Mississippi Association of Medical Equipment Suppliers

Jackson, Mississippi

January 26, 2016

CGS®

A CELERIAN GROUP COMPANY

Revised: April 2015.

© 2016 Copyright, CGS Administrators, LLC

DME MAC Jurisdiction C

MR Service Specific Reviews

© 2015 Copyright, CGS Administrators, LLC

Agenda

- Medical Review (MR) Overview
- Service Specific Results
- Medical Review Tools and Resources
- Q&A

© 2015 Copyright, CGS Administrators, LLC

Medical Review Overview

What is Medical Review?

One of several Review Contractors that assist CMS in addressing and reducing improper payments in the Medicare fee-for-service program.

- The CGS Medical Review department consists of a Medical Director, registered nurses, other clinicians, and specially trained support staff.
  - Conduct both pre-payment and post-payment claim audits.
  - Process Advanced determination of Medicare Coverage (ADMC) and Power Mobility Prior Authorization Demonstration Project.

© 2015 Copyright, CGS Administrators, LLC

Medical Review Audit Process

To assist CMS in reducing improper payments in the Medicare fee-for-service program, Medical Review:

- Identifies supplier noncompliance through data analysis;
- Takes action to prevent and/or address the identified improper payment; and
- Places emphasis on reducing the paid claims error rate by notifying suppliers of review findings and making appropriate referrals to Provider Outreach and Education (POE), and other Medicare contractors

Several actions Medical Review takes to accomplish these responsibilities:

- Widespread Probe
  - Sample of randomly selected HCPCS specific pre and post-payment claims from multiple suppliers
- Supplier Specific Probe
  - Sample of pre and post-payment claims selected for review from a single provider

© 2015 Copyright, CGS Administrators, LLC

Documentation Compliance Reviews (DCR)

- Conducted by nonclinical staff
- DCR reviews are currently being conducted on:

HCPCS Code	Description
A4253	Blood Glucose Test Strips
B4150	Enteral Nutrition Formula
B4154	Enteral Nutrition Formula for Special Metabolic Needs
E0250	Fixed Height Hospital Bed
E0255	Variable Height Hospital Bed
E0260	Semi-electric Hospital Bed
E0607	Home Blood Glucose Monitor
E0730	Transcutaneous Electrical Nerve Stimulation (TENS) Device
E0748	Osteogenesis Stimulator

© 2015 Copyright, CGS Administrators, LLC

Documentation Compliance Reviews (DCR): Continued

HCPCS Code	Description
E1390	Oxygen Concentrator
E2402	Negative Pressure Wound Therapy Electrical Pump
E2510	Speech Generating Device
K0001	Standard Manual Wheelchair
K0002	Standard Hemi (Low Seat) Manual Wheelchair
K0003	Lightweight Manual Wheelchair

© 2015 Copyright, CGS Administrators, LLC

Complex Clinical Reviews

- Conducted by Registered Nurses
- Complex medical reviews are currently being conducted on:

HCPCS Code	Description
A4253	Blood Glucose Test Strips
A4351	Intermittent Catheter – Straight Tip
A4352	Intermittent Catheter – Curved Tip (Coude)
A4353	Intermittent Catheter Kit
A5500	Therapeutic Shoes for Persons with Diabetes
E0277	Powered Pressure-Reducing Air Mattress
E0601	Continuous Positive Airway Pressure (CPAP) Device
E1002	Power Seating System – Power Tilt
E1007	Power Seating System – Combination Tilt and Recline with Mechanical Shear Reduction

© 2015 Copyright, CGS Administrators, LLC

Complex Clinical Reviews: Continued

HCPCS Code	Description
E1390	Oxygen Concentrator
E2603	Skin Protection Wheelchair Seat Cushion - Width Less Than 22 Inches
E2622	Adjustable Skin Protection Wheelchair Seat Cushion - Width Less Than 22 Inches
J7507	Tacrolimus, Immediate Release
J7605	Arformoterol Inhalation Solution
J7606	Formoterol Inhalation Solution
J7613	Albuterol Inhalation Solution
J7620	Albuterol and Ipratropium Bromide Inhalation Solution
J7626	Budesonide Inhalation Solution
K0004	High Strength Lightweight Manual Wheelchair
K0823	Group 2 Standard Power Wheelchair with Captain's Chair

© 2015 Copyright, CGS Administrators, LLC

Medical Review Documentation Requests

Suppliers receive documentation request letters from the CGS Medical Review Department notifying them they have been selected for a probe review.

- Pre Payment Probe:
  - Individual documentation request letters for each beneficiary
- Post Payment Probe:
  - Single request letter for a sample of paid claims

➢ The requested documentation must be returned within 45 days from the date of the documentation request letter.

© 2015 Copyright, CGS Administrators, LLC

Medical Review Responses

For Pre-Payment Reviews

- Remittance Advice
- MR WIZARD for denied claims

For Post-Payment Probes

- A Probe Results Letter will be sent containing:
  - Probe results summary with claim analysis, overpayment estimation

Appeals Timeline

- Pre Payment Probe:
  - Wait for the Remittance Advice to appeal
- Post Payment Probe:
  - Wait for the official demand letter from CGS to appeal.

