Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Council Meeting Minutes	
Date:	January 13, 2011
Time:	12:30 p.m. – 4:00 p.m. ET
Attachments Included with Agenda:	2011 Jurisdiction B DME MAC January Council Q & A 2011 Jurisdiction B DME MAC January Action Items

1. **Introductions** – All

2. **Competitive Bidding Implementation Contractor (CBIC) Update – Elaine Hensley**
   a. **Update: Program implemented January 1, 2011**
      i. No issues so far with beneficiary access to equipment or contract suppliers
      ii. Few issues related to competitive bidding (CB) have been reported to 1-800-Medicare – Those issues presented have all been resolved.
      iii. Industry complaints from providers stating contract suppliers are not fulfilling their contracts. The CBIC is following up and issues have been addressed/ contract suppliers educated.
         1. Most due to misunderstanding by local employee or were false accusations.
      iv. MLN Matters article SE1035 was released with KY modifier for competitive bid items
         1. Revised Jan. 10, 2011
         2. Additional information provided on KY modifier. KY modifier is used by non contract suppliers on specific HCPCS codes where the base equipment is provided by the grandfathered supplier. KY use is expected to be "temporary" while system programming is corrected.
      v. Change of ownership clarification has been posted on CBIC website.
         1. If someone has offered to buy your company and is impacted by competitive bidding this will help with what information is required to be submitted.
      vi. Continuing to do outreach (today's call is considered one of them) but they are dwindling down.
         1. State Associations are contacting them to come to State meetings in Round 2 areas.
         2. Continuing to work with DME MACs by attending their workshops.
   b. **Council questions related to Competitive Bid:**

i. Modifiers: Does the article reference the sequence of modifiers for claims submission?
    1. No, it does not but the KG, KK, will append to pricing modifiers.
    2. The order should be
        a. RR, NU (pricing modifiers first)
        b. Capped rental modifiers
        c. Some Competitive bidding modifiers are considered informational and some are considered pricing modifiers. Please refer to the "Modifier Billing Reminder" listserv article that was recently sent out.
        d. May create more overflow modifiers so use the KB and 99 modifiers appropriately and follow previous instructions. (May 28th Jurisdiction B DME MAC List serve message – Billing Reminder: Claim Submission When More Than Four Modifiers are Required)
        e. Charity will take information back and create an informational update for providers. Update: A News Article was published titled "Modifier Billing Reminder" and will be included in the Jurisdiction B Supplier Bulletin and Manual.
    3. Traveling Beneficiaries – need more education
        a. Confusion over patients who live outside the CBA
        b. It is based on where the equipment is being used.
        c. If they go into a CBA, they need to use a CBA provider.
        d. Definition of travel has not been put out there – ie number of miles traveled, etc…
        e. Provider community is really looking for additional information – Elaine will look into this and get something out.
        f. POA lives inside CBA and social security checks go to this address, but patient resides outside CBA – who can provide the services? **Elaine said there was a document similar to this for enteral and she will find the article and get it to the council.**
    4. Repairs vs Replacement recent MLN article – type of documentation required.
        a. Elaine needs to follow up with policy and content person and she will send to the council.
    5. Power wheelchair – lives outside CBA and rents standard PMD, three months later moves to CBA, is this a grandfather situation or would they be required to change to contract provider?
        a. If move in, the patient could go to contract supplier and could bill as purchase.
        b. If item is received in 2011 – grandfathering does not apply. Grandfathering is only available for rentals that began prior to Jan. 1, 2011.
    6. CPAP renting prior to Jan. 1, 2011 and then switch to contract provider and rental starts over – do you need to have a 12 week trial?
        a. NGS will research and get back with us?

b. How does NGS have the claims edits setup?
    i. Begin new capped rental?
    ii. How does CMN process work for extending CMN if move to new contract provider?

7. CO-4 denials with dates of service prior to 1/1/11.
    a. Problems called in and were told the claims would be reprocessed.
    b. If you have examples, please fax to Charity (Charity will work with Teresa) Update: Claim examples have not been provided for further research.
8. KY modifier and bill with single payment amount – what if bill at submitted charge?
    a. NGS will adjust the claims and recoup any overpaid amounts, if amount allowed is greater than SPA.
9. How do you recognize a provider grandfathered their rental customers/claims?
    a. Suppliers were required to notify CBIC by Nov. 17.
    b. There can only be one grandfathered supplier, when you submit that first claim after Jan. 1 they will look at who submitted charge in Nov/Dec to make sure the same and will follow rest of claims to make sure the provider does not change.
    c. If several months into CBA process, they change to bid winner how will they handle these situations?
        i. Not sure yet.
10. Load CBA winners, patient zip codes and such to make sure the program is moving in the right direction and claims are paid appropriately? Based upon preliminary claims analysis programming appears to be accurate.
11. Subcontracting with PMD – can the home evaluation be done by subcontractor?
    a. **Add this to list of questions to submit to Charity**. Information is included in follow-up Q and A document.

