General Documentation Requirements

A Collaboration Webinar
presented by the
A/B and DME Medicare
Administrative Contractors

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Disclaimer

The A/B and DME MAC Provider Outreach and Education (POE) staff have produced this material as an informational reference for providers furnishing services in our contract jurisdictions to Medicare beneficiaries.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the Centers for Medicare & Medicaid Services (CMS) website at http://www.cms.gov.

As a reminder, CMS does not allow recording of education opportunities such as this.

Participants

- CGS Administrators, LLC
- First Coast Service Options, Inc.
- National Government Services:
- Noridian Healthcare Solutions, LLC
- Novitas Solutions
- Palmetto GBA
- WPS Government Health Administrators

Agenda

- Standard Documentation
- Signature Requirements
- Common Errors
- Resources

Objective

- To assist providers and suppliers with a better understanding of Medicare Part B and Durable Medical Equipment (DME) provider/supplier roles
- Determine who is responsible for billing, coverage, documentation requirements, and medical necessity when providing durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) to Medicare beneficiaries

Standard Documentation

Required for every order

DMEPOS Policies

- 57 DMEPOS policies
- Suppliers provide equipment based on established rules and regulations
- Ordering physicians determine need
- Documentation to support coverage criteria must be present in beneficiary's medical record
- Suppliers cannot create medical records

Authorized to Order DMEPOS

Physician Assistant (PA)

- Meet definition of PA found in Section 1861(aa)(5)(A) of Social Security Act
- Treating beneficiary for condition for which item is needed
- Practice under supervision of MD or DO
- Have own NPI
- Permitted to perform services in accordance with state law

Nurse Practitioner, Clinical Nurse Specialist

- Treating beneficiary for condition for which item is needed
- Practicing independently of physician
- Bill Medicare for other covered services using own NPI
- Permitted in state where services are rendered

Standard Written Order (SWO) Elements

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
  - Date request communicated to supplier
- General description of item
- Quantity to be dispensed, if applicable
- Treating practitioner name or National Provider Identifier (NPI)
- Treating practitioner's signature

*Note: SWO not considered part of medical record

SWO Description of the Item

- The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
- For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
- For supplies – In addition to the description of the base item, the order/prescription may include all concurrently ordered supplies that are separately billed (List each separately).

Miscellaneous Information

- SWO may be completed by someone other than physician
  - Treating physician must review and sign
  - Exception Power Mobility Devices (PMDs)
- Date of SWO
  - On or prior to date of claim submission
- Medical records must justify frequency
- Exception to SWO
  - Prescribing practitioners who are also suppliers
    - SWO elements must be listed in medical record
- Signature and date stamps not allowed

Prior Authorization Program

- Condition of payment for items frequently subject to unnecessary utilization
- Reduces unnecessary usage
- Ensures Medicare coverage/documentation requirements likely met
  - Before item provided/claim submitted
- Beneficiary benefit
  - Knowledge of financial liability, if applicable
  - Information regarding coverage prior to receiving item
  - Enhances coordination/collaboration of care between provider and supplier

Face-to-Face (F2F) and Written Order Prior to Delivery (WOPD)

F2F required for new order

- May use for multiple DMEPOS items
- All ordered items must be discussed in F2F
- Include assessment in supporting documentation
- Can be CMS approved telehealth exam
- Standard Documentation Article #A55426

WOPD – complete within six months of F2F

- Power mobility devices(PMD)
  - Treating practitioner completes F2F and WOPD
- All other DMEPOS items on required WOPD/F2F list
  - WOPD can be completed by other than treating practitioner
    - Treating practitioner must sign it
    - PMD exception
- Orthotics
- Osteogenesis stimulators

When Is A New Order Required

- Change in order
- When indicated in medical policy
- State licensure/practice regulations
- Item replacement
  - To reaffirm medical necessity
- Change in supplier
  - New supplier unable to obtain valid order/documentation from original supplier

Documenting Medical Records

- Justify need for:
  - Type and quantity of items ordered
  - Frequency of use or replacement (if applicable)
- Patient's diagnosis
  - Condition duration
  - Clinical course (worsening or improving)
  - Prognosis
  - Nature/extent of functional limits
  - Other therapeutic interventions and results
  - Past experience with related items
    - Not an all-inclusive list
- Medicare Program Integrity Manual (PIM), 100-08, Chapter 5, Section 5.9

Acceptable Medical Records

- Treating practitioner office records
- Hospital records
- Home health agency records
- Nursing home records
- Test reports
- Other healthcare professional records

*Records must be available upon request

- Medicare Program Integrity Manual, Publication 100-08, Chapter 5, Section 5.9

Supplementary Documentation

- Not sufficient by themselves to meet coverage criteria
- Will be given consideration if corroborated by medical record
- Examples
  - Forms created by supplier
    - Completed, signed, dated by treating practitioner
  - Summaries of beneficiary's medical condition
    - Prepared by supplier or treating practitioner
  - Letters of medical necessity
  - Forms developed by suppliers
    - Completed by beneficiary or caregiver

