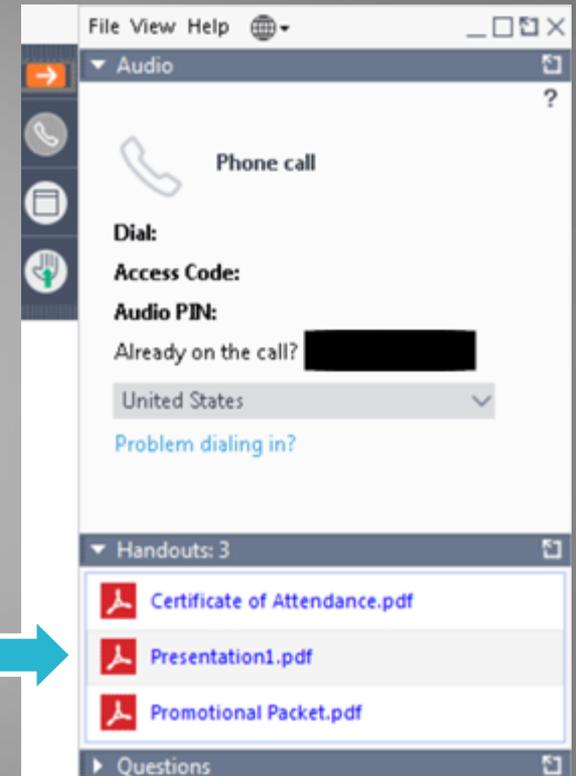


# TODAY'S PRESENTATION

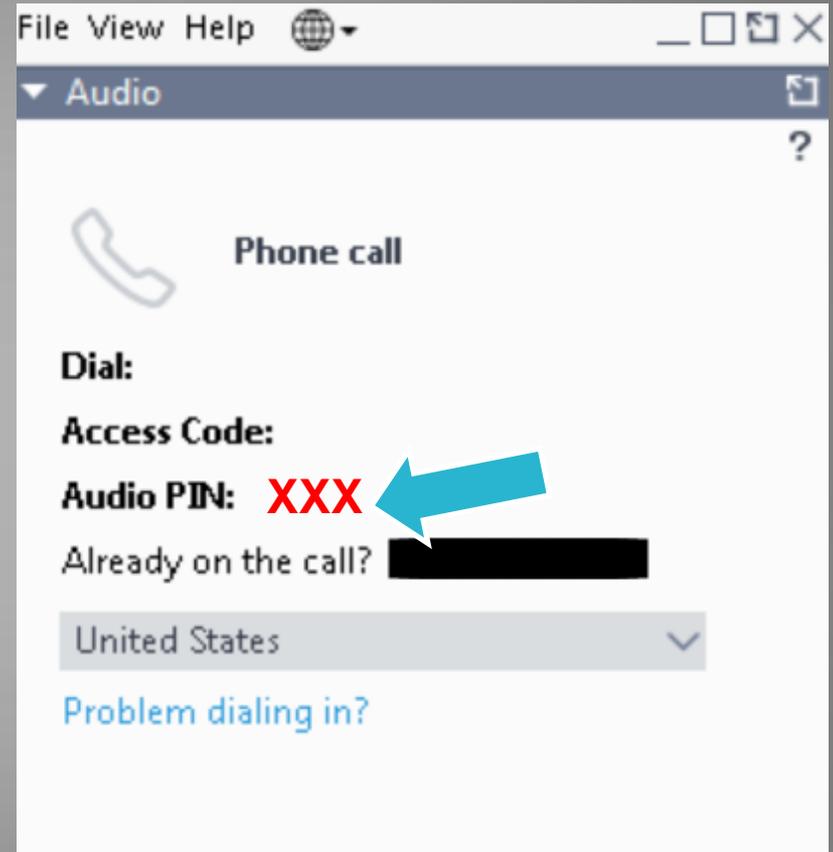
- Once you are connected to the webinar, select **Handouts**
- Select the file to download the presentation, Certificate of Attendance, and/or the Promotional Packet



# AUDIO

Once you are connected to the audio, the PIN displays

- Input the PIN on your screen into your telephone
- Dial-in number and PIN are unique for each attendee



# QUESTION BOX

To ask a question in the question box . . .

The screenshot shows a software interface with a 'Phone call' section and a 'Questions' section. The 'Phone call' section includes fields for 'Dial:', 'Access Code:', and 'Audio PIN:', along with a dropdown menu for 'United States' and a link for 'Problem dialing in?'. The 'Questions' section features a text input field with the placeholder text '[Enter a question for staff]' and a 'Send' button. Two teal arrows point from the text 'Type it here.' to the input field and from 'Hit send.' to the Send button.

Type it here.

Hit send.

# Disclaimer

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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.

The DME MAC CERT Outreach and Education Task Force has produced this material as an informational reference for providers furnishing services in our contract jurisdictions. The CERT Task Force employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov>.





