noridian
Healthcare Solutions

## Prior Authorization: Coming your Way!

Prior authorization (PA) for the K0856- group 3 standard, single power option and K0861- group 3 standard multiple power option power wheelchairs, will apply to beneficiaries residing in the following four states (shown with the corresponding Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for planned dates of service (DOS) on or after March 20, 2017. The DME MACs will begin accepting Prior Authorization Requests (PARs) March 6, 2017.

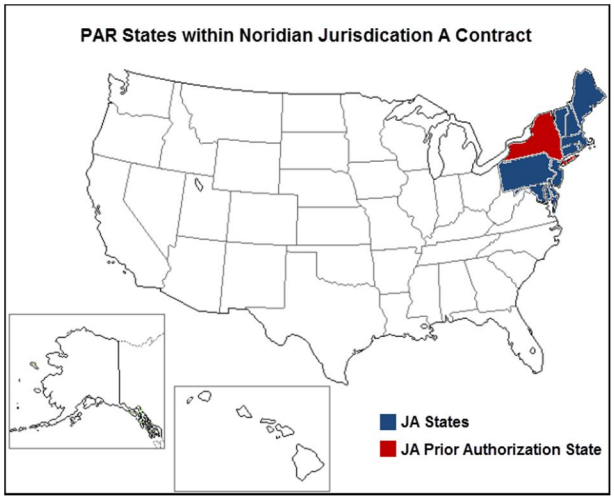
**Jurisdiction A (Noridian):** New York

**Jurisdiction B (CGS):** Illinois

**Jurisdiction C (CGS):** West Virginia

**Jurisdication D (Noridian):** Missouri

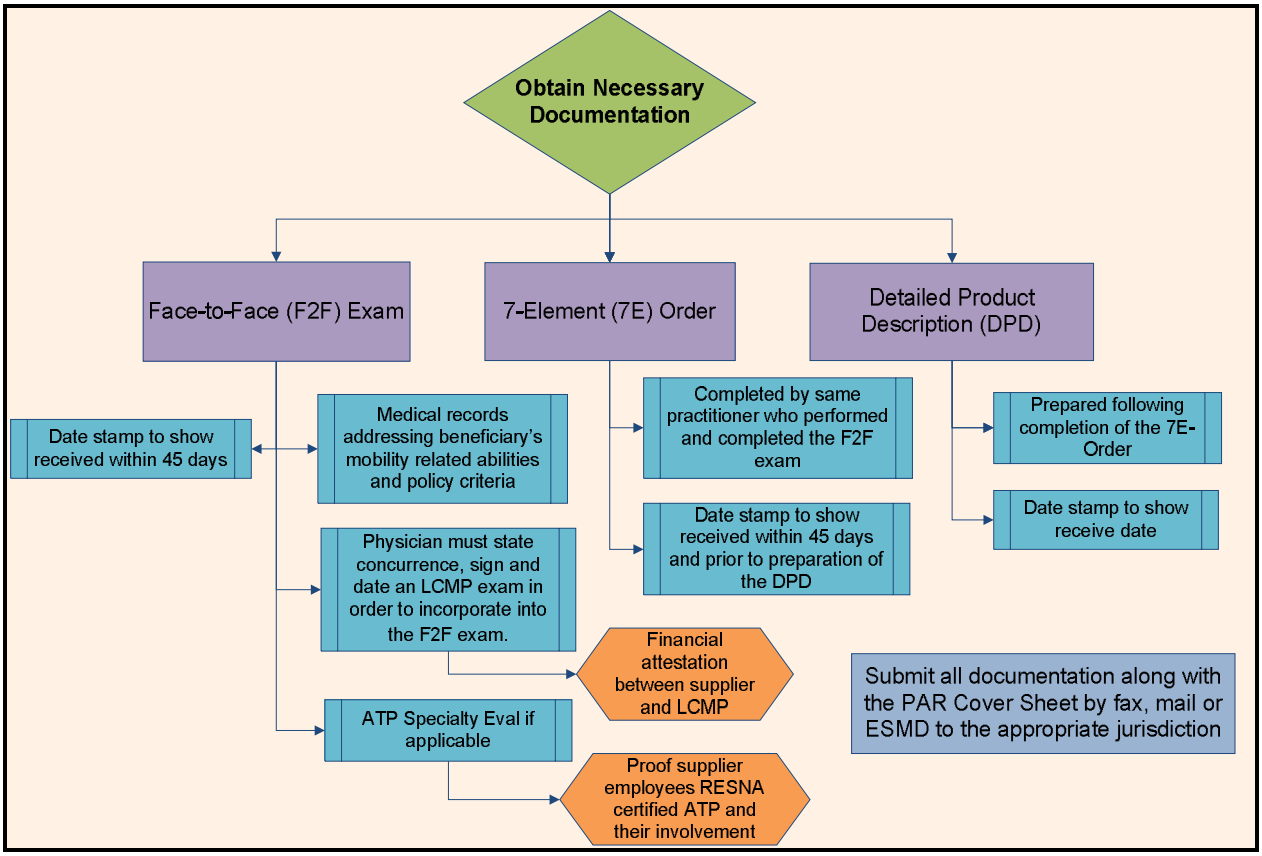
Noridian Healthcare Solutions would like to provide DME suppliers with helpful information regarding the prior authorization process, common reasons for complex medical review claim denials, and the locations and links to educational resources that can be found on the Jurisdiction A website.




