

Medical Documentation

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

May 26, 2022



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: <http://www.cgsmedicare.com>
- First Coast Service Options, Inc.: <http://www.fcso.com/>
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- Noridian Healthcare Solutions, LLC: <http://www.noridianmedicare.com/>
- Novitas Solutions: <https://www.novitas-solutions.com/>
- Palmetto GBA: <http://www.palmettogba.com/>
- WPS Government Health Administrators: <https://www.wpsgha.com/>

Today's Presentation

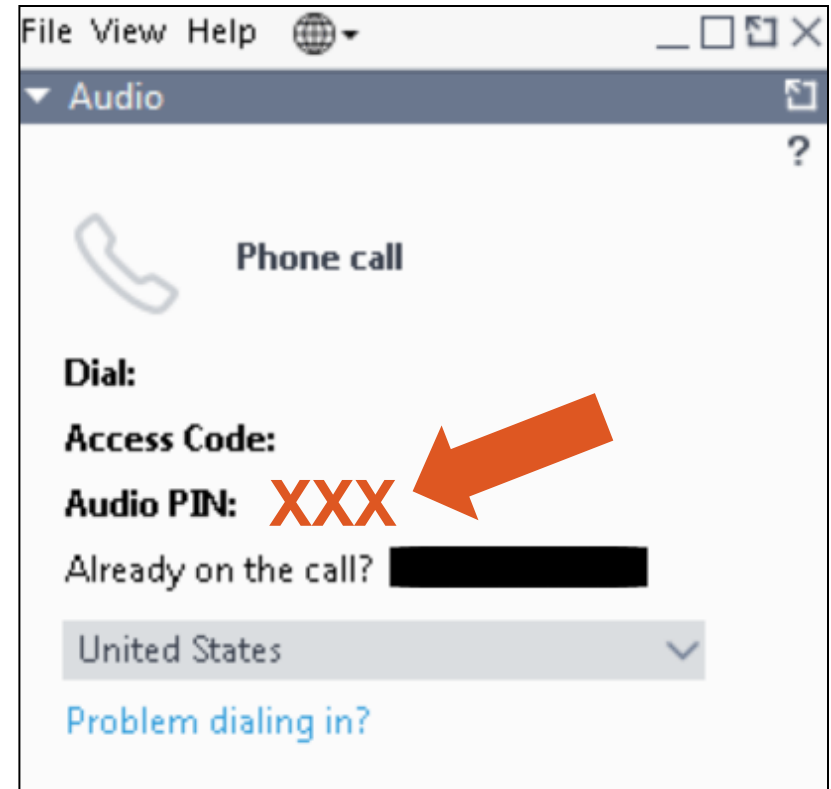
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Audio

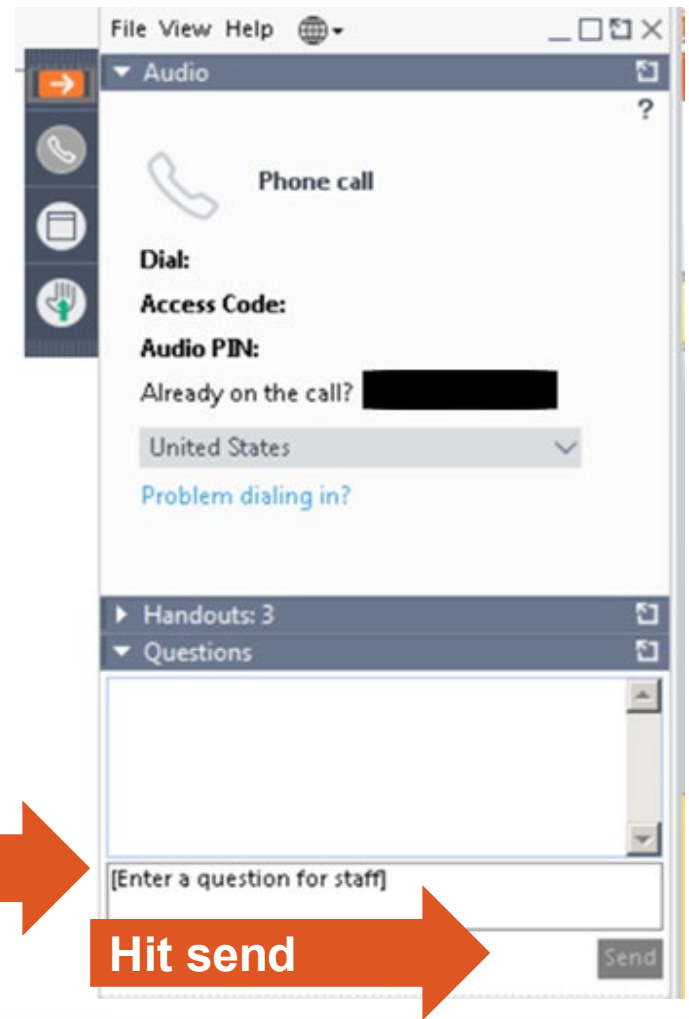
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 - Enter PIN at any time during webinar: #PIN#



