Spotlight on **DMEPOS Success**

Cahaba presents - Medicare Expo 2017

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Agenda

- Documentation Overview
- Errors/Addendums and Signature Requirements
- Orders (Dispensing versus Detailed)
- Section 6407 of the ACA and DMEPOS items
- CMNs and DIFs
- Refill Documentation
- Proof of Delivery
Acronyms

- ACA – Affordable Care Act
- CMN – Certificate of Medical Necessity
- CNS – Clinical Nurse Specialist
- DIF – DME MAC Information Form
- DME – Durable Medical Equipment
- DMEPOS - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
- DO – Doctor of Osteopathic Medicine
- DPM – Doctor of Podiatric Medicine
- MD – Doctor of Medicine
- NP – Nurse Practitioner
- PA – Physician’s Assistant
- WOPD – Written Order Prior to Delivery
DOCUMENTATION OVERVIEW
Principles of Documentation

- Reasonable documentation that services are consistent with Medicare coverage is required, upon request, in order to validate:
  - The site of service;
  - The medical necessity and appropriateness of the supplies, equipment, and services provided; and/or
  - That items furnished have been accurately reported.

- All documentation must be maintained in your files for seven years and be available upon request.
Documentation in the Beneficiary’s Medical Record

▪ Should substantiate the medical necessity for the item and how the item is part of the treatment plan for the Medicare beneficiary

▪ Should include (but not limited to):
  • Patient’s diagnosis
  • Duration of condition
  • Clinical course
  • Prognosis
  • Functional limitations
  • Past experience with related items

▪ Primary care practitioner visits, hospital, nursing home or home health notes

▪ Records from other medical professionals
  ▪ Physical therapists, occupational therapists, prosthetists, orthotists, dieticians, speech therapists

▪ Other information as required by LCD
Documentation Requirements

Before billing to the DME MAC, the supplier will likely have the following:

- Clinical documentation from medical practitioner(s) to support medical need and/or continued use of the item
- Dispensing order or five-element order (when applicable)
- Detailed Written order
- Written order prior to delivery (when applicable per the DME LCD)
- Certificate of Medical Necessity (CMN) – if required
- DME MAC Information form (DIF) – if required
- Assignment of Benefits documentation
- Proof of Delivery documentation
- Advance Beneficiary Notice (ABN) (if applicable)
Documentation in the Beneficiary’s Medical Record

- Practitioner’s orders, CMNs, supplier-prepared statements, letters of medical necessity, nor practitioner attestation statements by themselves provide sufficient documentation of medical necessity.

- Information to support medical necessity and to substantiate answers on the CMN, DIF, orders or supplier prepared statement must be corroborated in the beneficiary’s medical record.
CORRECTIONS/
ADDITIONS TO MEDICAL
RECORDS & SIGNATURE
REQUIREMENTS
Amendments and Corrections to Medical Records

In all cases, regardless of whether the documentation is maintained in electronic form (electronic health record) or a hand-written hard-copy document, any medical records that contain amendments, corrections, or addenda must:

- Clearly and permanently identify any amendment, correction or delayed entry as such, and
- Clearly indicate the date and author of any amendment, correction, or delayed entry, and
- Not delete, but instead, clearly identify all original content.
Amendments to Electronic Records

- Records sourced from electronic systems containing amendments, corrections or delayed entries must:
  - Distinctly identify any amendment, correction or delayed entry; and,
  - Provide a reliable means to clearly identify the original content, the modified content, and the date and authorship of each modification of the record.

- Provide both the original record and any amendments that were made to the original note.

