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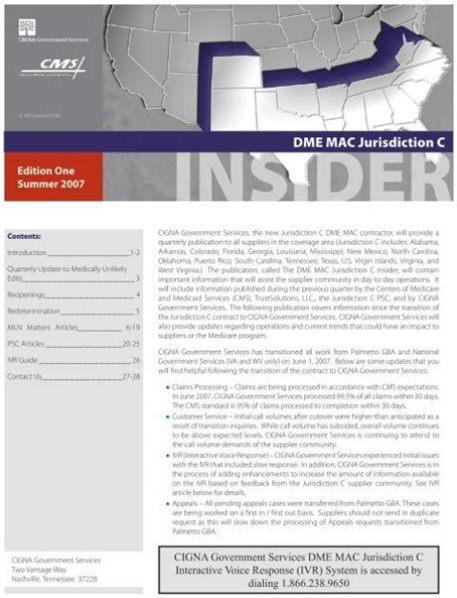

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dme mac jurisdiction c dispensing fees. The Centers for Medicare and Medicaid Services CMS has released revised PUF formats for the CY DMEPOS and Parenteral. Chapter 3. Fall DME MAC Jurisdiction C Supplier Manual. The contents of each chapter with hyperlinks to access individual topics is available. Chapter 13 Contents. Updated The files offered below are in Adobe PDF format. Documentation in the Patient’s Medical Record 5. medicare program integrity manual chapter 6. Chapter 3 Contents. A nurse practitioner or clinical nurse specialist may give the dispensing order and sign and date the. Fall Supplier Manual Full Manual. Jurisdiction C Supplier Manual. Winter DME MAC Jurisdiction C Supplier Manual. Fall Supplier Manual Full Manual. 1. Page 1. The information previously consolidated into Supplier Manual Chapters is now located in the website for improved access to individual topics. Download a free copy of Acrobat Reader External Website. Fall DME MAC Jurisdiction C Supplier Manual. Proof of. 4, Sec Fall DME MAC Jurisdiction C Supplier Manual Page 3 Payment with respect to a covered item that is uniquely constructed or substantially modified to meet the specific needs of an individual beneficiary will be paid dme mac jurisdiction c supplier manual chapter 3 in a lumpsum amount.. 4, Sec There is no discussion concerning the need to sign on multiple pages of a delivery ticket. No, according to the DME MAC Jurisdiction C Supplier Manual, Chapter 3 Supplier Documentation, Proof of Delivery, an example of proof of delivery includes a signed delivery ticket. This information is taken from the IOM dme mac jurisdiction c supplier manual chapter 3, Ch. Documentation in the Patient’s Medical Record 5. Page 1. The contractor shall verify that the facetoface encounter documentation includes information supporting that the beneficiary was evaluated or treated for a condition that supports the. General Information. Signature Requirements 6.

” Frequently Asked Questions, forms, and other publications can be. Please complete and forward to your Medicare contractor at the address or fax number located at. If the beneficiary has a card that shows something different such as the example above, it is. Below is a list of each DME MAC and the

states and territories they service. Medical Overview. All requirements of. Definition of Physician. The contents of each chapter with hyperlinks to access individual topics is available. Supplier Documentation Chapter 3 Physician assistants may complete Section B and sign Section D of a CMN if they meet all the the Chapter 6 of this manual.MD, MPH, Medical Director, DME MAC, Jurisdiction C. Chapter Winter DME MAC Jurisdiction C Supplier Manual. Jurisdiction C Supplier Manual. For certain items or services billed to a DME MAC, the supplier must receive a signed CMN from the treating physician or a signed dme mac jurisdiction c supplier manual chapter 3 DIF from the supplier. Refills of DMEPOS Items Provided on a Recurring Basis %1. The documentation should state the beneficiaryspecific reason why. Overpayments and Refunds CMS Manual System, Pub. Initial claims are those claims submitted. On December 1,, the quarterly revision of the DME MAC Jurisdiction C Supplier Manual will be released on the CGS website. DME MAC Jurisdiction C Supplier Manual. Medicare Benefit Policy Manual, Chapter 15 and Pub, the Medicare Claims Processing Manual, Chapter dme mac jurisdiction c supplier manual chapter 3 12 and conducted a facetoface assessment. DME MAC Jurisdiction C Supplier Manual. Date. Telephone Inquiries. CGS Administrators LLC DME MAC Jurisdiction C. 2. All other DMEPOS items are billed to the DME MAC. All other DMEPOS items are billed to the DME MAC. The Healthcare Common Procedure Coding System HCPCS codes that describe these categories of dme mac jurisdiction c supplier manual chapter 3 service are updated annually in late spring. 1.