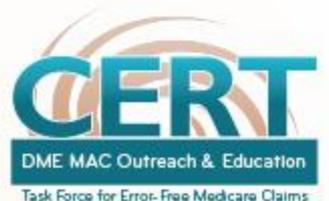
# Together We Can Reduce CERT Errors

**DME CERT Outreach and Education Task Force  
Surgical Dressings  
National Webinar – June 15, 2022**

# Today's Webinar Moderators and Presenters

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- Jurisdiction A and D: Ruth Reese
- Jurisdiction B and C: Belinda Yandell



# Agenda

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- Overall 2021 CERT Error Results
- Coverage Criteria for Surgical Dressings
- Documentation Requirements
- Questions



# CERT Errors



# Comprehensive Error Rate Testing (CERT)

## 2021 Improper Payment Rates and Projected Improper Payment

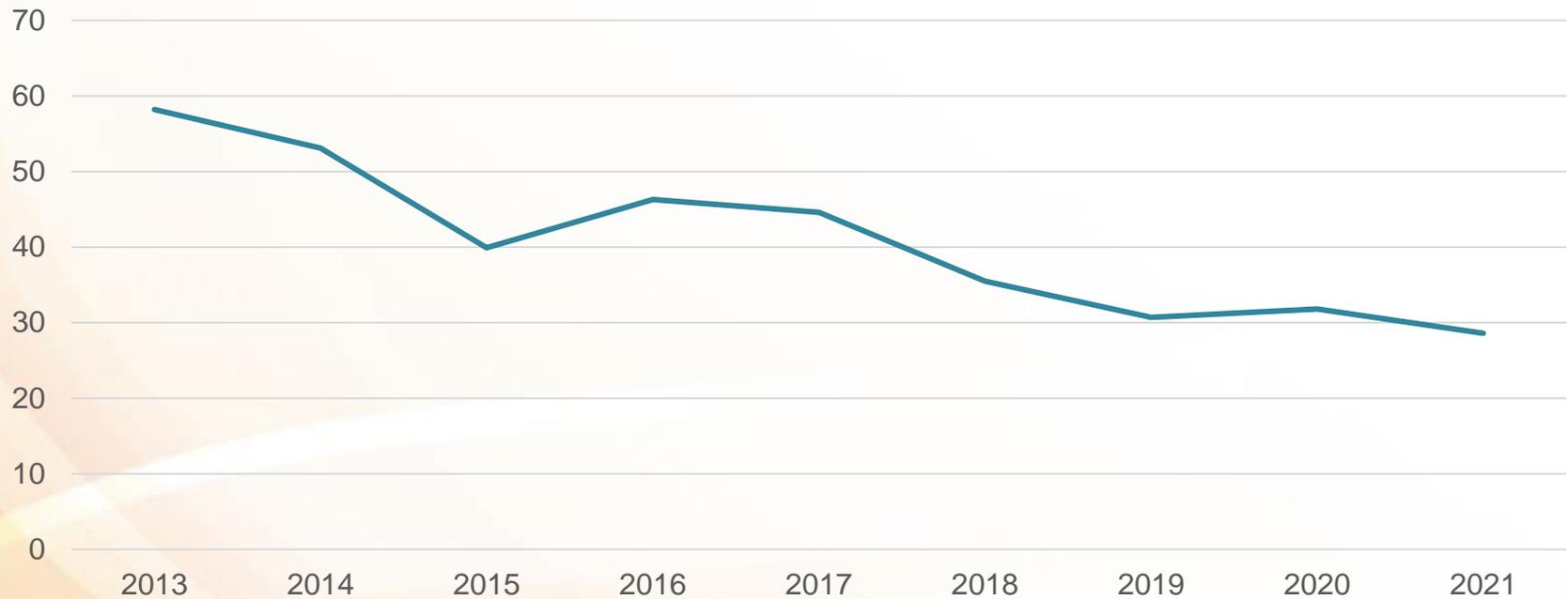
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Improper-Payment-Measurement-Programs/CERT>

Service Type	Improper Payment Rate	Projected Improper Payment Amount
Overall	6.26%	\$25.03 B
<b>DMEPOS</b>	<b>28.64%</b>	<b>\$2.38 B</b>
Part A (excluding Hospital Inpatient Prospective Payment System (IPPS))	6.31%	\$11.58 B
Part A (Hospital IPPS)	2.39%	\$2.58 B
Part B Providers	8.49%	\$8.5 B



# DMEPOS Improper Payment Rate All DME MAC Trend

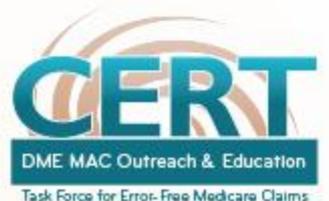
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# Top Root Causes of Insufficient Documentation Errors in DMEPOS

