



# **Region B Council Meeting**

## **Date: August 16, 2022**

# How to Participate

- Join from computer, tablet or smartphone to view screen share:
  - <https://meet.goto.com/DMEPOE-2/jbcouncil>
- Includes ability to listen with computer speakers
  - Can use computer microphone to speak
- You can also dial in using your phone.
  - United States (Toll Free): (866) 899-4679
  - United States: (571) 317-3116
  - Access Code: 363-928-453
- Please mute your phone line or microphone when not speaking.

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# Agenda

1. Welcome & Introductions
2. CBIC Updates
3. PHE/COVID-19 Updates
4. Medical Director Policy Update
5. CGS Medical Review
6. Provider Outreach and Education
7. CGS Discussion Topics
8. Additional Discussion
9. Council Q&A Review
10. Next Meetings

# 1. Welcome & Introductions

Roc Via

## 2. CBIC Updates

Elaine Hensley

# 3. COVID-19 / Public Health Emergency (PHE) Update

Stacey V. Brennan MD

- a. Public Health Emergency (PHE) was renewed on July 15, 2022

# COVID-19 PHE

- Secretary Becerra pledged 60-day notice for end of PHE declaration
- Currently operating under Interim Final Rules
  - Telehealth flexibilities
  - Non-enforcement of clinical indications of coverage in NCDs and LCD for:
    - Respiratory Equipment
    - Infusion Pumps
    - Continuous Glucose Monitors
- Awaiting further instructions from CMS for handling claims for items dispensed during PHE



# 4. Medical Director Policy Update

Stacey V. Brennan, MD

a. General LCD Updates

# Medical Director Policy Update

- General Policy Updates
  - Pneumatic Compression Devices – On hold pending CMS discussions re: *Greenwald* Federal Court decision
  - Glucose Monitors – Analysis on-going
  - Oxygen – Work continues with anticipated publication in fall to meet 45-day notice for January 3, 2023, implementation
  - Several reconsiderations in the pipeline (Waitlist)
- Status of Oxygen LCD
- Philips Respironics Recall Updates

# 5.CGS Medical Review

- a. Medical Review – Tina Harris
- b. Prior Authorization – Melissa Colter

# Medical Review

- TPE - Quarterly Status Reports
- 10 Claim Pilot Success Percentage - JB 4.6%
- Curable Errors Response Rate - JB 18%
- Post-Pay Audits

Home » JB DME » Medical Review » Quarterly Status Reports

## Quarterly Status Reports

Description	HCPCS
Ankle-Foot Orthosis	L1902, L1906, L1971, L4361, L4396, and L4397
Blood Glucose Test Strips	A4253
Enteral Nutrition	B4035
Immunosuppressive Drugs	J7503, J7507, J7518, J7520, and J7527
Knee Orthoses	L1832, L1833, L1843, L1844, L1851, L1852, and L2397
Lumbar Sacral Orthosis	L0450-L0651
Manual Wheelchairs	K0001-K0004
Surgical Dressings	A6010, A6021, A6196-A6199, A6209-A6212, A6203, A6231-A6233, A6234-A6241, A6242-A6248, and A6251-A6256
Therapeutic Shoes for Persons with Diabetes	A5500, A5512, and A5513
Urological Supplies	A4316, A4351, A4352, A4353, A4355

