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Medicare

Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Council Meeting Minutes	
Date:	January 21, 2010
Time:	1:00 p.m. – 4:00 p.m. ET
Location:	Castleton Park Conference Center 6415 Castleway West Drive Indianapolis, IN 46250
Materials Provided:	2009 Fourth Quarter Top 10 Supplier Telephone Inquiries 2009 Fourth Quarter Top 10 Supplier Written Inquiries 2009 Fourth Quarter Top 10 Supplier Claim Submission Errors 2009 Fourth Quarter Jurisdiction B Appeals Update 2009 Fourth Quarter Jurisdiction B Claims Update 2009 Fourth Quarter Jurisdiction B Correspondence Update 2009 Fourth Quarter Jurisdiction B Customer Care Update 2009 Fourth Quarter Jurisdiction B Overpayment Recovery Unit Update 2010 Jurisdiction B DME MAC January Council Q & A 2009 Virtual Convention Feedback Form Medicare Learning Network Matters Article 6421 – Revised Update: Ordering/Referring Provider Front End PECOS Warning Edits at the Common Electronic Data Interchange Physician PECOS Requirement Letter

1. Introductions – All

   Meeting opened with introductions.

   Update regarding MLN Matters 6421 expansion of editing for ordering/referring physicians on DMEPOS claims.

   - **The revised MLN Matters Article 6421 delayed the implementation of phase 2 until April 5, 2010.**
   - **January 15, 2010 a listserv message was sent out advising suppliers that approximately 220,000 National Provider Identifiers (NPIs) missing from PECOS records were systematically loaded to**

PECOS. The updated files were received by CEDI on January 13, 2010 and impacted claims edited on January 14, 2010. This has resulted in a decrease in the number of warning messages on the GenResponse reports suppliers are receiving. Prior to this update around 50% of claims were receiving edit/warning messages now the percentage has dropped to around 30%.

- **Prior to April 5, 2010, CMS will make available via the internet a file where suppliers can verify whether or not an ordering/referring physician has a current enrollment record in PECOS. This file will be maintained by CMS and updated on a monthly basis. The file was made available on January 28, 2010 and can be found on the CMS Web site under Medicare provider/supplier enrollment at the following address: www.cms.hhs.gov/MedicareProviderSupEnroll: click on Ordering/Referring File on the left had side of the page.**
- **If suppliers are still receiving warning error messages related to MLN 6421 they should contact the physician to verify if they have a current enrollment record in PECOS, verify the name they have matches the name listed in PECOS, and verify the type 1 individual NPI is listed on the claim and not the type II group NPI.**
- **National Government Services, local Part B Carriers are educating physicians about the importance of making sure they have a current enrollment record in PECOS and how that will impact the DMEPOS suppliers and patient care.**
- **The DME POE department will be partnering with the Part B POE department to conduct teleconference calls with physician/non-physician practitioners regarding this issue.**
- **National Government Services DME POE department developed a PECOS physician letter to assist suppliers with notifying ordering/referring suppliers about this change. NGS appreciates the feedback that Council/POE AG provided during the development and prior to the publication of this tool.**
- **Some physician's may believe they are enrolled in PEOCS if they have submitted paperwork, however, that may not be the case because the paperwork has not been entered and finalized by the local Part B Carrier/AB MAC.**
- **CEDI will compare the NPI entered on the DMEPOS claim, against the information in PECOS. If PECOS indicates the NPI is not in PECOS the warning message will be sent to the supplier. If the NPI is in PECOS then the first letter of the physician's first name and the first four letters of they physician's last name will be verified against what is in PECOS if a match is not found the warning message will be sent to the supplier.**
- **The timeliness standards for the completion of applications submitted to the local Part B Carriers/AB MACs will vary. Additional information can be located in the Medicare Program Integrity Manual Chapter 10.**
- **Council indicated they have heard from physician's offices that they are still experiencing issues with PECOS Web.**

2. 2009 Virtual Convention Survey – Charity Bright

National Government Services requests that anyone who attended the 2009 Virtual Convention to please take the time to complete the survey – we value Council's feedback and this allows us to develop better education for future events. Overall the Virtual Convention was a success.