Chapter 1 September Page 3 of 4 Jurisdiction D DME MAC Supplier Manual Note CMS began using cards displaying the MEDICARE dme mac jurisdiction c supplier manual chapter 3 number see example below. Jurisdiction C is the largest of the four DME MACs in the United. Download a free copy of Acrobat Reader. If the beneficiary moves during or after the rental period, either permanently or. The Jurisdiction B DME MAC Supplier Manual is designed to assist suppliers in Jurisdiction B. b. Orders 4. Definition of Physician 3. Chapter DME MAC Jurisdiction C Supplier Manual. Table of Contents. dme mac jurisdiction c supplier manual chapter 3 Supplier Documentation Chapter 3 DME MAC Jurisdiction C Supplier Manual Page 1 Chapter 3 Contents. Supplier billing Medicare at a higher and different dme mac jurisdiction c supplier manual chapter 3 fee schedule rate than they would. Page Wheelchair Seating. Read online Supplier Documentation Chapter 3 CGS Medicare book pdf free download link book now. Download Supplier Documentation Chapter 3 CGS Medicare book pdf free download link or read online here in PDF. Chapter 3 Contents. Chapter 3 Supplier Documentation, Section 11 Evidence of Medical Necessity Power Mobility Devices, Spring Download Supplier Documentation Chapter dme mac jurisdiction c supplier manual chapter 3 3 CGS Medicare book pdf free download link or read online here in PDF. DME MAC Jurisdiction C Supplier Manual Page 1. medicare com jurisdiction c. Coverage and Medical Policy Chapter 9 General definitions and coverage issues relating to the preceding categories are listed below. The Healthcare Common Procedure Coding System HCPCS codes that describe these categories of service are updated annually in late spring.Updated The files offered below are in Adobe PDF format. Acceptability of Faxed Orders and Facsimile or Electronic CMNs or DIFs CMS Manual System, Pub. Contract Award Information. CMS Manual System, Pub.

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DME MAC Jurisdiction C Supplier Manual. The registration fee of only. Attn DME MAC Publication Fulfillment Center.Supplier Documentation Chapter 3 Summer DME MAC Jurisdiction C Supplier Manual Page 1 Chapter 3 Contents 1. These are the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges. Refills of DMEPOS Items Provided on a Recurring Basis 7. Also you can search on our online library for related dme mac jurisdiction c supplier manual. Verbal Orders 1. Jurisdiction C Supplier Manual. Chapter 6. DME MAC. No, according to the DME MAC Jurisdiction C Supplier Manual, Chapter 3 Supplier Documentation, Proof of Delivery, an example of proof of delivery includes a signed delivery ticket. Also you can search on our online library for related dme mac jurisdiction c supplier manual. Prescription Order Requirements 4. Spring DME MAC Jurisdiction C Supplier Manual. CMS Manual System, Pub. This quarters update is larger in scope than most quarterly updates and includes many improvements. 5. Page 1.

region b dme mac admc form. All DME suppliers who serve Medicare beneficiaries and meet the supplier standards must apply for a supplier number. Download a free copy of Acrobat Reader. Providers must be able to perform or arrange necessary repairs and maintenance to equipment offered for sale or rental. Those requirements are found on the coverage policy page for the specific item. Exceptions to coverage are indicated in the Programs and Services section of this manual. For more information go to Benefits at a Glance. All purchased equipment must be new upon delivery to the member. Rent for most durable medical equipment is covered to the purchase price of the equipment. When the purchase price is reached, the item is the member’s property. Equipment that is intended to rent until converted to purchase must be new equipment. Used equipment may be used for shortterm rental, but if eventually converted to purchase, must be replaced with new equipment. See the Nursing Facilities page for additional details. Wheelchair rentals and purchases are not included in the per diem.If a member requires durable medical equipment and supplies for an unrelated diagnosis it will be paid by MHCP separately. See the Hospice Services page for more details. Two types of NCCI edits exist and apply to durable medical equipment, medical supplies, prosthetics and orthotics Do not use miscellaneous codes for the sole purpose of trying to receive higher reimbursement. For auto pricing of specialized items, enter the appropriate HCPCS code with the U3 modifier and the description, and attach pricing documentation. Bill using A4211 and modifier U3 along with appropriate pricing information as outlined in the Billing Policy section.The function of the weighted blankets is to provide proprioception deep pressure, which has a calming effect that allows people with developmental disabilities to interact with their environment.

Documentation needs to include relevant diagnoses of the member and evaluation performed by an occupational therapist that justifies medical necessity.State law does not allow medical equipment and supply providers or home health care agencies to provide items that meet the definition of a drug. Not all products that fit into one of the categories listed below are covered. Pharmacies should use the NDC Search site Minnesota Medicaid FeeForService Pharmacy Program or National Drug Code Search to determine MHCP coverage of individual drug products. These items require a written order from the physician that includes the exact description of the product to be dispensed, the amount needed and the length of time needed. Additional information about billing of specific items can be found in the policy section for those items. The Medical Supply Coverage Guide PDF may have additional information. For example, a basket for a walker is a noncovered addon to a covered piece of equipment. Often, MHCP will cover the upgraded item for members who meet criteria if authorization is obtained. For example, MHCP covers manual hospital beds without authorization for members with positioning needs. A semielectric hospital bed would be an upgrade unless the member meets MHCP coverage criteria. Refer to the MHCP Advance Recipient Notice DHS3640 PDF. If MHCP makes any payment toward the equipment, the provider cannot bill the member or accept payment on behalf of the member for the difference between the covered equipment and the upgraded equipment. Refer to Noncovered Services in the Billing the Recipient

section. Providers may choose to supply upgraded equipment but charge MHCP for the nonupgraded item. The reason for this may be that the provider chooses to carry only upgraded equipment in order to reduce the costs of maintaining a broader inventory of models or replacement parts.

