Jurisdiction B & C DME MAC POE O&P

Advisory Group Meeting Minutes

Meeting date and time: February 22, 2022, 1:00 - 2:00 p.m. ET

Facilitator: Judie Roan, JC POE Senior Analyst

Additional CGS Staff: Rachel Sinclair

Advisory Group Members: Aaron Sorenson, Danielle Sparks, Jane Talley, Joyce Ardrey, Maggie Kling, Stephanie Green, Kimberly Hanson, Jamie Tidwell, Jim Kaiser

Agenda

I. Roll Call, New JB Members, & Purpose
II. Suggestions – Last Meeting
III. Updates & Changes
IV. Educational Feedback
V. Online Tools & Spotlight
VI. Upcoming Events & 2022 Educational Planning
VII. Feedback & Suggestions
VIII. Open Discussion

I. Roll Call & Purpose

Judie welcomed the group, introduced new members, and then reviewed the purpose of the advisory group:

- The primary function of the Orthotics and Prosthetics (O&P) Provider Outreach and Education (POE) Advisory Group is to assist CGS in the creation, implementation, and review of provider education strategies and efforts.
- The advisory group provides input and feedback on training topics, educational materials, and dates and locations of provider education workshops and events.
- The group also identifies relevant provider educational issues and provides recommendations of how to effectively distribute the information to all appropriate suppliers and their staff.

II. Suggestions

Judie provided an update on the suggestions from the last meeting.

Suggestion: Improve the annual myCGS renewal process.

Response: Improvements to the renewal process have been implemented with version 7.2 in 2021.

Judie then provided additional information regarding what's new with myCGS 7.2 including:

- 100% of the registration process is now built into myCGS directly—no more physical registration forms!
- Removal of Authorized Officials from the myCGS registration process. Designated Approvers (Das) can now register directly in myCGS without the need to have their company's Authorized Official involved.
- Streamlined registration process for both DAs and End Users, making it easier than ever to register for myCGS.
- A new self-recertification process for DAs.
- A redesign of the Recertification screen used by DAs to recertify their End Users, which makes it simple and easy to recertify a large number of users at once.
- Recertification will now only be needed every 365 days instead of every 90 days (beginning after the next recertification).
  - JB: https://www.cgsmedicare.com/jb/pubs/news/2021/11/cope23986.html
  - JC: https://www.cgsmedicare.com/jc/pubs/news/2021/11/cope23986.html

Suggestion: In myCGS, can the physician who ordered the item, or the diagnosis code, be added to items to assist with same and similar?

Response: This question is currently being researched and prioritized.

Suggestion: Host a website navigation webinar.

Response: There is a general CGS website tutorial located at: https://www.cgsmedicare.com/videos/web_tutorial.html, and a DME MAC specific webinar/tutorial is in process.

Suggestion: Add pre-claim review for custom fitted and custom fabricated orthotics.

Response: This suggestion has been shared with the Medical Review (MR) management team and is currently being researched. Judie referred the members to the master list of items that maybe subject to prior authorization in the future (https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Downloads/FINAL-RULE-MASTER-LIST-of-DMEPOS-Subject-to-Frequent-Unnecessary-Utilization-2018-03-30.pdf).

Judie provided information regarding CGS Connect for orthoses, this program is moving forward, and additional information will be provided as soon as it is available, Judie then provided information regarding prior authorization in the updates section of the meeting.

III. Updates & Changes

Judie provided information regarding the CMS announcement of the the selection of certain lower limb orthoses, lumbar sacral orthoses, and power mobility devices to be subject to required prior authorization, beginning April 13, 2022

- CMS selected five HCPCS codes (L0648, L0650, L1832, L1833, and L1851) subject to required prior authorization.

Implementation of this requirement will be completed in three phases:

- Phase one begins April 13, 2022, in New York, Illinois, Florida, and California.
- Phase two begins July 12, 2022, in Maryland, Pennsylvania, New Jersey Michigan, Ohio, Kentucky, Texas, North Carolina, Georgia, Missouri, Arizona, and Washington

- Phase three begins October 10, 2022, in all remaining states and territories
- Information is available at: Prior Authorization Process for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items | CMS (https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Prior-Authorization-Process-for-Certain-Durable-Medical-Equipment-Prosthetic-Orthotics-Supplies-Items#policygroups)

  A member asked if, regarding acute and emergency conditions and if there can be a retroactive prior authorization Judie responded that there is discussion regarding this topic, but no final information has been provided at this time. She also stated that when information is available it will be added to our website.

