7 Aug 2018
Final to Council Chairs

Jurisdictions B, C and D Councils Combined A-Team Questions
August 2018

Prosthetics/Orthotics:

1) How will the DME MACs implement and communicate to impacted parties the clarification in policy and congressional record that Certified Prosthetist/Orthotist notes are deemed part of the medical record in accordance with: SEC. 50402. ORTHOTIST'S AND PROSTHETIST'S CLINICAL NOTES AS PART OF THE PATIENT'S MEDICAL RECORD. 13 Section 1834(h) of the Social Security Act (42 U.S.C. 1395m(h)) is amended by adding at the end the following new paragraph:" (5) DOCUMENTATION CREATED BY ORTHOTISTS AND PROSTHETISTS. – For purposes of determining the reasonableness and medical necessity of orthotics and prosthetics, documentation created by an orthotist or prosthetist shall be considered part of the individual's medical record to support documentation created by eligible professionals described in section 1848(k)(3)(B)." What will be the process for reopening claims stuck in various stages of appeal as a result? If so, what specific stages? Reconsideration, Redetermination, ALJ pending?

Response: The DME MACs have no information regarding the implementation of this legislation. Contractors are not allowed to directly implement changes based upon a change in law. CMS provides instruction to the contractors to implement any legislation. When instruction is received, the supplier community will be notified via the usual Medicare communication resources.

2) If a physician prescribes a custom brace, but the patient does not meet the medical necessity requirements for the custom brace, can the supplier provide an OTS brace, "downcode" the product and submit the claim?

Response: This response makes the assumption the original order was for a custom fabricated brace. A DMEPOS supplier is required to provide items which are prescribed. If the beneficiary does not meet the applicable reasonable and necessary criteria, it is recommended that the supplier communicate with the ordering provider and ask that an alternative covered item be prescribed. If the original prescription is not changed, an ABN may be obtained. The supplier must always use the appropriate HCPCS code for the item billed.

Education/Documentation/Other:

3) The MBI transition period concludes on December 31st, 2019, therefore, is it safe to assume that all DIFs/CMNs created on are after effective January 1st, 2020 must have the MBI#?

Response: Yes, because a new CMN or DIF must accompany claims filed to the DME MAC, where applicable. The following is from the Frequently Asked Questions section on the New Medicare Card webpage (https://www.cms.gov/Medicare/New-Medicare-Card/index.html):

Question:

If a Plan submits a Health Insurance Claim Number (HICN) after the transition period ends (January 1, 2020), will the claims be rejected with the exception of certain areas such as appeals, adjustments, and some reporting?

Answer:

Yes, that's correct.

Home Medical Equipment:

No questions submitted

Enteral/Parenteral/IV Therapy:

No questions submitted

Respiratory Care Equip/Oxygen:

No questions submitted

Rehab Equipment:

No questions submitted

Medical Supplies:

No Questions Submitted

CEDI:

No Questions Submitted