© 2015 Copyright, CGS Administrators, LLC

Medical Review Update: Audit Exclusion

CGS has two processes to reduce the number of development letters received by suppliers as part of audit procedures:

1. Exclusion of a beneficiary's claims from further development when a claim is paid for items like urological supplies, nebulizer drugs, and immunosuppressive drugs.
2. Exclusion of a supplier who has a low error rate for service specific audits.

- Reference: Spring 2014 Insider, page 4

http://www.cgsmedicare.com/jc/pubs/insider/2014_insider_spring.pdf

© 2015 Copyright, CGS Administrators, LLC

Medical Review Update: Audit Exclusion

How does the exclusion process work?

- CGS Medical Review edit data is reviewed on a quarterly basis.
- If CGS reviews more than a minimum threshold of claims in a quarter and a supplier is below a percentage of claim errors (based upon dollars denied) for a particular edit, the supplier is eligible for exclusion from further claim development for that particular edit.
- CGS will contact suppliers by mail to notify them of their audit exclusion eligibility.

© 2015 Copyright, CGS Administrators, LLC

Denial Explanation Tool

CGS offers the most detailed online medical review denial information available anywhere with our **MR WIZARD** Denial Explanation Tool.

MR WIZARD takes the mystery out of medical review denials by providing you with claim line-specific information including:

- Date-of-service
- Supplier NPI
- HCPCS code billed
- Number of services
- Submitted charge
- Detailed information on what caused the denial
- Denial-specific education and information on your next steps
- Ability to export data and complete your own analysis

With **MR WIZARD**, you will see all claim line details of what we processed including paid lines so you get the most comprehensive results available.

The **CGS MR WIZARD Tool** **eliminates** your need to call customer service for an explanation of an MR denial.

© 2015 Copyright, CGS Administrators, LLC

Medical Review
Service Specific Reviews

Medical Review Pre-payment Reviews

- Quarterly Status Reports are published for each HCPCS
- Single best source of insight into MR process
- Published approximately 45 days after the end of the calendar quarter

Link to access Quarterly Reports:

http://www.cgsmedicare.com/jc/mr/reports.html?wb48617274=B3711690

© 2015 Copyright, CGS Administrators, LLC

Documentation Compliance Review: Denial Rates

	2nd Qtr 2015	3rd Qtr 2015
B4150, B4154	78%	64%
A4253	58%	57%
E0260	37%	48%
E1390	28%	37%

© 2015 Copyright, CGS Administrators, LLC

DCR: WOPD Denial Rate

	2nd Qtr 2015	3rd Qtr 2015
Error Rate	52%	58%

HCPCS Code	HCPCS Code
E0250	E2402
E0255	E2510
E0607	K0001
E0730	K0002
E0748	K0003

© 2015 Copyright, CGS Administrators, LLC

Complex Reviews: Denial Rates

	2nd Qtr 2015	3rd Qtr 2015
K0004	82%	86%
A4253	94%	93% ⇩
J7613	82%	83%
J7620	83%	85%
J7605, J7606, J7626	70%	74%
J7507	76%	79%
A5500	69%	80%
E0277	52%	57%
A4351, A4352, A4353	55%	79%
K0823	35%	36%
E1390	61%	67%
E0601	45%	51%
E2603, E2622	38%	45%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: K0004 86%

RANK	REASON FOR DENIAL	PERCENT *
1	The medical records do not document that the beneficiary either has sufficient upper extremity function and other physical and mental capabilities needed to, in the home during a typical day, safely self-propel the manual wheelchair that is provided or has a caregiver who is available, willing, and able to provide assistance with the wheelchair.	63.74%
2	The medical record documentation does not support that use of a manual wheelchair will significantly improve the beneficiary's ability to participate in mobility related activities of daily living and the beneficiary will be using it on a regular basis in the home.	50.90%
3	The records do not document that the beneficiary's condition requires a K0004 (high strength lightweight) wheelchair either because he/she is unable to self-propel a standard (K0001-K0002) or lightweight (K0003) wheelchair or requires a seat width, depth or height that cannot be accommodated in a K0001 - K0003, and spends at least two (2) hours per day in a wheelchair.	39.19%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: A4253 93%

RANK	REASON FOR DENIAL	PERCENT *
1	The medical record documentation does not document the specific reason for the additional testing materials for this particular beneficiary.	30.11%
2	No medical record documentation was received.	28.09%
3	Multiple suppliers are billing for overlapping dates of service and payment has already been made for all or a portion of the medically necessary supplies for this time span.	18.02%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: Nebulizer Drugs

REASON FOR DENIAL	J7605 J7606 J7626 Rank/%	J7613 Rank/%	J7620 Rank/%
No medical records were provided for review.	1/36.25%	1/37.98%	1/37.63%
The detailed written order was missing the quantity to dispense.	2/30.83%	3/31.14%	2/33.49%
The drug description on the detailed written order is missing the volume of solution in each vial or unit dose.	3/10.83%		
The detailed written order is missing the frequency of use.		2/33.92%	3/26.39%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: J7507 79%

