. B108 error message – this has been a warning message for months but became an actual rejection on Oct. 1, 2008. If you are receiving this error you must complete and sign a form found on the CEDI website. The form you complete depends on how you submit claims.
- c. On the form, add B108 error to the top of form and they will work these more quickly.
- d. Changes that were to be in effect in Oct. have been delayed until Jan. 2009. Stage 1 will add new rejections.
  - i. In October some edits fired incorrectly and caused rejected claims. If you received an incorrect rejection the 1<sup>st</sup> week of October, you needed to resubmit the claim.
  - ii. All edits are same edits from Level 2 (same logic).
    - 1. NGS005 – Gen response report (remained in place).
    - 2. All other edits in the manual. You can access the link in the article (See CEDI article attached).
- e. Stage I – please make sure Gen Report is reviewed. Gen report is large – much larger than the level 2 report. The edits are located throughout the large report – very difficult to navigate.
- f. Stage II – all edits still in place, remove Level 2 report (DME MAC previously provided). Claim control numbers issued by CEDI. Stage II may be done in multiple steps.
- g. A lot of errors are seen on CEDI enrollment request. A FAQ will be put together.

**III. Action Items**

Provider Outreach & Education

Action Item	Issue	Resolution	Status
CEDI	Council inquired about the average hold time for the CEDI Help Desk.	The CEDI Help Desk average speed of answer is currently at an hour. CEDI believes with the additional Help Desk staff and enrollment staff; we will be able to bring this down considerably in the next month. November's average answer time is 48 seconds.	Closed
CEDI	Council requested web link for ANSI X-12 definitions.	The Web site for the X-12 documents referred to can be located at: <a href="http://www.wpcedi.org">www.wpcedi.org</a> . Per the Council you now need to pay for this due to copyright.	Closed
Medically Unlikely Edits	The edit software does not include specific codes. Council would like to know which policies/codes are involved in the edit and the impact to suppliers. Based off response from CMS, Council requested a listing of categories tied to MUEs.	<p>October 1, 2008, CMS made public and posted most codes with MUE values of 1-3. CMS will not publish all MUEs that are 4 or higher because of concerns with fraud and abuse. Published MUEs may be accessed through the CMS web pages at:  <a href="http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp">www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp</a></p> <p>The council extends a thank you to John and Mary Beth for all of their efforts in getting some of the codes published.</p>	Closed
Repair Codes	Council will forward repair codes to Dr. Oleck for hospital	Dr. Oleck suggested that council take directly to CMS Alpha Numeric Workgroup to get this request officially on agenda.	Closed

	bed and capped rental items.		
K0040, E2399, E2377	Claims are denying incorrectly.	1/24/08 - This issue is still being researched. 04/03/08 – Business Systems Operations Unit is in the process of manually updating tables to allow correct processing of codes. 07/31/08 – BSO is still working on updating the table. 11/11/2008 – The tables are close to being completed. Stacie will inform the Council once ready.	Open
OA-109	Remark Codes are not provided on the remittance advice. This would make it much easier for the supplier rather than calling Customer Care.	*Add existing remark code N24 for HMO denials (Charges are covered under a capitation agreement managed care plan)  *Add N104 for Jurisdictional denial (This claim/service not payable under our claims jurisdictional area. You can identify the correct Medicare contractor to process this claim/service through CMS Web site at: <a href="http://www.cms.hh.gov">www.cms.hh.gov</a> . Both codes were implemented on August 24, 2008.	Closed
Oxygen Caps	Council would like information on oxygen caps once the 36 <sup>th</sup> month has been met.	October 24, 2008, CMS released the final rule CMS 1403-FC with a 60 day comment period ending December 29, 2008. website: <a href="http://www.cms.hhs.gov/center/dme.asp">www.cms.hhs.gov/center/dme.asp</a>	Closed
POE	Add an “other” box to the Reopening Form.	The Reopening form was approved 08/14/08 and published with the “other” box.	Closed
CPAP Accessories	HCPCS A7038 and A7039 are	11/11/08 - Currently, still researching system parameters.	Open

