

New England Medical Equipment Dealers Association (NEMED)							
Current Issues - December 2010							
Key: B=Billing, P=Policy, C=Closed							
MEMBER	Issue	Example/TCN #/Notes	MassHealth Lead	Start Date	Latest Update	Action Plan (AP)/ Update(UP)	
1	MassHealth Work Group = P	What is the status of custom rehab prescription form?	Lynda Scully	2/21/2011	3/1/2011	Done and will present in a bulletin. <b>Closed</b>	
2	MassHealth Work Group = P	<b>Nebulizer Closets</b> - Based on feedback we are hearing from members on nebulizer closet audits, we would like to discuss MassHealth's policy.	Lois Aldrich Lynda Scully	2/21/2011		This was discussed after the meeting. MassHealth is collecting information and will discuss with NEMED once complete. This issue will be handled separately. At this time, consignment closets are not allowed.	
3	Hudson Mobility = B	MassHealth is denying PA extensions and PA adjustments.	P10046008E (expired) P102250048 (cancelled - won't extend)/ P10105005F (expired)/ P100250120 (extended after additional med docs)	Jessica Carpenter	2/21/2011	3/23/2011	In the PA examples provided, MassHealth did deny requests for adjustments and extensions. However, the reasons for denial were appropriate: 1. PA# P10046008E and P102250048, wheelchair and repairs: The second PA request was for an adjustment. This PA was cancelled and the adjustment for the extension was completed on the original PA, adjusting the expiration date from 8/23/10 to 11/15/10. 2. PA# P10025012, wheelchair and repairs for a CCM Member: The request did not include any additional/new medical documentation to support the request. The PA was eventually extended following receipt of the additional documentation. 3. PA# P1015006F, wheelchair and repairs: The seating and labor request was originally approved for 4/15/10 to 10/15/10. The extension request was denied because the seating and mobility request performed in March 2010 but the wheelchair was never repaired during the time the service request was approved. Given the consumer's diagnosis of Alzheimer's, recommended seating may no longer be appropriate without another seating and mobility assessment. <b>Closed</b>

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4	Hudson Mobility = B	MassHealth is denying claims using Medicare criteria. For example: Looking for face to face visit document. Most of the denials are for seat elevators, attendant controls or items that are not covered by Medicare.	PA- P1027701A8/Tracking# 104187495 PA - P102780160/Tracking# 104190061 PA-P102860110/Tracking# 104201514 (Ult Mob.) PA tracking # 104190267	Jessica Carpenter	2/21/2011	3/23/2011	MassHealth is not denying claims solely related to Medicare criteria. In reviewing the PA examples provided, the reasons for denials were as follows: 1. Tracking #104187495 and #104190061: There was no indication that the seat elevator was denied due to lack of face to face contact; medical necessity was not supported in the LMN. All other components for the power wheelchair were approved, however, because MH has no current guidelines for seat elevators, the PAU consultant made appropriate reference to 130 CMR 409.417. 2. Tracking # 104190267: The submitted documentation did not support coverage of an attendant control for the power wheelchair. In addition, because MH has no current guidelines for attendant controls, the PAU consultant made appropriate reference to 130 CMR 409.417. 3. Tracking #104190267: The prescription attached to the power wheelchair request has a different doctor's name circled than the physician listed on the LMN and mobility evaluation (in addition, there was an inability to read the physician signature on the prescription, and the group practice name on the prescription was crossed out with another practice name written in). This signature confusion led questions as to whether the prescribing physician saw the patient. In this case, the PAU consultant should have contacted the provider to clarify and obtain the appropriate prescription if needed. <b>Open</b>
5	Hudson Mobility = B	E0630 is not paying up to the allowed amount. Medicare allowable is \$106.98, they pay \$85.58. Mass Health pays \$0: "Processed according to contract/plan provisions". The 2009 allow for Mass Health was \$81.51. The 2010 allow is \$90.93. They should be paying an additional \$5.35.	ICN#2010253220084	CST	2/21/2011	4/1/2011	Adjusted and paid new ICN 5910279002568. <b>Closed</b>
6	Hudson Mobility = B	There is still the crossover issue where Mass Health will not pay the 20% co-pay (obviously, up to the allowable)	ICN: 2210328701547 2210328701704 2210328701779 2210328701821 2210328701938	Kim Waldman	2/21/2011	3/2/2011	Claims processed as Physician Claim and not Medicare Crossover. Provider did not enter an allowed amount at the header level whole entering their claims in DDE. <b>Closed</b>
7	Hudson Mobility = B	K0108 not paying, need invoice even though there is a PA	ICN# 2010239729738	Chuck DeFabrizio	2/21/2011	4/11/2011	Claim is not suspending, it is denying. This is for Labor. There is no invoice, RE units. Need to send sheet with PA until system is fixed. Send the work order, it will suspend the claim instead of denying. MMIS is working on the fix. <b>Open</b>
8	Hudson Mobility = B	K0108 originally denied for needing an invoice; then it paid on MMIS	ICN# 2010237740073	Chuck DeFabrizio	2/21/2011	4/11/2011	Claim denied at first but paid on 11/26/10. <b>Closed</b>
9	Hudson Mobility = B	Claims with certain modifiers (U1, UC and UD) are paying at incorrect rates, resulting in both over and under payments. At this time, a corrected claim for a refund or additional monies will not work until a fix is done internally with MA Health. <b>EXAMPLE:</b> The tray E0950U1, a custom item, is often paid at an incorrect amount. We sometimes send in the claim with no invoice. It should deny for no invoice. Instead it pays at varying rates - either	icn#2210230701871 - sent claim as an adjustment today - icn#2210028702395 icn#2010107201085 icn#2210222700595 -	Chuck DeFabrizio	2/21/2011	4/11/2011	Claims Operations has researched these claims and there is still no resolution to this problem. It looks like modifier U1 has no payable rate or is paying incorrectly. Look to resolve by next NEMED meeting.  MassHealth will look at this more closely. The claim is paying at the capped amount. <b>Open</b>