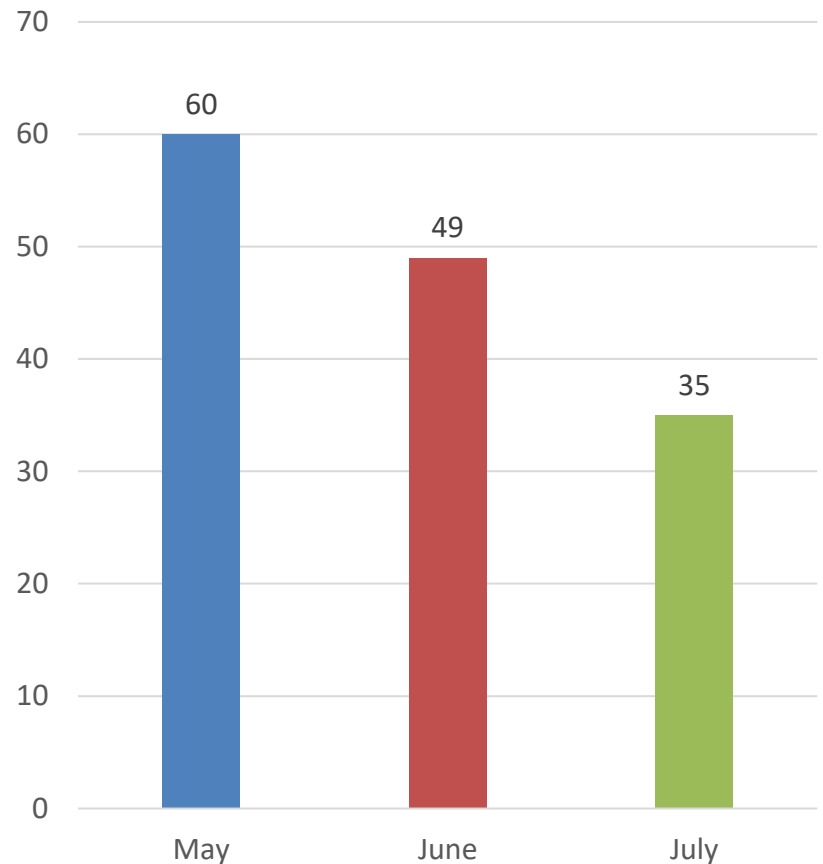
# JB CGS Connect Program Update

## Top Reasons Criteria Not Met:

**Most Requested Policy: Diabetic Shoes 60%**

## Top Reasons Coverage Not Supported

1. Medical records do not verify the certifying physician is managing DM
2. In person evaluation of the feet is missing description of abnormalities that shoes will need to accommodate



# Prior - Authorization

- Prior authorization program – updates
- Phase 2 – KY, MI & OH
- Began accepting Prior Auth – 6/28/22 for Claim submissions 7/12/22
- Received requests 704 with affirmation 53% & 47%
- July developed 134 ADR requests & only received 38 responses for claims submitted
- CGS Prior Authorization webpage:  
[https://www.cgsmedicare.com/jb/mr/condition\\_of\\_payment\\_prior\\_auth.html](https://www.cgsmedicare.com/jb/mr/condition_of_payment_prior_auth.html)

# JB Power Mobility Devices (PMDs) Prior Authorization: Top Non-Affirmation Reasons

- Face-to-Face

- The face-to-face examination contains amendments, corrections, and/or delayed entries that do not comply with accepted record keeping principles
- The face-to-face examination does not paint a clear picture of the beneficiary's functional abilities and limitations as it does not contain sufficient objective data.
- The face-to-face examination was not signed by the physician/practitioner.

- Medical Record Requirements

- The documentation demonstrates the beneficiary does not have special skin protection or positioning needs to support a sling/solid seat/back wheelchair.
- The specialty evaluation completed by the licensed/certified medical professional (LCMP) does not have evidence of concurrence or disagreement by the treating physician/practitioner.

# JB Pressure Reducing Support Surfaces (PRSS)

## Prior Authorization: Top Non-Affirmation Reasons

- Medical Record Requirements

- The medical record documentation does not demonstrate the beneficiary has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis.
- The medical record documentation does not indicate the beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis.
- The medical record documentation contains a practitioner's signature which does not comply with the Centers for Medicare & Medicaid Services signature requirements.
- The medical record does not demonstrate the beneficiary was on a comprehensive ulcer treatment program for at least a month prior to being placed on a group 2 surface.
- The medical record documentation contains an error not otherwise specified. (i.e., No staging of ulcer noted in documents)



# JB Lower Limb Prosthetics (LLP) Prior Authorization: Top Non-Affirmation Reasons

- Medical Record Requirements
  - The medical record documentation contains a practitioner's signature which does not comply with the Centers for Medicare & Medicaid Services signature requirements.
  - The medical record documentation does not clearly identify all original content of the amendment, correction or delayed entry.
  - The medical record documentation is not authenticated (handwritten or electronic) by the author.
  - The treating practitioner's order, Certificate of Medical Necessity, supplier prepared statement, or the practitioner's attestation, by itself, does not provide sufficient documentation of medical necessity.
  - The medical record documentation does not demonstrate the functional classification for the prosthetic knee(s).

# JB Orthotics Prior Authorization: Top Non-Affirmation Reasons

- Medical Record Requirements:
  - The medical record documentation does not demonstrate an objective description of joint laxity.
  - The medical record documentation does not demonstrate knee instability by examination of the beneficiary.
  - The medical record documentation indicates the item is needed during post-operative recovery; however, the surgery has not yet taken place.
  - The face-to-face encounter is not authenticated (handwritten or electronic) by the author.
  - The documentation does not include a face-to-face encounter within six months prior to the order

# Council Prior Authorization Additional Topics

- Discuss [Suspension of prior authorization requirements for specified orthoses prescribed and furnished urgently or under special circumstances](#). Use of ST modifier for acute/emergent situations. Claims with ST modifier will be subject to 100% prepayment review.
- Resources
  - DMEPOS PA FAQs- Updated 08/09/22: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Downloads/DMEPOS-PA-Frequently-Asked-Questions-06-01-2018.pdf>
  - Prior Authorization Process for DMEPOS Operation Guide: [Operational-Guide-for-DMEPOS-PA-current.pdf \(cms.gov\)](#)
  - [Federal Register :: Medicare Program; Suspension of Required Prior Authorization for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Items Under Certain Circumstances](#)

