

CERT

DME MAC OUTREACH & EDUCATION

Task Force for Error-Free Medicare Claims

Surgical Dressings

NORIDIAN
HEALTHCARE SOLUTIONS


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Virtual Webinar

Instructions

How to Download a PDF of the Presentation

- On the CVENT website, click on the session title.
- Click on the highlighted **RESOURCES** icon in the upper right corner.
 - *Be aware that you will not see the RESOURCES icon unless you are registered for the session.*
- A sidebar will open to show the PDFs of the presentation and the CGS DMEPOS News packet, available for download.

< Back to My Schedule

Glucose Monitors and Supplies 03/06/2024

Denise Winsock
Provider Outreach & Education
Senior Analyst
CGS Administrators, LLC

Wednesday, March 6, 2024 - 9:30 AM-11:00 AM CST (1h 30m)
Add to calendar

This webinar will review the coverage criteria and documentation requirements for glucose monitors and diabetic testing supplies.

Resources

promo packet_2.5.24_Updated_508 PDF • 777 KB

glucose_monitors_508 03.06.24 PDF • 2 MB

Speakers (1)

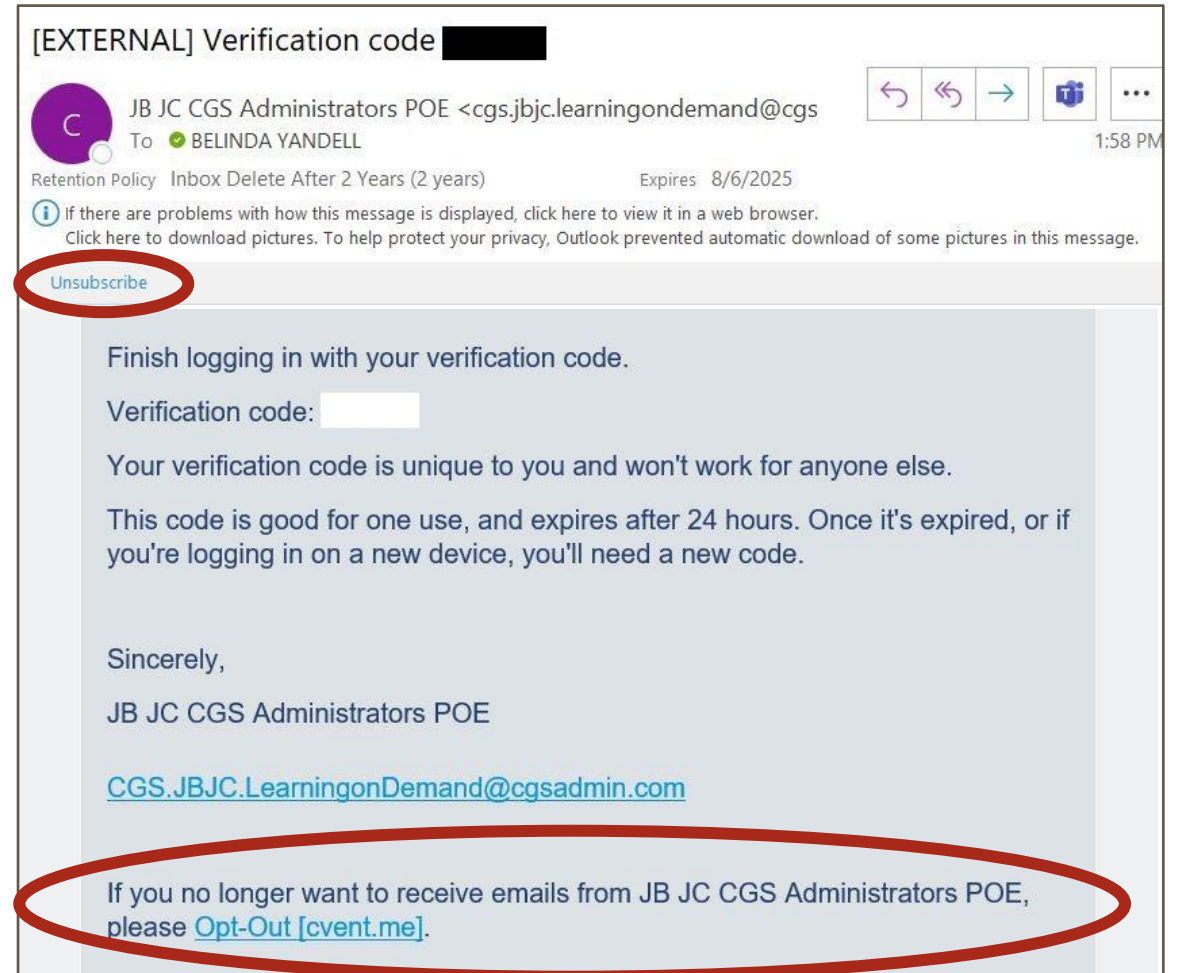
Denise Winsock
Provider Outreach & Education Senior Analyst
CGS Administrators, LLC

