CERT Contractor Errors for Nebulizers and Related Drugs

DME CERT Outreach and Education Task Force Responds – June 7, 2018
Today’s Presenters

- **Cindy White**, DME CERT Task Force Coordinator
- **Jurisdiction A**: Kari O’Hara  
  Provider Outreach & Education Consultant
- **Jurisdiction B**: Stacie McMichel  
  Provider Outreach & Education Consultant
- **Jurisdiction C**: Michael Hanna  
  Provider Outreach & Education Consultant
- **Jurisdiction D**: Cindy White  
  Provider Outreach & Education Consultant
Agenda

- CERT Contractor Update
- Common Errors – Orders
- Common Errors – Continued Medical Need
- Common Errors – Request for Refill
- Common Errors – Proof of Delivery
- Questions and answers
CERT Contractor Update
CERT Contact Information

- **AdvanceMed** is the CERT Documentation Center
- **CERT Resources and Contacts**
  - **Customer Service**: 1.443.663.2699 or 1.888.779.7477
  - **Fax**: 1.804.261.8100 or 1.443.663.2698
  - **E-mail**: certmail@admedcorp.com
  - **Website**: [https://certprovider.admedcorp.com](https://certprovider.admedcorp.com)
There are five ways to respond to a request from the CERT contractor.

- **Fax:** 1.804.261.8100 or 1.443.663.2698 *This is the preferred method.*
- **Mail:** CERT Documentation Center
  
  1510 East Parham Road
  
  Henrico, VA  23228
- **esMD:** https://www.cms.gov/esMD
- **Encrypted CD:** Must be in TIFF or PDF format
- **Encrypted email:** Attachment must be in TIFF or PDF format

Additional information on how to submit records to CERT:

- **JB:** https://www.cgsmedicare.com/jb/claims/cert/updates.html
- **JC:** https://www.cgsmedicare.com/jc/claims/cert/updates.html
Appeal Rights from CERT Audits

- If the CERT contractor finds errors with the claim in question, the supplier will receive an Overpayment Demand Letter and a revised Medicare Remittance Advice.

- If the supplier does not agree with the outcome of the CERT review, they should file an appeal to the Redeterminations department of their DME MAC within 120 days of the date on the demand letter or Medicare Remittance Advice.
  - If a Redetermination is filed to the appropriate DME MAC within 30 days of the letter/MRA, all recoupment activities will cease until the redetermination decision is made.
Common CERT Errors: Nebulizers and Inhalation Medication
2017 CERT Errors – Nebulizers and Related Drugs

Top CERT Error Trends – 2017 Preliminary Data Analysis

- Medical Records
- Billing/Miscellaneous
- Delivery
- Orders
- ACA/NPI
- No response
Common CERT Errors – Affordable Care Act (ACA) and Detailed Written Orders (DWO)
Common Errors - Affordable Care Act (ACA) and Detailed Written Orders (DWO)

- No detailed written order submitted or the order is illegible.
- Orders written after the claim date of service or they were signed and dated after submission of the Medicare claim.
- Detailed written order did not include all items ordered or did not include frequency of use/quantity to dispense/dosage/concentration for the inhalation medication.
- Missing evidence of receipt by the supplier prior to delivery (E0570, E0575, E0580, E0585, K0730 are part of the ACA, Section 6407)
- Physician NPI on detailed written orders did not match NPI on the CMS 1500 claim form billed to the Medicare program.
- No detailed written order received by the CERT contractor.
Items **not** affected by ACA 6407 or Written Order Prior to Delivery (WOPD)

- Must be obtained prior to dispensing an item to beneficiary
- The dispensing order may be a written, fax, or verbal order
- Must include:
  - Description of the item
  - Beneficiary’s name
  - Prescribing practitioner’s name
  - Date of the order
  - Prescribing practitioner’s signature (written order) or supplier signature (verbal order)
ACA 6407 – 5-Element Orders

• ACA 6407 requires a specific written order prior to delivery for certain HCPCS codes termed the 5-Element Order (5EO)

