Jurisdictions D, B, & C Councils Final Combined A-Team Questions
September 2024

Enteral Parenteral/IV Therapy

No Questions Submitted

Medical Supplies/Ostomy, Urological/Diabetic Supplies

1. Regarding the intermittent catheter HCPCS coding changes effective 1/1/2026 – do the MACs anticipate a non-discretionary LCD update as described in section 13.2.4 of the Medicare Program Integrity Manual? See Attachments 1 & 2

Prosthetics and Orthotics

No Questions Submitted

Rehab

2. Noridian's website still says ATP's can perform complex rehab mobility evals via telehealth on patients in remote locations: "patient via a live video feed is acceptable for beneficiaries who reside in remote locations as long as the evaluation is conducted in accordance with the Telehealth requirements outlined in the Centers for Medicare and Medicaid Services (CMS) Internet Only Manual (IOM), Benefit Policy Manual, 100-02, Chapter 15, Section 270." (https://med.noridianmedicare.com/web/jddme/dmepos/pmds/supplier-assistive-technology-professional-involvement)

   Didn't the Consolidated Appropriations Act of 2023 expand the allowance of telehealth for ATP's complex rehab evals to all locations ? If so, is this telehealth coverage expansion to non-remote areas ending 12/31/24?

Respiratory Care Equipment/Oxygen/PAP/Other

3. Since Medicare is no longer requiring the CMN for Oxygen equipment it seems CGS and Noridian are challenged to maintain the patient's case history accurately which is causing a mismatch in equipment history when the patient has a change in modality. In these instances where we are not seeing any changes in the patient's history, billing with the appropriate modifier is causing an increase in claim denials and delayed reimbursement.

   There are also instances where the patient has moved (Region to Region) or received a new MBI number and the patient's case is not updated causing denials and delay in reimbursement.

   Will CGS and Noridian be making updates/changes to ensure patient cases are transferred accurately in the future?

4. Per the July 2024 DME MAC Education update, blood gas study results documented on the SWO satisfy the requirement for the “evaluation of results by the treating practitioner”.

    a. Does this also satisfy the requirement for “results of the blood gas study must also be documented in the medical record” ?
    For example, if the BGS is noted on the prescription, signed by the treating practitioner, but is not noted anywhere in the medical record, will that be accepted?

“Inclusion of either of the following on the treating practitioner's standard written order (SWO) for home oxygen therapy: blood gas study results or reference to the evaluation of the blood gas study performed on a specific date.
Note: While inclusion, of either of the above, on the treating practitioner’s SWO may support that the treating practitioner evaluated the blood gas study results, as previously noted the **results of the blood gas study must also be documented in the medical record documentation rendered by a practitioner, qualified provider, or supplier of laboratory services who performed the study.” -** Education Update July 2024

    b. Would you accept results of the BGS only on the SWO if it was not documented anywhere in the actual chart notes/medical records? In the past, prescriptions have never been considered part of the medical record and required the BGS be documented in the chart notes - has this requirement been updated for oxygen?

Documentation/Education/ Home Medical Equipment/CEDI

5. Under “Ulcers and Wounds in the Home Setting,” the Negative Pressure Wound Therapy LCD, requires the following for stage 3 or 4 pressure ulcers:
    a. The beneficiary has been appropriately turned and positioned, and
    b. The beneficiary has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis (see LCD on support surfaces), and
    c. The beneficiary’s moisture and incontinence have been appropriately managed.

    Do all requirements (a, b, and c) apply only to stage 3 or 4 pressure ulcers on the trunk or pelvis, or do they apply to any stage 3 or 4 pressure ulcer regardless of the location? For example, ulcers on the foot.

    (For clarification purposes, the question is related to stage 3 or 4 ulcers and the ordering prescribers questioning why moisture and incontinence must be addressed if the wound is on the foot. The LCD has requirements for stage 3 or 4 but do not say whether they only apply to trunk and pelvis).