

DME Quarterly Update

Wednesday, October 21, 2020

Quarter 4 Agenda

- ▶ Meeting guidelines
- ▶ October 1, 2020 fee schedule
- ▶ Pricing research requests
- ▶ Incontinence product reminder
- ▶ Appeals/Hearings

Meeting Guidelines

- ▶ Be positive. This meeting is not intended to call out mistakes, past issues, or negatively highlight any person or group.
- ▶ Generalize. We will not be able to discuss specific service authorizations, claims, members, staff, etc. but can discuss standard processes, changes, etc.
- ▶ Respect. All viewpoints are honored, and we will consider all comments, questions and suggestions.

Quarter 4 Fee Schedule

- ▶ Minimal rate changes
- ▶ Temporary change in rate for A4927 Non-sterile gloves. \$8.40/box of 100
- ▶ Additional clarifications for 'By Report' rates
 - MUST include acquisition invoice including all vendor discounts

Enteral Pricing Research results

- ▶ No additional approved rate changes
- ▶ Potential change for one specific ketogenic item but will require setting criteria prior to rate determination.

Incontinence Products

- ▶ A few concerns have been expressed by recipients regarding the quality of incontinence products they are receiving.
- ▶ Ensure your products are meeting the recommendations as set forth by the National Association for Continence

Provider Appeals

- ▶ Please ensure you follow both 1st and 2nd level appeal processes as necessary.
- ▶ Timelines for appeals should be followed, regardless of whether a mistake was made in the 1st level decision or not.
- ▶ If you have posed a question regarding a 1st level appeal decision, please ensure you do not miss the timeframe for requesting a 2nd level appeal as necessary.

Hearings

- ▶ The DME unit has been spending an increased amount of time participating in hearings for denied items and services.
- ▶ The majority of those denials are overturned during the hearing because the recipient produces additional medical record (not LMN, CMN) documentation showing the medical necessity of the item or service.
- ▶ Providers SHOULD have the same information within their files for the items and services they are dispensing.
- ▶ Providers can and should assist recipients with obtaining medical record (not LMN, CMN) documentation identifying the medical necessity and submit such information with the service authorization request.
 - ▶ For example, if the CMN lists a diagnosis that would support the item or service, the same diagnosis must be identified in the medical record to substantiate the CMN diagnosis. When the medical record does not support the CMN diagnosis, the request will be RTP'd or denied due to lack of medical necessity/substantiation.

What is Medical Necessity?

- ▶ Services or supplies that are needed to diagnose or treat an illness, injury, condition, disease, or its symptoms.
- ▶ Proper and needed for the diagnosis, direct care and treatment of a medical condition.
- ▶ Generally not useful to a person in the absence of illness or injury

What is Medical Necessity documentation?

- ▶ May include clinical evaluations, physician evaluations, consultations, progress notes, physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. It is maintained by the physician and/or provider.
- ▶ Supplier-produced records, even if signed by the prescribing physician/practitioner, and attestation letters (e.g. letters of medical necessity) are deemed not to be part of a medical record for payment purposes. (per CMS)
- ▶ Templates and forms, including CMNs, are subject to corroboration with information in the medical record.

True or False?

- ▶ Recipient requires non-sterile gloves because they do not like the feeling of lubricant on their hands.
- ▶ Recipient requires a custom molded back for their power wheelchair due to the medical record supporting the diagnosis of scoliosis of the back. A custom molded back is needed to prevent further decline/progression of the scoliosis.
- ▶ Recipient requires a 'fly free wheel' on their wheelchair so they can pop wheelies with ease.
- ▶ Recipient requires a ventilator due to a CMN diagnosis of a weakened diaphragm and that diagnosis is supported and listed in the medical record.

Reminders:

- ▶ All incontinence and enteral requests submitted on/after July 15, 2020 are required to be on the current CMN forms dated March 18, 2020.
- ▶ Ensure you have all necessary medical record documentation you need in your provider files. We have been able to obtain supporting medical records for some denials that went to hearing and were able to then support and approve the item. Please know that we cannot share this information back with the provider. If an item was denied for lack of documentation of medical necessity and then approved thru hearing, you may want to obtain the same documents we did from the recipient. You will need that documentation to support the items you dispense.
- ▶ Please note that letters of medical necessity, prescriptions, and certificates of medical necessity are not considered medical records. Information in such documents must be substantiated in the individual's medical records.
- ▶ Temporary COVID guidelines: Please remember we cannot bypass NCCI and any denials **MUST** be appealed. Ensure you point to the COVID temp guidelines when submitting your appeal. Don't forget, the submitted quantity cannot be more than a 90-day supply. You can also ensure you add the reference to COVID temp guidelines in the claim notes to assist in the determination of an appeal.