Question Box

To ask a written question:



Agenda

- Standard Documentation
- Signature Requirements
- Common Errors
- Comprehensive Error Rate Testing (CERT)
- 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

- Treating Physician (MD or DO), 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
- 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

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

Miscellaneous Information

- SWO may be completed by someone other than physician
 - Treating physician must review and sign
- 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
- Resource
 - CMS Prior Authorization and Pre-Claim Review Initiatives
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Prior-Authorization-Process-for-Certain-Durable-Medical-Equipment-Prosthetic-Orthotics-Supplies-Items#background>

Updates to Required Prior Authorization List

- Six power operated vehicle codes added
 - K0800, K0801, K0802, K0806, K0807, K0808
 - Effective nationwide for dates of service on/after April 13, 2022
- Five orthotic codes added
 - L0648, L0650, L1832, L1833, L1851
 - Implementation based on state
 - First effective for dates of service on/after April 13, 2022
- Resources
 - MLN Matters SE20007: <https://www.cms.gov/files/document/se20007.pdf>
 - CMS PA Operational Guide: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Downloads/Operational-Guide-for-DMEPOS-PA-current.pdf>

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
 - CMS approved telehealth for duration of public health emergency (PHE)
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Downloads/Operational-Guide-for-DMEPOS-PA-current.pdf>
- WOPD - within six months of F2F
 - Power mobility devices
 - Treating practitioner completes F2F and WOPD
 - All other DMEPOS items on required WOPD/F2F list
 - WOPD can be completed by other than treating practitioner
 - Orthotics
 - Osteogenesis stimulator

Additions to Required Face-to-Face Encounter and Written Order Prior to Delivery List

- Effective nationwide for dates of service on or after April 13, 2022
- Seven codes added to Required List
 - Six orthotic codes: L0468, L0650, L1832, L1833, L1851, L3960
 - One osteogenesis stimulator code: E0748
- Resources
 - MLN Matters SE20007: <https://www.cms.gov/files/document/se20007.pdf>
 - CMS F2F and WOPD Required List: [https://www.cms.gov/sites/default/files/2022-01/F2F WOPD List \(1 11 2022\).pdf](https://www.cms.gov/sites/default/files/2022-01/F2F_WOPD_List_(1_11_2022).pdf)

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:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf>

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: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf>

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 document 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
- Properly completed Certificate of Medical Necessity (CMN) or DME Information Form (DIF)
 - Length of need specified
- 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:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm6698.pdf>

Signature Requirements

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

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>

		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	X	
	Example:  John Whigg, MD		

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
- Refer to (CR) 8219: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R465PI.pdf>



Common Errors

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

Oxygen Common Errors

- No evaluation and/or treating physician documentation
 - Required within 30 days of initial prescription
 - Required within 90 days of recertification
- No documentation for alternative treatment measure
- No documentation to support oxygen therapy will improve severe lung disease or hypoxia-related symptoms

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

K0823 - 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
- Detailed product description 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



Comprehensive Error Rate Testing (CERT)

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2021 Estimated Improper Payments Report

- <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Improper-Payment-Measurement-Programs/CERT>
- Reporting period July 1, 2019, through June 30, 2020

Service Type	Improper Payment Rate	Projected Improper Payment Amount
Overall	6.26%	\$25.03 B
Part A Providers (excluding Hospital Inpatient Prospective Payment System (IPPS))	6.31%	\$11.58 B
Part B Providers	8.49%	\$8.50 B
Hospital IPPS	2.39%	\$2.58 B
DMEPOS	28.64%	\$2.38 B



Resources

CMS

DME MACs

Other Related Contractors

Provider Resources

- Standard Documentation Requirements Article A55426: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426>
- CMS Required Face-to-Face Encounter and Written Order Prior to Delivery List: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment>
- CMS Required Prior Authorization List: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Downloads/DMEPOS_PA_Required-Prior-Authorization-List.pdf

