

Table of Contents

DME MAC Jurisdiction C Supplier Manual

Table of Contents

1. Introduction

Welcome

- CGS's Role as a DME MAC
- What is Medicare?
- What is DME?
- Deductible and Coinsurance
- Eligibility
- Medicare ID—Health Insurance Claim Number (HICN) and Medicare Beneficiary Identifier (MBI)
- The Medicare Card
- Termination of Enrollment
- Medicare Advantage Plans
- Other Government Insurance Plans
- Privacy Act of 1974 and HIPPA Privacy Rules
- Freedom of Information Act (FOIA)

2. Supplier Enrollment

Overview

- National Provider Identifier (NPI)
- **National Provider Enrollment (NPE) DMEPOS Contractor**
- Supplier Standards
- Reenrollment
- Change of Information
- Participating/Nonparticipating
- Site Visits
- Do Not Forward
- Directory of Medicare Suppliers
- Change of Ownership
- **National Provider Enrollment Contractor Resource**
- Supplier Audit and Compliance Unit (SACU)
- DMEPOS Accreditation
- Surety Bonds

3. Supplier Documentation

- General Information
- Definition of Physician
- Prescription (Orders) Requirements

Table of Contents

- Documentation in the Beneficiary's Medical Record
- Signature Requirements
- Refills of DMEPOS Items Provided on a Recurring Basis
- Beneficiary Authorization
- Proof of Delivery (POD)
- Advance Beneficiary Notice of Non-Coverage (ABN)
- Amendments, Corrections, and Delayed Entries in Medical Documentation
- Repair/Maintenance/Replacement
- Delivery and Service Charges
- Same/Similar Equipment and Advance Beneficiary Notices of Non-Coverage (ABN)
- Pick-up Slips
- Backup Equipment
- Correct Coding
- Miscellaneous HCPCS Codes
- Evidence of Medical Necessity: Power Mobility Devices (PMD)
- Comprehensive Error Rate Testing (CERT)

4. Certificates of Medical Necessity (CMNs)

- Certificates of Medical Necessity (CMNs) and DME MAC Information Forms (DIFs)
- CMN and DIF Completion Instructions
- CMNs as Orders and Claim Submission
- Oxygen CMNs
- CMN Common Scenarios

5. DMEPOS Fee Schedule Categories

Introduction

- Inexpensive or Other Routinely Purchased DME (IRP)
- Items Requiring Frequent and Substantial Servicing
- Certain Customized Items
- Other Prosthetic and Orthotic Devices
- Capped Rental Items
- Oxygen **and Oxygen Equipment**
- Medicare Advantage Plan Beneficiaries Transferring to Fee-For-Service Medicare
- Supplies and Accessories Used with Beneficiary-Owned Equipment
- Repairs, Maintenance, and Replacement
- DMEPOS Competitive Bidding

6. Claim Submission

Introduction

- Mandatory Claim Filing
- Assignment Agreement

Table of Contents

- Administrative Simplification Compliance Act (ASCA)
- CMS-1500 Claim Form
- Guidelines for Filing Paper Claims
- Claim Completion Instructions
- Claim Filing Jurisdiction
- Time Limit for Filing Claims
- Clean Claims – Payment Floor and Ceiling
- Electronic Funds Transfer (EFT)
- Place of Service
- Consolidated Billing
- DMEPOS and an Inpatient Stay
- DMEPOS and Hospice
- Upgrades
- PWK (Paperwork) Segment
- Electronic Submission of Medical Documentation (esMD)

7. Crossover Claims

Introduction

- Coordination of Benefits Agreement
- Medigap

8. Electronic Data Interchange (EDI)

Introduction

- Benefits of EDI
- ASCA
- Additional Electronic Options
- **Common Electronic Data Interchange (CEDI)**

9. Coverage and Medical Policy

Introduction

- DMEPOS Benefit Categories
- Medical Review Program
- Medical Policies
- Advance Determination of Medicare Coverage (ADMC) for Wheelchairs
- Condition of Payment Required Prior Authorization Program
- Denial Categories

10. Pricing

Introduction

- Fee Schedules
- Drug Pricing

Table of Contents

- Single Payment Amount
- Individual Consideration

11. Medicare Secondary Payer (MSP)

Introduction

- Employer Sponsored Group Health Plan Coverage
- Accident/Injury Insurance
- Other Government-Sponsored Health Plans
- Electronic Billing of MSP Claims
- Medicare Secondary Claim Filing Tips
- MSP on Capped Rental Items
- MSP Payment Calculation
- MSP Overpayment Refunds
- Benefits Coordination & Recovery Center (BCRC)

12. Overpayments

- Overpayments and Refunds
- Overpayment Offsets
- Referral of Delinquent Debt
- Extended Repayment Schedule
- Overpayment Appeals

13. Inquiries, Reopenings, and Appeals

- Telephone Inquiries
- Written Inquiries
- myCGS—The Jurisdiction C Web Portal
- Provider Outreach and Education (POE) Department
- Reopenings for Minor Errors and Omissions
- Appeals
- Redeterminations
- Reconsiderations
- Administrative Law Judge (ALJ)
- Departmental Appeals Board Review
- Federal Court Review

14. Fraud and Abuse

Introduction

- Unified Program integrity Contractors (UPICs)
- Defining Fraud and Abuse
- Procedures for Handling Fraud and Abuse Situations

Table of Contents

- Protect Yourself from Fraud
- UPIC Contact Information

15. Resources

Introduction

- Durable Medical Equipment Medicare Administrative Contractors (DME MACs)
- Jurisdiction C Resources
- Additional Resources
- Web Resources

16. Coding

- The Pricing, Data Analysis and Coding (PDAC) Contractor
- Level II HCPCS Codes
- Coding Jurisdiction
- Modifiers

17. System Outputs

- Claim Development Procedures
- Medicare Summary Notice (MSN)
- Medicare Remittance Notice (MRN)
- Biller Purged Claim Report
- ANSI Codes

18. Acronyms and Abbreviations

Appendix A – Level II HCPCS Codes