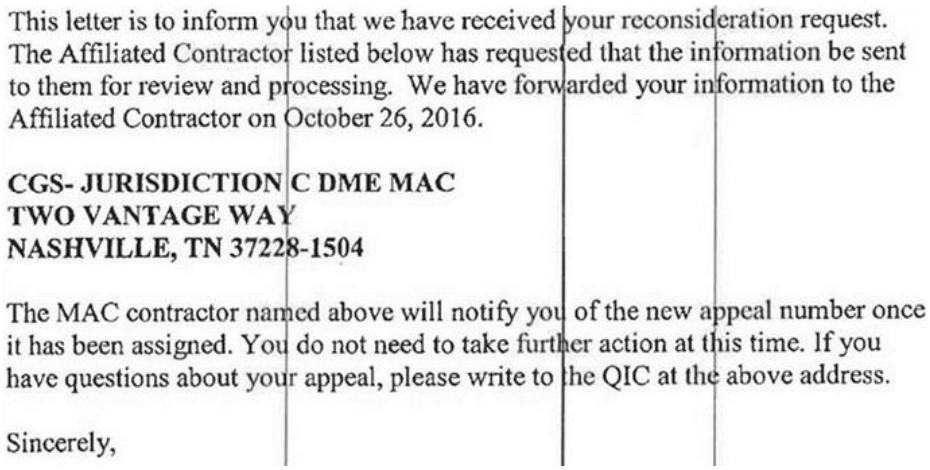
Jurisdictions B, C and D Councils Combined A-Team Questions
January 2017

Enteral/Parenteral/IV Therapy

1. Formal Telephone Discussion Demonstration (FTDD) payment: What is the timeframe within which the DME MACs (JC and JD) will process payment for claims that are found favorable for the supplier via the FTDD? Will the DME MAC utilize/include a remark code on the remittance to identify that the payment was a result of the FTDD? Is interest paid?

   DME MAC Response: Per C2C Solutions, the Qualified Independent Contractor, they will send the request for adjustment to the appropriate DME MAC (CGS or Noridian based on whether the claim originated in Jurisdiction C or Jurisdiction D. The Jurisdiction B and C Supplier Manuals, Chapter 13 states, "The DME MACs have 30 days to initiate the effectuation or to determine the payment amounts from the date of receipt of the effectuation notification from the QIC. Once the payment amount has been determined, the effectuation has 30 days to complete." This information is in Chapter 15 for Jurisdictions A and D.

2. What, if any, possible internal audit process initiatives are the DME MACs implementing for pulling and reprocessing of unfavorable redeterminations that were sent to reconsideration? Please explain the protocol that would have generated the letter below and is therefore prompting this question.



This letter is to inform you that we have received your reconsideration request. The Affiliated Contractor listed below has requested that the information be sent to them for review and processing. We have forwarded your information to the Affiliated Contractor on October 26, 2016.

CGS- JURISDICTION C DME MAC
TWO VANTAGE WAY
NASHVILLE, TN 37228-1504

The MAC contractor named above will notify you of the new appeal number once it has been assigned. You do not need to take further action at this time. If you have questions about your appeal, please write to the QIC at the above address.

Sincerely,

   DME MAC Response: Michael Hanna requested examples of the original CCN or DCN from Redeterminations. The examples provided were multiple claims for one beneficiary in Jurisdiction C. Redeterminations paid part of each claim (J1561, an IVIG drug) – up to the MUE maximum on each CCN, but did not pay the related Q2052 accessories code (which was also requested for review on the Redetermination Request Form). In this particular example, C2C Solutions sent these claims back to CGS Administrators for Redeterminations to reprocess the Q2052 codes on each claim. When a remanded case/claim is submitted back to the DME MAC for reprocessing, that claim/case is added into the Redeterminations queue for review and rework. The audit process currently in place for Jurisdictions B and C is for random Redeterminations cases to be audited internally after a Redeterminations decision is made. The internal auditing staff looks for processing accuracy, letter

structure and administrative accuracy. Feedback is provided to the analyst that originally reviewed the claim/case.