3. **National Government Services Staffing Update – Charity Mahurin**

a. Provider Outreach & Education changes –

i. New manager – Michael D. Davis

– Part A & B Provider Outreach & Education manager for the past five years

– Plans to continue working with Part B providers to get enrolled in PECOS and hopes that his experience with Part A and B will help to connect the dots with DMEPOS suppliers

ii. Tamara Hall – New consultant for Illinois

iii. Dr. Stacey V. Brennan – New Jurisdiction B DME MAC Medical Director

–Past experience with DME, she was with the Region C in 2005-2006

– Family Practice Medicine

4. **DME MAC Medical Policy Update – Stacey V. Brennan, MD**

a. Least Costly Alternative

i. Transition of it going away (JSM following a court decision with an effective date of 2/4/11)
ii. Grandfathering of items dispensed prior to 2/4/11.
iii. Modify edits in policies where LCA was allowed.
iv. Two bulletins released in regards to this but the second will be modified and re-posted later this month.
v. 25 policies effected due to LCA
vi. Could NGS provide specific examples for different policies as to how to deal with this from the provider perspective?
vii. **Example: Physician prescribes bariatric bed, but patient does not meet the weight capacity so claim would deny unless you do as an upgrade. But if the physician orders then can't do as an upgrade – so this would be denied.**
    1. **Do a free upgrade?**
    2. **Have physician change the order?**
    3. **Can we ask for a down code on an appeal?**

Education will be provided.

b. New LCD – Feb. 1 2011 –Heating Pads

i. Heating Pads – approval for E0210, but not water circulating pads.
ii. E1399 – heating pads would be denied as well as replacement parts for these miscellaneous items.
iii. Heating Lamps are non-covered.
    i. Article attached to LCD as well

c. Draft LCD on Glucose Monitors and test strips – rescinded as a result of significant comments.

d. Council questions

i. Effective date of Feb. 4, 2011 – why a Friday?
    1. Just a timing issue….
ii. PMD legislation states effective 1/1/11, but LCD that mentions removal states effective date of 2/4/11. So what is the date that removes first month purchase option?
    1. All information NGS received states 1/1/11.
    2. **NGS will send out a clarification on this. Update: A News Article clarifying this date was sent out by NGS on Friday, February 4, 2011. Medicare Learning Network Matters Article, MM7116 was also published on January 28, 2011 and clarifies that this change is effective 1/1/11.**

e. Manual Wheelchair Coverage Criteria and Physician Documentation Letter

i. Could this be revised – policy does not require face to face but this letter implies a face to face evaluation is required. **Update, the letter was revised and sent to Dr. Brennan**

for approval. The words "physical examination" were removed and the revised version will be posted to the Web site.

ii. Could the oxygen Dr. Physician letter be changed to two pages rather than 3? The 3rd page just has Dr. Brennan's name and credentials. **Update: This request was sent to our Corporate Communications department to see if this change could be made based on current document standards.**

5. **Action Items - All**

a. 2011 Jurisdiction B DME MAC January Action Items

i. KX/GA modifier on same claim line – No update from CMS. **OPEN**

Question: Can we wild card CMN status on IVR similar to same and similar?

Question: Same and Similar only accesses Region B and CMN status accesses CWF.

1. Same and similar can provide more information than CMN status which is why you should check both.

ii. RA/RB modifier - **CLOSED**

CMS fact sheet came out recently – but there are still some questions – mainly what type of documentation is required for RA or RB

iii. Change of Address Updates – **OPEN**

iv. Enhancement to same/similar IVR – **OPEN**

v. Website

–Add Council Q & A to front page – **CLOSED**

–Council wanted archiving for older materials – Charity is still working with corporate communications and will be addressed in Quarter 2 – **OPEN**

vi. Direct mail to ordering/referring physicians on documentation physicians. **CLOSED**

–Sent CD to 97% physicians. Based on CERT errors on documentation.

–Posted document to website and other sites that would accept.

vii. Dear Beneficiary letters to Glucose patients.

