Mississippi Association of Medical Equipment Suppliers

Jackson, Mississippi

January 26, 2016

CGS®

A CELERIAN GROUP COMPANY

Supplier Documentation Requirements

CGS℠
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Agenda

- Documentation Overview
- Dispensing and Detailed Order Requirements
- Certificate of Medical Necessity and DME Information Forms
- Continued Use and Need Documentation Requirements
- Signature Requirements
- Refill Requirements
- Proof of Delivery Documentation Requirements
- Advance Beneficiary Notice Guidelines
- Resources

Documentation Overview

CGS℠
A CELERIAN GROUP COMPANY

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 Patient's Medical Record

- Should substantiate the medical necessity for the item and quantity ordered and frequency of use.
- Should include (but not limited to):
  - Patient's diagnosis
  - Duration of condition
  - Clinical course
  - Prognosis
  - Functional limitations
  - Past experience with related items
- Supplier-produced records are deemed not part of the medical record for Medicare payment purposes.
- Templates and forms, including CMNs, are subject to corroboration with information in the medical record.

Medical Records Format – SE1022

- The Medicare program does not have requirements for the media formats for medical records.
- However, the medical record needs to be in its original form or in a legally reproduced form, which may be electronic, so that medical records may be reviewed and audited by authorized entities.

Medical Records Retention & Media Formats for Medical Records- MLN Matters SE1022

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1022.pdf

CGS
A CELERIAN GROUP COMPANY

Amendments and Corrections to Medical Records

- In all cases, regardless of whether the documentation is maintained or submitted in paper or electronic form, 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.

Corrections to 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

CGS
A CELERIAN GROUP COMPANY

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 typically not acceptable."
- CMS and its contractors are now "strictly enforcing" these long-standing requirements.

CMS Program Integrity Manual 100-8, Chapter 3, Section 3.3.2.4

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c03.pdf

CGS
A CELERIAN GROUP COMPANY

Handwritten Signatures

- Illegible signature – may use 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.
- Below are examples of what the electronically signed record may state following by the typed name of the person signing the record:
  - "Electronically signed by"
  - "Electronically verified by"
  - "Reviewed by"
  - "Authenticated by"

Orders

CGS℠
A CELERIAN GROUP COMPANY

Ordering Practitioners

- Physician (MD or DO)
- Nurse practitioner (NP)
- Clinical Nurse Specialist (CNS)
- Physician Assistant (PA)
- The NP, CNS, or PA may complete Section B and sign Section D of the CMN.
- DPM (for certain DMEPOS per scope of practice)

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
  - Prescribing physician's name
  - Date of the order and start date, if the start date is different from order date
  - Physician signature (written order) or supplier signature (verbal order)

Detailed Written Orders

- Beneficiary's name
- Physician's name
- Physician's NPI (only for items subject to the Affordable Care Act (ACA) 6407)
- Date of the order and start date, if the start date is different from the order date
- Detailed description of the items (narrative or brand name/model number)
- Options or additional features
- Physician's signature and signature date (personally entered by the physician)

Detailed Written Orders

- Items provided on a periodic basis, including drugs:
  - Item(s)/drug(s) to be dispensed
  - Dosage or concentration (if applicable)
  - Route of administration (if applicable)
  - Frequency of use (if applicable)
  - Duration of infusion (if applicable)
  - Quantity to be dispensed
  - Number of refills (if applicable)

Requirements of New Orders

- New order is required when:
  - Change in supplier
  - Change in treating physician
  - Change in item, frequency of use, or amount prescribed
  - On a regular basis only when specified by a particular medical policy
  - Change in the length of need, or a previously established length of need/refills expires
  - Items are replaced
  - As state law requires

Written Orders Prior to Delivery

- Required by LCD on:
  - Select decubitus care items
  - Seat lift mechanisms
  - Transcutaneous electrical nerve stimulator (TENS)
  - Power mobility devices
  - Negative pressure wound therapy (NPWT)
  - Wheelchair seating systems
- List of items (and accompanying Dear Physician Letter) that ACA 6407 dictates WOPD
  - http://www.cgsmedicare.com/pdf/F2F_WO_Requirements_HighCostDME.pdf
- A date stamp (or similar) is required which clearly indicates the supplier's date of receipt of the completed WOPD with the prescribing physician's signature and signature date.

CGS
A CELERIAN GROUP COMPANY

Certificates of Medical Necessity (CMNs) & DME MAC Information Forms (DIFs)

CGS
A CELERIAN GROUP COMPANY

Certificates of Medical Necessity

- Required for:
  - Oxygen
  - Pneumatic Compression Devices
  - Osteogenesis stimulators
  - TENS (purchase only)
  - Seat lift mechanisms
- May serve as the physician's order if Section C sufficiently detailed
- If no original, faxed or photocopied in records before the claim is filed, the claim will be denied

CMN Reminders

- **Section A:**
  - Initial date is date ordered or date delivered, establishes date of medical need
  - Revision dates do not affect recertification dates
  - Place of service is where equipment is being used
- **Section B:**
  - Include name, title and employer if someone other than the physician completes
  - Indicate "D" if question does not apply to the condition of the beneficiary
  - Report diagnosis codes

CMN Reminders

- **Section C:**
  - Include narrative description of all items provided
  - Report supplier's charge and Medicare fee schedule allowance for each item
  - Complete before submitting to physician
- **Section D:**
  - Physician, CNS, NP, or PA can sign
  - Signature stamps are no longer acceptable effective 02/02/09

