



## *In This Issue*

- CR 8390- O/P Claims Edits
- What's New

### Page 2

- Oxygen Suppliers Exiting the Medicare Program
- Medicare Beneficiary Statement
- Registering for the MSI
- DNF Alerts May Cause Payment Delays

### Page 3

- Ask Wendell
- Compliance Counts
- Sub-Contracting
- NSC Application Status Tool

### Page 4

- Contacting Your Medicare Contractor

**Visit us at  
Medtrade  
Booth 1554**

## **Change Request 8390—Orthotic and Prosthetic Claims Edits**

In accordance to Change Request 8390, claims edits will be added for prosthetics and certain custom fabricated orthotics in Arkansas, Georgia, Kentucky, Mississippi, and Tennessee effective **October 5, 2013**. Providers in the aforementioned states must be properly licensed/certified to bill claims for orthotics and prosthetics. Those providers include: orthotists, prosthetists, pedorthists, physical therapists, occupational therapists, ocularists and physicians. However, certain states allow these services to be performed under the supervision of appropriately licensed personnel. Previously CR 3959, released in 2005, implemented an edit for nine states including: Alabama, Florida, Illinois, New Jersey, Ohio, Oklahoma, Rhode Island, Texas, and Washington which required the use of a licensed/certified orthotist or prosthetist to furnish orthotics and prosthetics.

### What does this change mean for suppliers of Orthotics and Prosthetics?

- Suppliers currently providing orthotics/prosthetics in the five state area should submit licensure and/or certification to prevent billing interruption if it is not currently on file with the NSC.
- Suppliers should indicate on the 855s or via Internet-based PECOS if they will be providing O/P to Medicare beneficiaries to ensure the specialty codes are added to their file as appropriate.

The claims edits will be added by the DME MAC billing jurisdictions. For more information, suppliers may view MLN Matters article MM8390.

## What's New

DMEPOS suppliers must remain compliant with all licensure/certification requirements in order to obtain and maintain Medicare billing privileges. Often licensure requirements are modified in response to state legislative requirements for a given product, service,

or practitioner. A 'What's New' button was recently posted to the introductory page of the NSC Licensure Database allowing suppliers to easily view significant license/certification changes that have occurred by state month-by-month. Once the 'What's New' button is selected, a sub-page opens with a listing of PDFs from which to choose. Suppliers are reminded that the licensure database should be used solely as a guide. The various state boards or regulating agencies have the final determination as to what license is or is not required. It is the supplier's responsibility to ensure they are in compliance with all state and federal laws and regulations.

## Oxygen Suppliers Exiting the Medicare Program

A supplier exiting the Medicare oxygen business with oxygen patients who they are unable to transfer to new suppliers are in violation of their regulatory and statutory obligations. Section 1834(a)(5)(F)(ii)(I) of the Social Security Act as Amended requires that an oxygen supplier that received the 36th month rental payment continue furnishing the oxygen equipment during any period of medical need for the remainder of the equipment's reasonable useful lifetime. Further, the regulation at 42 Code of Federal Regulations Section 414.226(g)(1) requires, barring a few exceptions, that the supplier that furnishes oxygen equipment in the first month during which payment is made must continue to furnish the equipment for the entire 36-month period of continuous use, unless medical necessity ends.

## Medicare DMEPOS Beneficiary Statement

DMEPOS suppliers have the option to disclose the following statement in order to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (insert supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

## Have you registered for the MSI? If not, time is running out.

The MAC Satisfaction Indicator (MSI) is a tool the Centers for Medicare and Medicaid Services (CMS) will use to measure your satisfaction with the Medicare claims administration contractor(s) that serve you. The contractors and CMS will use the results of the MSI to improve the level of service offered to all Medicare Fee-For-Service (FFS) providers.

If you are a Medicare FFS provider or you represent a Medicare FFS provider and are interested in participating, take a moment to register your contact information. Registration is easy – just complete the application at <https://adobeformscentral.com/?f=eMRKPqaWpqMxNOMTQpSKDA>. It should take less than 1 minute. For each MSI administration, CMS will randomly select its MSI sample from a list of providers who register to become participants.

Hurry! Registration will soon close. For more information, visit the MSI website at <https://www.cms.gov/Medicare/Medicare-Contracting/MSI>.

## DNF Alerts Could = Payment Delays

Supplier Standard #2 requires DMEPOS suppliers to report changes of information to the National Supplier Clearinghouse within 30 days of the change. Changes can be reported 30 days before or after the change occurs. Because the United States Postal Service will not send remittance notices to a forwarding address, they are returned to the billing jurisdiction resulting in the placement of an alert code on the supplier's file. The more frequent a supplier bills for reimbursement, the more likely a Do Not Forward (DNF) alert will be placed on the supplier's file--thus suspending payments until the change of information has been processed. The best way to avoid the issuance of a DNF alert is to submit changes of information within the 30-day window prior to the effective date of the change.

# ASK WENDELL



**Q.** I've sent several required licenses to the NSC, but when I view PECOS, I do not see where they are included on my file. Why are all licenses not on my file if they are required?

**A.** While local business licenses and state tax permits are necessary to operate your business, they are not routinely verified for enrollment. Those licenses/permits are maintained in the suppliers' hardcopy file, but may not be keyed into PECOS. Only licenses applicable to specialty supplier types, products and services should be submitted. For further information refer to Section 12 of the 855s (01/13) Supporting Documentation.