  A member asked if it will also affect the custom fitted codes, Judie states that only the L0648, L0650, L1832, L1833, and L1851 will require prior authorization.

Judie then reviewed the items that will require a face-to-face (F2F) encounter and written order prior to delivery (WOPD) as a condition of payment. Effective April 13, 2022, CMS had selected items beyond Power Mobility Devices (PMDs) that require a F2F encounter and WOPD as a condition of payment. There are seven non-PMD items to be subject to a F2F encounter and WOPD.

- Six orthosis codes - L0648, L0650, L1832, L1833, L1851, L3969

She reviewed that a practitioner visit is required within six months preceding the order.

- The encounter must be used to gather information associated with the condition for which the item is ordered.
- The F2F encounter must be documented in the medical record
  - The supporting documentation must include subjective and objective, beneficiary specific information used for diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered.
- If the encounter is performed via telehealth, the requirements for telehealth services (https://www.ecfr.gov/cgi-bin/text-idx?SID=6e06827438f8f30fa7fbc12acf20732b&mc=true&node=pt42.2.410&rgn=div5%23se42.2.410_178) and payment for telehealth services (https://www.ecfr.gov/cgi-bin/text-idx?SID=0633f2eef4266870a4b409e5f902380d&mc=true&node=pt42.3.414&rgn=div5) must be met.
- A supplier must maintain the written order and the supporting documentation must be available upon request. Additional information is available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment

A member asked what is considered a valid telehealth? Judie stated that you could confirm with the physician if they billed a valid telehealth visit.

Judie then also stated that information regarding the WOPD and F2F is available in the Article - Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426) (https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426)

IV. Educational Feedback & Online Tools

Judie asked if anyone attended webinars, workshops, association meetings, councils, or the Ask-the-Contractor Teleconferences (ACTs).

- Members stated that that numerous staff have attended webinars and stated they were excellent and very informative
- A member asked if there will be in-person workshops in 2022, Judie stated that POE has received information regarding in-person workshops and that additional information will be forthcoming.
- A member attended the ACT and found it very informative

Judie then asked if the members used any online tools.

- Numerous members stated they used myCGS, one member stated that they utilized the documentation checklists to educate physicians, and it has been very beneficial, and some physicians are going to include the information in their medical records to confirm that all of the Medicare requirements are addressed.

V. Online Tool Spotlight

Judie reviewed the Claim Denial Resolution tool in the spotlight:

- JB: Claim Denial Resolution Tool (https://www.cgsmedicare.com/medicare_dynamic/jb/claim_denial_resolution_tool/search.aspx)
- JC: Claim Denial Resolution Tool (https://www.cgsmedicare.com/medicare_dynamic/jc/claim_denial_resolution_tool/search.aspx)

Judie also provided information on additional online resources, including the Online Education Portal, Encore webinars, and the new Listen and Learn.

VI. Upcoming Events & Educational Planning

Judie provided members with the upcoming webinar schedule through March and the collaborative A/B DME and DME MAC webinars. She then asked for suggestions and feedback for the educational plan for 2022.

VII. Feedback & Suggestions

Judie asked the group if they have feedback or suggestions regarding anything we have discussed or any other topics.

- A member asked if CGS hosts any upper limb webinars.
  - Judie stated that since there is no NCD, LCD, or PA, CGS does not host upper limb-specific webinars. However, the general orthoses or prostheses criterion must be met in addition to the standard documentation requirements (standard written order (SWO), proof of delivery, etc.). Therefore, Judie suggested attending the Documentation Requirements webinar series.

VII. Open Discussion

Judie asked if there was anything for open discussion.

A member stated the issue with beneficiaries requesting redeterminations for claims with ABNs and the ABN is not being requested from the supplier. Judie asked that they provide examples, and she will send to the Appeals department.

The meeting was adjourned.