# Where Do I Begin?

## What should you include in a PAR package submission?

The chart below summarizes the order of events and the necessary documentation that is needed when submitting a PAR package. Assuring all components are completed and included within the submission will increase efficiency of the process.

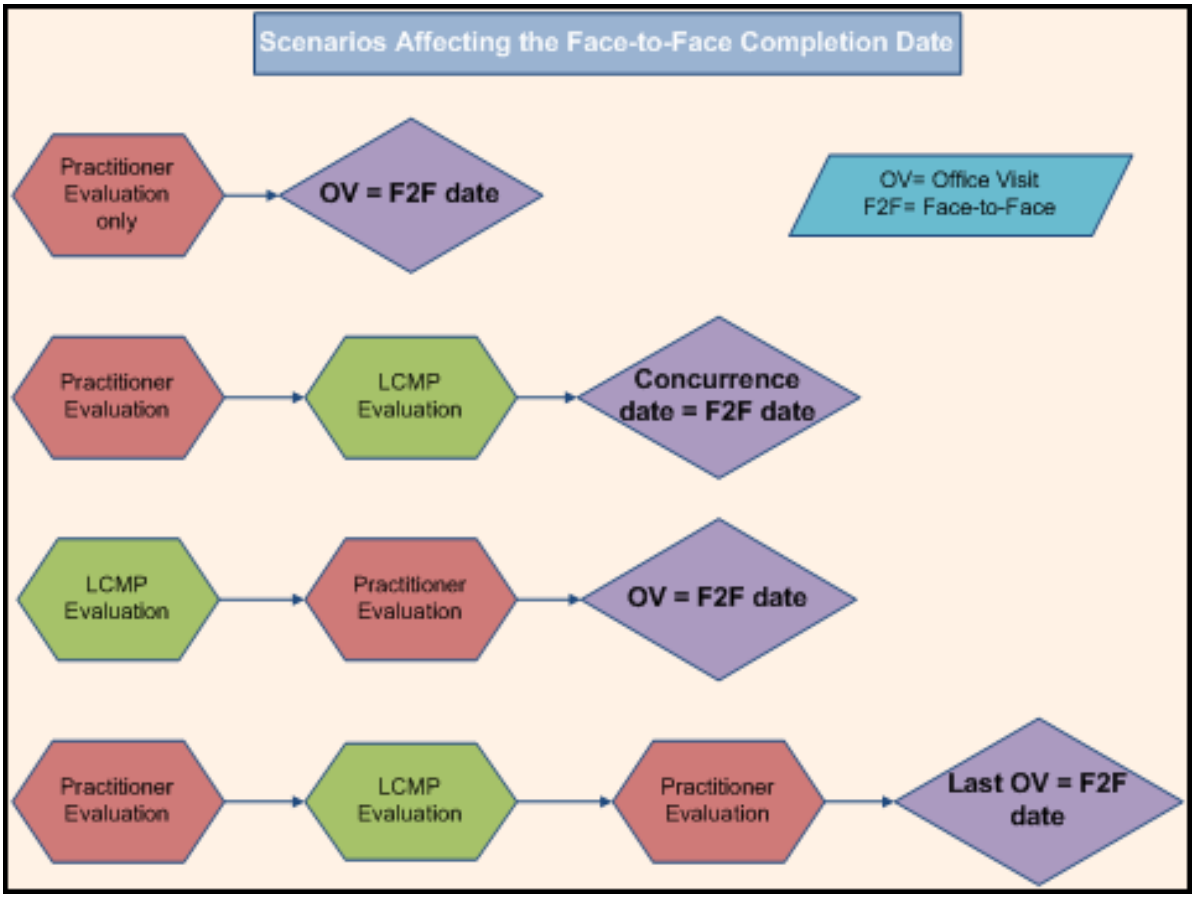



## What is a F2F date?

The following article provides scenarios for properly dating the face-to-face examination on the 7-element order and the flow chart below demonstrates the different scenarios that may be encountered:

