



MM8304: WOPD and Face-to-Face Requirements

Presented by
Noridian Provider Outreach and Education
Jurisdiction D DME MAC
December 2015

Noridian Healthcare Solutions, LLC

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Workshop Protocol

- Entering Workshop
 - Attendee lines are muted upon entry
- Throughout Workshop
 - Written questions in Q & A section
- Conclusion of Workshop: Q & A Session
 - Use “Raise Hand” feature to ask questions aloud
 - When question finished, select “Lower Hand” button
- Certificate of Completion
 - CEUs are NOT offered for this course
 - Certificate of Completion will be sent out to all attendees 2-3 days after workshop based on attendance report
- Presentation was sent via email, is available at <https://med.noridianmedicare.com/web/jddme/education/event-materials>

Acronyms

- ACA: Affordable Care Act
- CERT: Comprehensive Error Rate Testing
- DMEPOS: Durable Medical Equipment, Prosthetics, Orthotics and Supplies
- DOS: Date of Service
- DWO: Detailed Written Order
- F2F: Face-to-Face (evaluation)
- HCPCS: Healthcare Common Procedure Coding System
- LCD: Local Coverage Determination
- NCD: National Coverage Determination
- OIG: Office of Inspector General
- PA: Policy Article
- WOPD: Written Order Prior to Delivery

<https://med.noridianmedicare.com/documents/2230715/2240885/acronyms.pdf>
www.cms.gov/apps/acronyms

Agenda

Background Information

Face-to-Face Evaluation (F2F)

Written Order Prior to Delivery (WOPD)

Affected Policies/HCPCS

Comprehensive Error Rate Testing (CERT)

Resources and Reminders



Background Information

MM8304 & The Affordable Care Act

MM8304

- Face-to-Face evaluation
 - Documentation
 - Authorized to order
 - Timeliness
- Detailed Written Order
 - WOPD
 - Required Elements
 - Physician NPI
- Affected HCPCS/Policies

Implementation vs. Enforcement

- Implementation Date
 - For all requirements
 - July 1, 2013
- Enforcement Date
 - For WOPD requirements
 - Date of Service (DOS) January 1, 2014
 - For F2F requirements
 - To be announced by CMS in 2015

FAQ

- Q: I have received some complex medical review requests that ask for the F2F evaluation. Why is this being requested if it isn't being enforced?
- A: The F2F evaluation was added to review letters upon implementation (7/1/13) of the requirements with the ACA. Although the F2F is not currently being enforced, the F2F evaluation is still a requirement per the ACA.



Face-to-Face Evaluation

Authorized to Order/Evaluate

- Treating Physician (MD, DO or DPM)
- Nurse Practitioner or Clinical Nurse Specialist
 - Treating beneficiary for condition for which item is needed
 - Practicing independently of physician
 - Bill Medicare for other covered services using own NPI
 - Permitted to do in state where services are rendered
- Physician Assistant
 - Meet definition of physician assistant found in Section 1861(aa)(5)(A) of Social Security Act
 - Treating beneficiary for condition for which item is needed
 - Practice under supervision of MD or DO
 - Have own NPI
 - Permitted to perform services in accordance with state law

Medicare Access and CHIP Reauthorization Act (MACRA) of 2015

- Eliminated the provision of ACA Section 6407 requiring MD or DO co-signature
- PA, NP, CNS may conduct F2F
- Documentation complete without co-signature
- Revision 10/1/2015

<https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230715/face-to-face-examination-and-prescription-requirements-prior-to-delivery-of-certain-dme-items-specified-in-the-affordable-care-act-revised>

Face-to-Face Evaluation

- Beneficiary was evaluated and/or treated for a condition supporting the DME ordered
- F2F Evaluation must take place within 6 months prior to the date on the written order
- Must be received by supplier prior to delivery of DME
 - Date stamp (or equivalent) upon receipt
- Not being enforced by the DME MAC
 - Is being enforced by CERT

FAQ

- Q: Does the ordering physician have to be the same physician that conducts the face-to-face evaluation?
- A: No. The physician that signs the WOPD does not have to be the same physician that conducts the face-to-face evaluation.
 - Prescriber must have knowledge and documentation that the F2F evaluation was conducted.



