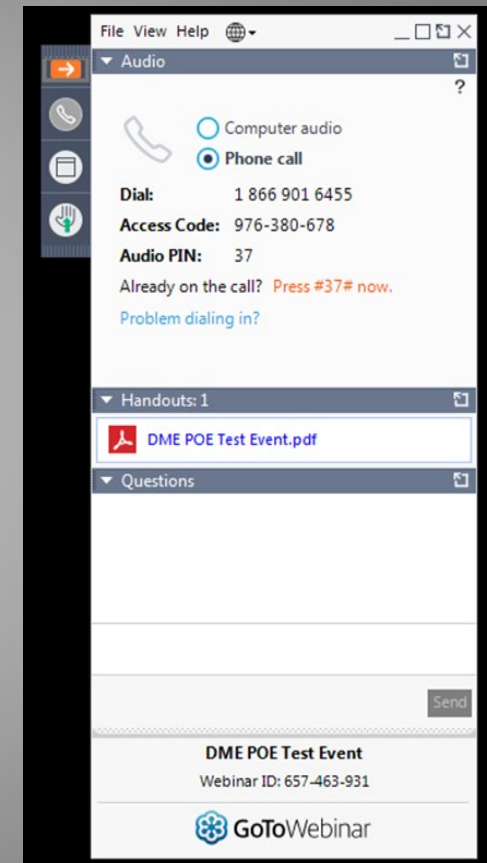


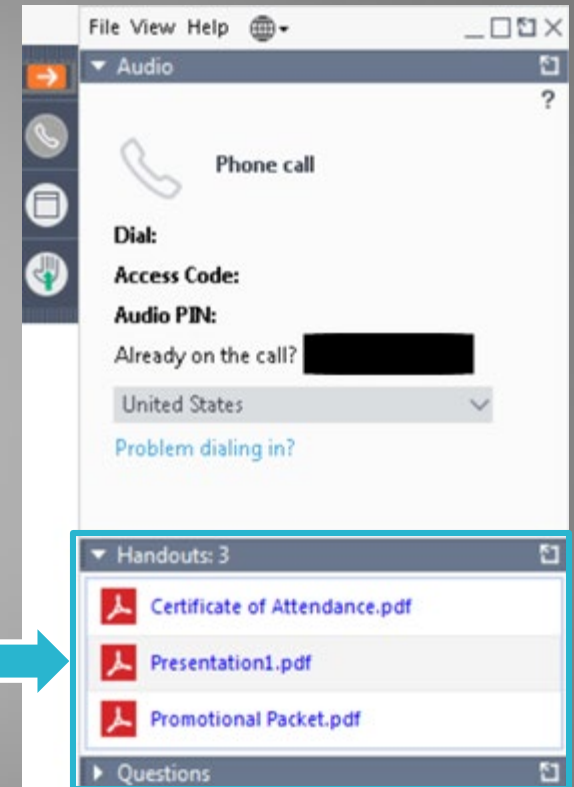
# JOIN THE AUDIO CONFERENCE

- Dial the toll-free number
  - Enter the access code when prompted
  - Enter your audio PIN when prompted
  - Required for verbal questions



# TODAY'S PRESENTATION


- Once you are connected to the webinar, select **Handouts**
- Select the file to download the presentation, Certificate of Attendance, and/or the Promotional Packet





# QUESTION BOX

To ask a question in the question box . . .

The screenshot shows a software interface with a 'Phone call' section. Below this section is a 'Questions' section containing a text input field. A blue arrow points from the text 'Type it here.' to the input field. Another blue arrow points from the text 'Hit send.' to a 'Send' button located at the bottom right of the input field.

File View Help  \_ □ ▢ ✕


▼ Audio  ?


 Phone call

**Dial:**


**Access Code:**


**Audio PIN:**


Already on the call? 

United States 

[Problem dialing in?](#)

▶ Handouts: 3 

▼ Questions 



Type it here.

Hit send.



