Jurisdictions B, C, and D All Council Combined Questions

November 2022

Enteral/Parenteral/IV Therapy

1. We are supportive, but have concerns about unintended consequences, regarding CMS's decision to eliminate Durable Medical Equipment Information Forms (DIF) as part of its ongoing efforts to increase access to care and to reduce unnecessary administrative burden for stakeholders. What if any additional information will suppliers need to submit in lieu of the DIF to ensure timely payment, avoiding payment delays and increased audit burden?

A) Policy Article A55426 outlines the Standard Documentation Requirements for All Claims Submitted to DME MACs and includes that *reimbursement shall be based on the specific utilization amount that is supported by contemporaneous medical records. Documentation and information to support payment of the claim must be kept on file and be available upon request. It also states: In the event of a claim review, information contained directly in the contemporaneous medical record is the source required to justify payment except as noted elsewhere for prescriptions and CMNs. The medical record is not limited to treating practitioner's office records but may include records from hospitals, nursing facilities, home health agencies, other healthcare professionals, etc. (not all-inclusive). Records from suppliers or healthcare professionals with a financial interest in the claim outcome are not considered sufficient by themselves for determining that an item is reasonable and necessary. DMEPOS suppliers are reminded that:*

• Supplier-produced records, even if signed by the treating practitioner, and attestation letters (e.g., letters of medical necessity) are deemed not to be part of a medical record for Medicare payment purposes.

• Templates and forms, including CMS CMNs, are subject to corroboration with information in the medical record.

• A prescription is not considered to be part of the medical record. Medical information intended to demonstrate compliance with coverage criteria may be included on the prescription but must be corroborated by information contained in the medical record.

• The beneficiary's medical record must contain sufficient documentation of the beneficiary's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable). The information should include the beneficiary's diagnosis and other pertinent

information including, but not limited to, duration of the beneficiary's condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc.

Rehab Equipment

2. For PMDs it is understood that the SWO for the PMD base must be completed by the ordering practitioner 100% (either handwritten or electronic health record). The detailed SWO with the accessories may be completed by the supplier with the ordering practitioner signing and dating it. Can these two be combined into one page with two sections - Section one is titled SWO with a template of blank fields for the ordering practitioner to enter all information then section two is titled detailed SWO which is already completed with all the accessories identified from the face to face and LCMP evaluation where the ordering practitioner would need to sign and date. Would this be acceptable to meet the statutory requirement?

A) The DME MACs do not provide approval on the use of specific templates. Information about templates can be found in the Program Integrity Manual, chapter 3, section 3.3.2.1.1. Additional Information about the supplier providing templates to the treating practitioner for the SWO is found in the Power Mobility Devices LCD L33789: *The treating practitioner who completes the face-to-face requirements must be the same practitioner who writes the order/prescription for the PMD (base item). A supplier may provide a template to the treating practitioner for their use in creating the WOPD for the base item. Such a template may list the elements of a WOPD, but the supplier must not fill in or complete any of these elements. An SWO is required prior to claim submission for all options, accessories, and/or supplies that are separately billed in addition to the base. This SWO obtained prior to claim submission, may be prepared by someone other than a treating practitioner. If someone other than a treating practitioner prepares the SWO for separately billed options, accessories, and/or supplies, a treating practitioner must review and sign the order.*

The Joint DME MAC publication Final Rule CMS-1713-F – Standard Written Orders Final Rule CMS-1713-F – Standard Written Orders (cgsmedicare.com) FAQs 15 and 16 speak to your question.

Respiratory Care Equipment/Oxygen/PAP/Other

3. In regards to the Philips Respironics recall, we are still seeing a shortage of PAP machines. The recall has been effective since June 14th, 2021. We are finding that as we wait for our allotted number of PAP's to come in, qualifying documentation is going beyond the timely documentation requirement for initial PAP device patients. There is no medical need to justify sending the beneficiary in for another sleep study. Sleep lab facilities have been pushing back on the DME suppliers in this situation because they are not able to perform a sleep study.

Requiring another sleep study would also be a burden to the beneficiary and an unnecessary expense to the Medicare program. How are suppliers expected to address this situation?

A) A DMEPOS item is determined to be reasonable and necessary at the time the order is written. Timely delivery of that item is dependent upon the beneficiary's medical condition and that particular DMEPOS item. Extended periods of time between order and delivery should be rare and well documented in case of an audit by a Medicare contractor.

While a few months' delay in obtaining a CPAP could be understandable, over a year would be harder to justify. A new evaluation by the treating practitioner would need to be provided to explain the delay and, because the beneficiary's condition may change during that year, a new sleep test or titration study may be appropriate.

Documentation/Education/Home Medical Equipment/CEDI

No questions submitted.

Medical Supplies/Ostomy/Urological/Diabetic Supplies

No questions submitted.

Prosthetics/Orthotics

No questions submitted.