Written Order Prior to Delivery (WOPD)

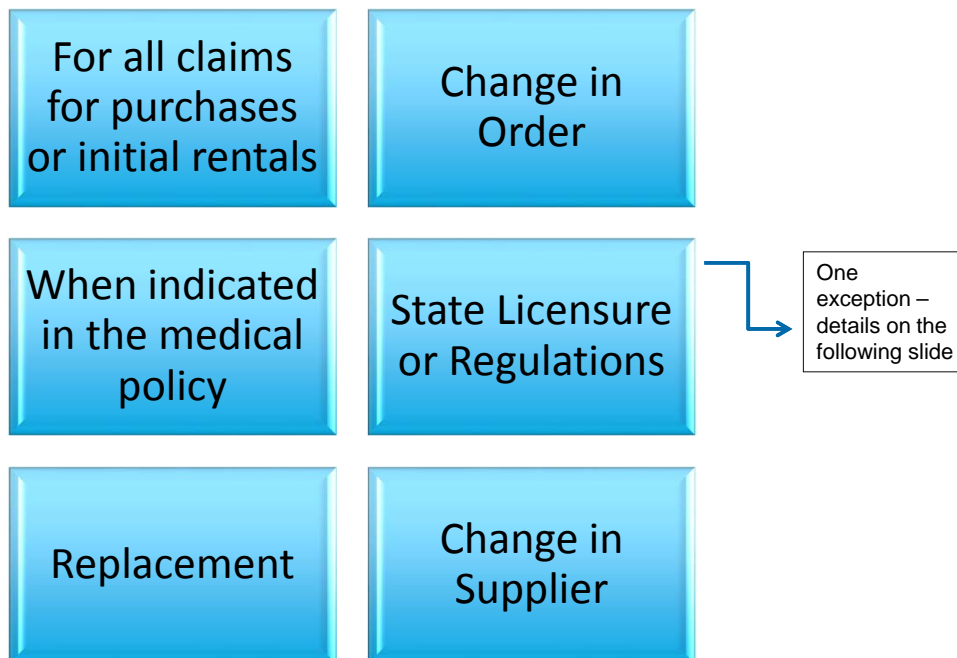
Written Order Prior to Delivery (WOPD)

- Basic elements
 - Beneficiary's name
 - Physician's name
 - Date of the order and the start date, if start date is different from the date of the order
 - Detailed description of the item(s)
 - Physician signature and signature date
 - Physician NPI (NEW!)
- Date stamp (or equivalent) upon receipt

Acceptable Detailed Written Order

- May be completed by someone other than physician
 - Treating physician must review, sign and date
- Acceptable orders
 - Fax
 - Photocopy
 - Electronic
 - Original pen and ink

When is a New Order and F2F Required?



Face-to-Face Exception

- **Only** exception to Face-to-Face evaluation within six months of the WOPD
 - Order is obtained due to state law, and
 - **Order is NOT being used as documentation to support a claim for Medicare payment (i.e. continued need)**
- Order used to support claim for Medicare payment
 - Face-to-Face within 6 months always a requirement

<https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230715/face-to-face-requirements-for-orders-used-to-obtain-medicare-payment-on-aca-items>

WOPD Corrections

- Errors identified on WOPD prior to delivery
 - WOPD may be properly amended or
 - New WOPD may be created and sent to physician for signature and date
- Errors identified on WOPD after delivery
 - Prior to claim submission, original supplier may recover delivered item(s), obtain valid WOPD and re-deliver
 - After claim submission, original supplier can recover items and new supplier must complete transaction after complying with all requirements

FAQ

- Q: If we receive a WOPD from the physician that is typed but the NPI has been handwritten on the order (by the physician), would this be acceptable?
- A: Yes, provided the handwritten portion has been initialed and dated by the physician.



Affected HCPCS/Policies

Affected Policies

Medical Policy	HCPCS
Automatic External Defibrillator	K0606
Cervical Traction Devices	E0840, E0849, E0850, E0855, E0856
External Infusion Pumps	E0784
Glucose Monitors	E0607
High Frequency Chest Wall Oscillation Devices	E0483
Hospital Beds	E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0290-E0297, E0300-E0304
Manual In-Exsufflation Devices	E0482

Affected Policies (2)

