



Medicare DMEPOS and National Government Services

Coverage, Billing, Reviews, and Resources



Today's Presenters

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Acronyms

- Please access the [Acronyms](#) page on the NGS Medicare.com website to view any acronym used within this presentation.

Objectives

- Review of basic coverage, billing, reviews, and resources for Medicare claims

Medicare and NGS Overview

- National Government Services, Inc. (NGS) has served as a Medicare Administrative Contractor (MAC) with the Centers for Medicare & Medicaid Services (CMS) since 1966
- Jurisdiction B DME MAC:
 - Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS)
- NGS serves over 10 million Medicare beneficiaries in the JB DME states
- NGS serves nearly 19,000 suppliers in JB DME states

DMEPOS Supplier Web Portal

The screenshot shows a web browser window displaying the DMEPOS Supplier Web Portal. The browser's address bar shows the URL: <https://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/entry/!ut/p/a1/hY7NDotwEISfhQNxulg0x>. The page header features the National Government Services logo and the text "NGSConnex EXT".

The main content area includes a "WELCOME to" message followed by "NGSMedicare.com for Providers and Suppliers". To the right, a paragraph states: "NGSMedicare.com is committed to providing an outstanding experience for Medicare providers and suppliers across Jurisdictions 6, K and B."

A red sign-in box contains the following elements:

- A "Sign in" header with a "Create Account" link.
- Input fields for "User Name" and "Password".
- Links for "Forgot User Name" and "Forgot Password".
- A "Login" button.
- A "Continue as a Guest" option.

To the right of the sign-in box is a photograph of three healthcare professionals in blue scrubs, with a woman in the foreground smiling.

At the bottom of the page, there are logos for "Also from NGS" (NGSConnex), "MEDICARE UNIVERSITY" (Online, self-paced learning), and "CMS.GOV" (Access to CMS.gov items).

The footer contains the text: "Copyright 2015 - National Government Services | About Us | Get Adobe Reader | Security Notice | Site Feedback | People with Medicare | Congressional Offices".

The browser's taskbar at the bottom shows the system tray with the date and time: "9:06 AM 8/26/2015".

DMEPOS Supplier Web Portal

The screenshot shows the DMEPOS Supplier Web Portal in a Windows Internet Explorer browser window. The address bar displays the URL: http://www.ngsmedicare.com/ngsportal/ngsmedicare/newngs/home-lob/lut/p/a1/04_Sj9CPykssy0xPLMnMz0vMAfGjzOJNHd1dDQ2dDbz9nV0dDRxN. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page header features the National Government Services logo and the text "JURISDICTION B - DME IN ALL STATES". A search bar is located in the top right corner, and navigation links for "Contact Us", "Subscribe to Email Updates", and "NGSConnex" are provided. A secondary navigation bar includes links for "POLICY", "BILLING SUPPORT", "TRAINING", "Appeals", "Overpayment", "Compliance & Audits", "Supplier Manual", and "Supplier Resources".

The main content area begins with a "WELCOME to" message, followed by the text: "NGSMedicare.com for DMEPOS suppliers". A paragraph explains: "As your durable medical equipment contractor, we strive to be a trusted Medicare partner while providing outstanding service to the supplier community, Centers for Medicare & Medicaid Services, and to the Medicare beneficiaries we serve."

Below this is a blue banner with the text: "Visit our YouTube channel to learn more about the completely redesigned **NGSMedicare.com**", accompanied by a YouTube play button icon.

To the left of the main content is a photograph of a healthcare professional assisting an elderly man in a wheelchair. To the right of the photo is a section titled "Are You a New Supplier?" with three buttons: "Take a Web Tour PDF", "Read the Supplier Manual", and "Get Started".

Further right is a green event box for "March 4" titled "Continuous Positive Airway Pressure Documentation Errors | 10:00 a.m. - 11:30 a.m. ET", with a "Register" link and a "See more events" link.

On the far right are two utility boxes: a red "Fee Schedule Lookup" box and an orange "LCD/Policy Search" box with a search input field and a "Search" button.

The browser's taskbar at the bottom shows the system tray with the date and time: 4:33 PM, 3/4/2015. The status bar indicates "Local intranet | Protected Mode: Off".

DMEPOS Medical Policy Center

The screenshot shows the website interface for the DMEPOS Medical Policy Center. At the top left is the National Government Services logo. To its right, it says "JURISDICTION B - DME IN ALL STATES". A search bar contains the text "Enter keywords or phrases" and a "Search >" button. Below the search bar are links for "Contact Us", "Subscribe to Email Updates", and "NGSConnex EXT". A navigation bar includes a home icon, "POLICY" (with an up arrow), "BILLING SUPPORT", "TRAINING", and links for "Appeals", "Overpayment", "Compliance & Audits", "Supplier Manual", and "Supplier Resources".