3. Recently we have had some questions surrounding the June 2015 Joint DME MAC Publication (http://cgsmedicare.com/jc/pubs/news/2015/0615/cope29495.html). This publication revised instructions for Enteral and Parenteral Nutrition and External Infusion Pumps. Under the category for Enteral and Parenteral Nutrition Recertification it states "Recertification DIF: A Recertification DIF is required for parenteral and enteral pump (only) when the length of need previously entered on the DIF has expired and the ordering physician is extending the length of need for the item(s)."
    a. Therefore, for enteral DIFs, when method of administration is syringe or gravity (not pump), and the LON expires, would it be appropriate to create a revised or recertification DIF to extend the LON?
    b. Is the recertification requirement only when a pump is involved?
    c. Would a revised CMN be used to extend length of need for the other situations (gravity or syringe)?
    d. If there is an initial DIF for the formula and supplies via gravity or syringe (with a LON for 6 months), and 3 months after the start we get an order to change to pump administration (with a LON for 1 year), we will get an initial DIF for the pump. However, can you please provide guidance on what is needed to update the existing formula and the new pump sets to synchronize the LON?

    DME MAC Response:

    a. The DME MACs will correct the clerical error in the bulletin article that states a recertification DIF is required when length of need expires and the physician extends the length of need.

    b. The DME MACs will correct the clerical error in the bulletin article that states a recertification DIF is required when length of need expires and the physician extends the length of need. No recertification DIF is required.

    c. A CMN is never used for infusion or nutrition. For parenteral, enteral and external infusion pumps, a revised DIF is required when the length of need has expired and the ordering physician is extending the length of need.

    d. *Per the instructions provided in the clarification article, if there is a change in the method of administration from gravity or syringe to pump administration, a new initial DIF is required for the pump and revised DIF will be required for the nutrients.*

4. A challenge has presented for the External Infusion Pump (EIP) product category under the Round 1 Recompete (R1RC) program. Dual suppliers (pharmacies and DMEs) have to coordinate and provide patient care resulting in bifurcated billing. Many pharmacies that did not win EIP bids in the R1RC have continued to provide the infused drugs while working with a CBA contracted DME supplier to provide the pump and supplies. Patient care is best when provided by a single supplier that is responsible for the delivery, maintenance and patient support services (education, trouble shooting, on-call issues, etc.) for all items related to home infusion therapy.

a. What guidance does the DME MACs have for suppliers who wish to transition the patients back for all services related to the infusion therapy when the R1RC ends?
b. Can the pharmacy providing the drugs initiate provision of the pump and infusion sets when they already have a relationship with the beneficiary?
c. Does a request for change in supplier need to come from the patient?
d. Will the pharmacy need a new DWO that includes the pump and supplies if it is not on their current orders?
e. Will the pharmacy need an initial or revised DIF to document the change in supplier for the pump if they take over provision of this rented item from another supplier?

DME MAC Response:

a. The DME supplier can choose not to provide services to Medicare beneficiaries, but they can't direct beneficiary to transition back to a former supplier (i.e., pharmacy) when Round 1 Recompete ends. They may work with beneficiary to help them transition to another supplier or pharmacy of their choice.

b. Yes, that is acceptable.

c. Yes. The supplier can inform the beneficiary of their decision to end the business relationship and, if possible, help coordinate the transition to a new supplier/pharmacy.

d. The pharmacy should get a revised DIF and keep it on file if they are unable to obtain the original DIF from the supplier. Of course, the pharmacy will need valid detailed, written orders signed and dated by the treating practitioner before billing the pump and accessories.

Home Medical Equipment

No questions to be answered at this time.

Medical Supplies/Ostomy/Urological/Diabetic Supplies

No questions to be answered at this time.

Prosthetics/Orthotics

5. We have been informed by a secondary contractor that: "HCPCS code (L5645), described as below knee flexible inner socket is considered duplicative when paired with HCPCS code (L5673)." They further assert that "HCPCS code (L5668), described as below knee molded distal cushion is considered duplicative when paired with HCPCS code (L5673)."

   - L5645 - "Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame"

   - L5668 - "Addition To Lower Extremity, Below Knee, Molded Distal Cushion"

   - L5673 - "Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, For Use With Locking Mechanism."