Medical Policies	HCPCS
Manual Wheelchairs, Options and Accessories	E0958-E0961, E0966-E0969, E0971, E0973, E0974, E0978, E0980-E0986, E0990, E0992, E0994, E1014, E1015, E1020, E1028-E1031, E1037-E1039, E1161 E1227, E1228, E1232-E1238, E1296-E1298, E2227, K0001-K0007, K0009
Nebulizers	E0570, E0575, E0580, E0585, K0730
Neuromuscular Stimulators	E0744-E0745, E0764, E0765
Osteogenesis Stimulators	E0747-E0749, E0760
Oxygen	E0424, E0431, E0433, E0434, E0439, E0441-E0444
Patient Lifts	E0636, E1035, E1036
Pelvic Floor Stimulator	E0740

Affected Polices (3)

Medical Policy	HCPCS
Pneumatic Compression Devices	E0650-E0652, E0655-E0657, E0660, E0665-E0669, E0671-E0673, E0675
Positive Airway Pressure Devices	E0601
Pressure Reducing Support Surfaces	E0185, E0188, E0189, E0194, E0197-E0199
Respiratory Assist Devices	E0470-E0472
Seat Lift Mechanisms	E0627-E0629
Speech Generating devices	E2502, E2506, E2508, E2510
TENS	E0720, E0730, E0731, E0762

Affected HCPCS

Misc. HCPCS	Description
Ultraviolet Light Therapy	E0692-E0694
Ventilators	E0450, E0457, E0459-E0464
Misc. DME	
E0480	Percussor electric/pneumatic home model
E0484	Oscillatory positive expiratory device, non-electric
E1310	Whirlpool non-portable



Review

ACA - Date and Timing Requirements

Face-to-Face

- On or before the date of the written order
- May not be older than 6 months prior to the written order date (oxygen 30 day requirement supersedes)
- Must be on or before the date of delivery
- Date stamp/similar upon receipt

WOPD

- Date of the order must be on or before the date of delivery
- Date stamp/similar upon receipt



FAQ

- Q: Can a fax date be used as the receipt date on the F2F and WOPD?
- A: A fax date could be used as a receipt date, provided the fax date is legible and clearly reflects that the supplier received that document prior to delivery of the item.



Comprehensive Error Rate Testing (CERT)

CERT 2014 Improper Payment Rates

Published 12/15/2014

Comprehensive Error Rate Testing (CERT)

The Centers for Medicare & Medicaid Services (CMS) calculates the Medicare Fee-for-Service (FFS) improper payment rate through the Comprehensive Error Rate Testing (CERT) program. Each year, CERT evaluates a statistically valid random sample of claims to determine if they were paid properly under Medicare coverage, coding, and billing rules.

The fiscal year (FY) 2014 Medicare FFS program improper payment rate is 12.7 percent, representing \$45.8 billion in improper payments, compared to the FY 2013 improper payment rate of 10.1 percent or \$36.0 billion in improper payments¹. The table below outlines the improper payment rate and projected improper payment amount by claim type for FY 2014. The reporting period for this improper payment rate is July 1, 2012 -June 30, 2013.



Service Type	Improper Payment Rate	Improper Payment Amount ²
Inpatient Hospitals	9.2%	\$10.4B
Durable Medical Equipment	53.1%	\$5.1B
Physician/Lab/Ambulance	12.1%	\$11.0B
Non-Inpatient Hospital Facilities	13.1%	\$19.2B
Overall	12.7%	\$45.8B

All public reports produced by the CERT program are available through the "CERT Reports" link on the section navigation tray to the left. The improper payment rate is released annually in the HHS AFR in the "Other Accompanying Information" section, which can be accessed through the HHS AFR link in the Related Links section at the bottom of this page.

www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/index.html



CERT Letter

**The Comprehensive Error Rate Testing (CERT) Program
Medical Record Request Letter**

Test/Abname **Date:** 02/23/2015
Test/ProviderName
Test/Address1
Test/Address2
Test/City, **Test/State** **Test/ZipCode**
Fax, **Test/Phone**

Dear Medicare Physician/Provider:

The Centers for Medicare & Medicaid Services (CMS), the federal Medicare agency, strives to pay claims accurately. CMS implemented a system to monitor and improve the accuracy of Medicare payments to physicians and other providers - the Comprehensive Error Rate Testing (CERT) program. The CERT Review Contractor, located in Richmond, Virginia, is responsible for reviewing claims and producing paid claim error rates. The CERT Documentation Contractor, located in Annapolis Junction, Maryland, is responsible for requesting and receiving medical records and making the records available to the CERT Review Contractor.