3. National Government Services Staffing Update - Becke Harmon

Becke Harmon has taken on a new roll and is now the manager of DME POE, Becke previously managed the DME Provider Outreach and Clinical Education staff but will now be managing both areas. There were no other changes to staffing with the exception of Terri Shoup. Terri will be focusing on special projects (i.e., CERT rates, etc.).

4. Web Portal Demonstration – Samantha Snyder

- **a. NGS collected information from the provider feedback segment on the NGS website. Requests made for access to additional information.**
- **b. As a starting point NGS focused on certain key information fields for the first round (some of same information found through the IVR)**
  - **i. Eligibility**
  - **ii. Provider demographics**
  - **iii. Financial information**
  - **iv. Claims**
  - **v. Links to appeals and forms**
- **c. Still work in process – looking at how to roll out and will hand pick groups of providers to BETA test to help the process.**
  - **i. POAG groups will participate in BETA.**
  - **ii. E-mail will be sent with training materials and a link when ready.**
  - **iii. Periodic teleconference calls or face to face meetings may occur upon release and evaluation of BETA process. (no dates have been set yet – waiting for approval from CMS. Security audit is scheduled for April; release time frame will be based on security findings).**
  - **iv. Three demos have occurred and a great deal of feedback and suggestions have resulted in some enhancements for the first phase and others will be introduced in future phases.**
  - **v. Each provider will set up one or more administrators; they will have to verify certain information/fields in order to set this account up. The administrator will then have to approve additional users.**
  - **vi. TABS**
    - **1. HOME**
    - **2. My Provider Profile**
      - **a. PTAN, NPI, and TIN per location (you will set this up and they will**

validate this information)

   b. **Supplier specific information – comes from DME MAC file which comes from NSC file. They will consider adding fields here i.e. participation status, product categories, correspondence address**
      i. **Physical Address**
      ii. **Billing Address**
      iii. **Legal business name**
      iv. **Mailing/correspondence address**

3. **My Claims – look at one claim or multiple claims per beneficiary. (would like date paid and rejection codes in a future release)**
   a. **Enter Beneficiary Medicare Number**
   b. **Last Name**
   c. **First Name**
   d. **Date of birth**
4. **Entitlement (can verify eligibility for anyone)**
   a. **Can view**
      i. **Date of death**
      ii. **Part A/Part B entitlement**
      iii. **Deductible information – current year plus prior year information**
      iv. **Home health**
      v. **Hospice**
      vi. **MSP information (if know primary that would be helpful – perhaps future release)**
      vii. **Medicare HMO information (will provide name in future release)**
5. **My Financials Information per PTAN (will verify how far back information goes). This information will have a security feature so that users are limited to what they see based on setup. LSO = Local Security Officer**
   a. **Provider earnings to date**
   b. **Month to date earnings**
   c. **Year to date earnings**
   d. **Can search for checks**
   e. **(possible future enhancement – link to remit based on check #)**
6. **My User Profile**
   a. **Provider accounts submitted per user**
   b. **User sets up their own account and then the LSO must approve or reject.**

c. **NGS will do an evaluation on their end to validate whether the user can be an LSO or not. Can have more than 1 LSO and they recommend at least 2.**

7. **User Management**

5. DME MAC Medical Policy Update – Dr. Adrian Oleck

a. **Policy revision will be published over the next several weeks.**
The RAD policy will be released next week with changes resulting from a reconsideration request from NAMDRC. The
revision adds a new coverage category for hypoventilation. COPD – can move from E0470 to E0471 earlier (less than 90-days) if the beneficiary's condition is worsening. Beneficiary compliance statement removed (liberalization of policy).

b. **PAP credentialing – For polysomnograms, the credentialling requirement will apply to a sleep test performed after January 1, 2010. This revision will be released next week but will be retroactive back to January 1, 2010.**

c. **No other new draft policies at this time.**

d. **Legible signatures – CMS is currently working on this issue. The Medical Directors are anxious to see the final version. CMS is looking for a legible signature – how is the signature validated and what attestation is needed. If unsigned document is in the chart – how is it validated and attested information will be in the final document. This legible signature requirement will apply to all Medicare claims – not just DMEPOS. The signature requirements will apply to chart notes and other medical records as well as orders.**