   The functional nature of L5645, L5668, and L5673 is well regarded within the prosthetic and medical communities as NOT medically exclusive AND no reference of such limitations can be

found in the Medicare policies. Therefore, it is our assumption that the contractor's interpretation may be critically flawed.

Assuming that services are rendered based on appropriate medical necessity and meet HCPCS definitions; do the MACs recognize the appropriateness of separately billing any combination of these three products within a single device?

DME MAC Response: Medicare policy is silent on the use of the combinations described. As for all Medicare claims, in the event of a claim review, the DMEPOS supplier must be able to provide sufficient detailed information to justify payment for the claim. The DME MACs do not have any comment on the actions of any other payer or contractor. We strongly recommend that you address these concerns directly with them.

Rehab Equipment

6. In the last Council meetings the MACs were informed of modifier denials on the processing of the capped rental replacement parts that were being paid as a lump sum, effective 10/1/16. It was quickly discovered that the Capped Rental modifier "KH" was required; however this instruction was not published by CMS or the MACs. To date, neither CMS nor the MACs have published updated instructions leaving the entire provider community unaware of correct protocol.
   a. When will this be completed?
   b. How can this delay in provider education be avoided in the future?

   DME MAC Response: For this particular issue in question, some system differences in claims processing from jurisdiction to jurisdiction have been discovered. The MACs were working on a joint publication, but that had to be abandoned due to these processing issues. This question also involves more than just the KH modifier – LT, RT, RB, NU, KU, 99, KX, etc. modifiers have also played a role. CGS found processing nuances with CEDI as well (especially with LT and RT) and there have been claims rejected on the front end. CGS published the "Repair Modifier Tool" on January 12, 2017. This item is available on the Online Tools pages of the Jurisdiction B and Jurisdiction C websites. An article addressing use of the RB modifier was published by Noridian January 6, 2017, and will be updated to include the newly determined need for the RT and LT modifiers to be place in the2nd and 3rd positions on the claim line when they are applicable.

7. It has come to our attention that the corrections to payments for the KU claim lines are not being completed properly. In some cases, the full payments have been recouped vs. being adjusted to pay at the higher dollar amount. Providers have been instructed to submit a spreadsheet with the claims that needed adjustment; however, these spreadsheet claims are not processing correctly. Noridian customer service has told some providers that the KU had to be in a specific spot on the spreadsheet - although this was never an instruction by the MACs. It appears CGS is also having issues. Please enumerate the challenges and resolution efforts experienced by Noridian & CGS in the processing of these adjustments.

   DME MAC Response: Michael Hanna requested CCN examples from the supplier/council submitting this question. One issue that has been noted in Jurisdiction B and Jurisdiction C is that suppliers are not requesting the DME MACs to append the KU modifier to the claims. Cindy White has had examples provided for Noridian and upon research it was determined that the suppliers

have not been directing the reopening staff in the action they are requesting. There have been numerous Reopenings that were not adjusted because the supplier did not request the DME MAC to do anything to the claims in question; they simply wrote "reprocess" or "please adjust" in the Comments section of the Reopenings Request Form. On July 21, 2016, Noridian published an article with specific instruction for the supplier community regarding how to submit these reopening requests. It is titled "Group 3 Complex Rehabilitative Power Wheelchair Accessories Reopening Guidance". It is important for suppliers to remember that Reopenings has specific protocol to follow and are not allowed to make assumptions about what the supplier is asking even when the issue is a known issue.

Respiratory Care Equipment/Oxygen/PAP/Other

Documentation/Education/Regulatory/Miscellaneous/Other

8. When the DME MACs provide webinar education, there is no consistency as to when handouts will be provided. The Councils would like to request that Noridian and CGS provide the handouts to registered attendees a minimum of 1 day prior to signing on to the Webinars. By reviewing the handouts, suppliers are able to ensure they have questions prepared in advance and the most appropriate employees participating in the event. This will allow for a more informative session.

   DME MAC Response: All four DME MACs currently use GoToWebinar as our webinar vendor. This application does not allow the presentation to be provided early. For all jurisdiction webinars, the supplier may download the PDF of the webinar presentation during the webinar. We also provide a brief synopsis of the webinar content for suppliers on the Calendar of Events page and on the GoToWebinar registration portal when they register for the selected webinar.

CEDI

No questions to be answered at this time.