You are receiving this letter because the CERT program has randomly selected one or more of your claims for review. In accordance with Social Security Act Sections 1301 (a) (2) (U.S.C. 1320a-3), 1301 (a) (2) (U.S.C. 1393j)(a), and 1311 (a) (2) (U.S.C. 1396j)(a), you must provide medical record documentation to support claims for Medicare services upon request. It is your responsibility to obtain additional supporting documentation from a third party (hospital, nursing home, etc.), as necessary. Please provide the requested documentation as soon as possible. A response is required from you even if records for the sampled beneficiary for the dates of service listed cannot be provided.

Providing medical records of Medicare patients to the CERT contractor does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization is not required to respond to this request.

Your response is due on **Test/DueDate**. If you fail to produce the requested information by this date, the CERT contractor will assess the services on the claim were not rendered and your local Medicare contractor will initiate claims adjustments and/or overpayment recoupment actions for these unadjudicated services.

Specific information and instructions pertaining to the sampled claim and returning requested documents are shown on the following pages of this letter. Please include the bar coded cover sheet with your submission.

We are not authorized to reimburse providers/suppliers for the cost of medical record duplication or mailing. If you use a photocopy service, please ensure that the service does not invoice the CERT Contractor.

Should you have questions about this request, please call the CERT Documentation Office at (888) 779-7477 or (301) 957-2380. For more information regarding the CERT program, please visit www.cms.hhs.gov/CERT.

Thank you for your cooperation and prompt attention in this important project.

Sincerely,

/s/
 Chaitany Fowler
 Acting Director for CERT Program
 Centers for Medicare & Medicaid Services
 Provider Compliance Group
 Office of Financial Management
 Endlosure

CENTERS FOR MEDICARE AND MEDICAID SERVICES
 CERT OPERATIONS CENTER
 9090 Junction Drive, Suite 9
 Annapolis Junction, MD 20701

Important Dated Information Enclosed

Immediate Response Required
Medicare Record Request

If no addressee name is shown, forward to Medical Records Department.

www.certprovider.com

CERT

- Randomly select submitted claims
- Request medical records from provider/supplier that submitted claim
- Review claims and medical record for compliance with Medicare to include:
 - Coverage
 - Coding
 - Billing rules

CERT Error Categories

- Insufficient documentation
- No documentation
- Service incorrectly coded
- Medically unnecessary service
- Other



Decrease CERT Errors

- Educate staff
- Train coders/billers
- Submit correct information
 - Beneficiary name, social security number, Medicare number, date of service
- Submit legible and complete records
 - Dates, required signatures, etc.
- CERT Inquiries

CERT Inquiries

- jddmecert@noridian.com
- Email should include:
 - CERT Claim Identification (CID) – In Subject Line
 - Supplier name and address
 - Telephone number
 - Explanation of the issues, concern or question
- DO NOT send Protected Health Information (PHI)
- Response within 2 business days

Quick Look CERT Documentation Chart

	Ankle-Foot Orthoses (AFO)	Enteral Nutrition	Glucose Monitors & Supplies	Immuno-suppressive Drugs	Lower Limb Prostheses (LLP)	Manual Wheelchairs	Nebulizers & Supplies
Dispensing Order	X	X	X	X	X		X
Detailed Written Order	X	X	X	X	X	X	X

	Oxygen & Supplies	Positive Airway Pressure Devices & Supplies	Power Mobility Devices, Seating and Accessories	Transcutaneous Electrical Nerve Stimulation (TENS)
Dispensing Order	X	X		
Detailed Written Order	X	X		X
Detailed Product Description			X	
? Element Order			X	

<https://med.noridianmedicare.com/web/jddme/cert-reviews/cert/documentation-chart>



Resources and Reminders

Resources

- LCD/Policy Article
 - <https://med.noridianmedicare.com/web/jddme/policies/lcd/active>
- Supplier Manual
 - <https://med.noridianmedicare.com/web/jddme/education/supplier-manual>
- “Dear Physician” letters
 - <https://med.noridianmedicare.com/web/jddme/policies/physician-resources>
- Documentation Checklist
 - <https://med.noridianmedicare.com/web/jddme/policies/documentation-checklists>

New Supplier Curriculum

- General and policy specific
- Short presentations grouped by relevance
- Quiz at conclusion with certificate
- Great for new and existing suppliers
- Suppliers encouraged to view both general and policy specific curriculum

New Supplier Curriculum



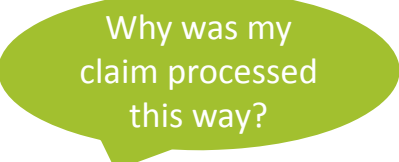
<https://med.noridianmedicare.com/web/jddme/topics/welcome>

Denial Code Guidance

- Each denial code webpage includes:
 - Claim adjustment reason code and description
 - Claim adjustment remark code and description
 - Common reason why Noridian uses that reason/remark code
 - Next step (re-file, redetermination, reopening, etc.)
 - How to avoid these types of denials
 - Applicable resources
- More pages to come!