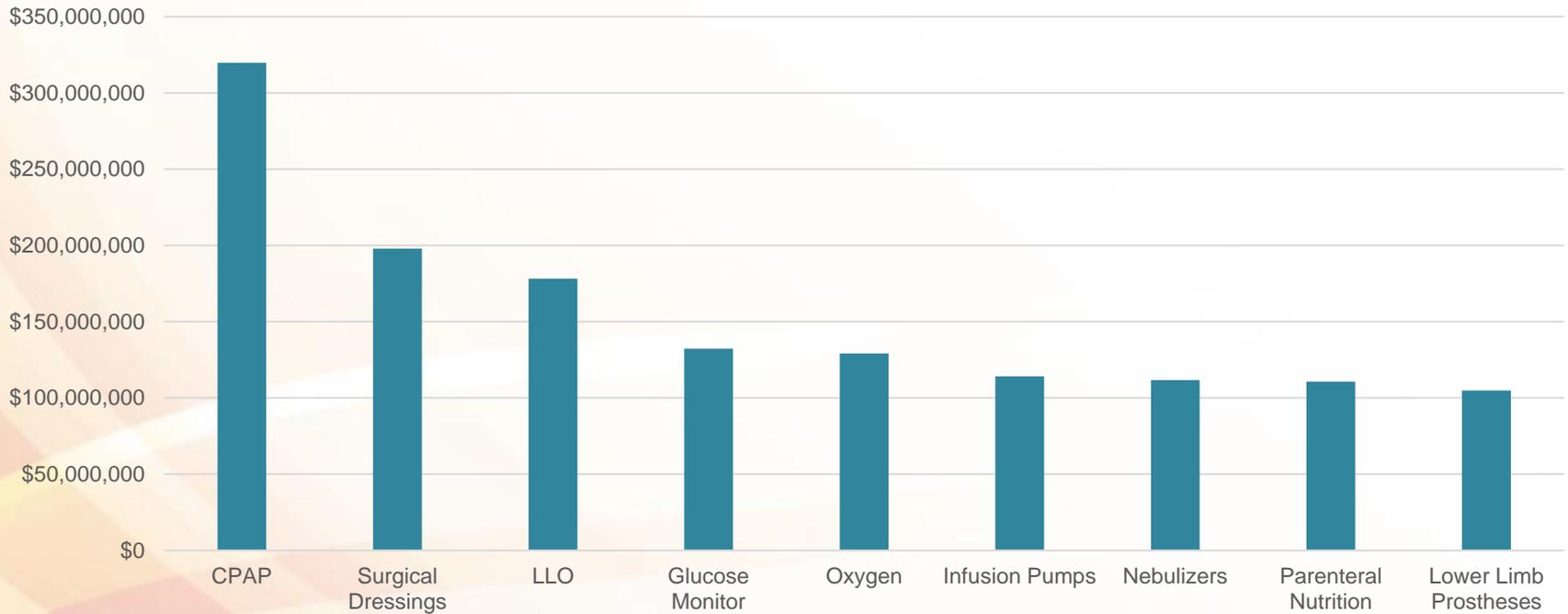
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- Orders – Missing or inadequate
- Documentation to support coverage criteria – Missing or inadequate
- Proof of delivery – Missing or inadequate



# Top Service Types with Highest Improper Payments: DMEPOS

Projected Improper Payments



# Improper Payment Rates for Surgical Dressings

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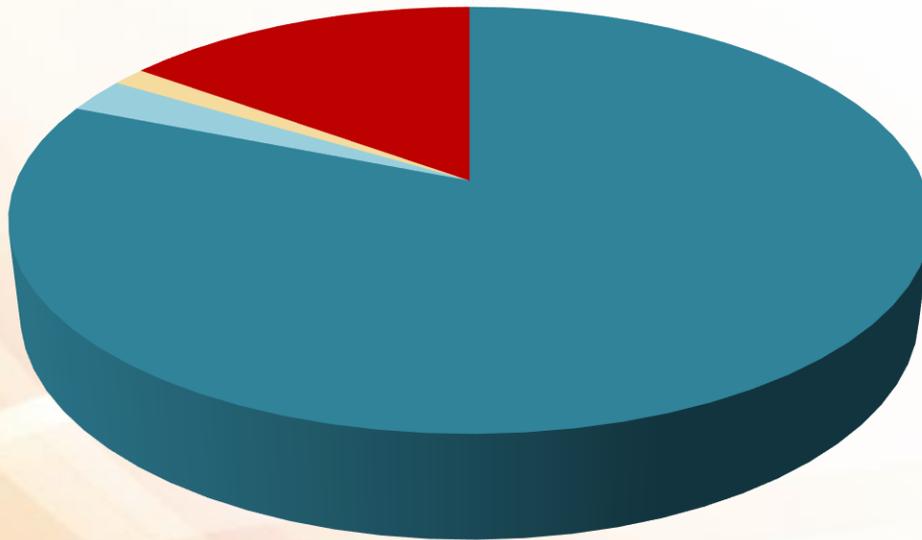
- November 2021 report included claims submitted between July 1, 2019 through June 30, 2020.
- Number of surgical dressings claims reviewed by the CERT contractor during this reporting period: 314
- Overall error rate for surgical dressings: 69.7%
- Surgical Dressings projected improper payments: \$197.9M