	denying if submitted on the same claim.		
ABN Option #2	If the beneficiary requests the supplier to submit the claim two or three months later, is the supplier required to bill the claim?	<p>Revised ABN notification listserv sent out on 08/06/08. CR 6136 provided instructions addressing this. Amend ABN – patient can initial and date the change. Beneficiary is still held liable. They will take back for clarification if we as the DME provider do not want to make the change and submit the claim.</p> <p>11/11/08 - Council would still like to know if the supplier is obligated to honor the beneficiary's request to change from Option 2 to Option 1.</p>	Open
CMN denials	CO – 173 and CO - 176	Claims resubmitted get a duplicate denial – they could not find where this hit their system. Council will provide examples.	Open
KB and 99 modifiers	Is the processing instructions working as stated by NGS.	Research – Chapter 10 append 99 modifier and repeat all modifiers in NTE segment. KB program transmittal Feb. append KB and only repeat remaining modifiers. Examples had been provided.	Open
KX modifier	Reopenings to take KX modifier off, if accidentally added.	If payment made- need to refund.	Closed
IVR same and similar		<p>10/24 IVR implementation – CMN status checking local system first, can check dummy CMNs, check common working file (will not check dummy CMNs at CWF level)</p> <p>Implement another option – <b>same/similar option</b> implement Dec. 1 ask for HCPC code will review local and CWF and will let you know if same/similar item – you do not need to enter each HCPCS code. Will provide what HCPC is similar – enter K0001 will let you know K0003 was dispensed and share last date billed, initial date, and supplier name and phone number. List serve will go out when live.</p> <p>*Same/Similar update postponed until February 2009.</p>	Closed

		Request for same/similar added to CSI. The new additional changes for same/similar was not available at the time the CSI request was made. They will submit this additional request so it can be added later. They will have to ask for CWF access for same/similar too.	
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#### IV. Provider Outreach & Education Updates

- Claim Submission Errors Stacie McMichel  
  - See handouts
- Telephone Inquiries Stacie McMichel  
  - See handouts
- Written Inquiries Stacie McMichel  
  - See handouts
- Upcoming Educational Opportunities Nikia Simmons
  - Nov. 12 – 1 small supplier Act call.
  - Nov. 12 AIMES meeting.
  - Nov 19 10 – 11 webinar (supplier enrollment).
  - Nov 20 KMESA meeting.
  - Dec 3 – ACT call on overpayments.
  - Dec 9 webinar website overview.
  - Dec. 18 – ACT call (topic to be determined).
  - Intro to Medicare training release in Dec.
  - Supplier revision and bulletin in December.
  - See handout for save the date Medicare convention 2009.
  - NGS fact sheet handout.
  - Web Deck – quick reference
    - Color coded for easy access.
- Electronic Data Interchange Pat Graham

- EFT percentages went up 3% from Sept to Oct.
- CSI webinar in Oct.
- Revamped 18 pages CSI application to 6 pages.
- Jurisdiction B only takes care of EFT and CSI – everything else through CEDI.
- CSI CBT on website before end of Nov.
- E commerce connection out in January 2009 – can provide suggestions as see fit.

**V. Provider Outreach & Clinical Education Update**          Nina Gregory

A. **Sharon Gulley** is Pat Lewis' replacement. She will partner with Nina Gregory.

B. Recent education: PAP policy update – 45 minutes for Q & A. Final document will be released very soon.

C. CERT, medical review, and BIU education – comes out of this department. They will pull data and call companies to help them discover problematic issues so they can correct the problems.

D. Upcoming education:

Nov. 24 – 1<sup>st</sup> Lunch and Learn will be on Oral Anti-Cancer Drugs. Medical Review has seen billing problems mainly with billing companies not billing correctly. Suppliers should have billing companies join these. NPI number or telephone number in place of NPI number can be used to join the call. Participants do not have to have a supplier PTAN. 2<sup>nd</sup> lunch and learn will cover the Oral Anti-Emetics policy and in January, POCE will host an Oxygen Lunch and Learn. Therapeutic shoes and enteral nutrition will follow. POCE is open to suggestions on any future lunch and learns.



Suggestions:

- Different benefits – surgical, DME, etc...
- Consolidate billing for HMEs.
- Recommend convert Lunch and Learns to CBTs and keep them updated.

## VI. Open Discussion

All

- A. Question 23: MUEs – E1028 maximum 2 on MUE. Right now need to go through appeals even though it is recognized that you may need more than 2 frequently.
- B. Page 7 – Question 10 on span dates for on going supplies: When do you require span dates vs. not? There is a table in the supplier manual that lists what needs span dates – CPAP, urological, ostomy do not require span dates. CEDI will not allow the span date on these claims. If put a span date and it is not required it will reject. NGS will re-review the response to this question.
- C. New CMN for PAP?
  - a. CMS is expressing interest in establishing a CMN for PAP.
- D. CERT audits – CERT contractor is requesting information that is not following policy at the time it was in effect. Examples are here today and will be provided. Report from OIG that slammed CERT contractor – this may be a result of that feedback.
- E. Question 31 – acceptable signatures? No stamped signatures acceptable at this time. In the case of an audit what are the dates being used for compliance? Manual for CMNs still states stamped signatures are acceptable. For other documents, the PIM has an effective date of 3/1/08 stating no stamped signatures.

F. Oxygen: any information that you get if you could share with us as soon as possible would be appreciated by the Council.

a. It was requested any comments submitted on the rule, please share with NGS.

**VII. Set Next Meeting Date**

**January 22, 2008**