# Together We Can Reduce CERT Errors

**DME CERT Outreach and Education Task Force  
Surgical Dressings  
National Webinar – April 15, 2021**

# Today's Webinar Moderators and Presenters

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- Cindy White & Angie Cooper  
DME CERT Task Force Co-Coordiators
- Jurisdiction A: Cindy White
- Jurisdiction B: Angie Cooper
- Jurisdiction C: Angie Cooper
- Jurisdiction D: Cindy White



# Agenda

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- Overall 2020 CERT Error Results
- Coverage Criteria for Surgical Dressings
- Documentation Requirements
- Questions



# CERT Errors



# Comprehensive Error Rate Testing (CERT)

## 2020 Improper Payment Rates and Projected Improper Payment

CERT: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT>

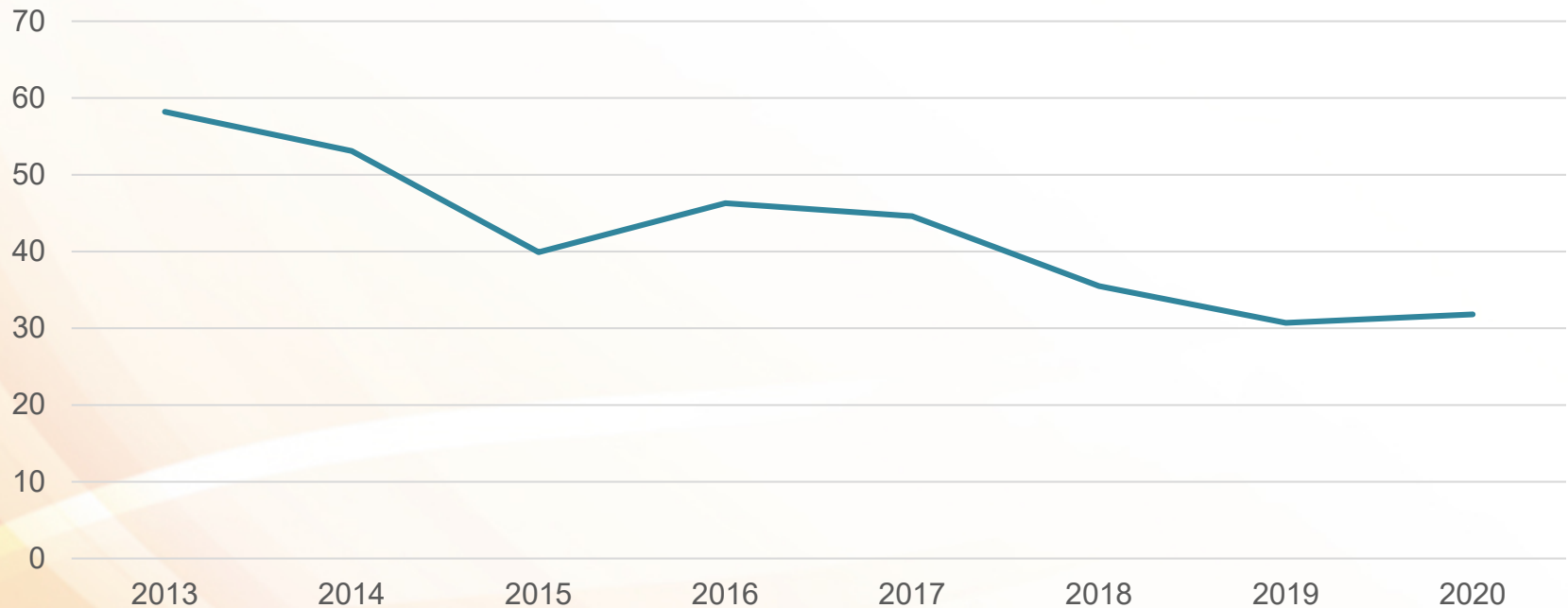
Service Type	Improper Payment Rate	Projected Improper Payment Amount
Overall	6.3%	\$25.7 B
<b>DMEPOS</b>	<b>31.8</b>	<b>\$2.8 B</b>
Part A (excluding Hospital Inpatient Prospective Payment System (IPPS))	6.2%	\$10.9 B
Part A (Hospital IPPS)	3.0%	\$3.6 B
Part B Providers	8.1%	\$8.4 B





# DMEPOS Improper Payment Rate All DME MAC Trend

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# Top Root Causes of Insufficient Documentation Errors in DMEPOS

