

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

October 14, 2014

12:30 – 3:30 p.m.

Castleton Park Conference Center
6415 Castleway West Drive Indianapolis, IN 46250

Attachments: October 14, 2014 DME MAC Council Q & A
Jurisdiction B DME MAC Action Items

1. Introductions

2. Common Electronic Data Interchange

CEDI 2014 Trading Partner Recertification

Just a reminder, the CEDI 2014 Trading Partner Recertification began on 07/01/14. The form is on the CEDI website (www.ngscedi.com). Select the link for "CEDI Recertification Form 2014" under Enrollment.

We are now only sending out targeted emails to those who still need to recertify rather than sending general listservs.

The deadline to complete the form is 12/31/14.

On 01/02/15, CEDI will begin suspending Trading Partners who have not re-certified. The Trading Partner will have to contact the CEDI Help Desk where they will be directed to complete the form. Once the form has been processed, the Trading Partner will be contacted to let them know they have been unsuspended.

Inactive Trading Partners

CEDI implemented a change on 10/13/14 to suspend Trading Partners who have not logged in to the CEDI Gateway in the past 60 days. This is done daily and is a change from where we previously allowed 90 days before an account was suspended.

Trading Partners who are suspended for inactivity need to contact the CEDI Help Desk to have their login unsuspended.

There was a bit of confusion with our listservs that went out on what a "Trading Partner ID" or "CEDI Login ID" is. This is the ID used when connecting directly to CEDI to send claims or to retrieve remittances or reports. Suppliers who use a third party do not have a CEDI ID – they will exchange their transactions with their clearinghouse or billing service.

ICD-10 Testing

CEDI will provide support for the limited end-to-end testing week (for DME electronic claims). This will be done with selected volunteers the week of 01/26/15. A form was posted to our CEDI website for volunteers to register through 10/03/14. We are currently reviewing the volunteers with CMS and the DME MACs and will notify those selected on the next steps and provide them with additional instructions.

- Testers who are selected will be assigned a separate CEDI Trading Partner ID to be used exclusively for this end-to-end testing.

- CEDI will request information from the testers including the NPIs, PTANs and HICNs they will be using for testing. A form will be provided to those selected and must be faxed back to CEDI (not emailed) as it will contain PHI.
- Testers must be able to submit claims with **future dates of service**.

There will be a national ICD-10 front end acknowledgement testing week 11/17/14 – 11/21/14. During this week, Trading Partners (including vendors, clearinghouses, billing services and suppliers who submit their own claims) are encouraged to submit claims with ICD-10 codes to verify they will pass the front end edits.

- All test files must have the "T" in the ISA15 field for Test files.
- Test claims with ICD-10 diagnosis codes must be submitted with **current dates of service** (i.e. October 1, 2014 through November 21, 2014), since this testing will not support future dated claims.
- Test claims will receive the TRN, 999 and 277CA acknowledgements as appropriate, to confirm if the claim would be accepted or rejected in the system.
- Testing will not confirm claim payment or produce remittance advice.

Listserv Listserv Listserv

Reminder to be sure suppliers are signed up for the CEDI listserv.

3. National Competitive Bidding Updates

Elaine Hensley passed baton to Belinda Marin – CBIC B/C Jurisdiction representative

Brief overview of Round 2 re-compete

- Registration – open fall 2014
- Bid window – open winter 2015

Round 2 re-compete will now have 7 categories – separating TENS and nebulizers into single categories. Some of the original Round 2 CBAs have been separated where multiple states are involved, so there are now 117 CBAs.

Questions from Council for CBIC:

1. Round 2 re-compete will split some CBAs into multiple CBAs – i.e. Cincinnati: Will there be any consideration for the bid winners to ensure consistency and full coverage to create less confusion for customers? Currently no, but will take question back to CMS.
2. On the CBIC website when you enter a zip code, why does Round 2 re-compete appear at the top? Belinda stated this change was already submitted and thought already implemented. Someone tested during the meeting and Round 2 re-compete still appears at the top. They will take back to CBIC to make sure it is changed.
3. O&P OTS is not included in any rounds to date, will the O&P OTS be included in bidding in the future. Do you see O&P OTS included in Round 3? Currently do not have anything to respond but will take question back. CMS will make the call.