Continued Use

- Ongoing utilization by beneficiary
- Supplier periodically documents continued use
  - Acceptable documentation
    - Beneficiary's medical records, or
    - Supplier records
- Must discontinue billing if item no longer used

Continued Need

- Documentation justifying item remains reasonable and necessary
  - Recent refill order by treating practitioner
  - Recent change in prescription
  - Timely documentation in medical record showing usage
    - Timely indicates within preceding 12 months

Signature Requirements

All records must be authenticated by their author

Signature Compliance

- Clearly identify ordering practitioner in records
  - First name/last name/credentials/date
    - If illegible, must also type/print name
- Review purposes
  - Medicare requires services provided/ordered be authenticated by author
  - Method used must be handwritten or electronic
  - Stamp signatures not acceptable
- Medicare Learning Network (MLN) 6698 - Signature Guidelines

Signature Requirements

Program Integrity Manual (PIM), Chapter 3, Section 3.3.2.4

		Signature Requirement Met	Contact billing provider and ask a non-standardized follow up question
1	Legible full signature	X	
2	Legible first initial and last name	X	
3	Illegible signature over a typed or printed name Example: John Whigg, MD	X	

Stamped Signatures

- Stamped signatures are only valid for an author with a physical disability
  - Must provide proof to Medicare contractor of his/her inability to sign due to disability

Common Errors

Common Documentation Errors

- The order was incomplete or invalid
- Medical record does not support the need for the item ordered
- Signature requirements not met

Positive Airway Pressure (PAP) Device Common Errors

- No Medicare-covered sleep test
- No face-to-face (F2F) evaluation prior to sleep test
- Signature requirements not met
- Documentation did not support criteria for coverage beyond three months
- No objective evidence of adherence to use of PAP reviewed by treating physician

Pressure Reducing Support Surfaces Common Errors

- Covered pressure ulcer not adequately described in medical record to support coverage
  - Large or multiple stage III or IV pressure ulcer(s)
    - On trunk or pelvis
  - Multiple stage II pressure ulcers
    - On trunk or pelvis
  - No indication of any pressure ulcers
    - On trunk or pelvis
- Comprehensive ulcer treatment program not documented

Hospital Beds
Common Errors

- Insufficient justification for hospital bed
  - Fixed height bed requires specific reason for positioning within medical records
  - Semi-electric bed requires documented reasons why frequent change in body position or immediate change in body position are medically necessary

Manual Wheelchairs
Common Errors

K0001

- Mobility limitation not resolved with cane/walker
- Medical records do not support limited mobility activities
- Documentation does not prove adequate space and access for a wheelchair
- Medical records do not show sufficient upper extremity function to propel a manual wheelchair

K0003

- Medical records do not support self-propel requirements
- Medical records do not support limited mobility activities
- Documentation does not prove adequate space and access for a wheelchair

K0004

- Medical records do not support beneficiary size or self propel requirements
- Medical records do not support limited mobility activities
- Documentation does not prove adequate space and access for wheelchair

Power Mobility Device (PMD) Common Errors

- Incomplete beneficiary medical records demonstrating beneficiary does not have sufficient upper extremity function to self-propel optimally-configured manual wheelchair in home to perform Mobility Related Activities of Daily Living (MRADLs) during typical day
- Incomplete beneficiary medical records supporting beneficiary's mobility limitation cannot be sufficiently and safely resolved by use of appropriately fitted cane or walker
- The order is missing or invalid
- Beneficiary's medical records do not show beneficiary has mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs

Surgical Dressings
Common Errors

- Medical records do not support that the surgical dressings are required for either the treatment of a wound caused by, or treated by, a surgical procedure; or when required after debridement of a wound
- The monthly wound evaluation did not include the type of each wound, location, size and depth, the amount of drainage and any other relevant information
- Frequency of use or frequency of change is not supported by the medical records

Glucose Monitors and Supplies Common Errors

- The medical record documentation does not support the beneficiary has diabetes
- The medical record does not include documentation to support the beneficiary is testing at a frequency that corroborates the quantity of supplies dispensed
- The medical record documentation does not support the treating practitioner has verified adherence to the high utilization testing regimen every six months

Orthoses
Common Errors

- Ankle-Foot Orthoses
  - The medical records do not confirm that the coverage criteria have been met for an orthotic used during ambulation
  - Medical records do not support that the beneficiary requires stabilization for medical reasons
- Knee Orthoses
  - The medical records does not demonstrate knee instability and did not include an examination of knee instability and an objective description of joint laxity (i.e., joint testing, anterior draw, posterior draw, valgus/varus test) from the treating practitioner

Thank you for attending!