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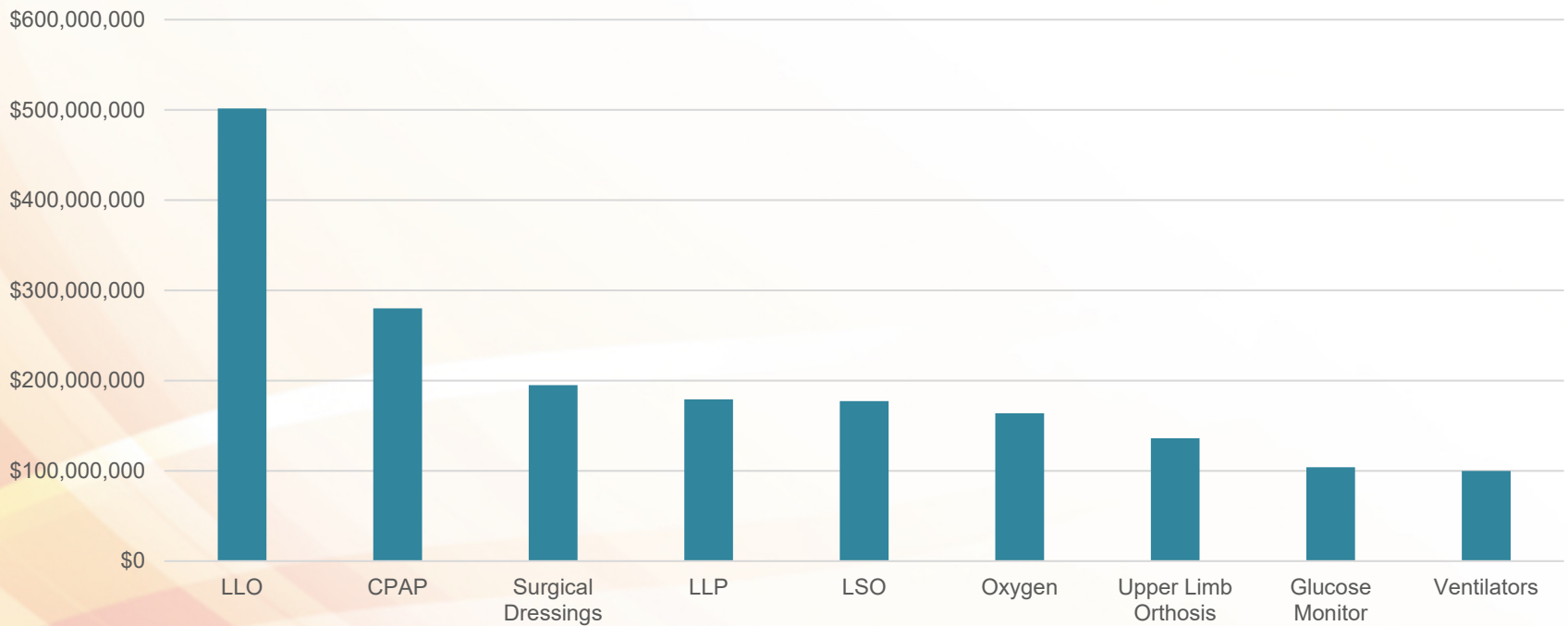
- Orders – Missing or inadequate
- Documentation to support coverage criteria – Missing or inadequate
- Proof of delivery – Missing or inadequate



# Top Policies with Errors

## ALL DME MACs

Projected Improper Payments



# Improper Payment Rates for Surgical Dressings

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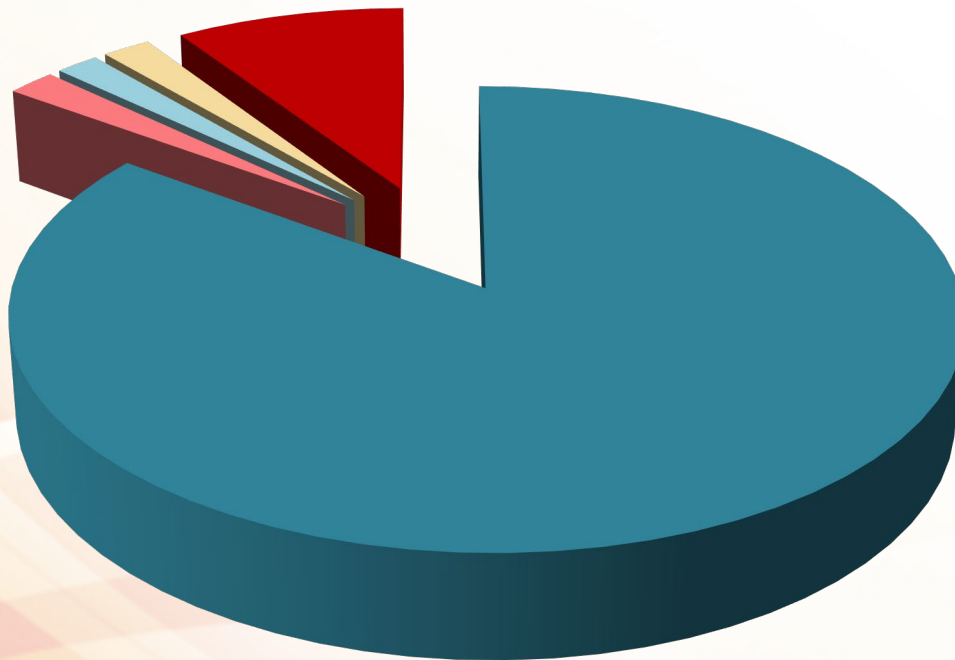
- November 2020 report period: Claims with dates of service 7/1/2018 – 6/30/2019
- Number of surgical dressings claims reviewed by the CERT contractor during their 2020 reporting period: 461
- Overall error rate for surgical dressings: 67.3%
- Surgical Dressings projected improper payments: \$194.9 M