# 2021 CERT Data: Surgical Dressings Errors

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Surgical Dressings Errors



- Insufficient Doc
- Medical Necessity
- Incorrect Coding
- Other

# Surgical Dressings

## Current CERT Error Trends

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- Insufficient or missing wound management documentation:
  1. Information regarding the location, number, and size of qualifying wounds being treated with a dressing
  2. Whether the dressing is being used as a primary or secondary dressing or for some noncovered use (e.g., wound cleansing)
  3. Amount of drainage
- Missing or incomplete proof of delivery
- Order missing or inadequate
- Refill request missing



# CERT Documentation Requests

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- Documentation may be submitted the following ways:
  - **Fax:** 804.261.8100
    - Use the barcoded cover sheet as the only coversheet.
    - Do not add your own cover sheet as this slows down the receipt and identification process.
    - Send a separate fax transmission for each individual claim.
  - **Mail:** CERT Documentation Center  
8701 Park Central Drive, Suite 400-A  
Richmond, VA 23227
  - **Electronic Submission of Medical Documentation (esMD):**
    - Include a CID# (Claim ID number) and the barcoded cover sheet in your file transmission.
    - Information on esMD can be found at <https://www.cms.gov/esMD>.

*(continued on next slide)*



# CERT Documentation Requests

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- **Via CD:**

- The images should be encrypted per HIPAA security rules.
- If encrypted, the password and CID# must be provided via email to [CERTMail@nciinc.com](mailto:CERTMail@nciinc.com) or via fax to 804.261.8100
- Must contain only images in TIFF or PDF format.

- **Via Email Attachment:**

- The email attachment(s) should be encrypted per HIPAA security rules.
- If encrypted, the password and CID# must be provided via phone to 888.779.7477 or via fax to 804.261.8100
- Must contain only attachments in TIFF or PDF format.



# CERT Contact Information

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## ■ CERT Documentation Center

- Customer Service: 443.663.2699
- Toll Free: 888.779.7477
- Email: [certprovider@nciinc.com](mailto:certprovider@nciinc.com)
- Website: <https://c3hub.certrc.cms.gov/>

## ■ DME MAC CERT Resources

- JA: <https://med.noridianmedicare.com/web/jadme/cert-reviews/cert>
- JB: <https://www.cgsmedicare.com/jb/claims/cert/index.html>
- JC: <https://www.cgsmedicare.com/jc/claims/cert/index.html>
- JD: <https://med.noridianmedicare.com/web/jddme/cert-reviews/cert>



# Appeal Rights from CERT Audits

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- 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 (MRA) statement.
- 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 MRA.
  - If a redetermination is filed to the appropriate DME MAC within 30 days of the overpayment demand letter, all recoupment activities will cease until the redetermination decision is made.



# Coverage of Surgical Dressings



# Coverage Criteria

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- Surgical Dressings are covered under the Surgical Dressings Benefit (Social Security Act §1861(s)(5)).
- Surgical dressings are covered when a qualifying wound is present. A qualifying wound is defined as either of the following:
  - Wounds caused by, or treated by, a surgical procedure; or
  - After debridement of a wound
- Who can perform the surgical procedure or debridement?
  - Treating practitioner
  - Other healthcare professional as permitted under state law



# Documentation Missing Coverage Criteria

## Focused Wound Exam (Site 1)

### UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT, LATERAL ANKLE

<b>Etiology (quality)</b> .....	Pressure	<b>Wound Size (L x W x D):</b> .....	2.5 x 3.2 x 0.1 cm
<b>MDS 3.0 Stage</b> .....	Unstageable Necrosis	<b>Surface Area:</b> .....	8.00 cm <sup>2</sup>
<b>Duration</b> .....	> 54 days	<b>Exudate:</b> .....	Moderate Serous
<b>Objective</b> .....	Healing	<b>Slough:</b> .....	20 %
		<b>Granulation tissue:</b> .....	80 %

This wound is in an inflammatory stage and is unable to progress to a healing phase because of the presence of a biofilm.

