

# DME Medicare News

DMERC Region A Service Office v P. O. Box 6800 v Wilkes-Barre, PA 18773-6800

No. 28

**METRAHEALTH**

May, 1996

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The Region A "DME Medicare News" is published by MetraHealth Government Operations DMERC Professional Relations Unit for DMEPOS suppliers in Region A. For further information on this publication, please contact:

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## Certificates of Medical Necessity - Revision

In response to comments from suppliers, version .02 Certificates of Medical Necessity (CMNs) have been revised. Most CMNs have been converted from two page CMNs to one page CMNs. However, DMERC 02.02A (Motorized wheelchairs) and 02.02B (Manual wheelchairs) remain as two page CMNs.

The revised CMNs have been given a HCFA form number (HCFA 841-853) in addition to the DMERC form number. The HCFA form number is in the bottom left corner of the form.

DMERC Form	HCFA Form	Items Addressed
01.02A	841	Hospital Beds
01.02B	842	Support Surfaces
02.02A	843	Motorized Wheelchairs
02.02B	844	Manual Wheelchairs
03.02	845	Continuous Positive Airway Pressure (CPAP) Devices
04.02B	846	Lymphedema Pumps (Pneumatic Compression Devices)
04.02C	847	Osteogenesis Stimulators
06.02	848	Transcutaneous Electrical Nerve Stimulators (TENS)
07.02A	849	Seat Lift Mechanisms
07.02B	850	Powered Operated Vehicles
09.02	851	Infusion Pumps
10.02A	852	Parenteral Nutrition
10.02B	853	Enteral Nutrition

The revised CMNs will be referred to by their HCFA form numbers. The DMERC form numbers are retained because they will continue to be used to identify the CMN on electronic claims submitted to the DMERC in the NSF format.

DMERC 08.02, the DMERC Information Form (DIF) for Immunosuppressive Drugs, has not been changed. Form 484 was not revised and continues to serve as the CMN for home oxygen therapy.

For electronic submitters, the revised CMNs will not require any change to the .02 version of the NSF format that was available beginning last summer. Vendors and other electronic billers will have to test the version .02 format with the DMERC if they haven't already done so.

HCFA forms 841-853 may be submitted with claims beginning immediately. Prior version .02 CMNs and version .01 CMNs are also temporarily acceptable. However, HCFA forms 841-853 will be required with claims received by the DMERC on or after 8/1/96. **Version .01 CMNs and prior version .02 CMNs will not be acceptable as certifying medical necessity with claims received on or after 8/1/96.**

Section A, which may be completed by suppliers, has been revised on all CMNs. Certain fields (e.g., warranty information) have been eliminated and other fields which previously required physician completion (e.g., physician name, address, UPIN and phone number) have been moved to Section A. The accompanying list of codes are those which require a CMN. These are the codes that should be listed in Section A of the CMN. CMNs must accompany claims for purchase of these items (including replacement), for the first month rental of equipment, for the initial provision of PEN nutrients and supplies, and for any required revised certifications or recertifications. Submitting CMNs when they are not required (e.g., subsequent months on rental items, oxygen, or PEN nutrients when there is no change in the order and no requirement for recertification) may cause claims processing problems/delays and is discouraged.

Section B may not be completed by the supplier on any version .02 CMN, including PEN CMNs. Section B may be completed by the supplier on version .01 PEN CMNs received prior to 8/1/96. Section B may be completed by the physician, the physician's employee or another clinician involved in the care of the patient (e.g., nurse, physical or occupational therapist, etc.) **as long as that person is not the supplier.** There are no changes to the questions in Section B of any CMN compared to the prior version .02 CMNs.

Section C reflects the requirements from the 1994 Amendments to the Social Security Act. It provides an opportunity for the ordering physician to review and confirm a detailed description of the items provided. It also indicates the supplier's charge and what the Medicare fee schedule allowance will be, if applicable. Section C contains a blank space that can be formatted in different ways. However the following guidelines must be met:

- The description of the item provided must include not only those items listed in Section A of the CMN, but also any accessories, options, supplies or drugs which are related to the item and which are provided by the supplier. There should be a narrative description for each related item billed on a separate claim line. The exact HCPCS descriptor is not required; a reasonable, abbreviated descriptor may be substituted.
- For every item listed, the supplier must always specify their submitted charge. For purchased equipment, accessories and options, the full charge must be specified. For rental equipment, accessories and options, the supplier must specify "per month" or "/month." For accessories, supplies nutrients, or drugs which are replaced regularly, the supplier must specify what time span the charge represents - e.g., per day, per week, per month, etc.
- The supplier must list the Medicare fee schedule amount for each item, accessory and option, if applicable. The fee schedule allowance should reflect the same time span and quantity used in the submitted charge column. If the Medicare allowed amount is determined by methods other than a fee schedule (e.g., for drugs, parenteral and enteral nutrients, PEN supplies, miscellaneous codes, etc.), an NA (not applicable) should be put in the Medicare allowed charge column.