Virtual Webinar

Instructions

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- It is always your right to unsubscribe or “opt-out” of emails from CGS.
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- If you choose to opt-out, remember to **check your text messages** for the link.



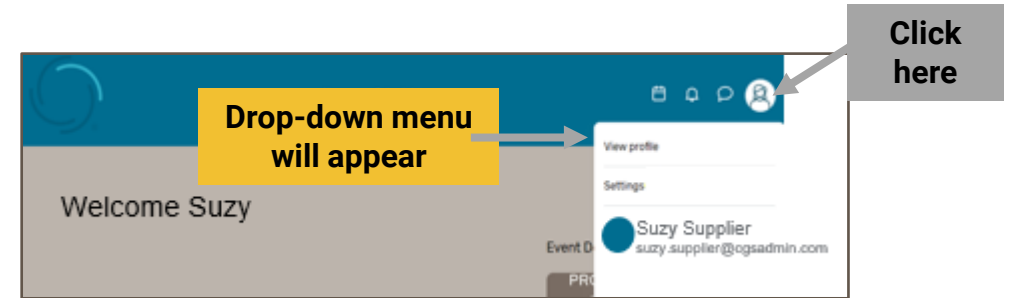
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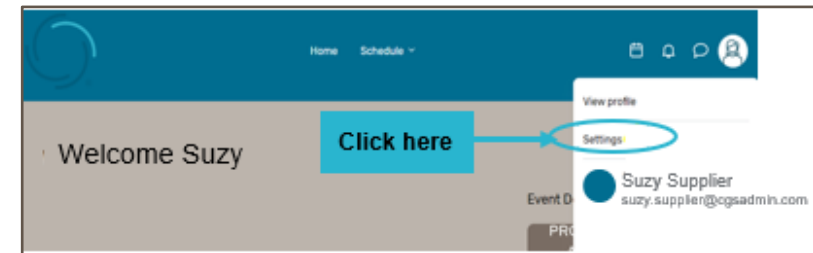
Not Receiving a Verification Code?

- You will need to update your “Settings” by logging into CVENT:
<https://web.cvent.com/hub/events/fbd6579b-4908-466e-a153-c6939fc961c3>

1. Click on the person icon in upper right corner.



2. Click on “Settings.”



3. Select “Notifications” and select “Allow Notifications.” The button should be pushed to the right.



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Disclaimer

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>.

