Introduction

Good afternoon everyone and welcome to the CGS, Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor, Glucose Monitor and Supplies Ask-the-Contractor Teleconference. My name is Nina Gregory and I am a Provider Outreach and Education Sr Analyst with CGS and will be facilitating today’s call. Other CGS staff is with me this morning to assist with questions.

This call is being recorded. Within a couple weeks, the call transcript will be published to the CGS website. A listserv message will be sent advising when the documents are available, it is important that you and all of your staff are signed up to receive the CGS Jurisdiction B DME MAC listserv messages. This can be completed by visiting our website at http://www.cgsmedicare.com. Once you are on the JB DME home page, at the very bottom lower left hand side of the page (in grey) under the word Utilities. You will see “join/update listserv,” click on this. You will then fill in the required information to sign up to receive a listserv message for each contract you choose.

The objective of today’s teleconference is to provide information regarding updates and issues regarding glucose monitor and supplies. We will open the phone lines to take your questions regarding the Glucose Monitor policy after providing you with some information.

Glucose Monitor and Supplies Audits

CGS has been conducting clinical Medical Reviews and nonclinical, technical reviews on glucose supplies. Both of these reviews documented the highest errors due to claims billed for over-utilization per the policy parameters. The policy has specific utilization guidelines and the documentation required in order for the medical necessity to be met for over-utilization. The medical record must be available upon request and must support the need to test over the normal parameter per the policy. The second most common error for a complex review is that no medical record documentation is received at all. Suppliers are required to provide the supporting documentation requested upon receipt of an additional documentation request (ADR) letter.

The normal testing parameters for beneficiaries is outlined in the Glucose Monitor policy and policy article. In order for Medicare to cover diabetic testing over the normal parameters as outlined in the policy the beneficiary must be seen by their treating physician and evaluated for their diabetes control within 6 months prior to the order and have documentation regarding the specific reason for the additional supplies in the medical record. The medical record documentation must document either a specific narrative statement that adequately documents the frequency at which the beneficiary is actually testing or a copy of the beneficiary’s log demonstrating that the beneficiary is actually testing at the frequency ordered must be present at a minimum every six months.

Suppliers are strongly encouraged to work closely with your referral sources and provide literature to help assist in your efforts to ensure the beneficiary does meet coverage criteria for the items ordered and provided. CGS has a few ways to help with this process. On the CGS website under Medical Review then Medical Review Resources you will a documentation checklist for Glucose Monitors and Supplies. You will also be able to obtain a copy of the Dear Physician Letter to provide to your referral sources. You can also obtain a copy of the Dear Physician Letter under the Education tab as well as sign up for future webinars, watch the “Glucose Monitors Policy Pearls” Medicare Minute video and find policy specific or general documentation articles under the Policy Education tab.

MR Wizard

If you have received a complex review on a glucose claim and received a denial on or after November 1, 2016, you are able to view the reason for the claim denial in MR Wizard eliminating the need to contact the customer service department. MR Wizard can also be found on the CGS website under Medical Review. Simply enter your 14-digit Claim Control Number (CCN) in the online form on the website to instantly access important denial, education, and additional documentation request status.
Glucose Monitor and Supplies CERT

Glucose continues to be a top policy in error for claims denied by the Comprehensive Error Rate Testing (CERT) contractor. As previously mentioned, the top reason for denial is documentation to support the diabetic management in the medical records is missing. Proof of delivery is another common reason for denial. There must be documentation regarding proof of delivery for each claim submitted to Medicare and the documentation must have all the required elements per the Supplier Manual and Standard Documentation Language. Please make sure to review these requirements to reduce supplier controlled errors. Another error we are still seeing is when the KS modifier indicating the beneficiary is non-insulin dependent is being appended to the claim instead of the KX modifier. Upon review of the medical records it is determined the beneficiary is an insulin dependent diabetic requiring the KX modifier to be appended to the claim. These errors will not be corrected for you, please make sure you are checking with your beneficiaries about their diabetic status prior to submitting an improper claim.

Conclusion

Before we open the telephone lines for questions, I would like to remind everyone that we cannot answer questions specific to individual claims. If you have a claim specific question please contact the Provider Contact Center at 1.866.590.6727, or if the information can be obtained via the IVR, contact the IVR at 1.877.299.7900. Due to the number of participants dialed in, we are limiting each caller to one question at a time. We are now ready to begin the question and answer portion of the call. Bear with me for a moment as we prepare the lines and queue your questions.

Question and Answer Section

Greg: Hi, yes. CMS issued a ruling on January 12, 2017 stating that Continuous Glucose Monitors were covered in the Medicare benefit but those claims are still being denied. I was wondering when you guys plan to issue guidance on how those should be coded and billed.

Nina: That's a good question. The medical directors have been working on the policy and the information regarding that issue and that information should be coming out within the next few weeks. Please make sure to watch for your listserve messages.

Beverly: Hi, the ACA 6407 requires for the diabetic supplies a 5EO and face-to-face visit 6 months before dispensing, is it only for the glucose monitor since it's the only thing on the ACA or the supplies? We don't dispense the glucometers; do we have to have those items before we dispense the supplies?

Nina: That's a good question Beverly. For the Affordable Care Act (ACA) 6407 the glucose monitor is the only item in the glucose policy that is on the ACA. Yes, you do have to obtain a 5EO with the five specified elements prior to dispensing the glucose monitor and the in-person visit must occur within 6 months prior to your 5 element order as well.

Beverly: But if we didn’t dispense the monitor, they got it from another supplier and we are just doing the supplies or we do refills of the supplies. Does is apply to the supplies or just to the monitor?

Nina: The 5EO or ACA provisions are only for the monitor. It is strongly suggested to make sure the other supplier does meet the ACA provisions for the monitor. If we were to audit the monitor and the monitor was to deny then we would not cover the supplies. The benefit is based on payment of the DME equipment itself.

Beverly: Ok, thank you.

Ending

If you have not had the opportunity to ask a question, please contact the Provider Contact Center at 1.866.590.6727.

On behalf of CGS, I would like to thank you for participating in today’s ACT call. It has been a pleasure to speak with each and every one of you and to help with your questions. The transcript will be posted to our website within a couple weeks. Watch your listserve messages for information regarding when this information is available and information on other upcoming education opportunities. Thank you all and have a good day!