

Prior Authorization of Power Mobility Devices (PMD) Demonstration



Definition PMD Included in the Demonstration

Included	
All power operated vehicles	K0800 - K0805 K0809 - K0812
All standard power wheelchairs	K0813 - K9829
All Group 2 complex rehabilitative power wheelchairs	K0835 - K0843
All Group 3 complex rehabilitative power wheelchairs without power options	K0848 - K0855
All pediatric power wheelchairs	K0890 - K0891
Miscellaneous power wheelchairs	K0898
Excluded	
Group 3 complex rehabilitative power wheelchairs with power options	K0856 - K0864

Same Coverage and Documentation Requirements as Before

- NCD and LCD coverage are unchanged
- Documentation requirements are unchanged
- Time frames for visit/order/delivery are unchanged

The demonstration does NOT create any new documentation requirements

It simply requires the information be submitted earlier in the claims process

Current requirements can be found on the MAC website

Also Unchanged

- The DME MAC conduct these reviews
- All Advanced Beneficiary Notice (ABN) policies
- Advanced Determination of Medicare Coverage process outside the demonstration area
- Claim appeal rights

What Has Changed?

- Suppliers will know BEFORE THE ITEM IS DELIVERED whether Medicare will pay for the PMD
- Beneficiary will be notified BEFORE THE ITEM IS DELIVERED to his/her home whether Medicare will pay for the PMD*
- CMS will reduce the reliance on “pay and chase” methods of fighting improper payments

But only in those cases where the physician/practitioner or supplier chooses to use prior authorization process

* CMS strongly encourages beneficiaries to use suppliers who will use the Medicare prior authorization process and accept assignment

What happens if I don't use the prior authorization process?

- Pre-Payment Review....
 - If a supplier submits a claim without first seeking prior authorization
 1. The claim will be stopped for prepayment review
 - DME MAC sends Additional Request letter and waits 45 days for a response
 - DME MAC reviews submitted documentation within 60 days
 2. The payment amount will be reduced by 25%*
 - Without a prior authorization decision, the beneficiary will not know whether Medicare will Pay for the PMD (and the beneficiary may be financially liable)

CMS strongly encourages suppliers to use the Medicare prior authorization process

* Starting December 1, 2012. Does not apply to Competitive Bid suppliers in their contract areas.