Today's Webinar Moderators and Presenters

- Jurisdiction A and D: Shelly Carlson
- Jurisdiction B and C: Judie Roan

Agenda

- CERT Errors
- Coverage Criteria for Surgical Dressings
- Modifiers
- Documentation Requirements
- Questions

CERT Errors



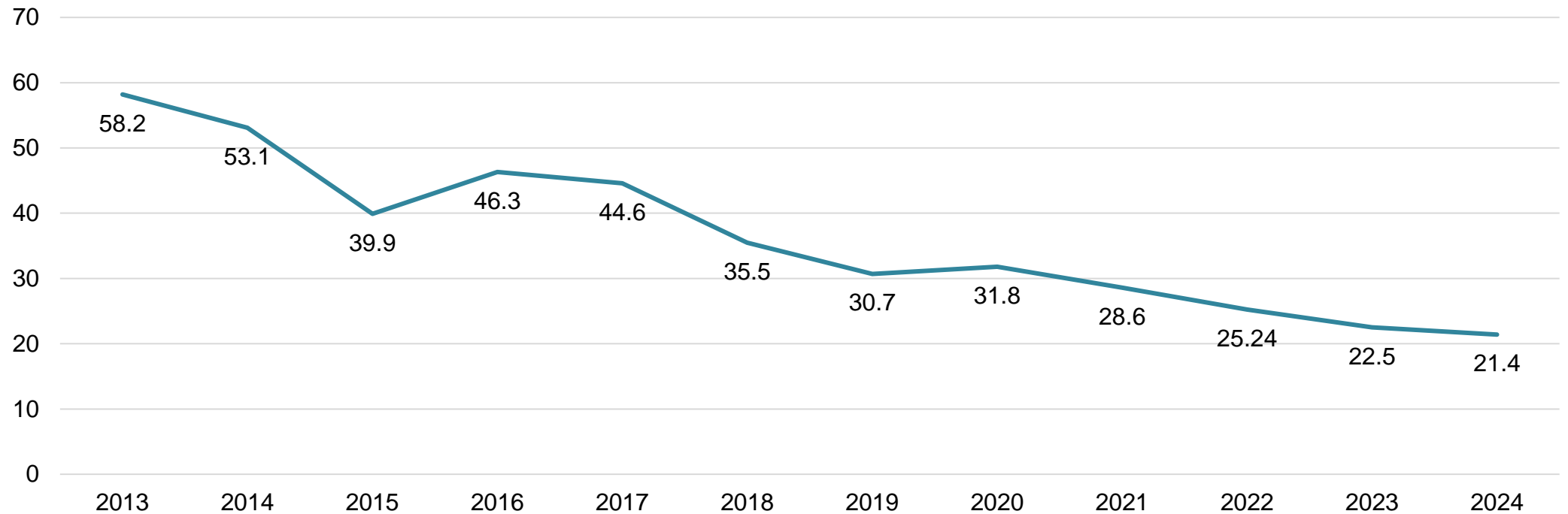
Comprehensive Error Rate Testing (CERT): November 2024 Report Improper Payment Rates

- Claims submitted 7/1/2022 – 6/30/2023
- Surgical Dressing errors
 - Top 20 highest improper payment service types for DMEPOS

Policy Group	Claims Reviewed	Projected Improper Payment Amount	Improper Payment Rate
All Types of DMEPOS	11,396	1.9B	21.4%
Surgical Dressings	702	176.9M	57.6%