https://med.noridianmedicare.com/web/jadme/article-detail/-/view/6547796/face-to-face-examination-date-on-7-element-order-for-power-mobility-device-scenarios

- If there is a practitioner evaluation only, the date of the office visit with the practitioner must be used as the F2F date.
- If there is a practitioner evaluation followed by a LCMP evaluation, the date of the practitioner's concurrence must be used as the F2F date.
- If there is a LCMP evaluation followed by a practitioner evaluation, the practitioner evaluation date must be used as the F2F date.
- If there is a practitioner evaluation followed by a LCMP evaluation a subsequent practitioner evaluation, the last office visit with the practitioner must be used as the F2F date.




## How can you avoid requesting an expedited request for non-emergent purposes?

In *very rare emergent* circumstances an expedited review may be requested. In order to be processed as an expedited request, circumstances must be in accordance with the following guidelines:

- The expedited request must be accompanied by supporting medical documentation
- The physician indicates clearly, with supporting rationale, that the 10 business day timeframe for an initial decision could jeopardize the beneficiary's life or health

Expedited requests will be downgraded to standard requests when documentation does not support the above guidelines.

## Why should you use the PAR submission cover sheet?

Completing all elements found on the submission cover sheet *correctly* and *completely* aids in the efficient processing of each PA request.

**https://med.noridianmedicare.com/documents/2230703/6363658/DME+PAR+Coversheet/f32e99bc-7df8-4b7a-b378-2e1776a683fd**

## How can you avoid the common reasons for rejection?

There are various reasons that a PAR may be rejected and not reviewed. Proper completion of the cover sheet, ensuring a complete package is submitted each time, and thorough intake processes aid in minimizing most rejections.

| Common Reasons for Rejection |
| --- |
| The HCPCS code is not specified |
| The HCPCS code is not subject to PA |
| The beneficiary has a Representative Payee on file and is not subject to PA |

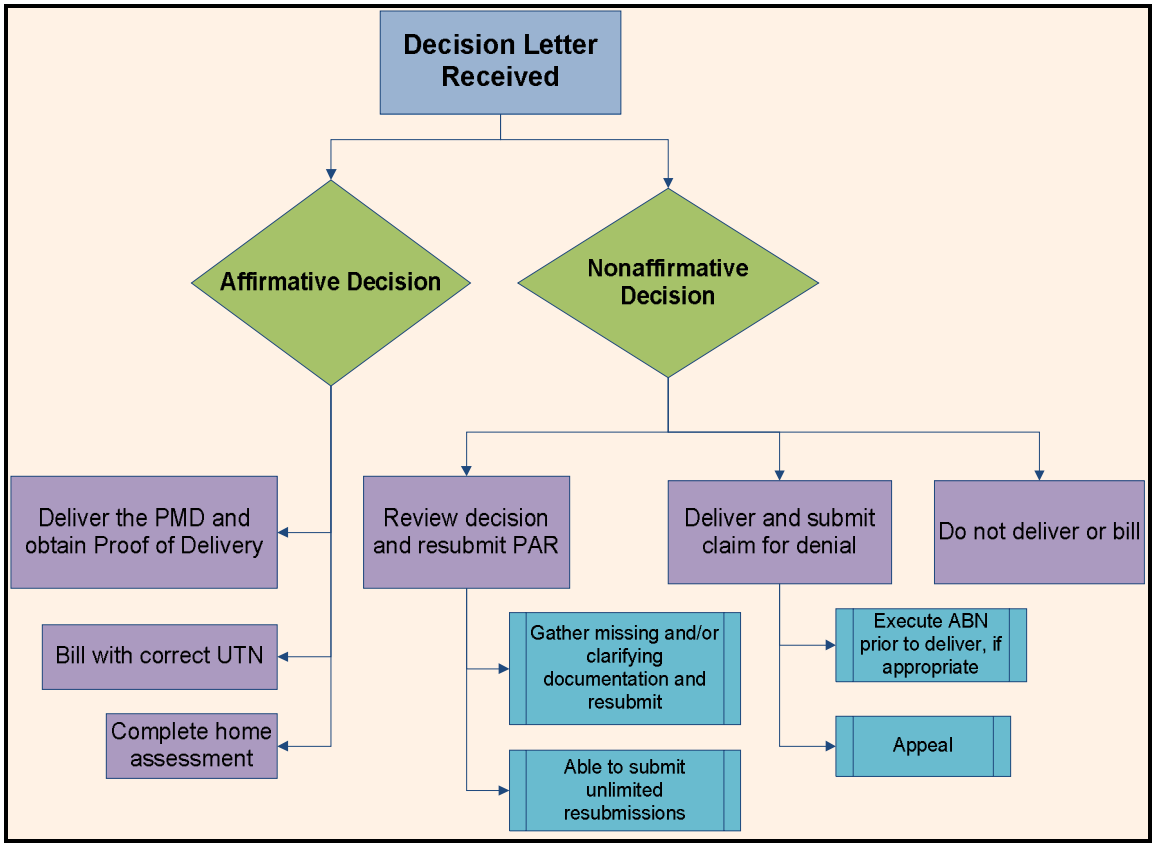
| |
|---|
| The beneficiary does not reside in a PA state within Jurisdiction D |
| The beneficiary is deceased |
| The PAR is a duplicate submission |