**Q.** I am no longer interested in participating in the Medicare program. What is the process for suspending my billing privileges?

**A.** Suppliers choosing to discontinue enrollment in the Medicare program may submit a voluntary withdrawal via the 855S or Internet-based PECOS. Suppliers are also responsible to notify their Medicare beneficiaries of their decision to no longer participate in the Medicare program and where necessary, assist in connecting them with a suitable supplier if the termination is within a rental period.

Got a question for Wendell? Email [Medicare.NSC@PalmettoGBA.com/NSC](mailto:Medicare.NSC@PalmettoGBA.com/NSC) with the subject line: **Ask Wendell**

## **REMEMBER -- Compliance Counts!**

- Each supplier location where Medicare Beneficiaries are serviced must have billing privileges with the exception of warehouses and repair facilities.
- The legal business name as reported with the IRS must match what is listed in NPPES when submitted to the NSC for processing.

## **To Sub-Contract or Not to Sub-Contract—*That* is the Question?**

DMEPOS suppliers may contract with entities for delivery, set-up, and maintenance of Medicare products/supplies. Suppliers may also contract for inventory based on Supplier Standard #4. Ultimately, however, the primary supplier with an active PTAN is responsible for the care and service to the Medicare beneficiary. Should product mishaps occur during deliver, the active supplier must replace or repair the item at no cost to the beneficiary.

### **Online Application Status Tool**

Want to quickly check the status of your application, change of information, reactivation or revalidation? Use your PTAN, Tax ID, or NPI and check the status using the online application status tool housed on the NSC Website. Log onto [www.PalmettoGBA.com/NSC](http://www.PalmettoGBA.com/NSC) and select 'NSC Application Status Tool' from the homepage under Self Service Tool. It's fast, quick and easy and gives you up-to-date information regarding correspondence that you've sent to the NSC via the CMS-855s or Internet-based PECOS.

## Contacting the DME MACs

**Jurisdiction A – NHIC, Corp**

CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT

**Supplier Customer Service:** (866) 590-6731

**Interactive Voice Response Unit:** (866) 419-9458

**Jurisdiction B – National Government Services**

IL, IN, KY, MI, MN, OH, WI

**Supplier Customer Service:** (866) 590-6727

**Interactive Voice Response Unit:** (877) 299-7900

**Jurisdiction C – CGS Administrators**

AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VI, VA, WV

**Supplier Customer Service:** (866) 270-4909

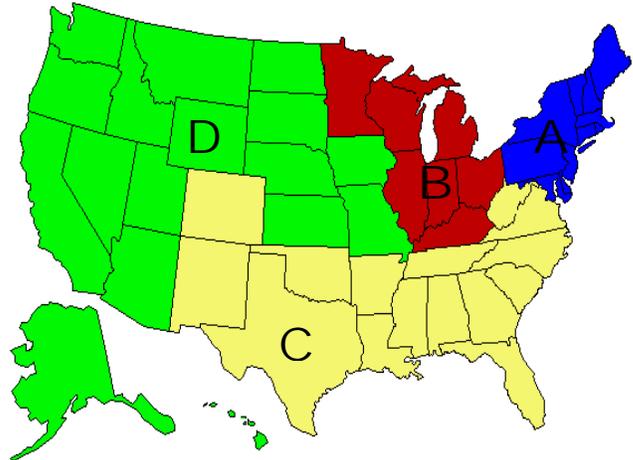
**Interactive Voice Response Unit:** (866) 238-9650

**Jurisdiction D – Noridian Healthcare Solutions**

AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MP, MT, ND, NE, NV, OR, SD, UT, WA, WY

**Supplier Customer Service:** (877) 320-0390

**Interactive Voice Response Unit:** (877) 320-0390



**Common Electronic Data Interchange (CEDI)**

All Billing Jurisdictions

**1-866-311-9184**

## Who Ya' Gonna Call?

Contact the NSC with questions regarding:	Contact your DME MAC with questions regarding:
<ul style="list-style-type: none"> <li>The CMS 855S application form</li> <li>The application process</li> <li>Site visits</li> <li>Licensure requirements</li> <li>The Medicare DMEPOS supplier standards</li> <li>NSC education opportunities</li> <li>Changes in supplier information</li> <li>'DNF' (do not forward) issues</li> <li>Reactivation of billing privileges</li> <li>Supplier fraud</li> <li>Appeal process (for denied/revoked billing privileges)</li> <li>Voluntary termination of billing privileges</li> </ul>	<ul style="list-style-type: none"> <li>Claims processing</li> <li>Payment questions and issues</li> <li>EDI / electronic claims processing</li> <li>Electronic funds transfers</li> <li>Documentation requirements</li> <li>Pricing</li> <li>Appeals process of claims payments</li> <li>Fraud and abuse</li> </ul> <p style="text-align: center; color: red; margin-top: 10px;"><b>Contact the EUS Helpdesk with questions regarding:</b></p> <ul style="list-style-type: none"> <li>To report an application navigation or access problem with Internet-based PECOS</li> </ul>

ARE YOU REGISTERED?

Log on to [www.palmettogba.com/nsc](http://www.palmettogba.com/nsc) and subscribe to the NSC listserv to receive timely information and updates regarding Medicare enrollment procedures and guidelines. Don't be left behind, register now!



Scan the QR Code to register for timely updates through the NSC Listserv