**Wound progress:** No Change

#### DRESSING TREATMENT PLAN

##### Primary Dressing(s)

Alginate calcium apply once daily for 30 days; Santyl apply once daily for 30 days

##### Secondary Dressing(s)

Gauze island (w/bdr) apply once daily for 30 days

#### PLAN OF CARE REVIEWED AND ADDRESSED

##### Recommendations

Off-load wound; Float heels in bed; Prevalon boots

#### REASON FOR NO DEBRIDEMENT

Telemedicine

**No documentation of a surgical procedure or debridement**

# Types of Debridement

---

- Debridement of a wound may be any type of debridement (examples given are not all-inclusive):
  - **Surgical** (e.g., sharp instrument or laser)
  - **Mechanical** (e.g., irrigation or wet-to-dry dressings)
  - **Chemical** (e.g., topical application of enzymes) or
  - **Autolytic** (e.g., application of occlusive dressings to an open wound).
- Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the debridement agents themselves are noncovered.

# Qualifying Dressing Requirements

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- **Primary dressings**

- Therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin

- **Secondary dressings**

- Materials serving a therapeutic or protective function and are needed to secure a primary dressing may include:
  - Adhesive tape
  - Roll gauze
  - Bandages
  - Disposable compression material

- **Denied as statutorily non-covered, no benefit**

- Products unable to be used as a primary or secondary dressing on a qualifying wound, or
- Composed of materials that do not serve a therapeutic or protective function



# Documentation Requirements



# Standard Written Order

---

- All claims require a written order/prescription from the treating practitioner.
- For dates of service on and after January 01, 2020:
  - Written order/prescription = Standard Written Order (SWO)
- Someone other than the treating practitioner may complete certain required elements of the SWO for surgical dressings.
- The SWO must be signed by the treating practitioner.
- SWO must be communicated to the supplier prior to claim submission.
  - Order date must be prior to claim submission date



# SWO Required Elements

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- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of the item:
  - Description can be either a general description (e.g., collagen wound filler or gauze), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
  - Must list each separately-billed item
- Quantity to be dispensed:
  - Example: 2 grams or 20 square inches
- Treating practitioner name or National Provider Identifier (NPI)
- Treating practitioner's signature



# Standard Written Order Example #1

**DETAILED WRITTEN ORDER**

NAME: [REDACTED] CITY/STATE: [REDACTED] PHONE: [REDACTED] FAX: [REDACTED]

NAME: [REDACTED] SSN: [REDACTED] ADDRESS: [REDACTED] CITY: [REDACTED]

Is this patient currently being seen by State Health?  YES  NO

DURATION OF NEED:  90 (DAYS)  OTHER 90 (DAYS)

Category	QTY	COLLAPSE	SEA	DRAINAGE	AS	BRAND / DESCRIPTION	Units/1	Units/2	Units/3
ADHS - Alginate Dressing	10	10	100	100		Wound Extra (2x2) (p)	1		
Adhesive Dress, Non-Adh	30			ADH		Wet-to-Dry Dress (4x3.5x1.5)			

OTHER:

INDICATE  PRIMARY DI

Agency: [REDACTED] Phone: [REDACTED] Fax: [REDACTED]

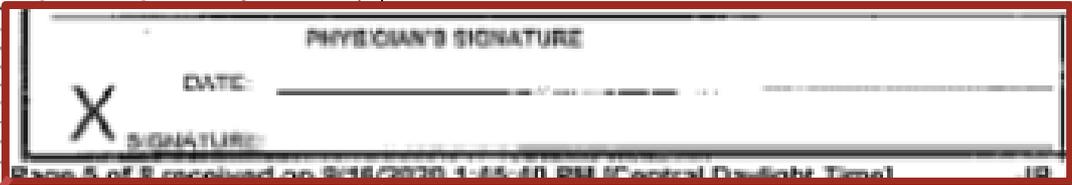
Is patient seen in wound care center?

Part A Bed?

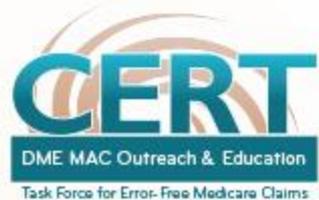
clinic: [REDACTED] Phone: [REDACTED] Fax: [REDACTED]

Physician's Signature: [REDACTED] DATE: [REDACTED]

Patient's Signature: [REDACTED] DATE: [REDACTED]



**No signature**



# Standard Written Order Example #2

	VIA Fax to 
RX valid for 45 days	Refills allowed: 1
(1) - A6212 Bord Foam < 16in for wound number(s)	1,
(1) - A6196 Alginate Drsg< 16 in for wound number(s)	1,
Diagnosis: Wound 1 - Non Healing Surg wnd Daily	

**No quantity**

# Order Requirements for Surgical Dressings

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- New order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased
- A new order is required every 3 months for each dressing being used.
- When the prescribing practitioner is also the supplier, and is permitted to furnish specific items of DMEPOS, a separate order is not required
  - The medical record must still contain all of the required order elements