## You received a decision, now what?

After the PAR submission goes through the medical review process a decision letter is provided to the supplier.

An affirmative decision means that based on the review, it was determined the beneficiary meets the medical necessity requirements established by Medicare for the power mobility device (PMD) base requested.

A non-affirmative decision requires follow-up by the supplier prior to submitting a subsequent submission. The following chart provides direction on the process following a PAR decision.




## Reasons for Non-Affirmation and Helpful References

| Non-affirmation Reason | References Addressing Reason |
|---|---|
| A medical record or an order is improperly amended | • https://med.noridianmedicare.com/web/jadme/dmepos/pmds/changing-a-7-element-order<br>• http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf<br>• https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/CERT/Downloads/PMD_DemonstrationOperationalGuide_v15_03252013.pdf |

| | |
|---|---|
| The face-to-face examination date listed on the 7-element order is incorrect | • https://med.noridianmedicare.com/web/jadme/article-detail/-/view/6547796/face-to-face-examination-date-on-7-element-order-for-power-mobility-device-scenarios |
| The evidence of RESNA certification and/or ATP involvement is missing | • https://med.noridianmedicare.com/web/jadme/article-detail/-/view/2230703/atp-resna-certification-requirement-reminder |
| A statement indicating the supplier has no financial relationship with the licensed certified medical professional (LCMP) involved in the evaluation is missing | • https://med.noridianmedicare.com/web/jadme/article-detail/-/view/2230703/attestation-statements-must-accompany-admc-par-and-pmd-claims-for-medical-review |
| The CMS requirements for signatures are not met | • http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf<br>• http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6698.pdf |

## Don’t forget the UTN when billing!

Once an affirmed decision has been made, submit the claim, including the unique tracking number (UTN), as follows:

> The submission of the prior authorized PMD claim is to have the 14 byte UTN that is located on the decision letter. For submission of a claim, the UTN is submitted in Item 23 of the 1500 Claim Form. For electronic claims the UTN is submitted at either loop 2300 REF02 (REF01 = G1) or loop 2400 REF02 (REF01 = G1).

## Prior Authorization vs PMD Demonstration Comparison

The following table summarizes the key differences between the Condition of Payment PA Program and the current PMD PA Demonstration. The following two HCPCS codes were chosen to begin the Condition of Payment PA Program:

- K0856- POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0861- POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS.

CMS will implement additional states and HCPCS codes for PA consideration in the future, of which is still to be determined by CMS.