6. Action Items - POE Department

- Oxygen PR Denials – Stacie McMichel

Council members requested information on how to submit oxygen claims for denial when the patient refuses to have required testing (i.e., ABG levels, Saturation levels) or oxygen is prescribed for a diagnosis which is not related to lung disease (i.e., cluster headaches). Claims will reject if a CMN is not submitted or if testing information is left blank. A test claim was submitted by a council member with dummy CMN information, however, the claim rejected. Another test claim was submitted and the claim was paid in error. Charity Bright, Lisa Hare and Michael Todd have worked on trying to find a solution for suppliers billing Medicare for oxygen denials where test results are not available.

However, a solution which allows suppliers to submit these claims electronically has not been found yet. Therefore, a proposed solution was to allow suppliers to submit these claims on paper utilizing the current ASCA exception in place, which allows suppliers to submit oxygen claims with oxygen saturation levels greater than 89% and questions 7-9 unanswered on paper.

This proposed solution was discussed by National Government Services at an Interdepartmental meeting and it was determined that further discussion needed to take place between the other jurisdictions to determine how these claims are being handled. After discussions with the other jurisdictions, it was determined that once the claim

denies for no CMN, the supplier can then request a reopening to correct the denial and liability. Currently, this is the process for Jurisdiction B too. Test claims have been submitted and are currently being reviewed to see if there is a way to handle this situation during the initial processing of the claim. **(OPEN)**

- Span Dates/PAP Accessories - Stacie McMichel

  POE is currently working with systems department to identify items that require span dates. Currently, systems has identified blood glucose testing strips, PEN and CPMs. However, POE is still currently researching the LCDs and policy articles to make sure that all items are identified before developing educational material. After researching this issue it was determined that span dates are not required for Positive Airway Pressure (PAP) device supplies/accessories. Currently, POE is working on adding a section to the Jurisdiction B DME MAC Supplier Manual, within the payment policy and claim submission chapters, which will advise suppliers on items that require span dates. A council member also requested that a list of items that can be prorated also be added to the supplier manual. *National Government Services is currently in the process of developing a listserv article that will be sent out within the next couple of weeks.* **(OPEN)**

- Clarification on RA Modifier Usage – Vicky Combs

  Council requested clarification on RA modifier usage. Should the RA modifier be appended to an item being replaced after the 5 year reasonable useful lifetime? The RA modifier must be appended to any DME item being replaced regardless if the item is being replaced due to RUL or loss, damage, or irreparable repair. A listserv article was sent out in April clarifying the use of the RA, RB modifier. A copy of the listserv was included as a handout for today's meeting. This article is also published on the What's New section of the Web site. *Suppliers should not append the RA modifier on subsequent rental months following replacement. The RA modifier should only be appended to the initial claim submitted for replacement. If a supplier submits the RA modifier on subsequent claims the subsequent claims will be denied same/similar (CO-151).* The Council members asked for clarification on whether the RA modifier is required for a replacement seating cushion, or if the RB modifier should be used. National Government Services will research and provide clarification on RA/RB modifiers. *National Government Services is currently seeking clarification from CMS on their interpretation of the RA/RB modifiers. National Government Services is also currently seeking clarification from the other DME MAC Jurisdictions to see how they are educating suppliers on use of the RA, RB modifiers.* **(OPEN)**

- Addition of Offset Request form to Overpayment Demand Letters:

  The Council members requested to have the Overpayment Recovery Offset Request form added to the demand letters. By adding the Offset Request form to the demand letters suppliers would be able to respond more timely and accurately to the request for refund. *This suggestion has been forwarded to the Overpayment Recovery Unit for research and development. Approval from CMS is necessary before any change can be made to the demand letters. An update will be provided at the next meeting.* **(OPEN)**

- Redetermination/Reopening Requests:

  The Council members indicated that requests for reopening and redeterminations are being returned

due to lack of the last five-digits of the tax-id number. This authentication element is not required for appeal requests. National Government Services will do some further investigation and try to determine why the requests were returned.