# Break

a. 15 Minutes

# 6. Provider Outreach & Education

Teresa L. Camfield

a. POE Update

# POE Educational Activities

- In-Person Workshops
  - Milwaukee WI, Mega Workshop – September 14, 2022



- Collaboration and National Education
- Recorded Webinars
- National & State Association Meetings

# 7. CGS Discussion Topics

- a. myCGS Updates – Tracy Sessoms
- b. CGS Website Updates - Rachel Sinclair

# myCGS Updates

- myCGS Updates
  - Same/Similar release 7.3



# Website Updates

- Updated Fee Schedules section to include 4 sub-tabs

CERT

Claim Submission

Contact Information

COVID-19

Customer Support

Education

FAQs

Fee Schedules

Competitive Bidding

DMEPOS Fee Schedule

Drug, Dispensing, & Supply Fees

Labor Fees

Forms/Checklists/Guides

Local Coverage Determinations

Medical Review

Medicare Secondary Payer

## Fee Schedules

Fee schedules are lists of the maximum allowable amount per unit for the associated HCPCS codes. Pricing for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) is based on the fee schedules and payment methodologies provided by CMS. Inclusion or exclusion of a fee schedule amount for an item or service does not imply any health insurance coverage.

Find more information on the following resources:

- [DMEPOS Fee Schedule & Parenteral and Enteral Nutrition \(PEN\) Jurisdiction C Fee Schedule](#)
- [Former Competitive Bidding Area \(CBA\) Fee Schedule](#) (Adjusted fees for former CBAs during a gap period DMEPOS Competitive Bidding Program (CBP))
- [Single Payment Amounts \(SPAs\) from Competitive Bidding Programs \(CBPs\)](#)
- [Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees](#)
- [Labor Payment Amounts for Repairs & Service Codes](#)
- CMS information about updates to the [Durable Medical Equipment, Prosthetics/Orthotics & Supplies Fee Schedule](#) [EXT](#)

The Supplier Manual includes helpful information about pricing and fee schedules in [Chapter 5 – DMEPOS Fee Schedule Categories](#) [PDF](#) and [Chapter 10 – Pricing](#) [PDF](#).

▲ Top

FEEDBACK

# Website Updates

- Converted myCGS Registration Guide from a PDF to a user-friendly, interactive .HTML format

Overview

Section 1 – Registration

• Roles & Definitions

• How to Register as a Designated Approver

• How to Register as an End User

• How to Register as a Clearing House/Billing Agent (CHBA)

• Update Trading Partner IDs

• How to Register as a Same/Similar User (SSU)

Section 2 – User Management

Section 3 – Security & Account Maintenance

myCGS Registration & Account Management Guide

DME MAC JURISDICTIONS B & C

Section 1 — Registration

Section 1 – Registration

Roles & Definitions

What is a Designated Approver? What is an End User? What is a CHBA? What is a Same/Similar User?

A **Designated Approver (DA)** is an individual designated by their organization as being responsible for approving and managing your organization's employees within myCGS. A DA must be the first person to register for your organization for myCGS. Once successfully registered, the DA is responsible for approving and maintaining other users from their company in myCGS. DAs also have access to all of the features in myCGS that End Users use (beneficiary eligibility, claim status, etc.).

An **End User** is a regular (non-approver) user of myCGS. End Users are able to use all of the main functionality within myCGS, including beneficiary eligibility, claim status, claim preparation information, and more, but do not have the approver ability of a DA. End Users are approved and maintained by their DA. Once an End User has submitted a registration request in myCGS, a DA must approve the individual for use of the company's Tax ID (and all associated NPIs/PTANs) in myCGS.

FEEDBACK

## 8. Additional New Items for Discussion

## Additional Discussion

- HIGLAS; identifying offsets still a problem for suppliers. CGS waiting on CMS. Update?
- Status on the Oxygen NCD changes
- PECOS: CGS website says the Doctor is PECOS Registered, but we are getting rejections
- IV/PEN, DIF elimination updates, N790 remark code

## Additional Discussion

- Looking for insight into current policy for providing ostomy supplies in a SNF. Specifically, why CMS only allows a 30-day supply in a SNF vs a 90-day supply at home? One of our partner organizations, United Ostomy Association of America (UOAA), had asked the DPIPD analysts about this and they directed UOAA back to the MACs for clarification
- Other

# 10. Discussion of August 2022 Council Q&A

# 11. Upcoming Meeting Dates

- a. Proposed - November 10, 2022?
- b. First quarter - February 2023?

# Contact Us

[JBCouncil@CGSADMIN.com](mailto:JBCouncil@CGSADMIN.com)





# Thank You for Attending!

# Meeting Adjourn