Noridian Healthcare Solutions Jurisdiction A Resources

- **Website:** <https://med.noridianmedicare.com/web/jadme>
- **IVR, Supplier Contact Center, and Telephone Reopenings:**
1.866.419.9458
- **Noridian Medicare Portal:**
<https://med.noridianmedicare.com/web/jadme/topics/nmp>
- **LCDs and Policy Articles:**
<https://med.noridianmedicare.com/web/jadme/policies/lcd/active>

Noridian Healthcare Solutions Jurisdiction D Resources

- **Website:** <https://med.noridianmedicare.com/web/jddme/>
- **IVR, Supplier Contact Center and Telephone Reopenings:**
1.877.320.0390
- **Noridian Medicare Portal:**
<https://med.noridianmedicare.com/web/jddme/topics/nmp>
- **LCDs and Policy Articles:**
<https://med.noridianmedicare.com/web/jddme/policies/lcd/active>

Noridian Website: Clinician's Corner

The Clinician's Corner is designed to provide clinicians a better understanding of coverage and documentation requirements

- Clinician Resource Letters by policy
- Clinician's Checklists by policy
- Clinician Tutorials – self-paced educational videos
- Clinician Hot Topic articles
- “Clinicians! Are You Ordering....” articles
- Educational Resources for clinicians who order DMEPOS

JA: <https://med.noridianmedicare.com/web/jadme/policies/clinicians-corner>

JD: <https://med.noridianmedicare.com/web/jddme/policies/clinicians-corner>

CGS Administrators, LLC

Jurisdiction B Resources

- **Website:** <http://www.cgsmedicare.com/jb>
- **IVR Unit:** 1.877.299.7900
- **myCGS Web Portal:** <http://www.cgsmedicare.com/jb/mycgs/index.html>
- **Customer Service:** 1.866.590.6727
- **Telephone Re-openings:** 1.844.240.7490
- **LCDs and Policy Articles:**
<http://www.cgsmedicare.com/jb/coverage/lcdinfo.html>

CGS Administrators, LLC

Jurisdiction C Resources

- **Website:** <http://www.cgsmedicare.com/jc>
- **IVR Unit:** 1.866.238.9650
- **myCGS Web Portal:** <http://www.cgsmedicare.com/jc/mycgs/index.html>
- **Customer Service:** 1.866.270.4909
- **Telephone Re-openings:** 1.866.813.7878
- **LCDs and Policy Articles:**
<http://www.cgsmedicare.com/jc/coverage/lcdinfo.html>

CGS Website: Physician's Corner

The Physician's Corner is specifically designed for the benefit of physicians and practitioners who prescribe DMEPOS items for Medicare beneficiaries:

- Dear Physician Letters
- Documentation Checklists
- MLN – Importance of Proper Documentation: Provider Minute Video
- Medicare Minute MD
- MD Corner
- Local Coverage Determinations
- “Physicians! Are You Ordering....” Articles
- Resources for Practitioners Who Order DMEPOS

JB: https://www.cgsmedicare.com/jb/mr/phys_corner.html

JC: https://www.cgsmedicare.com/jc/mr/phys_corner.html

Other Contractor Resources

- Pricing, Data Analysis and Coding Contractor (PDAC)
 - 1.877.735.1326
 - <http://www.dmepdac.com>
- National Supplier Clearinghouse
 - 1.866.238.9652
 - <http://www.palmettogba.com/nsc>
- CEDI
 - 1.866.311.9184
 - <https://www.ngscedi.com>
 - E-mail: ngs.cedihelpdesk@anthem.com

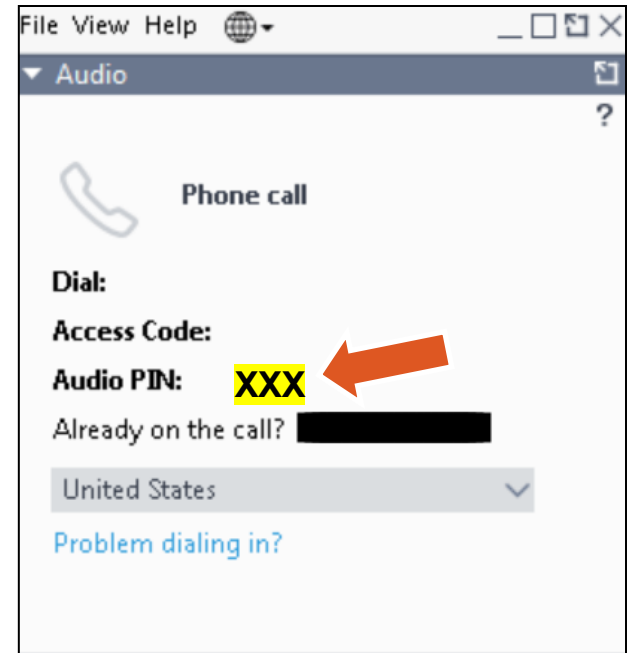


Questions?