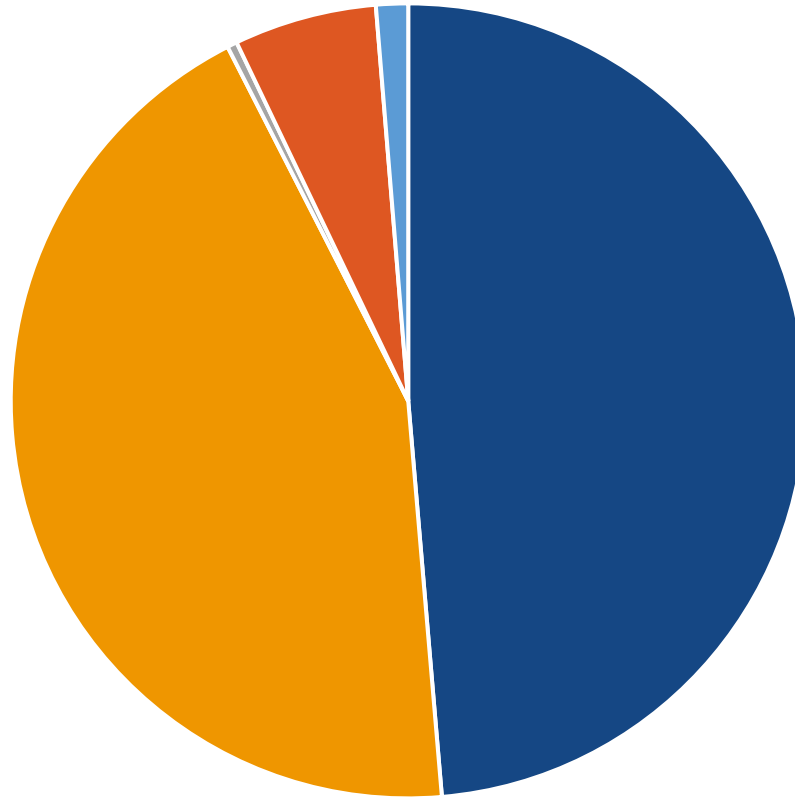
2024 Improper Payment Rates and Projected Improper Payment:
<https://www.cms.gov/files/document/2024-medicare-fee-service-supplemental-improper-payment-data.pdf>

DMEPOS Improper Payment Rate All DME MAC Trend



Surgical Dressing CERT Errors

- No documentation
- Insufficient Documentation
- Medical Necessity
- Other
- Incorrect Coding



Top Root Causes of Insufficient Documentation Errors in Surgical Dressings

- Orders – Missing or inadequate
- Documentation to support coverage criteria – Missing or inadequate
 - Wound management documentation
 - Units of service ordered doesn't support units of service billed
- Proof of delivery – Missing or inadequate

Surgical Dressings

Current CERT Error Trends

- Insufficient or missing wound management documentation:
 - 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
- Missing or incomplete proof of delivery
- Order missing or inadequate
- Refill request missing

Responding to a CERT Request

Five ways to respond to a request from the CERT contractor:

- **Fax:** 1.804.261.8100
- **Mail:** CERT Documentation Center
8701 Park Central Drive, Suite 400-A
Richmond, VA 23227
- **esMD:** <https://www.cms.gov/esMD>
- **Encrypted CD:** Must be in TIFF or PDF format
- **Encrypted email:** Attachment must be in TIFF or PDF format

When responding, use the bar code sheet as the cover letter

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

PROVIDER/SUPPLIER NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE, ZIP CODE

Date: 4/19/2023
Reference ID: CID #: 00000000
NPI/Provider #: 0000000000
Phone: 000-000-0000
Fax: 000-000-0000

Request Type & Purpose: First Letter
Subject: Additional Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, carries out the task of requesting, receiving, and reviewing medical records.¹ The CERT program reviews selected Medicare A, B and DME claims and produces annual improper payment rates. For more information regarding the CERT program, please visit www.cms.gov/CERT.

Reason for Selection
The CMS' CERT program has randomly selected one or more of your Medicare claims for review.

Action: Medical Records Required
Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the CERT program. **Providing medical records of Medicare patients to the CERT program does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request. Providers/suppliers are responsible for obtaining and providing the documentation as identified on the attached Bar Code Cover Sheet. The CMS is 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 program.

When: 6/3/2023
Please provide the requested documentation by 6/3/2023. A response is still required by 6/3/2023 even if you are unable to locate the requested information.