| Comparison of PA Program and PMD Demonstration | | |
|---|---|---|
| | PA Program | PMD PA Demonstration |
| **States** | **JA:** NY<br>**JB:** IL<br>**JC:** WV<br>**JD:** MO | **JA:** NY, MD, NJ & PA<br>**JB:** IL, MI, IN, KY & OH<br>**JC:** FL, NC, TX, GA, TN & LA<br>**JD:** CA, MO, WA & AZ |
| **HCPCS Codes** | K0856 and K0861 | K0800-K0802, K0812-K0829, K0835-K0843, K0848-K0855, K0890-K0891, K0898 |
| **Requests Accepted From:** | A beneficiary residing in one of the participating states or a DME supplier. | A beneficiary residing in one of the participating states, a DME supplier, or a physician. |
| **Decisions** | **Initial Request:** 10 business days<br>**Subsequent Request:** 20 business days<br>**Expedited Request:** 2 business days | **Initial Request:** 10 business days<br>**Subsequent Request:** 20 business days<br>**Expedited Request:** 2 business days |
| **PA Decision Letter Recipients** | Beneficiary (if specifically requested) and supplier | Supplier, physician and beneficiary |
| **Resubmissions** | Unlimited | Unlimited |
| **Payments** | Any claim eligible for this program must be prior authorized before delivery of the item or it will be denied as prior authorization is a condition of payment. | Claims billed that are eligible for the demonstration will undergo complex medical review if prior authorization is not utilized.<br>**CBA Supplier:** Designated single payment amount.<br>**Non-CBA Supplier:** A 25% reduction of Medicare payment after co-insurance and deductible applied. |

| | | |
|---|---|---|
| **Appeals** | The standard appeals process applies when the claim is denied due to no PAR submitted, in addition to:<br>• No GA modifier appended on the claim (CO denial).<br>• GA modifier is appended and Advance Beneficiary Notice of Noncoverage (ABN) deemed missing or invalid (CO denial)<br>• GA modifier is appended and ABN deemed valid (PR denial). | • Payment reduction is not eligible for appeal.<br><br>The standard appeals process applies when:<br>• The claim is billed with a non-affirmative PAR decision on file.<br><br>• The claim is denied after complex medical review and no prior authorization on file. |

## Still have questions?

Call the Supplier Contact Center or Interactive Voice Response (IVR) at:

1-877-320-0390

IVR Availibility: 24/7
IVR claim status Availibility: Monday – Friday 6:00 a.m. to 8:00 p.m. CST
Contact Center Availibility: Monday – Friday 8:00 a.m. to 6:00 p.m. CST

Request a one-on-one session via the education request form:

https://med.noridianmedicare.com/documents/2230715/2240771/Electronic+Supplier+Visit+Data+Collection/459321d9-bf71-4921-a7f5-f591d21d8bae

Visit our Prior Authorization webpage:

https://med.noridianmedicare.com/web/jadme/cert-reviews/mr/prior-authorization/required-programs

CMS will issue specific prior authorization guidance in sub-regulatory communications. The final rule is currently on display at https://www.federalregister.gov/articles/2015/12/30/2015-32506/medicare-program-prior-authorization-process-for-certain-durable-medical-equipment-prosthetics.

**Required Prior Authorization Listing**

- K0856- Group 3 Single Power Option/K0861- Group 3 Multiple Power Option Power Wheelchairs

Last Updated Feb 03, 2017

Visit the Noridian Medicare Portal! **Get registered today!**

**https://med.noridianmedicare.com/web/jadme/topics/nmp**

If you have not already done so, we strongly encourage signing up for the Noridian Medicare Portal. It is a web-based product that is completely free and only requires an internet connection. It allows the capability to check eligibility, claim status, PAR status, submit redeterminations, and so much more!

| Educational Resources on the Noridian Healthcare Solutions Website | |
|---|---|
| **Training and Events page** | https://med.noridianmedicare.com/web/jadme/education |
| **DME On Demand presentations** | https://med.noridianmedicare.com/web/jadme/education/event-materials<br>DME On Demand is a wonderful tool as these are pre-recorded presentations that enable viewers to watch and listen to the presentation at their convenience.<br><br>DME on Demands specific to PMDs include:<br>o PMD Captain's Chair vs. Sling/Solid Back Chair – 7 minutes<br>o PMD Documentation – 10 minutes<br>o Power Mobility Device Coverage Criteria A–C – 7 minutes<br><br>DME on Demands specific to PAR include:<br>o Beneficiary Address Change – 7 minutes |
| **Resources** | Local Coverage Determination L33789 and Policy Article A52498 for Power Mobility Devices<br>https://med.noridianmedicare.com/documents/6547796/6558289/Power+Mobility+Devices.pdf/fc82a2b0-dda2-47bf-b801-7439c89a5ee0<br>Documentation Checklist<br>https://med.noridianmedicare.com/web/jadme/policies/documentation-checklists<br>Physician Resource Letter – Medical Records<br>https://med.noridianmedicare.com/web/jadme/policies/physician-resources |