1. Sent out 5,000 letters in August and December – 4,000 beneficiaries responded to the letter.
2. Will give update at next council meeting.
3. Appears to be working.
    a. Asked them to only use on supplier and appears they started only using one supplier.
    b. Informed ship programs of letter.
    c. 1-800 Medicare had the letter as well.
4. Request on DME and Home Health letter
    a. DME is tough topic with Senior organizations
    b. Trend on top home health agencies that are involved with these situations.
    c. DME providers will help carry the message to the patients and home health agencies.

viii. Elimination of 1st month purchase – please go back to CMS for better explanation as

well as the purchase price for each item.

–Pricing calculation issues – what is the purchase price for power mobility for each of the codes? How was it determined?

–The purchase allowable for complex rehab power wheelchairs is equal to the rental fee (for months 1-3) divided by 0.15. Update: News Article was published in February clarifying the pricing calculations for standard power mobility devices.

6. **Provider Outreach & Education Update – Lisa Hare**

a. National Government Services Web site

i. Revamped website as of December 1, 2010.
ii. New look, new feel.
iii. On portable page – to right of hot topics are the consolidated banner ads. Right below that the production alerts.
iv. If you want more information on the website, go to hot topics and click on new website to get a tour.
v. What's new section is the new article section.

b. Connex

i. CMN status has not been added but is still a top priority but no release date has been proposed.
ii. Enhancements implemented recently
    1. Medicare Advantage information
        a. Plan name and number now appear
    2. My claims
        a. Reason and rejection claims
    3. Entitlement
        a. Termination dates now appear
    4. Search – will show all provider numbers that match search if have multiple PTAN/NPI numbers.
    5. A list of suggestions have been prioritized and submitted for future enhancements.

c. DME Swipe Card Project

i. New pilot program with CMS and Castlestone Advisors
ii. Ordering/Referring providers and DMEPOS suppliers in Indianapolis area will receive a magnetic strip cards and will be able to swipe them through existing credit card terminals
    a. Physicians will swipe the card when they write an order
    b. DMEPOS supplier will swipe card when they dispense an item
    c. Castlestone Advisors will receive all data and forward to National Government Services
    d. This will assist in validating the legitimacy of claims
    e. Collect data and evaluate in an effort to improve the integrity of the

program
f. During the pilot this will only be used to collect data and evaluate participation is voluntary, however the more participants the better the data
g. Target date to mail swipe cards – March 2011

iii. Questions:
1. If don't have credit card terminal – Castlestone will provide one.
2. Cost per swipe currently – what happens when swipe these cards – charge or not?
3. Minimal information to be entered when swiped.
4. Possibility that one may not swipe and the other does
   a. Will not affect claims processing.
5. Can bring in some IT folks to help answer these questions.

d. Electronic Health Records:
i. Is there anyone at NGS that could help us evaluate companies for approval of electronic medical records? They will consider it.
ii. CMS is trying to verify that items can't be prescribed via copy/paste.
iii. Electronic signatures – Can NGS help us understand what is or is not allowed when it comes to electronic signatures.

7. **Open Discussion - All**

a. Question 7 in the Q and A – answer is as written.
b. PMD – confirm now with new patient as of 1/1/11 – DPD Rx should have rental pricing or purchase pricing? Policy stated "pricing". NGS believes it should be rental since it is a rental (similar to capped rental) but they will clarify.
i. How is break in billing going to work with Power wheelchairs?
Update: These questions were clarified in a News Article published February 4, 2011.
c. List Serve message for mandatory ABNs for complex medical reviews?
i. How does this impact DME providers?
ii. If you get a request and you added a GA modifier you must send in the ABN.
iii. This is from CMS.
Update: News article was published February 11, 2011 which clarified MLN Matters Article 6988.
d. December bulletin on Diabetic supplies (pg 33)
i. Using standard upgrade language for overage quantities – question about providing "free" overage quantities.
e. Standard Power wheelchairs
i. K0822 but only doing basic cushion, Medicare will pay for the K0823 which is slightly less then the combine K0822 plus cushion.

1. With LCA change – do we process the same way?
2. This was address but need to look at the outcome – NGS will clarify for us.

ii. If primary pays as purchase, Medicare will not pay? Medicare will probably handle similar to capped rentals which would be they will only pay rental. Per NGS, this will go back to the payment policy not the LCD. ABNs are for medical necessity not payment.

f. Region B website production alert (01/13/11)

i. 34919 production alert –

Update: This alert did not apply to the DME MAC. Do not think applies to DMAC.

8. **Schedule Next Meeting – All**

Tentatively scheduled dates for 2011

a. April 21, 2011

b. August 18, 2011

c. November 17, 2011