• The 5EO must include all of the following elements:
  • Beneficiary’s name
  • Item of DME ordered (may be general or more specific)
  • Signature of the prescribing practitioner
  • Prescribing practitioner’s National Practitioner Identifier (NPI)
  • Order date

• 5EO must be completed within six (6) months after the required face-to-face exam

• Date of the order must be prior to or on the date of delivery
Dispensing Order / Five Element Order (5EO)

Dr. David Smith
123 Main Street
Nashville, TN 33604
Phone: 615-424-1234  Fax: 615-424-7825

If prescription is written at practice site, check here: 

Please enter address and tel number on reverse side:

Patient: John Doe  DOB

Address: ___________________________ Date: 9/7/16

Rx

Nebulizer tubing & cup

Classification permissible: 

Do not substitute: 

Do not refill: 

Refill: _____ times

NPI: ___________________________

Physician signature: 

The pharmacist/authorized dispenser should retain this form for seven years for the purpose of audits.
Detailed Written Orders

- Must include following elements
  - Beneficiary’s name
  - Prescribing practitioner’s name
  - Date of the order
  - All items, options or additional features that are separately billed or require an upgraded code. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
  - Prescribing practitioner’s signature and signature date
Detailed Written Orders

- Items provided on a periodic basis, including drugs:
  - Item(s)/drug(s) to be dispensed
  - Dosage or concentration (if applicable)
  - Route of administration
  - Frequency of use
  - Duration of infusion (if applicable)
  - Quantity to be dispensed
  - Number of refills

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Requirements of New Orders

- New order is required when:
  - For all claims for purchases or initial rentals;
  - There is a change in the order for the accessory, supply, drug, etc.;
  - On a regular basis (even if there is no change in the order) only if it so specified in the documentation section of a particular medical policy;
  - An item is replaced (see explanation below); or
  - There is a change in the supplier, and the new supplier is unable to obtain a copy of a valid order and documentation from the original supplier.

- **Reminder** – A face-to-face examination is required within six months of a new prescription/order for one of the specified items on the ACA 6407 list.
## Detailed Written Order Example - Valid

<table>
<thead>
<tr>
<th>PROVIDER:</th>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>123 Main St.</td>
</tr>
<tr>
<td></td>
<td>Anytown, PA 16000</td>
</tr>
<tr>
<td>Phone</td>
<td>570-235-1010</td>
</tr>
<tr>
<td>FAX</td>
<td>570-235-1015</td>
</tr>
<tr>
<td>Provider No.</td>
<td>99000111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENTS:</th>
<th>Jane Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>121 St. Anytown, PA 14000</td>
</tr>
<tr>
<td>Phone</td>
<td>570-235-0000</td>
</tr>
</tbody>
</table>

**PHYSICIAN:** Dr. Steven Sample

100 Church St.
Hanover, PA 15421

**UPIN:** Phone 570-135-0000
**NPI:** 1234567890
**Fax:** 570-135-0001

**DIAGNOSIS:**

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>465</td>
<td>PNEUMONIA ORGANISM UNSPECIFIED</td>
</tr>
</tbody>
</table>

**EQUIPMENT/SERVICES:**

<table>
<thead>
<tr>
<th>Qty</th>
<th>Proc Code</th>
<th>Item Name/Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>E0570</td>
<td>AEROSOL NEBULIZER PULMAIDE</td>
</tr>
<tr>
<td>2</td>
<td>A7003</td>
<td>NEB SET UP TUBING</td>
</tr>
<tr>
<td>2</td>
<td>A7004</td>
<td>NEB SET UP CUP</td>
</tr>
</tbody>
</table>

**ADDITIONAL MEDICAL INFORMATION:**

Physician considered use of Metered Dose Inhaler with and without Reservoir or Spacer Device, and decided that, for medical reasons, it was not sufficient for the Administration of needed Inhalation Drugs.