The CBIC is transitioning our liaisons to our corporate telecommunications system. Please refer to our website's Contact Us section for those new telephone numbers.

CR 8864 (Competitive Bidding Program (CBP): Correction to VIPS Medicare System (VMS) Processing of Wheelchair Accessory Claims for Round 2 – Jan 5, 2015 implementation date – KY modifier - recently published.

Question from Council:

1. Why delayed to Jan 5 when we have been fighting this for so long? Answer: System maintainer must perform testing and then given to MACs to test which is why announced in August but not implemented until January.
2. Suppliers in Region A seeing all accessories deny for CO4 – not partial pay.

- Rejecting so can't appeal but must resubmit
 - Providers are disappointed that no instructions were provided for interim period in CR 8864 so no changes in claims processing has occurred.
 - Region B states can ask for re-opening but since systems not updated, claims processing issues may continue.
 - Issues providers experiencing are: Do they submit balance of claim, hold just this line, hold whole claim, etc...?
 - Will this issue still be there for Round 1 Re-Compete – Elaine will ask for a status update as she has already submitted the question.
3. Some providers are receiving bidding remark codes on non-bidding HCPCs – this appears to be a claims processing issue.
- Charity needs examples – please send them to her or Vicky.
 - i. Grandfathering examples have been submitted for research – Charity is waiting to hear the results.

CR 8843 – instruction to contractor MACs for the repair with implementation on Nov. 4

- NGS states CR 8843 was rescinded and replaced with draft CR which has not been published yet. (CMS website does not show it being rescinded.) If this draft is implemented it will replace CR 8843, CR 8843 has not been rescinded at this date. (*Note: CR8843 was rescinded and replaced with CR8952 on 10/17/2014*)

Education event calendar is listed under each Round of bidding. If the event is open, please stop by.

Complaints – any update? Most concerns center around access issues and/or documentation issues.

Question from Council:

1. Could the CBIC take the CR 8843 precedence where the new provider does not need to gather documentation dating back to day 1 when transitioning due to a new contract? Elaine stated she has submitted this question in the past and will continue to submit this question.
2. Could the supplies be grandfathered? Elaine has submitted this question as well and has not received a response yet.

Bidding timelines will be announced real soon!!!!

4. PMD Prior Authorization Demonstration

PAR PMD demonstration project expanded to Kentucky, Ohio, and Indiana as of Oct. 1, 2014

Seven order element must be signed Oct 1 or greater to be included.

esMD was ready to go on October 1, unfortunately Connex experienced a slight snag but it has been fixed.

Questions from Council:

1. Have you received many PA requests yet? Received 1 last week and a few more have trickled in.
2. Provider recently received a non-affirmative response on a specific chair that stated patient would be better served in a different kind of chair – the concern is this was rendered despite no qualifying information included in the documentation to support the “different kind of chair”.
 - Dr. Brennan states they have seen this in the 4 MACs, they are reviewing it and will get back with us.