A green speech bubble containing the text "Why did my claim deny?".

Why did my claim deny?

A green speech bubble containing the text "Why was my claim processed this way?".

Why was my claim processed this way?

<https://med.noridianmedicare.com/web/jddme/topics/ra/denial-guidance>

PECOS Requirement

- Claims may be denied if:
 - The ordering/referring physician is NOT in PECOS and eligible to order and refer
 - The ordering/referring physician is not of the specialty to order/refer
 - If the physician's name submitted on the claim does not match their name in PECOS
- <https://med.noridianmedicare.com/web/jddme/claims-appeals/claim-submission/pecos-edits>
- See how to avoid these claim denials by properly submitting the ordering physician name from the CMS PECOS Report
- Implemented January 6, 2014
- View the PECOS DME on Demand on our website!
 - <http://www.brainshark.com/noridian/vu?pi=zHlzqyKBpz87uMz0>

ICD-10 Questions?

- ICD-10 Implementation took place 10/1/15
- ICD-10 Resources
 - Noridian Medicare website
 - <https://med.noridianmedicare.com/web/jddme/topics/icd-10>
 - CMS website
 - <https://www.cms.gov/medicare/coding/icd10/index.html>
 - “Road to 10” website
 - www.roadto10.org

ALJ Appeal Status Info System (AASIS)

noridian
Healthcare Solutions

- Check the status of an ALJ appeal

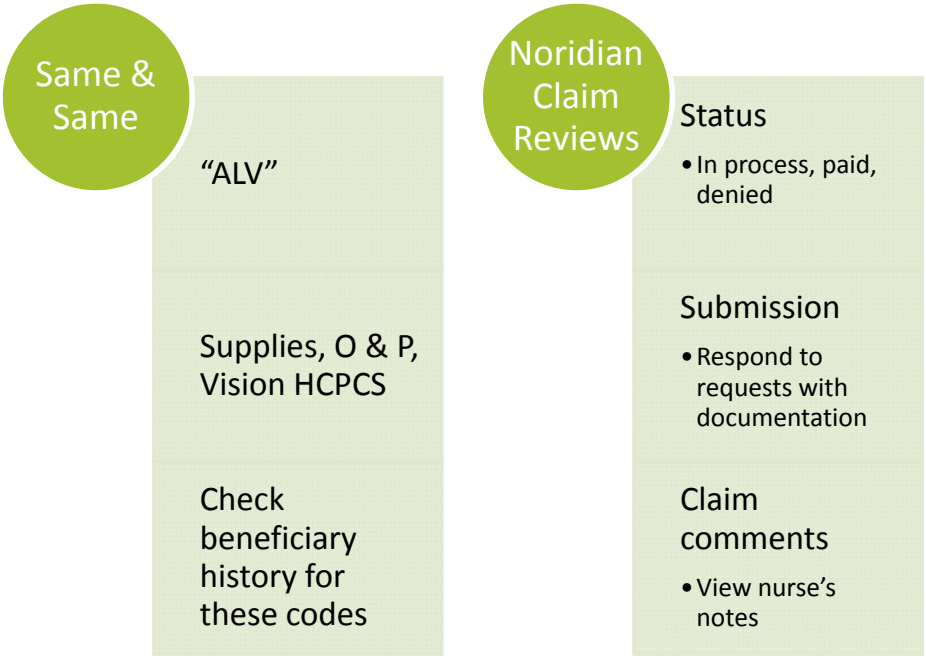
Enter Appeal Number(s) *

Enter up to 10 ALJ Appeal Numbers and/or Medicare Appeal Numbers (Reconsideration).
Please enter one per line pressing the enter key after each entry.

Please validate the following expression by entering the correct numeric value.
Question: What is six + seven ?

www.hhs.gov/omha/Appeal_Status_Lookup/index.html

What's New With Endeavor?