Samples of Section C formats are given in Examples 1 and 2. Suppliers may use other formats as long as the required information is presented.

At this time, with form 484 for home oxygen therapy, suppliers will not be required to list their submitted charges and Medicare fee schedule allowances on a separate sheet. HCFA will be initiating revisions to the 484 which will contain a Section C similar to forms 841-853. When this revision is complete, and the form has been cleared by the Office of Management and Budget (OMB), suppliers will be required to list submitted charges and fee schedule allowances in Section C.

Satisfactory completion of Section C will be assessed in post-payment audits. Civil monetary penalties can be assessed for failure to comply.

Section D contains the physician's attestation statement, physician's signature, and date. Claims submitted with CMNs lacking a physician signature will be denied. Suppliers billing electronically must indicate presence of the physician's signature in the usual way.

Camera ready copies of HCFA forms 841-853 are enclosed. The CMN sent to the physician must be a two-sided CMN with instructions on the back. Because these forms have been approved by the Office of Management and Budget (OMB), when a CMN is submitted with a paper claim, the hard copy CMN must be an exact reproduction of the HCFA form. However, when the CMN is submitted electronically, the font on the hard copy CMN which the supplier retains in their files may be modified as follows: Pitch may vary from 10 characters per inch (cpi) to 17.7 cpi. Line spacing must be 6 lines per inch. Further, each CMN must have a minimum 1/4 inch margin on all four sides. However, without exception, these modified hard copy forms must contain identical questions/wording to the HCFA forms, in the same sequence, with the same pagination, and identical instructions/definitions printed on the back. CMN question sets may not be combined.

The original CMN must be retained in the supplier's file and be available to the DMERC on request. When CMNs are submitted hard copy, the supplier must include a copy of only the front side(s). When CMNs are submitted electronically, only information from sections A, B, and D is required.

The CMN can serve as the physician order if the narrative description is sufficiently detailed. This would include quantities needed and frequency of replacement on accessories, supplies, nutrients and drugs.

For items requiring a written order on hand prior to delivery (air fluidized beds, TENS, POVs, seat lift mechanisms), suppliers may utilize a completed and physician-signed CMN for this purpose; otherwise, a separate order, in addition to a subsequently completed and signed CMN would be necessary.

## Section C Examples

### Example 1

Item	HCPCS Codes	Description
A	K0004	High strength, lightweight wheelchair.
B	K0195	Elevating leg rests, pair.
C	K0028	Fully reclining back.
D	K0025	Hook-on headrest extension.
E	K0020	Fixed, adjustable height armrests, pair.

Item	Quantity	Supplier's Charge	Medicare Fee Schedule Allowance
A	1	\$115.00/Month	\$110.31/Month
B	1	\$ 11.00/Month	\$ 9.95/Month
C	1	\$428.93	\$407.60
D	1	\$ 60.00	\$ 56.90
E	1	\$ 45.00	\$ 40.82

### Example 2

Item	HCPCS Codes	Description
A	E0781	Ambulatory infusion pump
B	K0111	Supplies for external drug infusion pump, per cassette or bag.
C	K0110	Supplies for maintenance of drug infusion catheter, per week.
D	J2270	Morphine Sulfate, 10 mg.

Item	Quantity	Supplier's Charge	Medicare Fee Schedule Allowance
A	1	\$747.30/Month	\$235.28/Month
B	3/Week	\$153.30/Week	\$121.44/Week
C	1/Week	\$ 30.00/Week	\$ 20.39/Week
D	168/Week	\$300.00/Week	N/A *

\*An N/A (not applicable) entry means that Medicare payment will be determined by a method other than a fee schedule. An N/A does not indicate that Medicare will deny the item.

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## List of HCPCS Requiring a CMN or a DIF

These are the codes which require a CMN/DIF and that should be listed in Section A of the CMN/DIF. The description of related additional items must also be listed in Section C of HCFA forms 841-853. For narrative description(s), refer to the HCPCS Section of the Supplier Manual.

