

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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Related Change Request (CR) #: CR 9371

Related CR Release Date: May 20, 2016

Effective Date: October 3, 2016

Related CR Transmittal #: R1669OTN

Implementation Date: October 3, 2016

Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Provider Types Affected

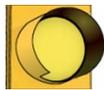
This MLN Matters® Article is intended for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers submitting claims to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for services provided to Medicare beneficiaries.

Provider Action Needed



STOP – Impact to You

Your claim for the DMEPOS product categories listed in the Background section (below) will be denied unless you have been identified, on your Form CMS-855S, as accredited and verified; or are currently exempt from meeting the accreditation requirements.



CAUTION – What You Need to Know

Change Request (CR) 9371 provides guidance to the National Supplier Clearinghouse (NSC), the Medicare Provider Enrollment, Chain, and Ownership System (PECOS), and the ViPS Medicare System (VMS) regarding the implementation of system edits for certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

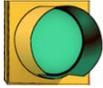
Specifically, it announces that (effective for claims with dates of service on or after October 3, 2016) VMS will develop an edit for the Healthcare Common Procedure Coding System (HCPCS) codes in the product categories named by the Medicare Improvements for Patients

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and Providers Act of 2008 (MIPPA) as requiring accreditation by accreditation organizations designated by the Secretary of Health and Human Services.

This edit will deny your claims for these codes unless you have been identified as accredited at the time the services were rendered and verified on your Medicare Enrollment Application Form CMS-855S, or you are currently exempt from meeting the accreditation requirements as discussed in CR9371.



GO – What You Need to Do

You should ensure that you have submitted evidence and verification of accreditation by a Secretary-designated accreditation organization on your CMS-855S, or that you are exempt (see exempt providers below) from such accreditation requirement.

Background

Section 302 of the Medicare Modernization Act of 2003 added a new paragraph 1834(a)(20) to the Social Security Act (the Act), which required the Secretary of Health and Human Services (the Secretary) to establish and implement quality standards DMEPOS suppliers.

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) added a new subparagraph that implemented quality standards, stating that the Secretary will require suppliers furnishing items and service on or after October 1, 2009 (directly or as a subcontractor for another entity) to have submitted evidence of accreditation by a Secretary-designated accreditation organization. All DMEPOS suppliers that furnish such items or services required in the new paragraph (as the Secretary determines appropriate) must comply with the quality standards in order to receive Medicare Part B payments and to retain Medicare billing privileges through a supplier billing number.

The covered items and services defined in the Act include:

- DME
- Medical supplies
- Home dialysis supplies and equipment
- Therapeutic shoes
- Parenteral and enteral nutrient, equipment and supplies
- Transfusion medicine, and
- Prosthetic devices, prosthetics, and orthotics

This subparagraph also states that eligible professionals and other persons (defined below) are exempt from meeting the September 30, 2009, accreditation deadline unless the Centers for Medicare & Medicaid Services (CMS) determines that the quality standards are specifically designed to apply to such professionals and persons.

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The eligible professionals who are exempt from meeting the September 30, 2009, accreditation deadline (as defined in section 1848(k)(3)(B)) include the following practitioners:

- Physicians (as defined in Section 1861(r) of the Act)
- Physical Therapists
- Occupational Therapists
- Qualified Speech-Language Pathologists
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Certified Nurse-Midwives
- Clinical Social Workers
- Clinical Psychologists
- Registered Dietitians, and
- Nutritional Professionals

The “other persons” who are exempt from meeting the accreditation deadline (unless CMS determines that the quality standards are specifically designed to apply to such other persons) are specifically defined as the following practitioners:

- Orthotists
- Prosthetists
- Opticians, and
- Audiologists

Therefore, all supplier types (except those listed above) who furnish items and services requiring accreditation, directly or as a subcontractor for another entity, must have submitted evidence of accreditation by an accreditation organization designated by the Secretary on or after October 1, 2009.

Some Technical Details

The DME-MACs will:

- Have an edit, for the HCPCS codes in the product categories requiring accreditation, that will deny claims paid for these codes unless the DMEPOS supplier has been identified as accredited and verified on their CMS-855S, or the DMEPOS supplier is currently exempt from meeting the accreditation requirements;
- Have an edit to automatically line item deny claims with dates of service on or after October 3, 2016 for HCPCS codes linked to the product codes which require accreditation from non-exempt DMEPOS suppliers when the date of services does

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not fall between the effective and expiration dates for both accreditation and product codes; and

- Exempt beneficiary submitted claims from accreditation editing.

NOTES: If you still have questions after learning more about the basic accreditation requirement by the DME-MACs, you will be referred to the accrediting organization or to the NSC.

The effective and expiration dates for your accreditation will be the dates provided by the accrediting organization indicating you have met all accreditation requirements.

If a claim was processed and paid prior to the effective date of CR9371 and you submit an adjustment to that claim after implementation, the adjustment should not be subject to the accreditation edits.

Additional Information

The official instruction, CR9371, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1669OTN.pdf>. Attached to CR9371, you will find a list of the product categories and related HCPCS codes affected by CR9371.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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