3. Providers wonder if NGS has any staffing concerns. NGS feels they have the right quantity of staff based on their predictions. They have done some cross training within the unit. They are trying to put all the mobility folks together for now – not sure how the department will look down the road.
4. Providers who use ADMC have seen a large increase in denials – with more denials returned on complex chairs. Providers want to know what might be the cause of this. Per NGS no system changes incurred to cause this. If providers could share some examples NGS will review the process to see if there are any issues on their end. Charity mentioned that Outreach has seen an increase in ADMC denials reaching the congressional level. They have not been able to determine the reason for the increase and have been researching as well.
5. Providers want to know if patient does not qualify, can we share that with you during the PA process to use for education purposes. Much discussion arose on this topic.
 - If this is the case, is it possible to track non-affirmations based on those expecting a denial vs those not expecting?
6. Providers in another Region have received the following denial reason – K0822 denied stating manufacturer discontinued item.
7. Is there an update with reason codes for PA demonstration project? (June 4, 2013 is the last published denial reason code listing). NGS is working on an update – all 4 Jurisdictions must agree on denial codes before they are published.
8. Q & A #22 – receiving PMD results –states could see on Connex (not currently but will look to add) or submit via esMD as they will return outbound communication electronically otherwise results are mailed.
9. Webinar: Oct 21 on PMD PAR expansion offering – sign up. This is a repeat – offered a few weeks back.

4. Provider Outreach and Education Updates

Educational activities over next few weeks

- External Breast Prosthesis webinar (offered 10/14/14 – during Council mtg)
- J6/DME joint roadshow – last show is scheduled for Oct 6 in Tinley Park, IL
- MedTrade – October 20 – 23
 - Task force session – Tues 11:00 am – 12:30 pm C102
 - Medicare update – Wed 1:30 pm – 2:30 pm C102
- Glucose Monitor and Supplies Live Audit Chat Oct. 20, 1:30 pm – 2:30 pm
- Hospital beds webinar – Nov 20
- Top Tips Understanding Affordable Care Act Webinar – Oct 21, 10:00 am – 11:00 am
- Vacuum Erection Devices webinar – October 27, 1:00 pm – 3:00 pm
- POE Advisory meeting (Indy face to face meeting) – October 30, 1:00 pm – 4:00 pm

Oct 6 – launched new NGS website

Comments by Council:

- Offered webinars to highlight changes
- Dislikes – can't find anything, nothing present greater than 365 days (archive issue), Dear Physician letters issued greater than 365 days are gone, helpful hints articles are missing, Explorer 9 issues (web browser issues),
- Denial look up – had trouble finding it.
 - Could this be expanded to include ADMC denials – will consider and they have talked about it.
- If have issues, please e-mail them. They will take the feedback to see what they can do.
- Connex – could it be date of service sensitive for eligibility? Will take back and look into it.

- OTS – add O & P same/similar to go back 5 years. They are looking to add.

5. DME MAC Medical Policy Update

Policy Articles released since last meeting

- The Pneumatic Compression Devices LCD and Article with an effective date of Nov. 1 is NOW DELAYED. Future effective date is not determined
 - Comment period was back in 2011.
 - Submit comments now if you would like
 - Article to be released Wednesday Oct 15 to announce this.
 - Concerns were made over conservative therapies.
 - Current policy remains in effect
- Immunosuppressive drugs
 - Change Oct 1 to remove standard language related to continued use and continued need from policy
- Group II support surfaces
 - 10/01/2014 E1399 code guidelines change – only used for miscellaneous products
- External Infusion Pump policy
 - Removed suggested form for inotrope information to prevent duplicating information and reduce paperwork
- Knee policy – added two new codes to prefabricated knee orthoses section
 - K0901
 - K0902
- Shoes for diabetics - Clarified in person fitting/delivery – supplier must conduct an objective assessment of shoe and fit, Policy article eff 11/01/2014
- RAD policy – effective Dec 1, 2014 (on website as future policy)
 - Worked with pulmonary physicians
 - Added verbiage on NCD for ventilators 4/14/14 coding article

Articles published

- Proof of delivery for signature and date
 - Upon delivery beneficiary should review the proof of delivery and must provide his or her signature..... The PIM does not state who may enter the date of delivery, but indicates that the date of signature must be the date in which the item was actually delivered.....if the bene doesn't add a date, Medicare will accept a date written in by the provider
- Vibrations therapy devices
 - Non-coverage item
- Revised dental coverage item for palatal lift prosthesis
- ACA 6407 Requirements - Corrections and Amendments to the Face-to-Face Visit and Written Order Prior to Delivery (published on 8/28/14)
 - Help providers understand ACA face-to-face WOPD implications
 - Provides scenarios where you could remedy the invalid WOPD
 - If submitted the claim – no happy party involved.
 - Pay close attention to WOPD for accuracy before submitting your claim.
- Coverage Reminder: Speech Generating Devices (published 9/4/14)
 - Revised to update the Coding Verification Review (CVR) information.
 - Must be a “dedicated” device
 - PDAC must code the covered products.
 - Extended until Nov 30