RANK	REASON FOR DENIAL	PERCENT *
1	No medical record documentation was received.	51.55%
2	The proof of delivery is missing the beneficiary or authorized representative signature.	13.63%
3	The documentation does not include a detailed written order	9.76%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: K0823 36%

RANK	REASON FOR DENIAL	PERCENT *
1	The face-to-face examination does not indicate that the beneficiary's limitation of upper extremity function is insufficient to self-propel an optimally-configured manual wheelchair in the home in order to perform mobility-related activities of daily living (MRADLs).	29.46%
2	The medical records received lack sufficient information concerning the beneficiary's condition to determine if medical necessity coverage criteria were met.	25.00%
3	The 7-element order is missing the date of face-to-face examination.	22.32%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: E0277 57%

RANK	REASON FOR DENIAL	PERCENT *
1	The medical record documentation provided indicates one small stage 3 or 4 pressure ulcer on the trunk or pelvis. The local coverage determination for group 2 support surfaces states that coverage is not available for a single stage 3 or 4 pressure ulcer on the trunk or pelvis unless it is a large ulcer.	30.32%
2	The medical record documentation provided only indicates stage 2 pressure ulcers on the trunk or pelvis. When the highest staged ulcer(s) is stage 2, medical documentation must establish that the beneficiary was on a comprehensive ulcer treatment program for at least a month prior to being placed on a group 2 surface.	21.94%
3	The medical record documentation provided only indicates stage 2 pressure ulcers on the trunk or pelvis. When the highest staged ulcer(s) is stage 2, medical documentation must establish that, in the month prior to initial use, the pressure ulcers failed to show improvement despite the beneficiary being on a comprehensive ulcer treatment program.	21.29%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: E0601 51%

RANK	REASON FOR DENIAL	PERCENT *
1	The file did not include a copy of a board certification document, screen print from certification agency, etc. verifying that the physician who interpreted the sleep test met policy requirements.	18.92%
2	The order in the file is not a valid detailed written order. It is a blanket order or lacks sufficient detail to support that the item(s) delivered was the item(s) the physician ordered.	14.76%
3	The medical record documentation did not include a face-to-face clinical evaluation performed by the treating physician prior to the sleep test, which assessed the beneficiary for obstructive sleep apnea (OSA).	13.73%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: E1390 67%

RANK	REASON FOR DENIAL	PERCENT *
1	The medical record documentation does not support the treating physician has determined that the beneficiary has a severe lung disease or hypoxia related symptoms that might be expected to improve with oxygen therapy.	40.69%
2	The medical record documentation does not support the beneficiary was seen and evaluated by the treating physician within 30 days prior to the date of initial certification.	18.31%
3	Medical records do not verify that the standard treatment regimen associated with the disease condition producing the hypoxia-related symptoms was tried or considered and deemed clinically ineffective.	12.85%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: A4351, A4352, A4353 79%

RANK	REASON FOR DENIAL	PERCENT *
1	The detailed written order is missing the frequency of use.	23.84%
2	No medical record documentation was received.	21.49%
3	The medical records do not document that the beneficiary met one of the 5 additional coverage criteria for HCPCS code A4353.	11.69%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: A5500 80%

RANK	REASON FOR DENIAL	PERCENT *
1	Medical record documentation does not include a clinical foot evaluation conducted by the certifying physician or approved, initialed and dated by the certifying physician. Therefore, there is no verification that the beneficiary had one of the 6 conditions the Local Coverage Determination specifies must be present for coverage.	31.43%
2	The file does not include medical records from the certifying physician.	29.13%
3	The detailed written order is missing the date of the order and the start date, if start date is different from the date of the order.	20.73%

© 2015 Copyright, CGS Administrators, LLC

Complex Review Errors: E2603 and E2622 45%

RANK	REASON FOR DENIAL	PERCENT *
1	No medical record documentation was received.	34.00%
2	The order in the file is not a valid detailed written order. It is a blanket order or lacks sufficient detail to support that the item(s) delivered was the item(s) the physician ordered.	18.00%
3	There is no evidence in the medical documentation to support that the beneficiary has either: (a) A current pressure ulcer or a past history of a pressure ulcer on the area of contact with the seating surface; OR (b) Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to a diagnosis (see list in LCD) that supports medical necessity.	16.00%

© 2015 Copyright, CGS Administrators, LLC

Questions?

Disclaimer

The presentations herein were current at the time they were published or uploaded onto the Web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference. The presentations herein were prepared as tools to assist providers and are not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

The Centers for Medicare & Medicaid Services (CMS) employees and agents, including CGS and its staff, make no representation, warranty, or guarantee that this compilation of Medicare information is error free and will bear no responsibility or liability for the results or consequences of the use of this guide. This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. Official Medicare Program provisions are contained in relevant laws, regulations, and rulings.

© 2015 Copyright, CGS Administrators, LLC