- Failure to provide a complete medical note or a record with changes inconsistent with the CMS manual instructions may result in claim denial for the DME supplier.
Corrections to Hand-Written or Paper Records

- Use a single line strike through so that the original content is still readable.
- The author of the alteration must sign and date the revision.
- Amendments or delayed entries to paper records must be clearly signed and dated upon entry into the record.
Signature Requirements

- The CMS Internet Only Manual outlines signature requirements for Medicare purposes.
- “For medical review purposes, Medicare requires that services provided/ordered be authenticated by the author. The method used shall be a handwritten or an electronic signature. Stamp signatures are not acceptable.”
- Documentation for all items or services ordered/referred must have a signature
- Signature stamps or date stamps are typically NOT accepted.
Handwritten Signatures

- Illegible signature – suppliers may request a signature log or attestation statement

- If the signature is missing from an order, MACs and CERT shall disregard the order during the review of the claim (e.g., the reviewer will proceed as if the order was not received).

- If the signature is missing from any other medical documentation (other than an order), MACs and CERT shall accept a signature attestation from the author of the medical record entry.
Electronic Signatures

- An electronic signature is part of an electronic record and must be executed by the person who performs the service.
- The record must have one of the following (or similar) along with the typed name of the person signing the record:
  - “Electronically signed by”
  - “Electronically verified by”
  - “Reviewed by”
  - “Authenticated by”
Ordering Practitioners

Any of the listed practitioners may provide the dispensing order, write, and sign the written order, if requirements are met.

- Physician (MD or DO and podiatrist (DPM) in some cases)
- Clinical Nurse Specialist (CNS)
- Nurse practitioner (NP)
- Physician Assistant (PA)

The NP, CNS, or PA may complete Section B and sign Section D of the CMN (where required).

Follow state or local statutes for co-signature requirements.
Dispensing Order

- Must be obtained prior to dispensing an item to beneficiary
- The dispensing order may be a written, fax, or verbal order
- Must include:
  - Description of the item
  - Beneficiary’s name
  - Physician’s name
  - Date of the order
  - Physician signature (written dispensing order) or supplier signature (verbal dispensing order)
Detailed Written Orders

- Must be obtained before the DME supplier is able to submit the claim to Medicare or before dispensing certain items.
- Photocopy, facsimile image, electronic, or original “pen-and-ink” document.
- Must include:
  - Beneficiary’s name
  - Physician’s name
  - Date of the order
  - Detailed description of the items (narrative or brand name/model number)
  - Options or additional features separately billed to the Medicare program
  - Physician’s signature and signature date
Detailed Written Orders

- For items provided on a periodic basis, including drugs, the detailed must also include:
  - Items to be dispensed
  - Dosage or concentration (if applicable)
  - Route of administration (if applicable)
  - Frequency of use
  - Duration of infusion (if applicable)
  - Quantity to be dispensed
  - Number of refills
Written Orders Prior to Delivery

- Required per the LCD for:
  - Select decubitus care items (support surfaces)
  - Seat lift mechanisms
  - Transcutaneous electrical nerve stimulator (TENS)
  - Power mobility devices
  - Negative pressure wound therapy (NPWT)
  - Wheelchair seating systems
Requirements of New Orders

- New order is required when:
  - Change in DME supplier
  - Change in item, frequency of use, or amount prescribed
  - On a regular basis (when specified by a particular medical policy)
  - Items are replaced (reasonable useful lifetime, lost, stolen, or irreparably damaged)
  - As state law requires (not a Medicare requirement)
Section 6407 of the ACA (Affordable Care Act) and DMEPOS items
Face-to-Face Encounter Requirements – ACA 6407

Section 6407 of the Affordable Care Act (ACA) requires that a physician (MD, DO), physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS) has had a face-to-face examination with a beneficiary within the six (6) months prior to the written order for certain items of DME.

These Affordable Care Act requirements became effective for claims for all of the specified items that require a new order (prescription) on or after July 1, 2013.

- MLN Matters Article MM8304
- DME MAC “Dear Physician” Letter

Enforcement of the face-to-face examination requirement and face-to-face documentation is delayed for all DME MACs until a future date to be announced by CMS. The CERT contractor is requesting this information, however, as it is federal law.
Revisions to ACA 6407

- Original ACA 6407 language stated that certain items of DME require a specific written order prior to delivery.

