

Mississippi Association of Medical Equipment Suppliers

Jackson, Mississippi

January 26, 2016



CGS[®]

A CELERIAN GROUP COMPANY

Agenda

- CMS Updates
- CGS Updates
- CGS Online Tools
- CERT Reminders
- Questions

CMS Updates

ICD-10 IMPLEMENTATION

- ICD-10 implementation occurred on October 1, 2015
 - ICD-10 “Dear Physician” letter available
 - LCDs and related Policy Articles have been updated
- Suppliers are required to report all characters of a valid ICD-10 code on claims for dates of service on or after October 1, 2015
- Do not split claims when the dates of service span the October 1 implementation date
 - Utilize the “from” date to determine which code to use
 - “From” date prior to October 1, use ICD-9
 - “From” date of October 1 or beyond, use ICD-10

ICD-10 IMPLEMENTATION

- As with ICD-9, ICD-10 codes should be based on medical record documentation.
- All the Medicare claims audit programs will use the same approach under ICD-10 as is used under ICD-9.
- For Medicare to consider coverage and payment for any item or service, the information submitted by the supplier or provider must corroborate the documentation in the beneficiary's medical records and confirm that Medicare coverage criteria have been met.

CMS ICD-10 Resources

- <http://www.cms.gov/ICD10>
 - Resource Guide and Contact List
 - Medicare FFS FAQs
 - ICD-10-CM and ICD-10-PCS files, including GEMS
 - Coding and Clinical Documentation Resources
 - ICD-10-CM Official Guidelines for Coding and Reporting 2016
 - ICD-10-PCS Official Guidelines for Coding and Reporting 2016
 - CMS ICD-10 Code Lookup
 - ICD-10 Quick Start Guide
 - www.roadto10.org

CGS ICD-10 Resources

- Online Education Portal: ICD-10 Implementation
- Ask the Contractor Teleconference: 09/28/15 Transcript

The screenshot displays the CGS website interface. At the top left is the CGS logo with the tagline "A CELERIAN GROUP COMPANY". To the right are navigation links for "Corporate" and "Business Services", and a search bar with "myCGS Login | Contact Us | Join/Update ListServ" above it. A dark blue navigation bar contains links for "Medicare Home", "DME MAC Jurisdiction C", "Home Health & Hospice", "KY & OH Part B", and "KY & OH Part A". Below this is a breadcrumb trail: "Home » DME Home » Claims » ICD-10 Resources". A sidebar on the left lists various services: "myCGS", "Claim Submission", "Additional Documentation Requests", "ADR Tool", "Appeals", "Claims Site Video Tutorial", "Common Claim Errors", "EDI", "ICD-10 Resources", "Medicare Secondary Payer (MSP)", "Overpayment Recovery", "PWK vs. esMD", "Reopening a Claim to Correct an Error", "Submitting a Claim", "What to Do When a Claim Denies", "Medical Review", "Medicare Beneficiaries", "Fee Schedules", and "Local Coverage Determinations". The main content area features the heading "ICD-10 Resources" with a list of links: "ICD-10-CM/PCS Frequently Asked Questions", "CMS ICD-10 Medicare Fee-For-Service Provider Resources", "CEDI ICD-10 Webpage", and "NEW! ICD-10 Claims Submission Alternatives". Below this is "ICD-10 Testing Information" with links to MLN Matters articles on Medicare FFS ICD-10 Testing Approach, FAQs on ICD-10 End-to-End Testing, FAQs on ICD-10 Acknowledgement Testing and End-to-End Testing, ICD-10 Testing - Acknowledgement Testing with Providers, and ICD-10 Limited End-to-End Testing with Submitters for 2015. Further down are "Local Coverage Determinations" and "Additional Resources" sections.

NEW VENTILATOR HCPCS CODES

- New HCPCS codes on January 1, 2016
 - E0465 – home ventilator, any type, with invasive interface
 - E0466 – home ventilator, any type, with noninvasive interface
- All previous ventilator HCPCS codes will deny as “invalid code” when billed for dates of service on or after January 1, 2016
- Simply begin billing the new HCPCS code on the normal monthly anniversary date for dates of service on/after January 1, 2016
- Reference: Correct Coding and Coverage for Ventilators article updated December 3, 2015 (News item on www.cgsmedicare.com)

PMD Accessories – New HCPCS Code

- New HCPCS code effective January 1, 2016
 - E1012 – Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
- Replaces the K0108 center mount articulating foot plate
- The code will be added to the Wheelchair Options and Accessories LCD during the annual review in early 2016
- Note: Verify the coding with the PDAC contractor at www.dmepdac.com.