The main content area is divided into three sections:

- LCD/Policy Search:** An orange box with a document icon, a search input field containing "LCD or article", and a "Search" button.
- Medical Policy Center:** A blue button with a right-pointing arrow.
- Policy Education Topics:** A blue button with a right-pointing arrow.

Top LCDs/Policies: A list of links for various medical categories:

- Surgical Dressings (L27222)
- Urological Supplies (L27219)
- Nebulizers (L27226)
- Oxygen and Oxygen Equipment (L27221)
- Ostomy Supplies (L27227)

Fee Schedule Lookup: A red button with a magnifying glass icon and the text "Fee Schedule Lookup".

On the right side of the page, there is a vertical toolbar with icons for print, email, and bookmark.

Medicare DMEPOS Policy Education Topics

The screenshot displays a web browser window with the URL http://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/home-lob/pages/policy-education/dme_policy%20education%20topics/ut/p/a1/3VR. The page header features the National Government Services logo and navigation links for POLICY, BILLING SUPPORT, TRAINING, Appeals, Overpayment, Compliance & Audits, Supplier Manual, and Supplier Resources. The main content area is titled "POLICY EDUCATION TOPICS" and includes a list of categories with dropdown arrows, such as Ankle-Foot/Ankle-Knee-Foot Orthoses, Automatic External Defibrillators, Canes and Crutches, Continuous Passive Motion Devices, Dear Physician Letter - Not Policy Specified, Documentation Best Practices, External Breast Prostheses, External Infusion Pumps, Glucose Monitors and Supplies, Hospital Beds and Accessories, Immunosuppressive Drugs, Knee Orthoses, and Lower Limb Orthoses. A text block explains that this area provides additional policy-related resources for DMEPOS billed to the Jurisdiction B DME MAC, with links to the Medical Policy Center, Claim Submission Articles, and Modifier Tips. On the right side, there is an "LCD/Policy Search" box and four blue buttons: Medical Policy Center, Medical Review Focus Areas, Medicare Coverage Database, and Supplier Manual, Chapter 8: Documentation. The browser's taskbar at the bottom shows the system tray with the date 2/23/2015 and time 3:54 PM.

Medicare and DMEPOS

- In order for Medicare to pay for DMEPOS, it must:
 1. Withstand repeated use;
 2. Be reasonable and necessary;
 3. Be used to serve a medical purpose;
 4. Be appropriate for use in the home; and
 5. Be ordered by a physician.
- Medicare pays 80% of the Medicare allowed amount; 20% coinsurance amount

Medicare and Diabetic Supplies

Type I Diabetic

If a Medicare beneficiary has diabetes and receive insulin shots to treat it, and the doctor has a written record of the patient's diabetic condition and plan of care, then they may qualify for:

- Up to 100 test strip and 100 lancets **every month** (average of three test per day)

Type II Diabetic

If a Medicare beneficiary has diabetes but does not receive insulin shots for treatment and the doctor has a written record of the patient's diabetic condition and plan of care, then they may qualify for:

- Up to 100 test strips and 100 lancets **every three months** (average of one test per day)

Common Documentation Errors - Glucose Continued Use and Continued Need

- Missing progress notes from the treating physician
- Missing proof that the prescribed testing frequency was medically necessary
 - Medical records show patient is not compliant in testing as prescribed but there is no change in order
 - DMEPOS supplier's request for refill documentation - patient is not testing as prescribed & supplier must delay or adjust shipment
- The detailed written order did not include the quantity to be dispensed
- Suppliers routinely create this document, however they are required to be specific with this instruction when ordering supplies

Medicare and Oxygen

Medicare Part B/DME has certain guidelines that must meet in order to be covered for Home Oxygen Therapy.

- The attending physician determines the Medicare beneficiary has a severe lung or hypoxia related symptoms expected to improve with home oxygen
- The blood gas study falls within a certain range
- Other treatments have been tried but failed or were not helpful

Common Documentation Errors - Oxygen Continued Use and Continued Need

- No documentation of continued use in the beneficiary's medical record or records from the supplier
- Illegible records submitted
- No evidence of continued oversight or medical management
- No evidence of re-evaluation before the recertification CMN was signed by the treating physician

Coverage Pain Points for DMEPOS Suppliers

- Glucose Monitors
 - Switching between insulin and oral medication
 - Patient following the treatment plan as prescribed
 - High utilization documentation
 - Multiple suppliers
- Oxygen
 - Supplemental oxygen to treat Obstructive Sleep Apnea (OSA)
 - Coordination of care between hospitalist and Primary Care Physician (PCP)

Prior Authorization of Power Mobility Devices (PMDs) Demonstration

- This demonstration began for orders written on or after September 1, 2012. The CMS first announced the demonstration on November 15, 2011. To be responsive to comments received from the public, CMS delayed the demonstration start date to September 1, 2012 and made necessary improvements. The CMS believes this demonstration will lead to reductions in improper payments for power mobility devices, which will help ensure the sustainability of the Medicare Trust Funds and protect beneficiaries who depend upon the Medicare program. In addition, this demonstration is designed to develop and demonstrate improved methods for the investigation and prosecution of fraud in the provision of care or services under the health programs established by the Social Security Act.