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10	Hudson Mobility = B	When billing the K0108 code Hudson is not receiving the 5% from MassHealth.	ICN# 1110326403660 1110326403750 1110326252460	Chuck DeFabrizio	2/21/2011	4/11/2011	New discount calculator will be added to DME/OXY toll which will allow providers to enter the cost 7 % they receive from the manufacturer and the calculator will add the 5% discount and will calculate the AAC markup which will show in the tool what will be paid. <b>Closed</b>
11	Charm Medical = B	Regarding contacts at the PA unit . Right now the only contact we have is Tania Grey. She does the best she can with getting issues resolved in a timely fashion but there are instances where it takes too long to get a response. Additionally, there are situations that she cannot address and she needs to pass them along to someone higher up (the situation where the PAU ended our PA due to members switching companies. They ended as of 9/28/10 despite the new company not delivering until the end of October or beginning November, and ended our PA after we already made October delivery). We would like to have contact information for someone who can handle more complex situations.	Ex: PA P1016900NB7	Jessica Carpenter	2/21/2011	3/23/2011	Contact information for administrative PA issues can be sent to the Prior Authorization e-mail or 800 line, as well as the contacts distributed at the 8/23 NEMED meeting.. Darlene Foley and Susan Brown, Associate Directors can be contacted for any complex issues, including clinically-related questions, PA decision inquiries, and overall PA process questions. A contact list for all DME/therapy related PAU staff will be distributed at the 8/23 NEMED meeting. <b>Closed</b>
12	Charm Medical = B	The PA unit has moved. Please provide the new contact information. We understand that there are several locations now.	N/A	Jessica Carpenter	2/21/2011	3/23/2011	While primary PAU operations are now housed in Shrewsbury, the PAU 800 number and mailing address remain the same. Main Phone Number: 1-800-862—8341 Mailing Address: MassHealth ATTN: Customer Services Team P.O. Box 9154 Hingham, MA 02043  <b>Closed</b>
13	Charm Medical = P	The PA unit is denying baby formulas very often saying that other, less-costly formulas should be tried first. This is happening so frequently that MD offices are getting frustrated with us. We are not clinicians and the doctors do not normally take the cost of one formula over another into consideration when prescribing a formula to manage, for instance, GERD. We could certainly look at the formulas we provide and list them in order of cost, but again since we are not clinicians we do not have the knowledge needed to group these formulas together according to what diagnosis each formula would be appropriately used as a treatment. <b><u>Can we please get information regarding what formulas are appropriate for what diagnoses, and which should be tried first so that we can screen the paperwork better when we are asked to provide these baby formulas?</u></b>	<b>TRACKING # 104048164:</b> B4161 (NUTRAMIGEN) DENIED 7/24/10- <b>TRACKING # 104037279:</b> B4161 (NUTRAMIGEN) DENIED 7/16/10-	Jessica Carpenter	2/21/2011	3/23/2011	In reviewing the PA examples, both PAs were denied referencing other less costly alternatives and lack of medical necessity (or not medically justified for the lack of products). PAU is reviewing the enteral guidelines used for clinical decisions with the PA reviewer and will be coordinating with CCM to ensure enteral product decisions are consistent (and meet the needs prescribing physicians and children). <b>Open to continue monitoring.</b>
14	Charm Medical = P	The guidelines for reviewing medical justification for absorbency supplies were supposedly "under review". We are seeing strange denials and modifications lately that lead us to believe that the guidelines have changed, yet providers have not been made aware of changes. Has there been an internal change in the guidelines? When will the new guidelines be posted?	N/A	Jessica Carpenter	2/21/2011	3/23/2011	NEMED will need to provide specific PA examples for the PAU to research. <b>Closed</b>