# 2020 CERT Data: Surgical Dressings Errors

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## Top Errors



- Insufficient documentation
- No documentation
- Medical necessity
- Incorrect coding
- Other

# Surgical Dressings

## Current CERT Error Trends

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- Insufficient documentation:
  1. Information regarding the location, number, and size of qualifying wounds being treated with a dressing
  2. Whether the dressing is being used as a primary or secondary dressing or for some noncovered use (e.g., wound cleansing)
  3. Amount of drainage
- Missing or incomplete proof of delivery
- NPI of the ordering practitioner submitted on the claim does not match the name of the practitioner who signed the order



# CERT Documentation Requests

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- Documentation may be submitted the following ways
  - Via Postal Mail to: CERT Documentation Center  
1510 East Parham Road  
Henrico, Virginia 23228
  - Via Fax to: 1.804.261.8100
    - Use the barcoded cover sheet as the only coversheet.
    - Do not add your own cover sheet—this slows down the receipt and identification process
    - Send a separate fax transmission for each individual claim.
  - Via Electronic Submission of Medical Documentation (esMD):
    - Include a CID# or Claim number and the barcoded cover sheet in your file transmission.
    - Information on esMD can be found at <https://www.cms.gov/esMD>



# CERT Documentation Requests

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- Via CD:
  - The images should be encrypted per HIPAA security rules.
  - If encrypted, the password and CID# must be provided via email to [CERTMail@nciinc.com](mailto:CERTMail@nciinc.com) or via fax to 1.804.264.9764
  - Must contain only images in TIFF or PDF format.
- Via Email Attachment:
  - The email attachment(s) should be encrypted per HIPAA security rules.
  - If encrypted, the password and CID# must be provided via phone to 1.888.779.7477 or via fax to 1.804.264.9764
  - Must contain only attachments in TIFF or PDF format.





# CERT Contact Information

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- CERT Documentation Center
  - Customer Service: 1.443.663.2699
  - Toll Free: 1.888.779.7477
  - Email: [certprovider@nciinc.com](mailto:certprovider@nciinc.com)
  - Website: <https://c3hub.certrc.cms.gov/>
- DME MAC CERT Resources
  - JA: <https://med.noridianmedicare.com/web/jadme/cert-reviews/cert>
  - JB: <https://www.cgsmedicare.com/jb/claims/cert/index.html>
  - JC: <https://www.cgsmedicare.com/jc/claims/cert/index.html>
  - JD: <https://med.noridianmedicare.com/web/jddme/cert-reviews/cert>



# Appeal Rights from CERT Audits

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- If the CERT contractor finds errors with the claim in question, the supplier will receive an Overpayment Demand Letter and a revised Medicare Remittance Advice (MRA) statement.
- If the supplier does not agree with the outcome of the CERT review, they should file an appeal to the Redeterminations department of their DME MAC within 120 days of the date on the demand letter or MRA.
  - If a redetermination is filed to the appropriate DME MAC within 30 days of the overpayment demand letter, all recoupment activities will cease until the redetermination decision is made.



# Coverage of Surgical Dressings



# Coverage of Surgical Dressings

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- Surgical Dressings are covered under the Surgical Dressings Benefit (Social Security Act §1861(s)(5)).
- Surgical dressings are covered when a qualifying wound is present. A qualifying wound is defined as either of the following:
  - Wounds caused by, or treated by, a surgical procedure; or
  - After debridement of a wound
- Who can perform the surgical procedure or debridement?
  - Treating practitioner
  - Other healthcare professional as permitted under state law



# Examples of Types of Debridement

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- Debridement of a wound may be any type of debridement (examples given are not all-inclusive):
  - Surgical (e.g., sharp instrument or laser)
  - Mechanical (e.g., irrigation or wet-to-dry dressings)
  - Chemical (e.g., topical application of enzymes) or
  - Autolytic (e.g., application of occlusive dressings to an open wound).
- Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the debridement agents themselves are noncovered.