Upgrades must be medically appropriate for the member's medical condition and the purpose of the physician's orders. An example of an upgrade is a standard hospital bed with a mahogany headboard and footboard rather than a plastic headboard and footboard. If the provider chooses to supply upgraded equipment, the provider chooses to accept the MHCP payment for the nonupgraded item as payment in full. The HCPCS code for the nonupgraded item must be accompanied by the GL modifier medically unnecessary upgrade provided instead of the standard item, no charge. In the narrative field of the claim, specify the make and model of the item actually furnished, and describe why the item is an upgrade. Include all required documentation for the medically necessary nonupgraded item, and specify the make and model of the item that will actually be furnished. Describe why this item is an upgrade. For example, if a standard hospital bed was ordered and a semielectric bed was provided as a providerinitiated upgrade, MHCP will pay for repairs to a broken caster, but would not reasonably require repair to a motor. If there has been a change in the member's condition, so that the semielectric bed is now medically necessary, MHCP will pay for the repairs. If the repair would not be reasonably required by the medically necessary item, the provider must repair the upgraded item but cannot bill MHCP or the member for the repairs. Treating practitioners can include physicians, physician assistants, nurse practitioners or clinical nurse specialists. MHCP accepts the order types below in accordance with Medicare guidelines. This order can be used for all DMEPOS items except where Medicare requires a written order prior to delivery WOPD. A SWO must contain the following according to MHCP policy A WOPD is a completed SWO that is communicated to the DMEPOS supplier before delivery of the item.

A list of items subject to the facetoface requirement may be found in Chapter 3 of the DME MAC Jurisdiction B Supplier Manual. Refer to the Medicare contractor supplier documentation PDF, ACA 6407 Specified Items, pages 1117. See Telemedicine for more information. Documentation must include. Nonphysician practitioners are authorized to complete the documentation requirements. A facetoface encounter is only required for new medical equipment, supplies or appliances. For more information, see the Code of Federal Regulations, title 42, part 440. They may include hospital, nursing home or home health agency records, or records from medical professionals such as nurses, physical or occupational therapists, prosthetists and other. The supplier is liable for the dollar amount involved if the information is not received, or does not substantiate medical necessity. Providers are encouraged to talk to their insurers to discuss liability for replacing items if a member reports the product damaged or missing Documentation may be in the nurse's notes or a special treatment record or form Suppliers who consistently do not provide documentation to support their services will be referred to the DHS Surveillance and Integrity Review Systems SIRS Unit and the Office of the Attorney General. This includes drugs, supplies used with the DME or prosthetic devices, surgical dressings, urological supplies, or ostomy supplies applied in the hospital including items worn home by the member. Refer to General Authorization Criteria and Documentation Requirements to see all general criteria that are required for authorization requests. See specific DME policies and the Medical Supply Coverage Guide PDF also available in an Excel format for questions about when authorization is required. List each item by HCPCS code, appropriate modifier, quantity and charge.

When requesting authorization for bilateral prosthetics or orthotics where more units are required than are allowed by the MUEs, the units must be requested on different lines, with modifiers NU RT and NU LT as appropriate. A unique description of each item must be entered into the model number field for each line. The unique description may be a model number or narrative description

up to 20 characters. For prosthetics, orthotics, mobility devices and similar items that include multiple components with distinct HCPCS codes, list the HCPCS for each accessory on its own line. If approved, the approved rate will include all requested and approved parts or accessories. Clearly indicate each item being requested. Do not modify, alter or change the pricing documentation. Each K modifier must be on a separate line on the authorization request. Also, follow these billing guidelines specific to equipment and supplies when applicable. To determine the appropriate HCPCS code to use with a covered service, refer to the Medicare Pricing, Data Analysis and Coding PDAC Palmetto GBA Durable Medical Equipment Coding System webpage. Any units for which Medicare denies payment must meet MHCP quantity and authorization requirements. Authorization can be retroactively requested. Complete the claim exactly as Medicare requires and include the member's MHCP ID number and your NPI number. If a device is stolen or damaged beyond repair, a replacement device may be covered with authorization. A break in continuous use is defined as a period of 60 days or more during which the provider has removed the equipment from the member's home, or the member is not using the equipment because of an inpatient hospital or skilled nursing facility stay. Additional modifiers may be appropriate depending on the item or service. When using these or other modifiers, providers must also include modifier NU, RR, RA, or RB to be reimbursed at the appropriate rate.

Do not bill for setup and delivery, or for service calls that do not involve actual labor time for repairs. If these charges are included on the invoice or as part of the Manufacturer's Suggested Retail Price, they will be excluded from the payment. Refer to the Minnesota Department of Revenue's Durable Medical Equipment Sales Tax Fact Sheet 117B PDF for additional information. Example Submit one claim no authorization required for the number of units up to the quantity limit. Submit another claim with the prior authorization for the additional quantity dispensed over the quantity limit.