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DME MAC collaborative education

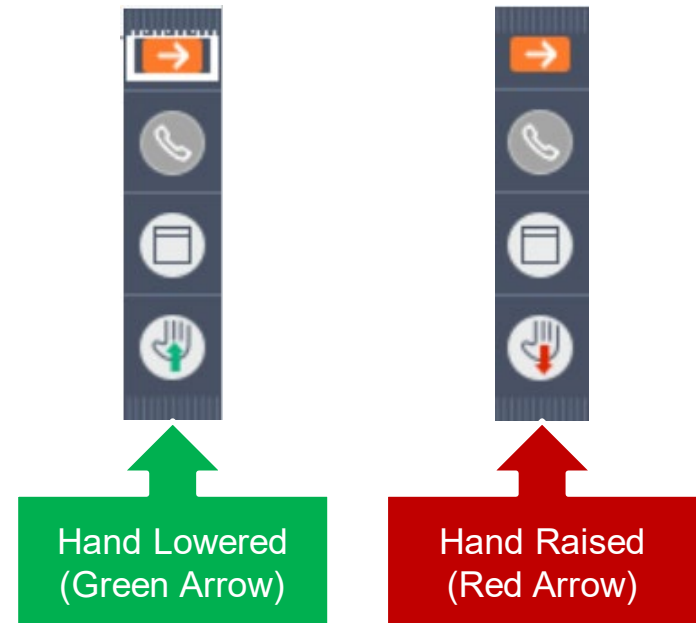
Audio

If you have not entered your audio pin, we will not be able to unmute your line if you wish to ask a question.



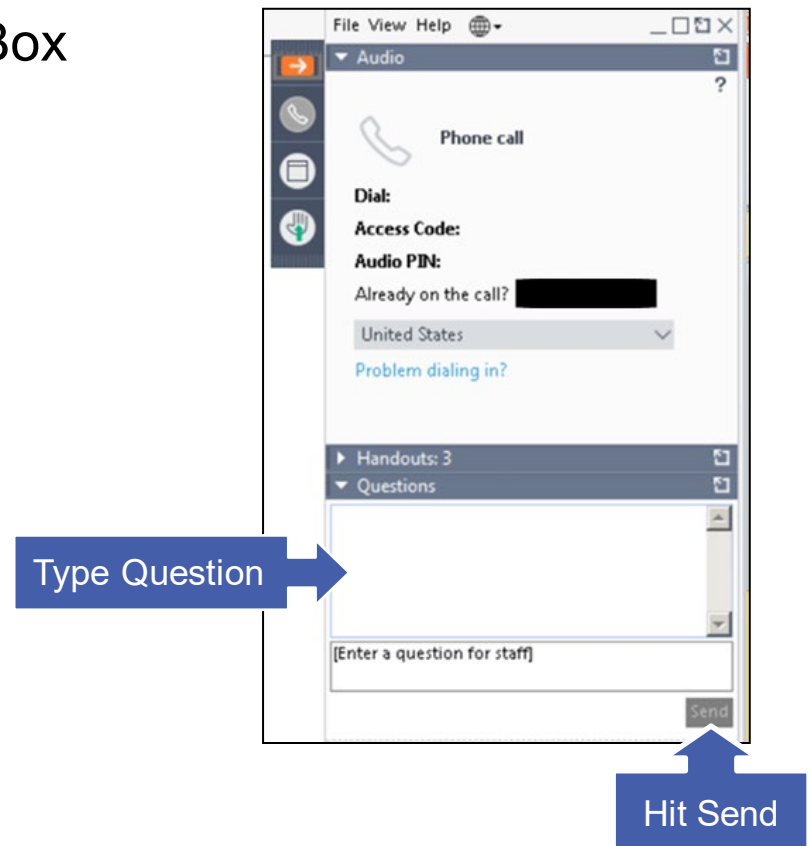
How to Participate Today

To ask a question by raising your hand . . .



How to Participate Today

To ask a question using the Question Box





**Thank you
for attending!**