# Documentation of Initial Wound Evaluation

---

- For initial wound evaluations, the treating practitioner's medical record, nursing home, or home care nursing records must specify:
  - Type of qualifying wound
  - Information regarding the location, number, and size of qualifying wounds being treated with a dressing
  - Whether the dressing is being used as a primary or secondary dressing or for some noncovered use (e.g., wound cleansing)
  - Amount of drainage
  - Type of dressing (e.g., hydrocolloid wound cover, hydrogel wound filler, etc.)
  - Size of the dressing (if applicable)
  - Number/amount to be used at one time (if more than one)
  - Frequency of dressing change
  - Any other relevant clinical information



# Monthly or Weekly Wound Evaluations

---

- Must be updated by the treating practitioner (or their designee) on a monthly basis.
- Evaluation required unless documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the beneficiary's need for ongoing use of dressings.
- Expected on a weekly basis for beneficiaries in a nursing facility or for beneficiaries with heavily draining or infected wounds.
- May be performed by a nurse, treating practitioner or other health care professional involved in the regular care of the beneficiary. This evaluation must include:
  - The type of each wound (e.g., surgical wound, pressure ulcer, burn, etc.),
  - Wound(s) location,
  - Wound size (length x width) and depth,
  - Amount of drainage, and
  - Any other relevant wound status information.
  - This information must be available upon request



# Wound Evaluation

Amount of drainage needs to be specified:

nodular mass plantar 2nd MPJ right, measuring 0.5cm, with POP of the area. 1.5 cm x 0.3cm x 0.2cm with a small amount of sanguinous drainage, full- thickness at the plantar 3rd digit left metatarsal head right measures 3.0cm x 2.5cm x 0.6cm with 70% necrosis. Some positive malodor. Small amount of serous drainage, full- thickness.

Acceptable

Insufficient

measuring 0.9 x 0.3 x 0.4 cm at the level of the fifth MPJ of the right foot. There is serosanguineous drainage seen coming from the wound. the right fifth metatarsal head is prominent and palpable plantarly medial lower leg measuring 1.2x0.7x0.3cm. There is drainage seen coming from the wound. there is erythema around the wound

# Face to Face Requirements During COVID-19 PHE

---

- The surgical dressing policy is still being enforced during the PHE, however the face-to-face requirement is not being enforced.
- Ensure that the items or services are reasonable and necessary, and continue documenting the medical necessity for all services.
- The medical record must be sufficient to support payment for the services billed (that is, the services were actually provided, were provided at the level billed, and were medically necessary)
- The Surgical Dressings Policy Article provides flexibility for follow up wound evaluations that are unable to be conducted. Medical records for monthly/weekly follow up evaluations must be updated by the treating practitioner (or their designee).
- This evaluation of the beneficiary's wound(s) is required unless there is documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the beneficiary's need for ongoing use of dressings.
- If the beneficiary is affected in any way by the PHE, use the CR modifier and include COVID-19 in the narrative.
- Refer to the DME MAC websites for information on billing during the PHE



# Delivery Method 1: Direct to Beneficiary

---

- **Date of Service (DOS) = Date beneficiary received the item (date of delivery)**
- Proof of delivery must include:
  - Beneficiary's name
  - Delivery address
  - The quantity delivered
  - A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number
  - Date delivered
  - Beneficiary (or designee) signature:
    - DURING COVID-19 PHE: If the signature cannot be obtained due to COVID-19, use the CR modifier and write "COVID-19" in the narrative.



# Proof of Delivery Issues

No quantity delivered

[Redacted]

Doctor (last name): [Redacted]

Location: [Redacted]

Patient Name: [Redacted] Patient ID: [Redacted] DOS: 1-15-2020

I certify that I have received the item(s) marked below in good condition. This equipment is medically necessary and not substandard. This device was sized and fitted and the device fits well. I have received verbal and/or written instructions for use of the equipment, the warranty, complaint resolution information and the Durable Medical Equipment Supplier Guidelines (except for dressings). We honor all warranties expressed and implied under applicable State Law.

<input type="checkbox"/>	BIOSKIN AFTR DC BRACE	<input type="checkbox"/>	STROMGREN ANKLE BRACE	<input type="checkbox"/>	BALANCE BRACE (RT / LT)
<input type="checkbox"/>	AIR SPORT ANKLE BRACE	<input checked="" type="checkbox"/>	CUSTOM FOOT/ANKLE BRACE (AFU/AZ BRACE)	<input type="checkbox"/>	CUSTOM MOLDED ORTHOTICS
<input type="checkbox"/>	BIOSKIN TRILOK BRACE	<input type="checkbox"/>	POST OP/CAST SHOE	<input type="checkbox"/>	DIABETIC SHOES WITH PAIRS OF INSERTS
<input type="checkbox"/>	BIOSKIN AFTR BRACE	<input type="checkbox"/>	AIRCAST WALKER TALL	<input type="checkbox"/>	AIRCAST WALKER SHORT
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	CUSTOM FITTED NIGHT SPLINT