Prior Authorization PMD

- JB DME states included in the demonstration: IL, IN, KY, MI, & OH
- 10 business days for an affirmed or non-affirmed decision
- 20 business days for a resubmission
- Face-to-face (F2F) must take place with the doctor
- 48hrs for emergency decisions

Prior Authorization PMD

- Current Top Reasons for Nonaffirmed Prior Authorization Requests
 - The F2F examination and other medical records submitted for review contain conflicting information.
 - The seven-element order contains an invalid date of the F2F examination.
 - The F2F examination received was insufficient and did not contain enough information to satisfy the requirements Medicare has established for the PMD.
 - The documentation does not include a signed and dated attestation by the supplier or LCMP stating they have no financial relationship with the supplier.

Billing Requirement

Mandatory Medicare Claim Submission

Billing Requirement

- The Social Security Act (Section 1848(g)(4)) requires that claims be submitted for all Medicare patients for services rendered on or after September 1, 1990. This requirement applies to all physicians and suppliers who provide covered services to Medicare beneficiaries, and the requirement to submit Medicare claims does not mean physicians or suppliers must accept assignment. Compliance to mandatory claim filing requirements is monitored by CMS, and violations of the requirement may be subject to a civil monetary penalty of up to \$2,000 for each violation, a 10 percent reduction of a physician's/supplier's payment once the physician/supplier is eventually brought back into compliance, and/or Medicare program exclusion. Medicare beneficiaries may not be charged for preparing or filing a Medicare claim

DMEPOS Supplier Standards

- Medicare DMEPOS Supplier Standards
- <http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~National%20Supplier%20Clearinghouse~Supplier%20Enrollment~Standards%20Compliance~DMEPOS%20Supplier%20Standards~7GLS7Z1267?open&navmenu=||>
- See handout. Let's discuss standards #1, 2, 11, 14, and 21

Signature Requirements

- Medicare requires a legible identifier for services provided/ordered - this may be handwritten or electronic
- If a signature is missing, the order is invalid
- Stamped signatures and signature dates are not acceptable
- For more information go to NGS Supplier Manual on www.NGSMedicare.com

Medicare Review Contractors

- DME MAC Medicare Review (4)
- Medicare Recovery Audit Program (4)
- Comprehensive Error Rate Testing (CERT) (1)
- Supplemental Medicare Review Contractor (SMRC) (1)
- Zone Program Integrity Contractors (ZPIC) (7)

Spectrum of Errors to Fraud

- Results in improper payments based on the allowable charge
- Targeting causes of improper payments
 - From honest mistakes to intentional deception
- 3–10% of health care funds are lost due to improper payment rates, not just fraud



Medicare Summary Notice (MSN)

- Mailed quarterly, could get sooner via mymedicare.gov
- Medicare will crossover to another insurance
- Thousands of MSNs are returned to each MAC weekly/monthly due to bad address
- Correct mailing address with Social Security Administration (SSA)
- New Redesign of MSN and the potential new option of MSN delivery

Telemarketing & Fraud

- Durable Medical Equipment (DME) telemarketing rules
 - DME suppliers cannot make unsolicited sales calls
- Potential DME scams
 - Calls or visits from people saying they represent Medicare
 - Telephone or door-to-door selling techniques
 - Equipment or service is offered free and you are then asked for your Medicare number for “record keeping purposes”
 - You’re told that Medicare will pay for the item or service if you provide your Medicare number
 - Same could be said of home health and hospice

Section 6401 (a) of the Affordable Care Act

- Revalidation of all providers and suppliers
- Approximately 1.5 million providers and suppliers must be revalidated by 2015
- The Medicare Administrative Contractors will mail letters to the providers or suppliers that need to be revalidated, so please wait for the letter before submission of the application to revalidate

Education and Resources

- Encourage providers and suppliers to engage with their MAC for their ongoing education needs – you can engage too!
- Many various types of education with CMS and MAC
- Visit the following websites and web pages:
 - www.NGSMedicare.com** and **www.MedicareUniversity.com**
 - [DMEPOS Supplier web page](#)
 - [People with Medicare Beneficiary Fact Sheets for Coverage and Cost](#)
 - www.dmecompetitivebid.com

Thank You!

- Questions and Answers