# Qualifying Dressing Requirements

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- Primary dressings
  - Therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin
- Secondary dressings
  - Materials serving a therapeutic or protective function and are needed to secure a primary dressing may include:
    - Adhesive tape
    - Roll gauze
    - Bandages
    - Disposable compression material
- Denied as statutorily non-covered, no benefit
  - Products unable to be used as a primary or secondary dressing on a qualifying wound, or
  - Composed of materials that do not serve a therapeutic or protective function



# Documentation Requirements



# Standard Written Order

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- All claims require a written order/prescription from the treating practitioner
- For dates of service on and after January 01, 2020:
  - Written order/prescription = Standard Written Order (SWO)
- Someone other than the treating practitioner may complete certain required elements of the SWO for surgical dressings
- The SWO must be signed by the treating practitioner
- SWO must be communicated to the supplier prior to claim submission
  - Order date must be prior to claim submission date





# SWO Required Elements

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- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order Date
- General description of the item
  - Description can be either a general description (e.g., collagen wound filler or gauze), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
  - Must list each separately billed item
- Quantity to be dispensed
  - Example: 2 grams or 20 square inches
- Treating practitioner name or NPI
- Treating practitioner's signature



# Order Requirements for Surgical Dressings

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- New order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased
- A new order is required every 3 months for each dressing being used.
- When the prescribing practitioner is also the supplier, and is permitted to furnish specific items of DMEPOS, a separate order is not required
  - The medical record must still contain all of the required order elements

# Documentation of Initial Wound Evaluation

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- For initial wound evaluations, the treating practitioner's medical record, nursing home, or home care nursing records must specify:
  - Type of qualifying wound (see above); and,
  - Information regarding the location, number, and size of qualifying wounds being treated with a dressing; and,
  - Whether the dressing is being used as a primary or secondary dressing or for some noncovered use (e.g., wound cleansing); and,
  - Amount of drainage; and,
  - Type of dressing (e.g., hydrocolloid wound cover, hydrogel wound filler, etc.); and,
  - Size of the dressing (if applicable); and,
  - Number/amount to be used at one time; and,
  - Frequency of dressing change; and,
  - Any other relevant clinical information.

# Monthly Wound Evaluations

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- Medical records from the treating practitioner (or their designee) must contain:
  - Clinical information, which demonstrates that the reasonable and necessary requirements in the policy regarding the type and quantity of surgical dressings provided,
  - This information must be updated on a monthly basis.
  - This evaluation is required unless there is documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the beneficiary's need for ongoing use of dressings.

# Weekly Wound Evaluations

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- Wound evaluations are expected on a weekly basis for:
  - For beneficiaries in a nursing facility or
  - Beneficiaries with heavily draining or infected wounds,
- The evaluation may be performed by a nurse, treating practitioner or other health care professional involved in the regular care of the beneficiary.
  - May have no financial relationship with the supplier. This prohibition does not extend to treating practitioners who are also the supplier.

# Wound Evaluation Documentation

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- Weekly or monthly evaluation must include:
  - Type of each wound (e.g., surgical wound, pressure ulcer, burn, etc.)
  - Wound(s) location
  - Wound size (length x width) and depth
  - Amount of drainage
  - Any other relevant wound status information
- Source of that information and date obtained must be documented in the supplier's records
- This information must be available upon request



# Face to Face Requirements During COVID-19 PHE

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- The surgical dressing policy is still being enforced during the PHE, however the face-to-face does not apply.
- Ensure that the items or services are reasonable and necessary, and continue documenting the medical necessity for all services.
- The medical record must be sufficient to support payment for the services billed (that is, the services were actually provided, were provided at the level billed, and were medically necessary)
- The Surgical Dressings Policy Article provides flexibility for follow up wound evaluations that are unable to be conducted. Medical records for monthly/weekly follow up evaluations must be updated by the treating practitioner (or their designee).
- This evaluation of the beneficiary's wound(s) is required unless there is documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the beneficiary's need for ongoing use of dressings.
- If the beneficiary is affected in any way by the PHE, use the CR modifier and include COVID-19 in the narrative.
- Refer to the DME MAC websites for information on billing during the PHE