When

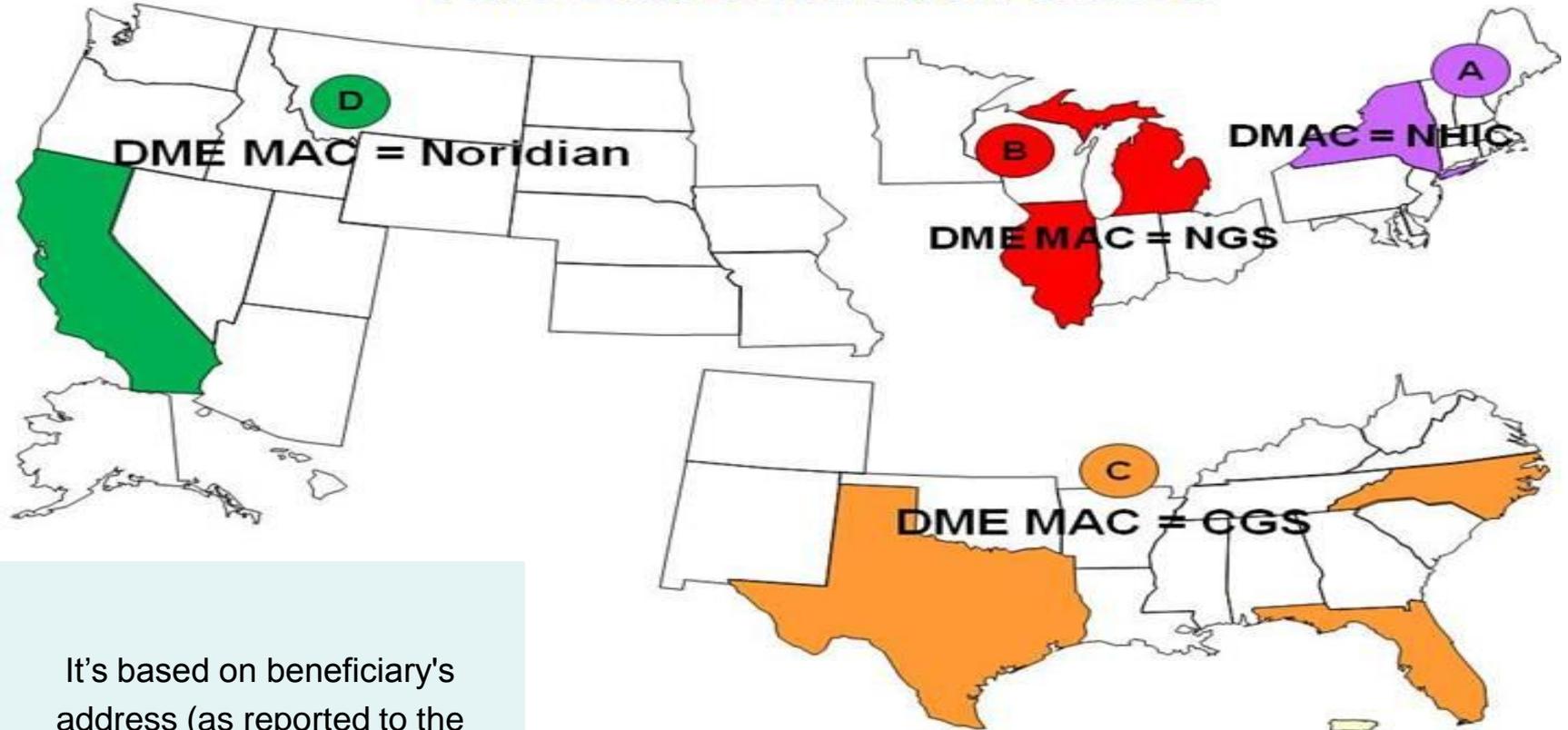
- The demonstration began for orders written on or after September 1, 2012
- The demonstration will end for orders written on or after September 1, 2015

Education and Outreach

- Mailings to Medicare suppliers and physicians
- CMS hosted Open Door Forum Conference calls
- DME MAC webinars
- DME MAC live education events
- CMS visits to physicians and suppliers in each demonstration state

Where

PMD Demonstration States



It's based on beneficiary's address (as reported to the Social Security Administration)

Prior Authorization Request Content

- Request needs to identify:
 - The Beneficiary's Name, Medicare Number, and Date of Birth
 - The Physician's Name, National Provider Identifier (NPI) and Address
 - The Supplier's Name, NPI and Address
 - HCPCS Code of the PMD
 - Submission Date
- Request must include:
 - Face-to-face examination documentation (created by the physician/practitioner)
 - 7 element order (created by the physician/practitioner)
 - Detailed product description (created by the supplier)
 - Any other medical documentation to support the LCD requirements.

Prior Authorization Request Submission

- Ordering physician/practitioner or supplier may submit the request
- The request can be:
 - Mailed (check DME MAC website for address)
 - Faxed (check DME MAC website for fax number)
 - Beginning in the Fall 2012 send via esMD*

*

More info about Electronic Submission of Medical Documentation (esMD) can be found at www.cms.gov/esMD

Review Timeframes

- Initial Requests
 - The DME MAC makes every effort to review request and postmark decision letters within **10 business days**
- Subsequent Requests
 - The DME MAC makes every effort to review request and postmark decision letters within **20 business days**
 - In rare circumstances a 48 hour expedited review for emergencies is available