Consequences
If the billing provider/supplier fails to send the requested documentation or contact CMS by 6/3/2023, the billing provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

¹Social Security Act Sections T833 [42 USC §1395(c)] and 1815 [42 USC §1395g(a)]; 42 CFR 405.980-986

CENTERS FOR MEDICARE AND MEDICAID SERVICES
CERT DOCUMENTATION CENTER
8701 Park Central Drive
Suite 400-A
Richmond, VA 23227
Important Dated Information Enclosed

Immediate Response Required
Medicare Record Request

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

CERT Contact Information

- Empower AI, Inc. is the CERT Documentation Center

- CERT Resources and Contacts

- Customer Service: 1.888.779.7477
- Fax: 1.804.261.8100
- E-mail: CertProvider@empower.ai
- Website: <https://c3hub.certrc.cms.gov/>

CERT Tips

- Implement a thorough intake procedure
- Make sure all documentation requirements are met
- To avoid recoupment of payments, reply to all CERT requests by the deadline
- CERT Decisions:
 - Check the status of your audit on CERT's website (<https://c3hub.certrc.cms.gov/>)
- CERT Denials
 - For missing documentation, send the missing documentation to CERT
 - If you disagree with the decision, file a Redetermination appeal to CGS, not CERT

Appeal Rights from CERT Audits

- 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 Criteria for Surgical Dressings



Coverage Criteria

- 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

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

- 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

Modifiers



Modifiers: A1 – A9

- A1 – Dressing for one wound
- A2 – Dressing for two wounds
- A3 – Dressing for three wounds
- A4 – Dressing for four wounds
- A5 – Dressing for five wounds
- A6 – Dressing for six wounds
- A7 – Dressing for seven wounds
- A8 – Dressing for eight wounds
- A9 – Dressing for nine wounds or more*

*If dressing is used with A9 and there are more than 9 wounds using that particular dressing, then the narrative on the claim should include the actual number of wounds.

Number of wounds dressing is being used for; NOT total number of wounds being treated

Use only when dressing is used as **primary** or **secondary** dressing on a surgical or debrided wound.

NOT used with A6531-32 and A6545
(compression stockings below the knee)

NOT used with A6501-A6513
(compression burn garments)

Other Modifiers

- AW: Furnished in conjunction with a surgical dressing
- EY: No physician or other licensed health care provider order for this item or service
- GY: Item or service statutorily non-covered or does not meet the definition of any Medicare benefit
- LT: Left side
- RT: Right side

AW Modifier

Only A4450, A4452, A6531, A6532, and A6545 may be used with the AW modifier.

HCPCS Code	Used With:	Modifier(s)
Tape A4450	Surgical Dressings	AW & A1-A9
Tape A4452	Surgical Dressings	AW & A1-A9
Compression Stockings A6531-A6532	Open Venous Stasis Ulcer	AW ONLY
Compression Wraps A6545	Open Venous Stasis Ulcer	AW ONLY

Documentation Requirements



Standard Written Order

- All claims require a written order/prescription from the treating practitioner.
- 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.
- The SWO must be communicated to the supplier prior to claim submission.
 - The order date must be prior to claim submission date.

SWO Required Elements

- 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

Order Requirements for Surgical Dressings

- 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

Valid SWO Example: Surgical Dressings

Beneficiary's
name or MBI

Quantity to be
dispensed

Treating
practitioner's
signature

Order
date

General
description of
each separately
billable item

Treating
practitioner
name or NPI


PATIENT INFORMATION							
Patient Name:		Initial Date: 07/26/23		Order date			
Date of Birth:		Revised Date:					
Facility:							
Diagnosis: L97.318,L89.893,L89.610							
Date of Procedure:		Date of Debridement: 5/31/23		Date of Occurrence:			
Dressing/Supplies ordered:							
WOUND	QTY	ITEM	FREQUENCY	HCPCS	PR/SEC		
1	28 EA	(01-20622) VITALE CALCIUM ALGINATE DRSG - 2 X 2	QD	A6196	P		
1:2:3	84 ROLL	(01-25615) BULKY GAUZE ST 4.5" X 4.1 YDS	QD	A6446	S		
2	28 EA	(01-22440) VITALE COLLAGEN DRSG - 4 X 4 (1/EA)	QD	A6021	P		
2	28 EA	(01-25996) ABD TYPE PAD ST 5" X 9"	QD	A6252	P		
3	28 EA	(01-17183) PROMOGRAF PRISMA COLLAGEN 4.34' HEXAGOMAT	QD				
3	12 EA	(01-20400) VITALE NON-ADHESIVE FOAM DRESSING - HEEL	QD	A6210			
Estimated length of need: 3 months							
Recommended course of treatment:							
Comments/Special needs:							
Physician's Signature				Date 10/14/23			