# Method 1: Direct to Beneficiary

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- Date of service = Date beneficiary received the item (date of delivery)
- Proof of delivery must include:
  - Beneficiary's name
  - Delivery address
  - The quantity delivered
  - A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number
  - Date delivered
  - Beneficiary (or designee) signature:
    - During COVID-19, document in the beneficiary record the appropriate date of delivery and that a signature was not able to be obtained because of COVID-19





# Method 2: Shipping Service

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- Date of service = Shipping date or date of delivery
- Delivery documentation must include:
  - Beneficiary's name
  - Delivery address
  - Delivery service's package ID number, supplier invoice number or alternative method that links supplier's delivery documents with delivery service's records
  - A description of the item(s) being delivered. The description can be either a narrative description, a HCPCS code, the long description of a HCPCS code, or a brand name/model number.
  - Quantity delivered
  - Date delivered
  - Evidence of delivery

# Method 3: Delivery to Skilled Nursing Facility

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- Proof of delivery must include:
  - Documentation demonstrating delivery of the item(s) to the facility by the supplier or delivery entity; and,
  - Documentation from the nursing facility demonstrating receipt and/or usage of the item(s) by the beneficiary. The quantities delivered and used by the beneficiary must justify the quantity billed.

# Resources



# Surgical Dressings Resources

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- Local Coverage Determination (LCD): Surgical Dressings (L33831)  
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33831&ContrID=140>
- Local Coverage Article: Surgical Dressings - Policy Article (A54563)  
<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=54563>
- Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)
  - <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=55426>

# Resources

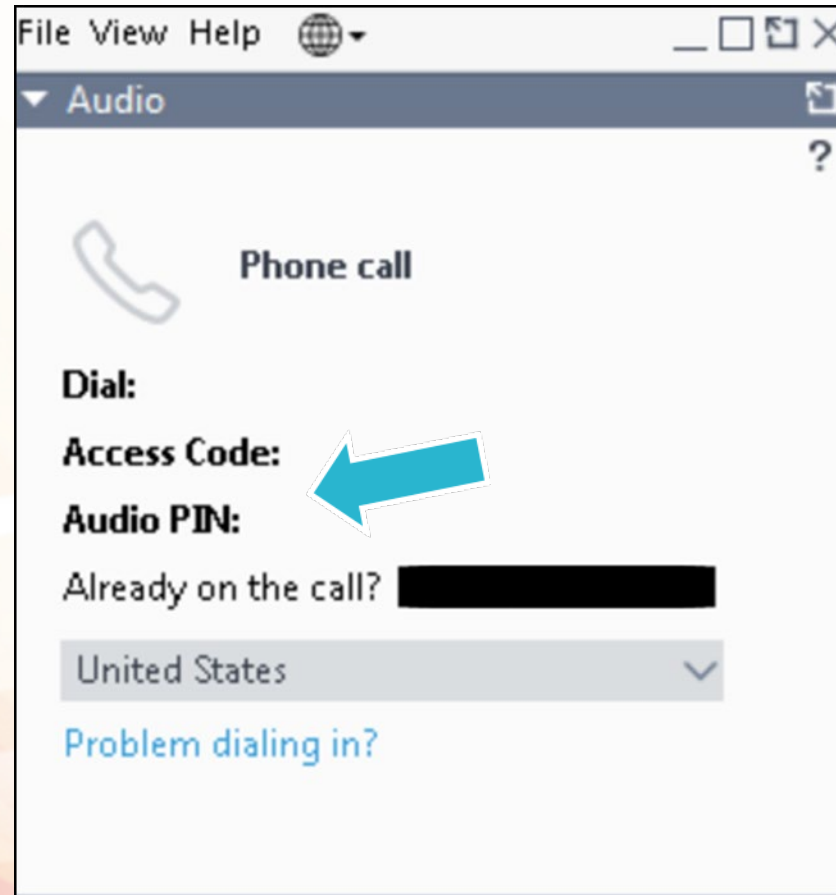
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- Jurisdiction DME MAC Websites:
  - Jurisdiction A – <https://med.noridianmedicare.com/web/jadme/>
  - Jurisdiction B – <https://www.cgsmedicare.com/jb>
  - Jurisdiction C – <https://www.cgsmedicare.com/jc>
  - Jurisdiction D – <https://med.noridianmedicare.com/web/jddme/>