Email Updates

- Tuesday and Friday
- Latest updates and announcements
- Customizable
- Sign-up in the lower right corner of our new website! →



Website Survey



Thank you for visiting Noridian Medicare

Upon leaving our website, you may be selected to take part in a customer satisfaction survey. The feedback you provide will help Noridian Medicare enhance its site and serve you better in the future. All results are strictly confidential.

No thanks

Yes, I'll give feedback

This survey is conducted by an independent company ForeSee, on behalf of Noridian Medicare.



Customer Satisfaction Survey

IF YOU ARE USING A SCREEN READER, PLEASE SELECT THIS LINK

Thank you for visiting the Noridian Medicare website. You have been randomly selected to take part in this survey that is being conducted by ForeSee Results on behalf of Noridian Medicare. Please take a minute or two to provide us your opinions regarding the features of the Noridian Medicare website. The feedback you provide will help us enhance our site and serve you better in the future. If you have responded to this survey previously, we would appreciate any new comments you have regarding the changes implemented since your last survey response. All results are strictly confidential.

1: Please rate the ease of reading this site.

1=Poor	1	2	3	4	5	6	7	8	9	10=Excellent	Don't Know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2: Please rate the clarity of site organization.

1=Poor	1	2	3	4	5	6	7	8	9	10=Excellent	Don't Know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3: Please rate the degree to which the number of steps it took to get where you want is acceptable.

1=Poor	1	2	3	4	5	6	7	8	9	10=Excellent	Don't Know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4: Please rate the ability to find information you want on this site.

esMD

(Electronic Submission of Medical Documentation)

- esMD is the ability to transmit documentation electronically for review
- Who accepts documentation via esMD?
 - DME MAC (Noridian)
 - CERT
 - Recovery Auditor
 - ZPIC
- What types of requests can be sent via esMD?
 - Complex Medical Review & PMD PAR
- Find out more:

www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/index.html?redirect=/esmd

MREP

- Medicare Remit Easy Print
 - Free software!
 - View, search and print remits
 - Print and export reports
- CMS Brochure
 - www.cms.gov/MLNProducts/downloads/MedicareRemit_0408.pdf
- MREP Software
 - www.cms.gov/AccessstoDataApplication/02_MedicareRemitEasyPrint.asp

Medicare Learning Network (MLN)

- Guides
- Articles
- Educational Tools
- Booklets Brochures
- Fact Sheets
- Training Presentations
- Web-Based Training
- Special Initiatives
- Web Resources



www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html

Endeavor

Functions

- Eligibility
- Claim Status
- Same or Similar
- ALV
- Claim-Specific Remittance Advices
- Overpayments
- Reopening/Redetermination
- PMD Prior Auth Request Status
- ADR

Availability

- Eligibility
 - 24 hours/day, 7 days/week
- All other functions
 - 6 a.m. – 8 p.m. CT, Mon.– Fri.
 - 7 a.m. – 3 p.m. CT, Sat.

Provider Portal: Endeavor Login
Contact Us
Help

<https://med.noridianmedicare.com/web/jddme/topics/portal>

We Are Coming To You!

**Catch the JD Express to Medicare Success
in 2016**

**Watch the email listserv for registration
information!**

- Locations and dates to be announced soon!