Entering the Correct Ordering Practitioner on Claims

To help reduce CERT errors:

- When there is more than one practitioner involved in the beneficiary's care:
 - Enter the ordering practitioner's information on the claim
 - Enter the practitioner's name & National Provider Identifier (NPI)
 - > This is the practitioner that created the order

Order	
Name: Jane Doe	Start date: 02/12/24
Equipment: L0650	
Quantity: 1	
Referred by: Dr. John Wilson	
Ordered by: <i>Dr. Jessica Smith</i> NPI: 1234567890	



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	
DK	Jessica Smith
71a.	
71b.	NPI 1234567890

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.)
 - 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

Example: Good Wound Evaluation Collagen A6021

HPI The patient is new to the wound clinic and presents today accompanied by his mother and father for evaluation of Stage 3 pressure ulcer on the sacrum. His parents noticed the ulcer on the sacrum.

- Cleanse Wound with normal saline. You may also use sterile water or distilled water
- Apply skin prep to periwound
- Apply Prisma to the wound bed
- Cover with bordered foam
- Cha

Procedures:

Procedure Date: 11/09/23

Debridement

Wound 11/09/23 Pressure Injury
Sacrum

- Includes:
 - Location
 - Full thickness
 - Size
 - Amount of exudate
 - Debridement
- Utilization:
 - Change 3x/week
 - 30-day supply
 - Qty. of 12 ordered

Packing Removed – Quantity	0	11/09/23 0832
Wound Length (cm)	3 cm	11/09/23 0832
Wound Width (cm)	2 cm	11/09/23 0832
Wound Depth (cm)	0.3 cm	11/09/23 0832
Drainage Amount	Moderate	

Proof of Delivery (POD)

Method 1: Direct Delivery to Beneficiary	Method 2: Shipping/Delivery Service	Method 3: Delivery to Skilled Nursing Facility
<ul style="list-style-type: none"> ▪ Beneficiary's name ▪ Delivery address ▪ A description of the item(s) being delivered <ul style="list-style-type: none"> • Narrative description (e.g., collagen dressing), or • HCPCS code, or • Long description of HCPCS code, or • Brand name/model number ▪ Quantity delivered ▪ Date delivered ▪ Beneficiary (or designee) signature 	<ul style="list-style-type: none"> ▪ Beneficiary's name ▪ Delivery address ▪ A description of the item(s) being delivered <ul style="list-style-type: none"> • Narrative description (e.g., collagen dressing), or • HCPCS code, or • Long description of HCPCS code, or • Brand name/model number ▪ Quantity delivered ▪ Delivery service's package ID number, supplier invoice number or alternative method which links supplier's delivery documents with delivery services' records ▪ Date delivered ▪ Evidence of delivery 	<ul style="list-style-type: none"> ▪ 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
<i>Date of Service = Date of Delivery</i>	<i>Date of Service = Shipping Date or Date of Delivery</i>	<i>Date of Service = Shipping Date or Date of Delivery</i>

Valid Proof of Delivery Example: Method 2 Shipping Service

Shipping Invoice has beneficiary's name, delivery address, description of item(s), quantity shipped

DELIVERY TICKET
Date 12/05/2022
Sales Order

Customer: Bill to
DOB
Height
Weight
Sex F
Deliver to
Beneficiary's name and delivery address redacted

Insurance
Medicare
Comments or Special Instructions
Tracking number redacted
Delivered On:
12/05/2022

Delivery Date	Time	CSR	Branch
12/05/2022			

Qty	UOM	Type	Bin	Item
Warehouse				
2	PCS	OTS	Purchase	FreeStyle Libre 14-day Sensor / 71940n R0553

Tracking slip has delivery address, date shipped, and date delivered

ups Proof of Delivery

Dear Customer,
This notice serves as proof of delivery for the shipment listed below.