# Questions?

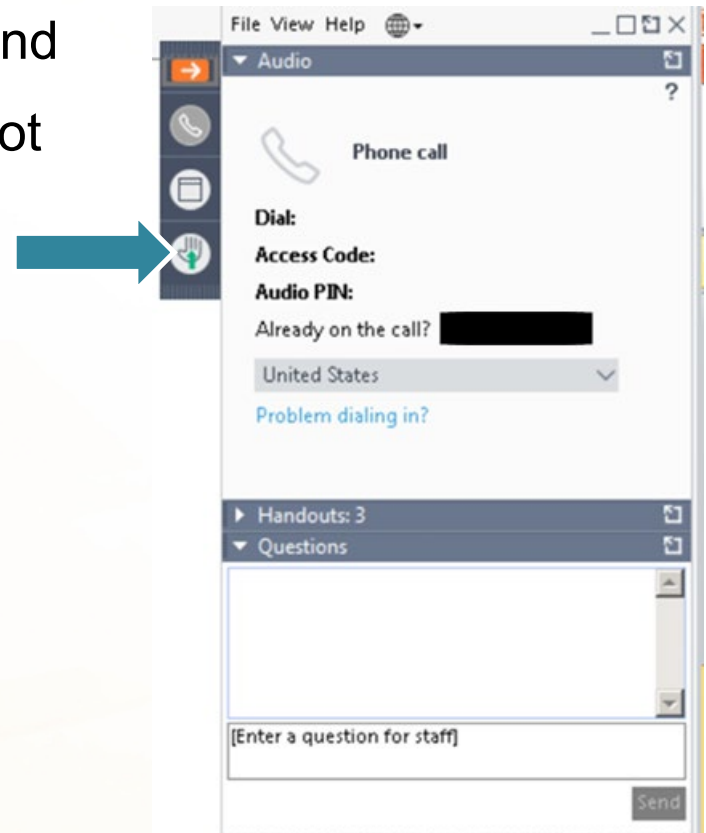


# How to Participate



# How to Participate Today

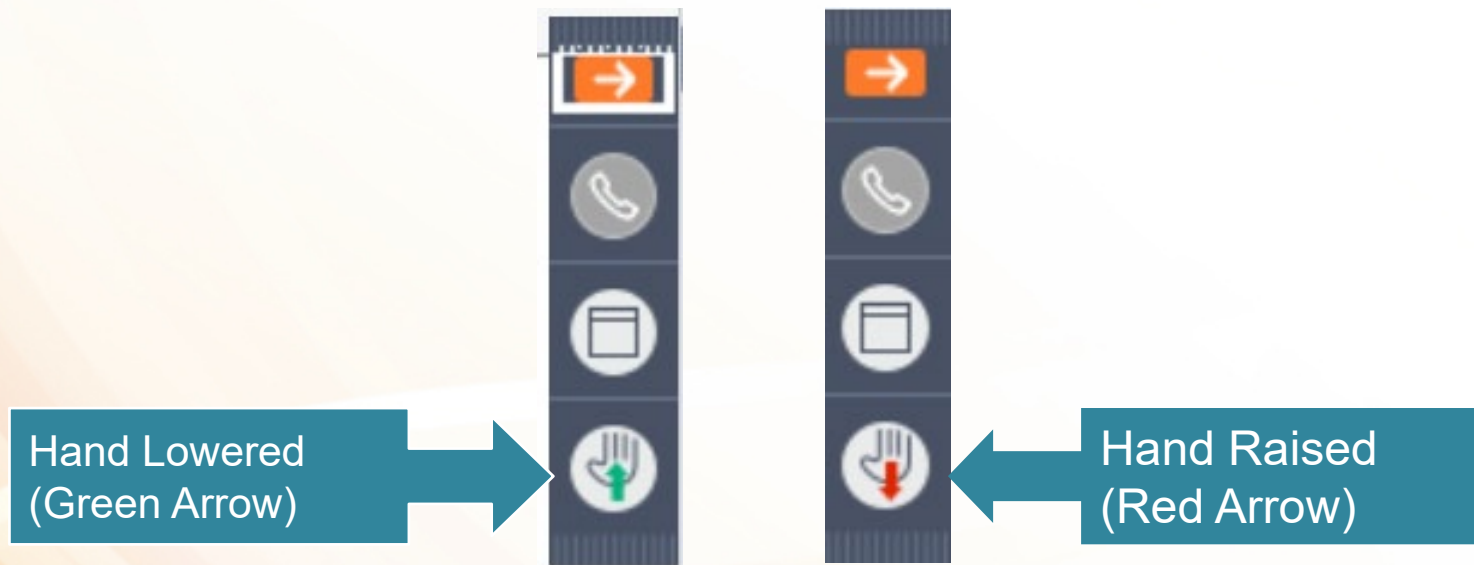
- To Ask a Verbal Question: Raise your hand
- The **Green Arrow** means your hand is not raised (Click to raise your hand)
- The **Red Arrow** means your hand is raised (Click to lower your hand)