DME Prior Authorization Expansion

- Added to the Federal Register in late December 2015 with an effective date of February 29, 2016.
- DME MACs are waiting on further instructions from CMS regarding product categories and implementation timelines.

2016 Fee Schedule Methodologies

- MLN Matters MM9239 and MM9341
- Three fee schedule methodologies
- Adjusted Fee Schedule amounts for areas within the contiguous United States
 - Average of eight regional SPAs (with 110% as ceiling and 90% as floor)
 - Rural areas to be the ceiling amount
- Adjusted Fee Schedule amounts for areas outside the Contiguous United States
 - Average of single payment amounts of CBAs outside US or national ceiling
- Adjusted Fee Schedule amounts for items included in 10 or fewer CBAs
 - 110% of the average of the SPAs for the 10 or fewer CBAs

2016 Fee Schedules

- Adjusted fee schedules being phased in...
- January 1 through June 30, 2016 –
 - Fee schedule is blended based on 50% of non-adjusted fee schedule amounts and 50% of adjusted fee schedule amounts
- Beginning July 1, 2016 –
 - Fee schedule is 100% of adjusted fee schedule amount

2016 Rural Fee Schedule

- Rural areas – at least 50% of the geographical area of a ZIP code outside a metropolitan statistical area (MSA)
 - A rural area can include ZIP codes in an MSA outside a CBA for that metropolitan area
- For HCPCS code listings with a “R” in the Rural Fee Indicator field, the fee in the Rural Fee field will be applicable for beneficiaries who reside in a areas where the Zip Codes have been designated as Rural.
- A tool has been added to the Fee Schedule page on the CGS website to validate a Rural Zip Code.



CGS Updates

Redeterminations Issues

Incomplete Redetermination Request forms

- No CCN included
- No supplier signature
 - Causing requests to be dismissed

Redeterminations Request Form

MEDICARE DME Redetermination Request Form

Supplier Information

Supplier Name

PTAN NPI

Tax ID

Address

City

State Zip Code

Phone Number

Requestor's Name/Supplier Contact Name

Requestor's Signature (required) Date

Jurisdiction A - NHIC, Corp.

Jurisdiction B - National Government Services

Jurisdiction C - CGS

Jurisdiction D - Noridian Healthcare Solutions

Beneficiary Information

Patient Name

Medicare Number

State

Phone Number

Yes If yes, who requested overpayment: Medical Review ZPIC/PSC
 CERT Recovery Auditor

Redetermination Request Form

Date of Service	HCPCS & Modifiers	CCN	Date of Initial Determination

Suggested Documentation Check List:

<input type="checkbox"/> Medicare Remittance Advice	<input type="checkbox"/> CMN/DIF/Physician's Written Order
<input type="checkbox"/> ABN	<input type="checkbox"/> Medical Documentation

Reasons/Rationale

Fax Numbers

NHIC, Corp. 1-781-741-3118
 National Government Services, Inc. 1-317-595-4737
 CGS 1-615-782-4630
 Noridian Healthcare Solutions 1-701-277-7886



Page 1 of 1
 May 29, 2013.
 © 2013 Copyright.



CGS Online Tools

MR WIZARD

- The MR WIZARD Denial Explanation Tool
- MR WIZARD takes the mystery out of CGS Medical Review denials
- Provides detailed claim line denials
- Instant access to denial detail
- Available 24/7 with no registration needed
- http://www.cgsmedicare.com/medicare_dynamic/jc/denials.asp
- Simply enter the CCN in the appropriate field
- Enter an NPI, CCN, and date span and download an Excel spreadsheet of all Medical Review denied claims!



CGS GO Mobile Available Now!

- MR Wizard
- LCDs/Policy Articles
- Dear Physician Letters
- DMEPOS Fee Schedules
- Drugs/Pharmacy Fees
- CGS Contact Information



myCGS Web Portal

- Use myCGS to access:
 - Beneficiary eligibility
 - Claim status
 - Denial information
 - Order duplicate remits
- Version 2.11 Enhancements
 - ADR Response Receipt Date
 - Print function added
 - SNF information updated
 - Redetermination status
 - And much more!