- CMS revised the language for detailed written orders prior to delivery on April 28, 2016 (CGS News item – a joint DME MAC publication).

  - A 5-Element Order required prior to dispensing the ACA item:
    - Beneficiary’s name
    - Item of DME ordered (can be general or specific)
    - Signature of prescribing practitioner
    - Prescribing practitioner’s National Provider Identifier (NPI) number
    - Date of the order

- A date stamp (or similar) by the DME supplier is required which clearly indicates the supplier’s date of receipt of the completed 5EO with the prescribing physician’s signature and order date.
Revisions to ACA 6407

- The 5-Element Order must be in the supplier’s possession prior to delivering the DME item to the beneficiary.

- The supplier is not required to have evidence of the face-to-face encounter in their possession prior to delivery of the equipment.
  - Must be made available if requested by an auditing entity.

- All LCD and standard documentation requirements must be met before submitting a claim to the Medicare program.
  - Valid detailed written order, proof of delivery, etc.
CERTIFICATES OF MEDICAL NECESSITY (CMNs) & DME MAC INFORMATION FORMS (DIFs)
Certificates of Medical Necessity

- Required by CMS for:
  - Oxygen
  - Pneumatic Compression Devices
  - Osteogenesis stimulators
  - TENS (purchase only)
  - Seat lift mechanisms

- May serve as the detailed written order if Section C is sufficiently detailed and Section D is signed and dated by the practitioner

- If the DME supplier does not have the signed and dated CMN in their possession before the claim is filed, the claim will be denied
CMN Reminders

- **Section A (DME supplier):**
  - Initial date is the date of the order or the date the practitioner establishes the medical need (i.e. start date)
  - The "Delivery Date/Date of Service" on the Medicare claim must not precede the "Initial Date" on the CMN

- **Section B (practitioner or staff member):**
  - Include name, title and employer if someone other than the practitioner completes this section
  - Indicate “D” if question does not apply to the beneficiary’s condition
  - Report appropriate diagnosis codes
CMN Reminders

- **Section C (DME supplier):**
  - Include narrative description of all items provided
  - Supplier’s charges and Medicare fee schedule allowance for each item
  - Complete before submitting to physician
  - If being utilized as the DWO, the CMN must include all required elements of a valid detailed written order

- **Section D (practitioner):**
  - MD, DO, CNS, NP, or PA must sign and date
  - Reminder: Signature and date stamps are not acceptable
DME MAC Information Forms (DIF)

- Required for:
  - External infusion pumps
  - Parenteral and Enteral nutrition

- Completed by supplier based on the initial orders or revised orders from the practitioner (i.e., change in calories per day)
REFILL REQUIREMENTS
Refill Documentation

<table>
<thead>
<tr>
<th>Obtained In Person @ Retail Store</th>
<th>Written Request From Beneficiary</th>
<th>Telephone Contact Between Supplier and Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed delivery slip or copy of itemized sales receipt</td>
<td>Beneficiary name and/or authorized rep (indicate relationship)</td>
<td>Beneficiary name and/or authorized rep (indicate relationship)</td>
</tr>
<tr>
<td>Delivery slip/receipt should indicate items were picked</td>
<td>Statement the beneficiary is requesting a refill</td>
<td>Name of person contacting/receiving call from beneficiary</td>
</tr>
<tr>
<td>Description of each item requested</td>
<td>Statement the beneficiary is requesting a refill</td>
<td></td>
</tr>
<tr>
<td>Signature of requestor</td>
<td>Description of each item requested</td>
<td></td>
</tr>
<tr>
<td>Date of request</td>
<td>Date of contact</td>
<td></td>
</tr>
<tr>
<td>Quantity/functional condition of each item still remaining</td>
<td>Quantity/functional condition of each item still remaining</td>
<td></td>
</tr>
<tr>
<td>Contact no sooner than 14 calendar days prior to delivery/shipping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shipment/delivery occurred no sooner than 10 calendar days prior to current supply exhausting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Refill Requirements – Consumable Supplies