[Redacted] 1-15-20  
Patient/Guardian Date Witness

# Delivery Method 2: Shipping Service

---

- **Date of service = Shipping date or date of delivery**
- Delivery documentation must include:
  - Beneficiary's name
  - Delivery address
  - Delivery service's package ID number, supplier invoice number or alternative method that links supplier's delivery documents with delivery service's records
  - A description of the item(s) being delivered. The description can be either a narrative description, a HCPCS code, the long description of a HCPCS code, or a brand name/model number.
  - Quantity delivered
  - Date delivered
  - Evidence of delivery

# Proof of Delivery: Shipping Service DOS

---

If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

- Suppliers may use the shipping date as the DOS.
  - The shipping date is defined as the date the delivery/shipping service label is created; or
  - The date the item is retrieved by the shipping service for delivery.
  - However, such dates should not demonstrate significant variation.
- Suppliers may use the date of delivery as the DOS on the claim

# Proof of Delivery Issue

**FedEx** February 09, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 160045417100944

---

**Delivery Information:**

Status: Delivered      Delivered To: [REDACTED]

Signed for by: Signature not required      Delivery Location: [REDACTED]

Service type: FedEx Ground

Special Handling:

Delivery date: Aug 8, 2020 17:37

---

**Shipping Information:**

Tracking number: 160045417100944      Ship Date: Aug 4, 2020

Weight: 4.9 LB/2.22 KG

Recipient: [REDACTED]      Shipper: [REDACTED]

**DELIVERY TICKET**

Date: 2/9/2021 2:19:24 PM  
Sales Order: [REDACTED]  
Customer ID: [REDACTED]  
Doc ID: [REDACTED]

Customer: [REDACTED]      DOB: 06/11/1968      Height: [REDACTED]      Weight: [REDACTED]      Sex: M

Bill to: [REDACTED]      Deliver to: [REDACTED]

Insurance: Medicare / Bankers Life-Colonial Penn      HIPAA Signature on file: No

Comments or Special Instructions: [REDACTED]

Delivery Date	Time	CSR	Branch	Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Co-Pay
Warehouse: [REDACTED]											
1	EA	Purchase						2962 / Medpore (2"x10yds) 3M / Medpore (2")	\$16.40	\$0.00	\$3.28
30	EA	Purchase	BACKS					83500000 / SteriLuk Bulky Gauze (4.5x4.5yds) TOCK Hartmann USA / 83500000	\$56.58	\$0.00	\$11.32
30	EA	Purchase	BACKS					NON21444 / Avant Gauze (4x4) TOCK Medline / Avant Gauze (4x4)	\$7.80	\$0.00	\$1.56
<b>TOTAL</b>									\$80.78	\$0.00	\$16.16

Financial Responsibility Statement:  
Assignment of Benefits Statement:  
I have received a copy of the Medicare Supplier Standards: [Y] [N] [D] Initials: \_\_\_\_\_

Beneficiary (or Parent/Guardian/Representative) Signature: \_\_\_\_\_      Relationship to Beneficiary (if Applicable): \_\_\_\_\_      Technician Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Thank You for Your Business !!!

Missing delivery service's package ID number, supplier invoice number, or alternative method that links supplier's delivery documents with delivery service's records

# Delivery Method 3: Delivery to Skilled Nursing Facility

---

- Proof of delivery must include:
  - Documentation demonstrating delivery of the item(s) to the facility by the supplier or delivery entity; and,
  - Documentation from the nursing facility demonstrating receipt and/or usage of the item(s) by the beneficiary. The quantities delivered and used by the beneficiary must justify the quantity billed.

# Resources



# Surgical Dressings Resources

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- Local Coverage Determination (LCD): Surgical Dressings (L33831)  
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33831>
- Local Coverage Article: Surgical Dressings - Policy Article (A54563)  
<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=54563>
- Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)
  - <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=55426>