Educational Opportunities

The screenshot shows a web browser window with the URL <http://www.cgsmedicare.com/jc/education/index.html>. The page features a navigation menu on the left with categories like Claim Submission, Medical Review, Medicare Beneficiaries, Fee Schedules, Local Coverage Determinations, and Education. The Education section is expanded, listing various resources such as ACT (Ask the Contractor Teleconferences), Calendar of Events, CGS on Facebook, and LiveLine Plus. The main content area has a header banner for 'ONLINE EDUCATION WELCOME CENTER' and 'PROVIDER OUTREACH AND EDUCATION'. Below the banner are eight colorful tiles representing different educational opportunities: New Supplier Welcome Center, Dear Physician Letters, Calendar of Events, LiveLine PLUS, Online Education, Video Education, Workshop and Seminars, and Webinars.

ONLINE EDUCATION WELCOME CENTER
PROVIDER OUTREACH AND EDUCATION

- New Supplier Welcome Center
- Dear Physician Letters
- Calendar of Events
- LiveLine PLUS
- Online Education
- Video Education
- Workshop and Seminars
- Webinars

New CGS Connect Program

**Pre-review of your documentation
to provide educational feedback**



Clinical Reviews

- Therapeutic Shoes for Persons with Diabetes (A5500/A5512/A5513)
- Manual Wheelchairs (K0004)
- Urological Supplies (A4351/A4352/A4353)
- Immunosuppressive (J7507)

Non-Clinical Reviews

- Hospital Beds (E0250KH/E0255KH)
- Glucose Monitors (E0607NU)
- TENS (E0730NU)
- Osteogenesis Stimulators (E0748NU)
- Negative Pressure Wound Therapy (E2402KH)
- Speech Generating Devices (E2510NU)
- Manual Wheelchairs (K0001, K0002, K0003)

Estimated MR Response Times

10-15 days

Documentation Identification Tool

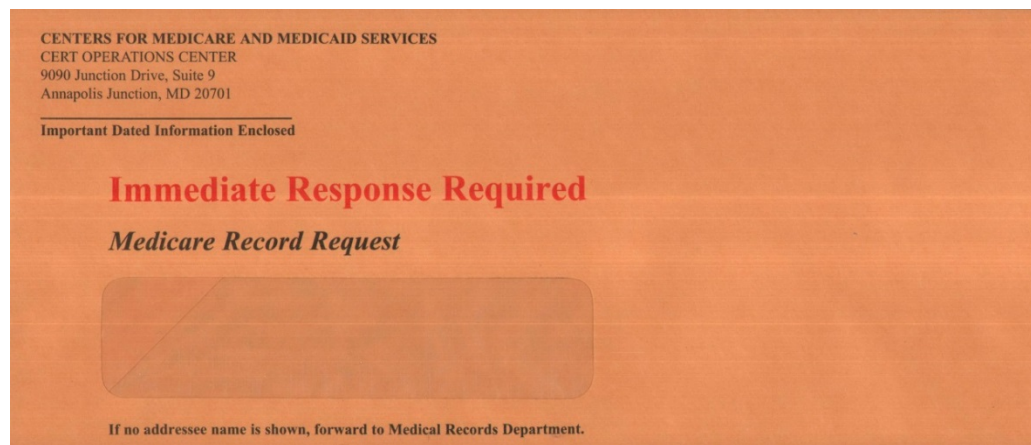
- Found within Online Tools on the CGSMedicare.com
 - Over 20 templates
 - Use for ADR responses and Redeterminations requests
 - NOT mandatory, but helpful!



Comprehensive Error Rate Testing (CERT) Reminders

What is CERT?

- CMS implemented the CERT program to comply with the Improper Payment Information Act of 2002
 - Improve claim submission, processing, and payment
 - Results used to help develop supplier education materials
 - The main objective is to protect the Medicare Trust Fund
 - Post-payment Medicare claims are reviewed by the CERT contractors



Top CERT Error Categories

Jurisdiction C – 2015 by \$\$\$ (prelim)

Pharmacy

- Nebulizers/Inhalation Drugs
- Immunosuppressive Drugs
- Oral Anti-Cancer Drugs

Orthotics and Prosthetics

- Lower Limb Orth and Pros
- Spinal Orthoses

Infusion/Parenteral Nutrition

Osteogenesis Stimulators

Support Surfaces

Speech Generating Devices

Respiratory

- Oxygen
- Ventilators

Mobility

- Power Mobility Devices
- Wheelchair Seating
- Wheelchair Options/Acc

Top CERT Error Categories Mississippi – 2014 Data

Description	Data
Number of claims	279
Number of claims with Errors	97
Alabama Error Rate	34.4%
Top categories	Power Mobility Devices, Oxygen, PAP/RAD, Lower Limb Protheses, Blood Glucose Monitors/Testing Supplies
Top denial reasons	Insufficient documentation to support the claim in question, Inpatient/Delivery/Date of srvc, Utilization/Incorrect coding



Questions?