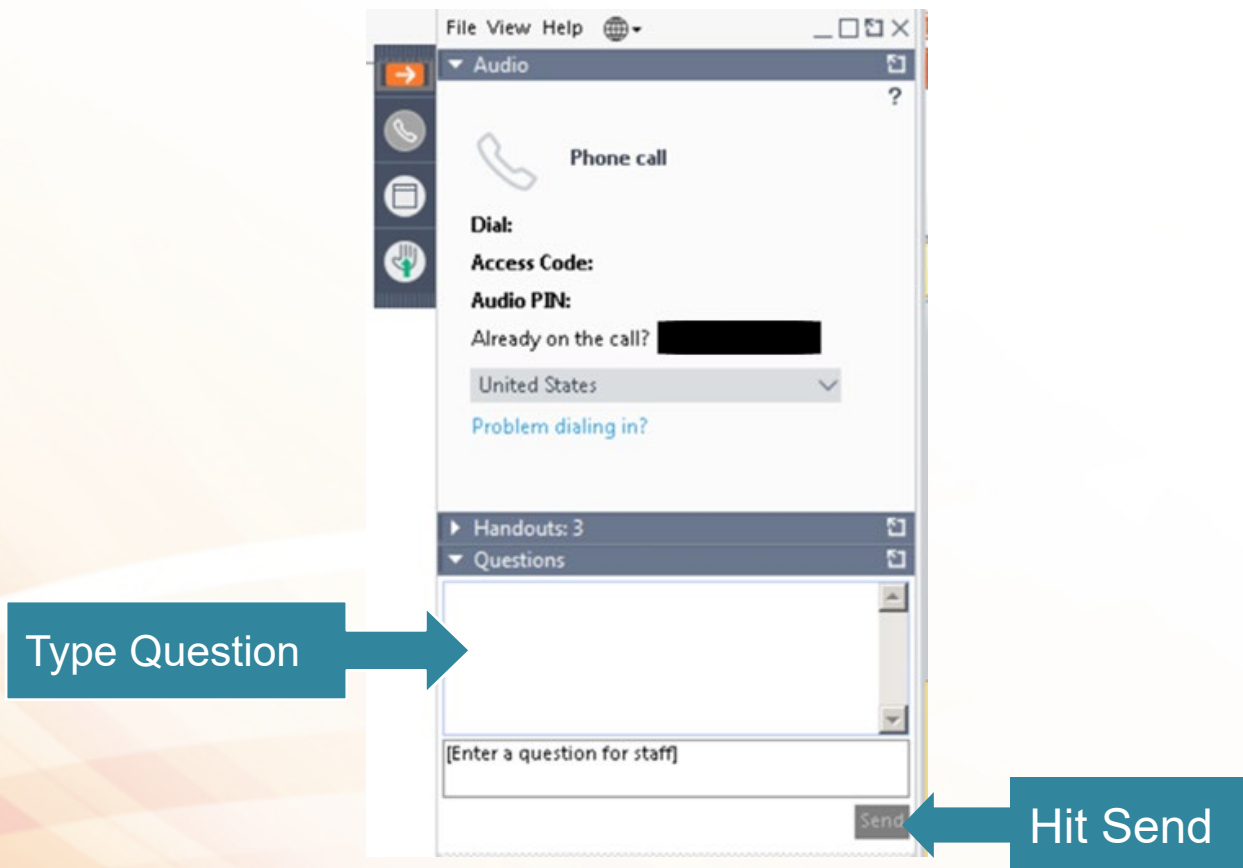


# To Ask a Question By Raising Your Hand

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# To Ask a Question Using the Question Box



# Disclaimer

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The DME MAC CERT Outreach and Education Task Force consists of representatives from each of the DME MACs and is independent from the CMS CERT Team and CERT Contractors, who are responsible for the calculation of the Medicare Fee-for-Service Improper Payment Rate.

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