Nebulizer is used for aerosol therapy? **YES**

Signs and symptoms that require use of Nebulizer:

- **Expectoration**: COP D x 2 Per Min
- **Medication used with Nebulizer**: Enactad 125 Ml 4x's

Estimated length of need: 99

**Clinician Signature:**

Dr. Steven Sample
**Date:** 12-17-12

**Beneficiary’s Name:**
Jane Smith

**Order Date:** 11/24/2012

**Refills:**

**Dosage and Frequency:**

**Physician's Name:**
Dr. Steven Sample
Common CERT Errors – Medical Records and Continued Medical Need
Common Errors – Medical Records and Continued Medical Need

- No clinical documentation received by the CERT contractor
- Medical records do not reference the item ordered or indicate the inhalation medication was part of the treatment plan
- Medical documentation received did not support the diagnosis for the inhalation medication
- No medical records submitted that supports continued need for the inhalation medication
- No face to face encounter within six (6) months of ordering an ACA 6407 item (i.e., E0570 nebulizer)
Initial Medical Need – Medicare Requirements

- Initial justification for medical need is established at the time item(s) are first ordered.
- Medical records demonstrating the inhalation medication is reasonable and necessary and is included in the treatment plan for the beneficiary.
- Entries in the medical record must have been created prior to, or at the time of, the initial date of service to establish whether the initial reimbursement was justified.
- Medicare will only consider a nebulizer if the beneficiary has been prescribed certain inhalation medication.
In addition to initial justification documentation for ongoing supplies and rental DME items, there must be information in the medical record to support items continue to be used and remains reasonable and necessary.

Information used to justify continued medical need must be timely for the date of service under review.
Any of the following may serve as documentation justifying continued medical need:

- A recent order by the treating physician for refills
- A recent change in prescription
- A properly completed CMN or DIF with an appropriate length of need specified
- Timely documentation in the medical record showing usage of items

Timely documentation is a record in the preceding 12 months unless otherwise specified in the applicable policy.
Common CERT Errors – Proof of Delivery
Common Errors - Proof of Delivery

- Proof of delivery documentation submitted to the CERT contractor was invalid or incomplete.
- Date on the proof of delivery document does not match date of service billed to the Medicare program
- No detailed description to tell what item was delivered
- Proof of delivery not signed by Medicare beneficiary or their designee
Proof of Delivery (POD)

- Supplier Standard 12
- Signed POD required to verify beneficiary received DMEPOS item
- Must be available upon request
  - If not provided, claim denied, overpayment requested
  - If no documentation provided on consistent basis, may be referred to Office of Inspector General (OIG)
- Maintain documentation for seven years
Method 1- Direct Delivery

- Delivery directly to a beneficiary by a supplier
- The POD record must include:
  - Beneficiary's name
  - Delivery address
  - Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, HCPCS code long narrative description)
  - Quantity delivered
  - Date delivered
  - Beneficiary (or designee) signature
- Date of service is the date of delivery
Method 2 – Delivery/Shipping Service

- Delivery to beneficiary via shipping service
- The POD record must include:
  - Beneficiary's name
  - Delivery address
  - Package invoice and delivery confirmation
  - Detailed description of the item(s) being delivered
  - Quantity delivered
  - Date delivered
  - Evidence of delivery
- Date of service is the shipping date or date the shipping label was created
POD Signature

POD can be signed by:
- Beneficiary
- Beneficiary’s designee
  - Relationship to beneficiary must be noted on delivery ticket

POD cannot be signed by:
- Suppliers
- Employees of suppliers
- Anyone with a financial interest in delivery of item
Proof of Delivery – Common Errors

Missing Quantity Delivered
Resources
Resources

- LCD and related Policy Article
  - L33370: Nebulizers
  - A52466: Policy Article
  - Standard Documentation Requirements for All Claims Submitted to the DME MACs (A55426)

- Jurisdiction DME MAC Websites:
  - Jurisdiction A – https://med.noridianmedicare.com/web/jadme/
  - Jurisdiction B – https://www.cgsmedicare.com/jb
  - Jurisdiction C – https://www.cgsmedicare.com/jc
  - Jurisdiction D – https://med.noridianmedicare.com/web/jddme/
Questions?
The DME MAC CERT Outreach and Education Task Force consists of representatives from each of the DME MACs and is independent from the CMS CERT Team and CERT Contractors, who are responsible for the calculation of the Medicare Fee-for-Service Improper Payment Rate.

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