Tracking Number
Tracking number redacted

Weight
0.40 LBS

Service
UPS Ground

Shipped / Billed On
12/05/2022

Delivered On
12/08/2022 11:44 A.M.

Received By

Delivered To
City and State redacted

Left At
Front Door

Thank you for giving us this opportunity to serve you. Details are only available for shipments delivered within the last 120 days print for your records if you require this information after 120 days.

Sincerely,
UPS

Tracking results provided by UPS: 12/08/2022 1:30 P.M. EST

The tracking number links invoice to tracking slip

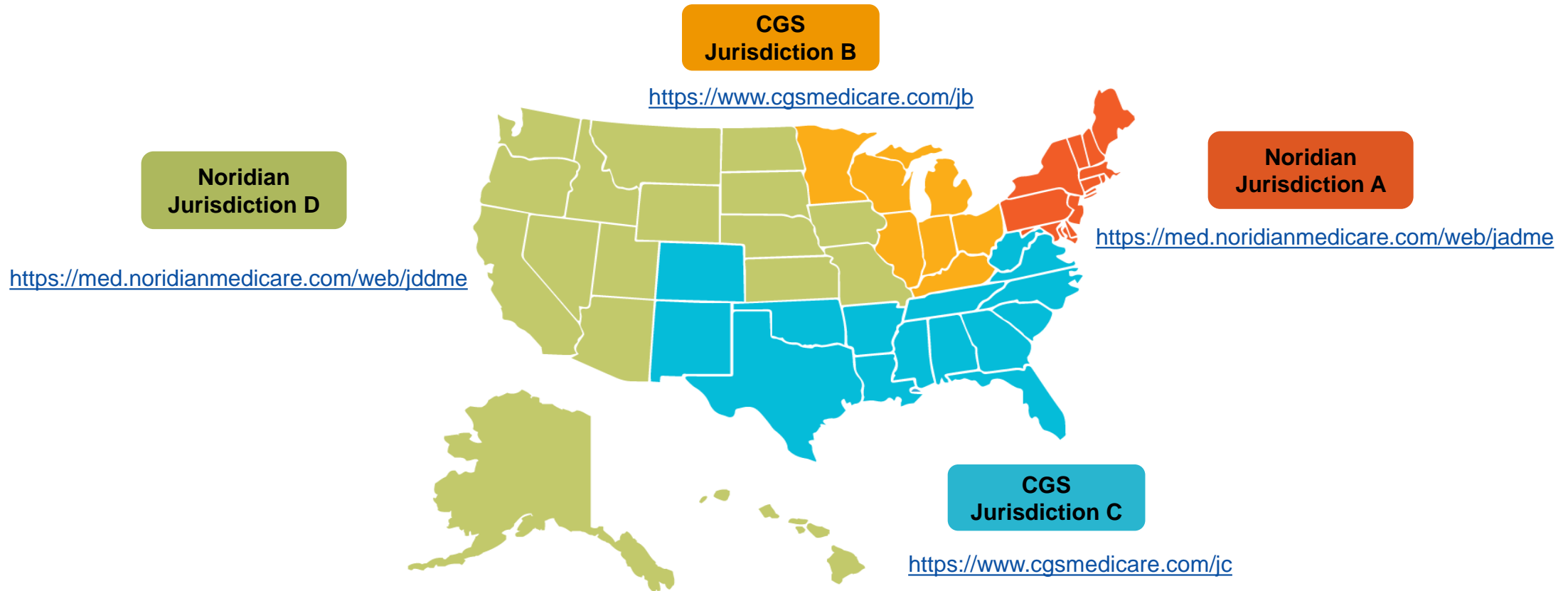
Resources



Surgical Dressings Resources

- 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>

DME MAC Jurisdictions



Noridian Healthcare Solutions Jurisdiction A Resources

- Website: <https://med.noridianmedicare.com/web/jadme>
- IVR, Supplier Contact Center, and Telephone Reopenings: 1.866.419.9458
- Noridian Medicare Portal: <https://med.noridianmedicare.com/web/jadme/topics/nmp>
- LCDs and Policy Articles: <https://med.noridianmedicare.com/web/jadme/policies/lcd/active>



CGS Administrators, LLC

Jurisdiction B Resources

- Website: <http://www.cgsmedicare.com/jb>
- IVR Unit: 1.877.299.7900
- myCGS Web Portal: <http://www.cgsmedicare.com/jb/mycgs/index.html>
- Customer Service: 1.866.590.6727
- Telephone Re-openings: 1.844.240.7490
- LCDs and Policy Articles: <http://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
- Physician's Corner: https://www.cgsmedicare.com/jb/mr/phys_corner.html



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CGS Administrators, LLC Jurisdiction C Resources

- Website: <http://www.cgsmedicare.com/jc>