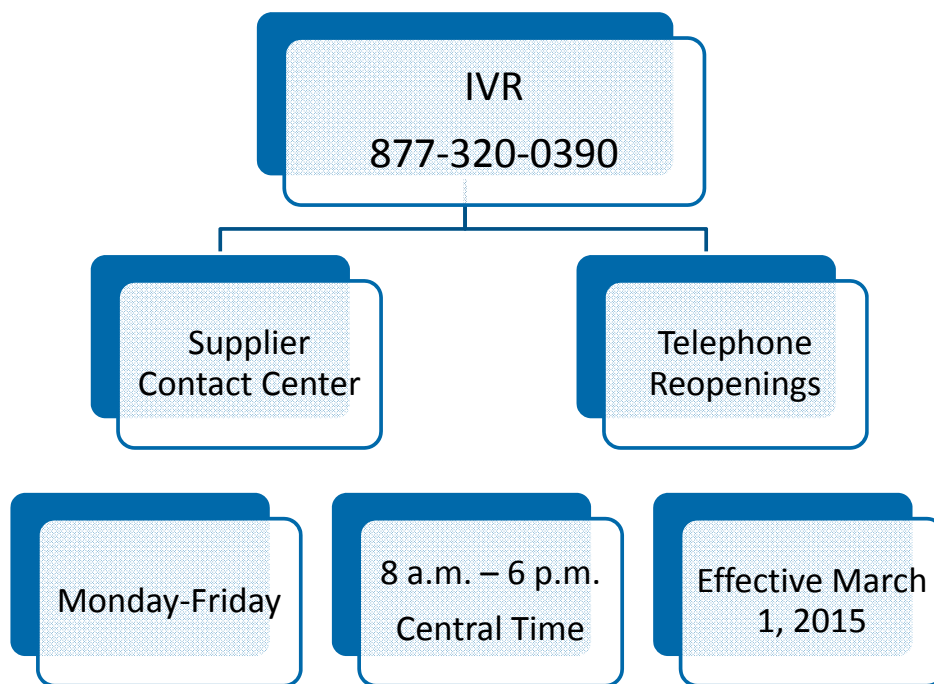


<https://med.noridianmedicare.com/web/jddme/education>

Education Opportunities

- Web-Based Workshops
- Q & A Sessions
 - 2nd Monday of each month @ 3 p.m. CT
- DME On Demand
- Education Request
- ACT
- <https://med.noridianmedicare.com/web/jddme/education>

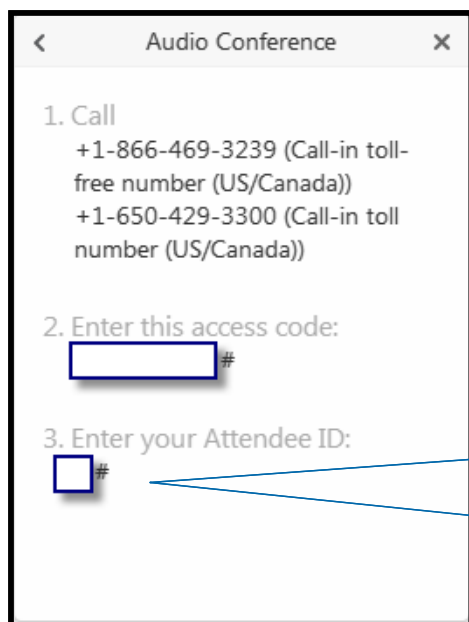
Single Toll Free Line



Beneficiary Contact Information

- Suppliers please use Noridian Contact Center number for supplier inquiries only
- Beneficiaries who need assistance can be directed to:
 - 1-800-Medicare (800-633-4227)
 - Question on claims and coverage of equipment
 - Social Security Administration (800-722-1213)
 - Update name/address, questions on premiums, Medicare entitlement
 - Benefits Coordination Recovery Center (800-999-1118)
 - Primary insurance information update

Have a Verbal Question?



< Audio Conference x

1. Call
+1-866-469-3239 (Call-in toll-free number (US/Canada))
+1-650-429-3300 (Call-in toll number (US/Canada))

2. Enter this access code:
 #

3. Enter your Attendee ID:
 #

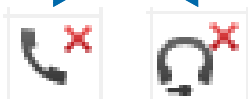
Be sure that you have entered the Attendee ID # on this screen to ensure you are correctly connected to the phone lines, which will allow you to ask verbal questions

Asking a Verbal Question

Click on
Participants tab
at top right



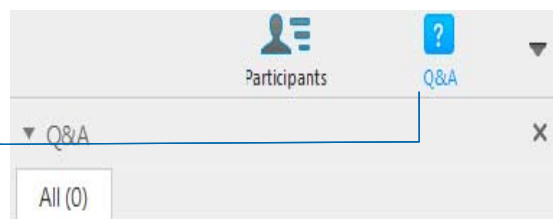
Must have a
phone or headset
by your name



Click on Hand
on bottom right

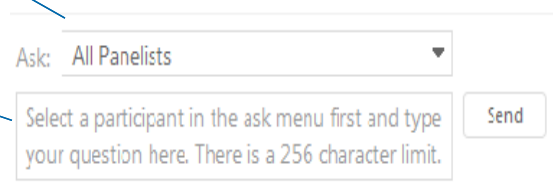
How to Ask a Written Question

Click on Q&A Tab



Address "All Panelists"

Type your question into box



noridian
Healthcare Solutions

Questions 



Thank you for attending!

Noridian Healthcare Solutions, LLC