Appeal requests are not returned due to the last 5-digits of the supplier's tax-id number not being included. However, if a supplier submits either a redetermination/reopening request which is invalid, the request is then forwarded to written correspondence where the provider authentication elements are required. Written correspondence will look for the tax ID digits, and if written correspondence cannot obtain those the request is returned to the supplier asking for the provider authentication elements. If Council members have any examples where valid redetermination/reopening requests are being returned in error they should contact the Provider Contact Center for further assistance or fax the examples to Charity Bright for further investigation.

National Government Services is currently working on having a field added to the forms so suppliers can include the last five-digits of the tax-id number for consistency. ***On December 10, 2009, a listserv message was sent out announcing the availability of the revised Jurisdiction B DME MAC Request for Redetermination and Request for Clerical Error and Omission Reopening forms. The forms were updated to include a field for the last five-digits of the supplier's tax-id number for consistency.*** **(CLOSED)**

7. Provider Outreach & Education Updates - POE Department (See Handouts)

- Claim Submission Errors – Stacie McMichel
- Telephone Inquiries – Stacie McMichel
- Written Inquiries – Stacie McMichel
- Upcoming 2010 Educational Opportunities – Vicky Combs
  - January 26, 2010 Webinar – NGS and CMS Web sites
  - February – CBT - Home Health and How it Relates to DME
  - February/March – 101 Intake and 101 Billing Webinar
  - March – Small Supplier ACT call, topic TBA
  - March – 2 CBTs will be released—topic TBA
  - March 18-22 – Vision Expo (New York)
  - Second Quarter – Face-to-Face Billing Workshops (April 6-22, 2010, 1 city for each state within Jurisdiction B)
- . Electronic Data Interchange – Tamara Hall
  - Effective April 1, 2010 – Express Plus will no longer be supported by CEDI.
  - Claim Status Inquiry (CSI) computer based training course was updated at the end of November 2009.
  - A revamped CSI manual is now available and includes information regarding CMNs.

- CSI passwords not used at least once every 30-days will need to be reset, if the password is not used at least once every 60-days it will be terminated.
- Electronic Remittance Advice and Electronic Funds Transfer – Think Green Go Paperless Initiative. As of December 2009 68% of providers receive ERAs and 64% of providers receive payments via EFT.
- GenResponse report – A Council member asked if additional detail could be provided on what lines reject. Tamara will assist in getting the question to CEDI and provide a response to the member.

8. Provider Outreach & Clinical Education Updates - POCE Department

- Upcoming Educational Opportunities in 2010 – Nina Gregory
    - POCE will continue to host monthly Lunch & Learn teleconferences on various topics. POCE is currently working with POE AG on the content to provider higher level information with additional details.
        i. Refractive Lenses – January 20, 2010
        ii. Oxygen – January 29, 2010
        iii. Glucose Monitors and Supplier – February 2010
        iv. PAP – March 2010
- POCE will be releasing 4 CBT courses in the near future. Those topics will include: Refractive Lenses, External Infusion Pumps, Negative Pressure Wound Therapy, and Documentation.
- POCE is currently looking at CERT data to determine future educational topics.
- As a reminder if you send information to the Clinical Education mailbox, POCE has 5 business days to respond.
- POCE is currently working on updating some outdated Clinical Ed. materials and will work with the NGS Web site team to get those items posted.
- Clinical Education will be attending the Vision Expo in New York. Another reminder if a State Association would like Clinical Ed. to attend an event they should specifically request that POCE attend either with or instead of POE.
- CERT – No Update

9. Open Discussion - All

    a. Question and Answer Questions
        i. #8 – Before we publish could we distinguish between assignment and non-assignment plus co-pays.
    b. Question #9 – issues when supplier is out of business and no documentation is available or provider

will not give information, provider closes door and you cannot get someone to provide the information. What recourse does the new provider have?