- IVR Unit: 1.866.238.9650
- myCGS Web Portal: <http://www.cgsmedicare.com/jc/mycgs/index.html>
- Customer Service: 1.866.270.4909
- Telephone Re-openings: 1.866.813.7878
- LCDs and Policy Articles: <http://www.cgsmedicare.com/jc/coverage/lcdinfo.html>
- Physician's Corner: https://www.cgsmedicare.com/jc/mr/phys_corner.html



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Noridian Healthcare Solutions Jurisdiction D Resources

- Website: <https://med.noridianmedicare.com/web/jddme/>
- IVR, Supplier Contact Center and Telephone Reopenings: 1.877.320.0390
- Noridian Medicare Portal: <https://med.noridianmedicare.com/web/jddme/topics/nmp>
- LCDs and Policy Articles: <https://med.noridianmedicare.com/web/jddme/policies/lcd/active>



Other Contractor Resources

- **Pricing, Data Analysis, Coding (PDAC)**

- 1.877.735.1326
- <https://www.dmepdac.com>

- **Common Electronic Data Interchange (CEDI)**

- 1.866.311.9184
- <https://www.ngscedi.com>
- NGS.CEDIHelpdesk@anthem.com

- **National Provider Enrollment (NPE)**

- NPE East: Novitas Solutions:
 - <https://www.novitas-solutions.com/webcenter/portal/DMEPOS>
 - 1.866.520.5193
- NPE West: Palmetto GBA:
 - <https://www.palmettogba.com/palmetto/npewest.nsf>
 - 1.866.238.9652

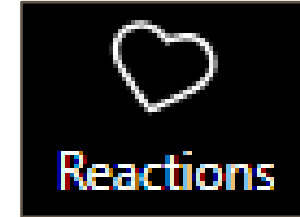
Virtual Webinar

Instructions

How to Participate Today

To Ask a Verbal Question

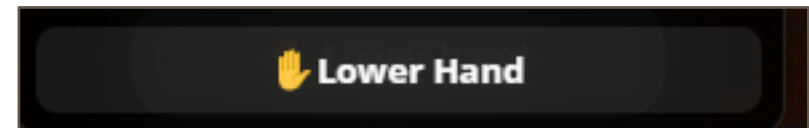
- Locate & Click **Reactions** at the bottom of the screen



- Click **Raise Hand** to have your phone unmuted to ask a question



- Click **Lower Hand** if you no longer wish to ask a question



Questions?