- Negative Pressure Wound Therapy Device
 - Revised since not under 6407 rules, but policy requires written order prior to delivery.
- Standard documentation language inserted into each policy
 - Standard language was created and inserted in many LCDs and articles.
 - Article rescinded since repairs was included in article
- Non-coverage article for Cefaly – treatment for migraine headaches

6. Open Discussion

- Action Items - #2 was closed.
 - #1 still pending
- WOPD – requirement for date stamp: Providers still want to keep on record that this is troubling. Receive documents right into systems but don't have date stamp on them.
- Question asked whether providers could affix Electronic signatures on review/appeal requests if they don't have a printer for the employee to print and sign the form. It was noted companies have the ability to append the electronic signature – will NGS accept?
 Answer: Language in IOM Chapter 20 –States they cannot accept electronic signature via mail or fax. Handwritten signature only through mail or fax. Electronic signature is only acceptable through an approved web portal. NGS has approached IOM to see if they can update to allow electronic signature but no response yet. (Submitted last year and again this year – but no outcome)
- Physician signatures with credentials – MAC DMDs talked about this with CERT today. (NGS Suggested Council: Ask Jurisdiction D why they published this.) Jurisdiction B looked at their CERT denials and saw this once with a policy that required specialty certification. They will only look if the policy is specific to noting certification. (CPO did not include their credentials in their signature)
 - If that occurs can you remedy this? NGS states by using an attestation statement.
- Article released for Audits on hospital beds and that you would be looking at subsequent months.
 - If auditing month 10, 11, 12, or 13 what would you be looking for?
 - Continued use – documentation from patient using
 - Continued need – new prescription
- Billing for quantities greater than allowed amount:
 - Claim line 1 – full amount on first line (upgrade amount) GA modifier
 - Claim line 2 – qualified for amount GK modifier
 - Could the MACs look at putting the overage quantity on line one and qualified for amount on line 2. This would require a system change – will take back to see if can be done. (Secondary payors are overpaying as a result of the current process.)
 - GY modifier on claim – claims are still paying despite GY modifier and NTE segment.
 - Should GY be set to auto deny? If policy included GY modifier they are set to auto deny. If policy does not include GY reference, there is a possibility it could be paid so no auto denial is set in the system. NGS is open to looking at situations to see if policies should be updated to include GY or system changes could be made.
- Claims with codes E1399, K0108, L2799 and L2410 are flagged to stop in processing for a live person to read the narrative
- Q & A questions:
 - Question 14: some denials received because looking for actual verbiage “patient mobile within the home” – they did education a few months ago to educate what to look for in the notes - cannot make medical inference.
 - Question 7 – answer based on new (delayed) policy. If using old policy they would answer yes.
 - Question 31 – Anchoring device A4333 since states indwelling it excludes condom catheters – could we include condom catheters in this policy? Dr. Brennan will take back to discuss.

- Question 37 – answer states if delivered within 2 days of discharge and the facilities are trying to shift financial responsibility from facility to DME provider. If device medically necessary during inpatient stay, facility should be responsible. Fitting or training does not mean using. NGS requested we ask the question next time. Council requests the question be rescinded.
- C0104 – rental item. Patient wants to buy chair when they don't qualify and when sign ABN stating bill Medicare, however, Medicare will deny purchase claim as they will only rent. If want to bill Medicare, must submit as rental. (Submitted to CMS in past and this was their response.)

7. Next meeting

- Jan 22, 2015