   - **i.** Currently the instructions put in place do not provide guidance for the above scenarios. Still waiting for feedback from CMS. CMS has published guidance for bankruptcy situations and Medical Directors requested that CMS provide guidance for other scenarios. Medicare has documentation in their records – why is that not sufficient. **MOVE THIS TO AN ACTION ITEM.**

c. Question #10 – PAP credentialing is based on date the polysomnogram is performed (will be effective/retro to Jan. 1, 2010).
   - i. Credentialing websites
     1. ABMS – need to pay for access ($1600.00 per provider) and information is limited (if access as individual (free) – cannot get dates plus get disclaimer that can't use for credentialing audits).
     2. Do physicians add credentials stating they are credentialed?
     3. Will credentialing be part of the pre-pay audits for PAP devices? Not sure, however, if home study they may look at this.

d. Question #18 – 7 element prescription
   - i. Example states "manual wheelchair" as the example but do not need 7 element order for a manual wheelchair.
   - ii. Another issue with 7 element order – used form that was provided as an example for the generic order (example has PMD order at top of document) – denials due to "PMD" in header. Medical Directors have agreed that should not invalidate the order if PMD is in the header. Will stand firm on nothing should be after the blank line (product prescribed) – just a blank line.

e. Questions #23 – Have reason to get ABN but also have valid reason to add KX modifier to claim
   - i. i.e. for diabetic supplies: KX = insulin dependent, but also have a valid reason for an ABN, maybe quantities (same for urologicals where KX – permanent urinary incontinence)
   - **ii.** i.e. for a commode, qualify for commode but due to having a commode a few years ago we provide an ABN for same or similar. Add KXGA because meet medical necessity but also may deny for duplicate equipment. **NGS will go back and look at a few of these situations ACTION ITEM**
   - **iii. KXGA new equipment due to old equipment gone or non-functional – how do we handle these? ACTION ITEM**

f. Question #24 – when bill for loaner – should we put in codes for base and tilt? You should include whatever it costs you for the loaner equipment, but it cannot be more than what the chair costs. In the narrative, please add all codes that make up the loaner chair.
   - **i.** Repairs with temporary rental while equipment repaired: bill repair on date return to customer but need to bill temporary rental on date you initially dispense it. This is a systems issue for suppliers because need to bill one claim with two different dates – is it possible for them to be on two different claims? **NGS will take this back to see if this would work. ACTION ITEM**
   - ii. Would K0462 work with O & P? Request that provider submit a request in writing for this situation.

g. Providers seeing issues with refund requests for diabetic supplies where customer changed to Medicare Advantage policy during the date span. Refund requests are for the full amount billed – not even pro-rated. NGS is aware this is occurring. NGS went back to CMS to voice their concerns and suppliers will need to go through the appeals process to get partial amount back. NGS is not sure how redeterminations will look at this. **NGS will look into this further. ACTION ITEM**

h. PAP supplies listed on same claim with PAP device and supplies are denied but machine is paid. NGS needs claim examples. Please fax these examples to Charity. (Cindy will fax examples.)

i. If patient using PAP device for more than 90 days and then the doctor switches patient to RAD (patient would need a re-evaluation between 31 and 90 days). If patient not compliant within 90 days then can't just switch patient to BiPAP at end of 90 days or after 90 days and start billing BiPAP? Asked for clarification in policy.

j. Oxygen counting/cap is out of whack if the patient changes modalities and this is causing content claims to deny, review, pay, and then subsequent denials on content. **This should not happen – if it is please send examples to Charity.**

k. If K0009 coded by PDAC then it should be priced manually rather than applying K0005 fee schedule. Common situation – get ultra lightweight wheelchair that have lower weight (PDAC states should not be coded K0005), but functional assessment of wheelchair is the same despite the weight so paying comparable to K0005. Looking at it as a free upgrade, however, if we went to ADMC and they code K0009 the letter should state approve base as K0009 but medical necessity only for K0005, then can go to customer and we can bill as upgrade. Medical necessity is met and approved but it is an upgrade and patient may be asked to pay out of pocket for upgrade.

10. Schedule Next Meeting - All

- **Next meeting is scheduled for Thursday, April 29th, 2010 in the usual location.**
- **Meetings for the remainder of 2010 are tentatively scheduled for Thursday, July 29, 2010 and Thursday, October 14, 2010.**