B4150	B9000	E0434	E0673	J7510	K0048	XX034	XX058
B4151	B9002	E0439	E0720	J7599	K0053	XX035	XX059
B4152	B9004	E0441	E0730	K0001	K0101	XX036	XX061
B4153	B9006	E0442	E0731	K0002	K0106	XX037	XX062
B4154	E0194	E0443	E0747	K0003	K0119	XX038	XX064
B4155	E0250	E0444	E0748	K0004	K0120	XX039	XX065
B4156	E0251	E0601	E0776	K0005	K0121	XX040	XX066
B4164	E0255	E0627	E0781	K0006	K0122	XX041	XX068
B4168	E0256	E0628	E0791	K0007	K0123	XX042	XX069
B4172	E0260	E0629	E1230	K0008	K0124	XX043	XX070
B4176	E0261	E0650	E1400	K0009	K0125	XX044	XX071
B4178	E0265	E0651	E1401	K0010	K0166	XX045	XX073
B4180	E0266	E0652	E1402	K0011	K0167	XX046	XX074
B4184	E0290	E0655	E1403	K0012	K0193	XX047	XX075
B4186	E0291	E0660	E1404	K0013	K0195	XX048	XX076
B4189	E0292	E0665	E1405	K0014	K0284	XX049	XX077
B4193	E0293	E0666	E1406	K0016	K0412	XX050	XX078
B4197	E0294	E0667	J2920	K0017	K0417	XX051	XX079
B4199	E0295	E0668	J2930	K0018	XX010	XX052	XX080
B4216	E0296	E0669	J7503	K0020	XX030	XX053	XX081
B5000	E0297	E0670	J7507	K0028	XX031	XX055	XX082
B5100	E0424	E0671	J7508	K0046	XX032	XX056	XX083
B5200	E0431	E0672	J7509	K0047	XX033	XX057	XX084

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# CMN Cover Letters

The following guidelines on cover letters that are used with CMNs replace prior guidelines published in the December 1995 issue of Region A's "DME Medicare News" Newsletter.

The Social Security Act was amended in 1994 to specify the types of information that suppliers may provide to physicians in a CMN. These are limited to: an identification of the supplier and beneficiary, a description of the equipment and supplies being ordered, procedure codes for the equipment and supplies, and other administrative information, not related to the medical condition of the patient.

It is not HCFA's or the DMERC's intent to restrict necessary communication between the supplier and the physician. Cover letters can be used as a way for suppliers to communicate with physicians. The information contained in the cover letters should address issues relating to HCFA or carrier regulation/policy changes, brief descriptions of the item(s) being provided, and changes in the patient regimen.

It is HCFA's intent to prohibit suppliers from inappropriately influencing the physician's order or instructing the physician regarding what is medically necessary. While suppliers may verify the physician's original order, they may not change the substance of the physician's order or other information furnished by the physician, or add Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items without explicit, documented instructions from the physician. The DMERCs may request to review the information provided in cover letters, in order to ensure that a supplier is in compliance with the law.

Providing answers to questions on CMNs or unilaterally changing any aspect of the physician's description of the patient's diagnosis would be considered violations of the statute.

The following are examples of the types of information that would be appropriate to include in cover letters:

- Explanations of the sections of the form that the physician must complete (e.g., "complete sections B and D"), and/or specific questions that the physician must answer;
- Where to send the CMN when they have completed it and how soon they need to do this;
- A copy of test results or reports (e.g., blood gas report, wheelchair evaluation, discharge summary, nurses notes, etc.) obtained from a hospital, laboratory, outpatient facility, etc.; and
- A direct quote from the Medicare policy (e.g., "A wheelchair is covered if the patient's condition is such that without the use of a wheelchair he/she would otherwise be bed or chair confined").

Section C of the CMN was designed not only to provide the physician with charge information but also to function as a confirmation of the physician's order. However, if suppliers wish to duplicate physician order information in a cover letter, they should feel free to do so.

**SAMPLE FORMS:**

**DMERC 01.02A**

**DMERC 01.02B**

**DMERC 02.02A**

**DMERC 02.02B**

**DMERC 03.02**

**DMERC 04.02B**

**DMERC 04.02C**

**DMERC 06.02B**

**DMERC 07.02A**

**DMERC 07.02B**

**DMERC 09.02**

**DMERC 10.02A**

**DMERC 10.02B**