The Decision Letter

- Decision letters are sent to:
 - Physician/practitioner
 - Beneficiary
 - Supplier
- Decision letters that do not affirm the prior authorization request will:
 - Provide a detailed written explanation outlining which specific policy requirement(s) was/were not met

When a Prior Authorization Request is Submitted but Not Affirmed

- A submitter can:
 1. Resolve the non-affirmative reasons described in the decision letter and resubmit the PA request
 2. Deliver the PMD and submit a claim
 - The claim will be denied
 - All appeal rights are available

Resubmission and Appeals

- Remember:
 - For non-affirmed prior authorization **requests**, unlimited resubmissions are allowed
 - These requests are not considered appeals
 - For denied **claims**, all normal appeal rights apply

Scenarios

	Prior authorization request is	The DME MAC decision is	The supplier chooses to	The DME MAC will
1	Submitted	Affirmative	Submit a claim	Pay the claim (as long as all other requirements are met)
2	Submitted	Non- Affirmative	a. Submit a claim b. Fix and resubmit a PA request	Deny the claim
3	Not submitted	N/A	Submit a claim (Competitive Bid Supplier)	<ul style="list-style-type: none"> • Develop the claim • Review the claim • If payable for contract bid winner, pay at scheduled amount
4	Not submitted	N/A	Submit a claim (Non Competitive Bid Supplier)	<ul style="list-style-type: none"> • Develop the claim. • Review the claim. • If payable for non-contract bid winner, pay at 75%*

* Applies only to codes in the demonstration, not accessories and starts for orders written on or after December 1, 2012

Physician Reimbursement

- Physician/Practitioner can bill G9156 after he/she submits an initial Prior Authorization Request
 - G-code is billed to the A/B MAC contractors with the Prior Authorization tracking number
 - Only one G-code may be billed per beneficiary per PMD even if the physician/practitioner must resubmit the request
 - The code is not subject to co-insurance and deductible
- This provides some compensation to the **physician/ practitioner** for the additional time spent if he/she is the entity submitting a Prior Authorization request

Beneficiary Impact

- The PMD benefit is not changing
- Beneficiaries will receive a notification of the decision about their prior authorization request
- CMS encourages beneficiaries to use suppliers who accept assignment

What Should I Do?

Resources for Medicare
Providers and Suppliers

References on PMDs from the MACs

- Jurisdiction A: NHIC, Corp.
 - <http://www.medicarenhic.com/dme>
- Jurisdiction B: National Government Services (NGS)
 - <http://www.ngsmedicare.com/wps/portal/ngsmedicare/home>
- Jurisdiction C: CGS
 - <http://www.cgsmedicare.com/jc>
- Jurisdiction D: Noridian Administrative Services, LLC (NAS)
 - <https://www.noridianmedicare.com/dme>

CMS Resources

- CMS sent a certified letter to providers and supplier that outlines the demonstration project
- Demonstration Project Web Site: go.cms.gov/PADemo
 - Demonstration Operational guide
 - Fact Sheet
 - Background

CMS Resources

- Open Door Forum Conference Calls
 - September 26, 2012 at 2PM
 - October 24, 2012 at 2PM
 - Check go.cms.gov/PADemo for the conference information
 - Previous ODF call transcripts are available at:

https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_SpecialODF.html

Summary

Where	Beneficiaries in CA, IL, MI, NY, NC, FL & TX
The demonstration began for:	For orders written on or after September 1, 2012
Submitted by:	Physician/Practitioner or supplier on behalf of the Physician/Practitioner.
Ends:	For orders written on or after September 1, 2015

For More Information

Email the Prior Authorization Team	Pademo@cms.hhs.gov
CMS Demonstration Website	Go.cms.gov/PADemo
FAQs	Go.cms.gov/PAFAQ2012 Keyword: PMD
Follow us on Twitter	@CMSSGov (Look for #pmd_demonstration)



Questions?