- Consumable Supplies (supplies that get “used up”)
  - Examples include surgical dressings, urological supplies or diabetic testing supplies
  - Supplier should assess and document the quantity of the supply item the beneficiary still has remaining
  - Determine if the supply is nearly exhausted and/or compare to the last order filled
Refill Requirements – Non-Consumable Supplies

- Non-Consumable Supplies (supply items that are more durable in nature, but may require periodic replacement)
  - Examples – PAP supplies, nebulizer supplies, RAD supplies
  - The supplier should assess whether the supply item remains functional
  - Replacement should be provided only when the item is no longer functional
  - The supplier should document the condition of the item being replaced in sufficient detail to indicate why the replacement is necessary at that time.
Continued Need Documentation

- In addition to initial justification documentation, for ongoing supplies and rental DME items, there must be information in the medical record to support items continue to be used and remains reasonable and necessary.

- Information used to justify continued medical need must be timely for the date of service under review.
Continued Need Documentation

- Any of the following may serve as documentation justifying continued medical need:
  - A recent order by the treating practitioner for refills
  - A recent change in prescription
  - A properly completed CMN or DIF with an appropriate length of need specified
  - Timely documentation in the medical record showing usage of items

- DME MACs consider timely documentation is a record in the preceding twelve (12) months unless otherwise specified in the applicable policy

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Continued Use Documentation

- Describes ongoing utilization of supplies or rental items by beneficiary

- Suppliers responsible for monitoring utilization of DMEPOS rental items and supplies
  - No monitoring of purchased items or capped rental items converted to purchase required

- Discontinue billing when rental items and ongoing supplies are no longer being used

- Beneficiary medical records or supplier records may be used to confirm items continue to be used
Continued Use Documentation

- Any of the following may serve as continued use documentation:
  - Timely documentation in the beneficiary’s medical record showing usage of the item, related options/accessories and supplies
  - Supplier records documenting the request for refill/replacement of supplies in compliance with the refill request documentation requirements
  - Supplier records documenting confirmation of continued use of a rental item

- DME MACs consider timely documentation is a record in the preceding twelve (12) months unless otherwise specified in the applicable policy
PROOF OF DELIVERY
Proof of Delivery

- Proof of delivery is one of the supplier standards and the DME supplier must keep proof of delivery documentation in the beneficiary’s file for seven (7) years
  - No required format, but the supplier must meet delivery guidelines established by CMS and the DME MACs
  - Direct delivery to beneficiary
  - Delivery via a shipping service
  - Delivery to an inpatient facility
  - Auditing entities will verify the DMEPOS item delivered to the beneficiary matches the item billed to the Medicare program
  - Item (or upgrade) must be ordered by the treating physician
DME MAC Jurisdiction C Resources
Contact and Resources

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  • Office: 615.660.5871
  • Email: michael.hanna@cgsadmin.com
• DME MAC Jurisdiction C Website
  • www.cgsmedicare.com/jc
  • Physician’s Corner:
  • http://www.cgsmedicare.com/jc/mr/phys_corner.html
    • “Dear Physician” Letters
    • Local Coverage Determinations
    • Medicare Minute MD videos
DOCUMENTATION EXAMPLES

Group Exercise
Questions?
SUMMARY
Final Summary

- There is a strong relationship between the physician and the DME supplier as advocates for beneficiary care.
- This information was presented to provide a brief overview of the DME documentation requirements for suppliers.
- There are six entities that may audit a DME supplier’s claims. These auditing entities (both pre-pay and post-pay) usually request medical records, dispensing orders, detailed written orders, delivery information, and other documentation required per the LCD that support the claim billed to the Medicare program.
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