# Resources

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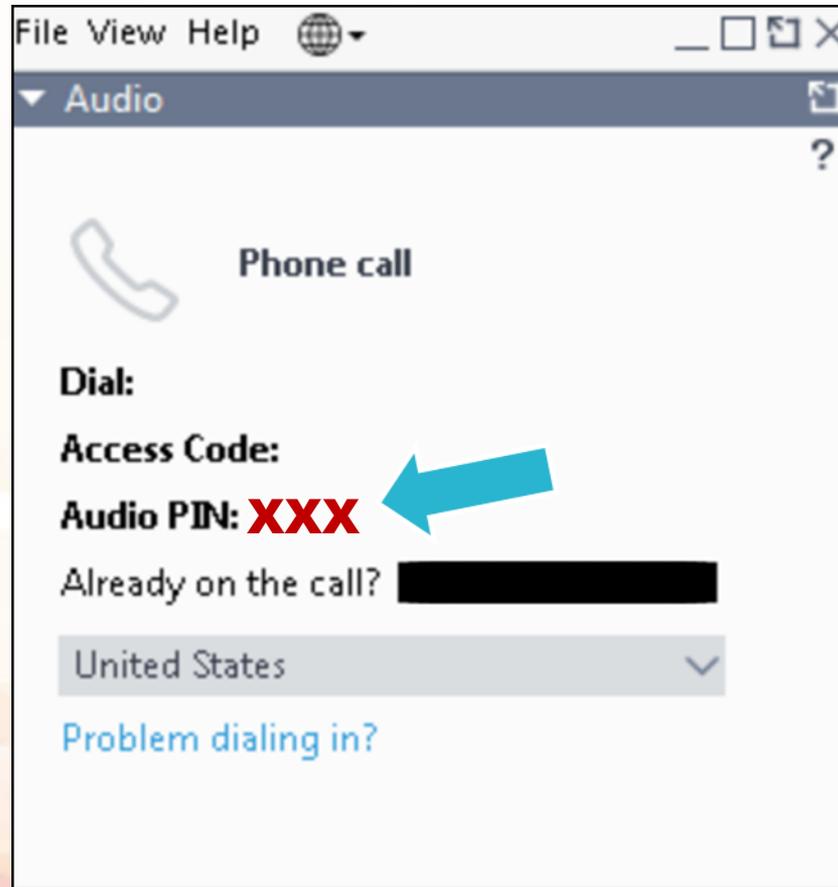
- Jurisdiction DME MAC Websites:
  - Jurisdiction A – <https://med.noridianmedicare.com/web/jadme/>
  - Jurisdiction B – <https://www.cgsmedicare.com/jb>
  - Jurisdiction C – <https://www.cgsmedicare.com/jc>
  - Jurisdiction D – <https://med.noridianmedicare.com/web/jddme/>

# Questions?



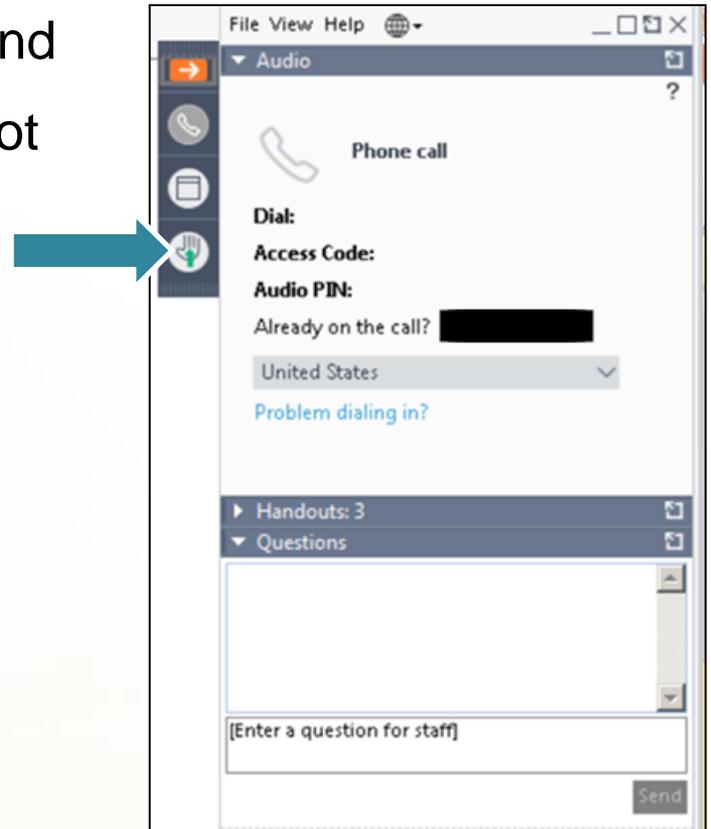
# How to Participate

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# How to Participate Today

- To Ask a Verbal Question: Raise your hand
- The **Green Arrow** means your hand is not raised (Click to raise your hand)
- The **Red Arrow** means your hand is raised (Click to lower your hand)



# To Ask a Question By Raising Your Hand

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# To Ask a Question Using the Question Box

The screenshot shows a software window titled "Audio" with a sidebar containing icons for navigation, phone, and help. The main area displays call information: "Phone call", "Dial:", "Access Code:", "Audio PIN:", and "Already on the call?". Below this is a dropdown menu for "United States" and a link "Problem dialing in?". A section titled "Questions" is expanded, revealing a text input field with the placeholder "[Enter a question for staff]" and a "Send" button at the bottom right. A blue arrow labeled "Type Question" points to the input field, and another blue arrow labeled "Hit Send" points to the "Send" button.

Type Question

Hit Send