DME MAC Information Forms (DIF)

- Required for:
  - External infusion pumps
  - Parenteral and Enteral nutrition
- Completed by supplier

Continued Use and Need Documentation

CGS
A CELERIAN GROUP COMPANY

Initial Need Documentation

- Initial justification for medical need is established at the time items are first ordered
- Medical records demonstrating the items are reasonable and necessary are created just prior to, or at the time of, the creation of the initial prescription
- Entries in the medical record must have been created prior to, or at the time of, the initial date of service to establish whether the initial reimbursement was justified based on the applicable coverage policy

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 physician 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
- Timely documentation is a record in the preceding 12 months unless otherwise specified in the applicable policy

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
- Timely documentation is a record in the preceding 12 months unless otherwise specified in the applicable policy

Refill Requirements

CGS
A CELERIAN GROUP COMPANY

Refill Requirements

- For all supply items and accessories supplied as refills to the original order:
  - Suppliers must contact the beneficiary prior to dispensing
  - Suppliers must not automatically ship on pre-determined basis
  - Contact with the beneficiary must take place no sooner than **14** calendar days prior to the delivery/shipping date
  - Supplier must deliver the items no sooner than **10** calendar days prior to the end of usage of the current product
- For items obtained at a retail store, the signed delivery slip or copy of itemized sales receipt is sufficient documentation of request for refill.

Refill Documentation Requirements

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

Refill Requirements – Consumable Supplies

- Consumable Supplies (supplies that get "used up")
  - Examples are 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.

Proof of Delivery

CGS℠
A CELERIAN GROUP COMPANY

Proof of Delivery

- Direct to patient:
  - Date of service is date of delivery
  - Delivery slip must include:
    - The beneficiary's name
    - Delivery address
    - Date delivered
    - The quantity delivered
    - A detailed narrative description of the item
      - The brand name (manufacturer),
      - The model name or number (if applicable), and
      - The serial number (if available).
    - Beneficiary's/Beneficiary Designee's signature

Requirements for Signature and Date

- The date of delivery may be entered by the beneficiary, designee or the supplier.
- The date entered must be the actual date of delivery.
- In the event that the supplier's delivery documents have both a supplier entered date and the beneficiary or designee signature date on the POD document, the beneficiary/designee entered date is considered to be the delivery date and thus the date of service.

- **Proof of Delivery- Requirements for Signature & Date Publication**
- http://www.cgsmedicare.com/jc/pubs/news/2014/0814/cope26478.html

CGS
A CELERIAN GROUP COMPANY

Proof of Delivery - Shipping Service

- **Delivery service tracking slip:**
  - Each beneficiary's package
  - Delivery address
  - Package identification number (tracking number)
  - Date delivered
  - Evidence of delivery
- **Supplier Shipping Invoice**
  - Beneficiary's name
  - Quantity and detailed description of items
  - Brand name and serial number
  - Delivery service identification number

Proof of Delivery

- Skilled Nursing Facility:
  - Date of service is shipping or delivery date (depending on method of delivery)
  - Inventory control:
    - Document receipt of supplies
    - Identify use by specific patient
    - Used by designated patient only
    - Obtain documentation from SNF

Proof of Delivery

- Exceptions to Date of Service Requirement:
  - Patient is being discharged from a hospital or nursing facility
  - Supplier may deliver up to two days prior to discharge for patient fitting or training
  - Item must be for subsequent use in the patient's home
  - Supplier should bill date of service as date of discharge
  - Place of service is patient's home (12)

Assignment of Benefits (AOB) & Advance Beneficiary Notices (ABNs)

CGS
A CELERIAN GROUP COMPANY

Assignment of Benefits

- Authorizes supplier to submit claims and obtain medical information on behalf of the Medicare beneficiary
- Supplier may develop format
- Obtain prior to filing claim to Medicare

Advance Beneficiary Notice

- An ABN is a written notice that advises a Medicare beneficiary before items or services are actually furnished that Medicare is likely to deny payment
- ABNs allow Medicare beneficiaries to make informed consumer decisions about items or services for which they may have to pay out-of-pocket
- ABNs are not required for statutorily excluded items and services such as:
  - Personal comfort items
  - Cosmetic surgery, etc..

Advance Beneficiary Notice

- Requirements:
  - Suppliers must use the approved form
    - Form CMS-R-131 (03/11)
  - Deliver prior to dispensing item or service
  - Specify the reason for denial
  - Must be signed and dated by the beneficiary
  - Suppliers should clearly identify item or service
  - Give a reasonable estimate cost of the noncovered item and/or service
  - Applies to assigned and non-assigned claims

Advance Beneficiary Notice

- Appropriate modifiers must be used on claim, in ABN situations
  - GA – valid ABN on file
  - GZ – no ABN obtained
  - GY – statutorily non-covered item
  - GK – standard item ordered by physician
  - GL – free upgrade

Billing Upgrades

- **Supplier collects additional charge example**
  - E0265RRKHGA (upgraded item/ABN on file)
  - E0260RRKHKXGK (medically necessary item)
- **Supplier provides free upgrade example**
  - E0260RRKHKXGL (medically necessary item)
- **Upgrade when no ABN obtained example**
  - E0265RRKHGZ (upgraded item)
  - E0260RRKHKXGK (medically necessary item)

Chapter 6 of the Jurisdiction C Supplier Manual

http://www.cgsmedicare.com/jc/pubs/pdf/Chpt6.pdf

Questions?

CGS
A CELERIAN GROUP COMPANY