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15 Charm Medical = B	Mass Health member services very often give members incorrect information.	One specific example of this complaint was regarding <b>member #100011310982</b> , who's parent called member services because her PA was denied. Member services told the parent to have the MD and the DME provider call the provider line and they would change the decision. These complaints are not traceable because they are being brought to my attention by members who call me and report what they have been told by member services. Members are being told it will be 21 days before DME decisions should be expected to be made on DME PA's (It is 15 days). Other times, when an item has been denied, PA member services will tell the member to call the provider and have them call the PA unit to try to have the decision reversed. The member then calls us asking that we do this and we have to explain to the member that member service has given them misinformation and that there is nothing the provider can do other than re-submit with new documentation. Otherwise, the member can appeal.	CST	2/21/2011	4/1/2011	Discussed with Customer Service supervisory staff and altered them to this issue for training and retraining. Send future examples to Bill Mancini. <b>Closed</b>
16 Charm Medical = B	<b>Members who's ID#'s are not linked properly:</b> This is another one, not sure which ID# is which, but for months we did not supply items because of the PA not getting linked to the appropriate ID#. This parent called the Mass Health customer service line over and over again, we tried getting it fixed through he PA unit by having them grant a new PA under the new ID number for he items that were approved and ran into issues with he consultant modifying the child from pullups to diapers even though we were clear about what we were trying to do. <b>Although this particular patient (ID#100200479655 old number/who's new eligible ID # is 100201596978) has been resolved, this is an ongoing problem - we will present a current situation when we submit issues to MH.</b>	ID#100200479655 old number. new eligible ID # is 100201596978. ID#100024489625 and ID#100200273678-	CST	2/21/2011	4/1/2011	Provider can call the 800 Customer Service # and ask the rep to have the numbers linked. They should note to let the rep know to escalate the issue and the process is in place to make the linkage. <b>Closed</b>
17 Charm Medical = P	Would it be possible to have PA's deferred instead of canceled? It is time consuming to resubmit. We used to be able to go into the deferral and add the missing information. We are seeing many PA's being "Cancelled" rather than "Denied". I understand that if there is a reason the consultant cannot make a decision one way or the other on a request (due to <b>NO</b> documentation being attached, would be the most common reason I think) it should be cancelled. However, if we submit MD documentation and the consultant feels the information submitted does not justify approval then the decision should be "Denied". We are getting "Cancelled" PA's, when a cancellation is not appropriate. If the consultant feels the documentation submitted does not justify the supply requested, they should be denying the request.	<b>TRACKING# 104071780-Cancelled.</b> Consultant stated the Rx was not signed by the physician, but it was. When contacted she stated that she did not think the Rx signature was the same as the LMON signature. <b>Issue:</b> The MD signed the letter with her last name and the Rx with her first initial and last name, but it was the same person's signature. <b>TRACKING # 104042887:</b> T4537 - Was cancelled 07/15/10 due to member having Health Safety Net coverage at the time. <b>Additional Provider Comment:</b> Having auth's deferred for 30 days for additional or corrected documentation will save so much time with providers. When auths are canceled for minor issues such as a missing signature, date, address etc...Members call all upset asking why isn't Mass health paying for the equipment. We then have to explain what happen and that we will resubmit the auth. Resubmitting auths is duplicate work and time consuming. Having auths deferred would save on calls to us and may even save on members appealing a decision that could be corrected with the provider.	Jessica Carpenter	2/21/2011	3/23/2011	The PAU is revisiting operations to eliminate the cancellation process and reinstitute the deferral process. Currently, the PAU is piloting the deferral process with one clinical reviewer and 5 providers. The PAU anticipates implementing the deferral process fully in Fall 2011. <b>Closed</b>

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18 Charm Medical = P	In the instances where the MD chooses to combine the Rx and LOMN we have submitted PA requests for absorbency supplies using a prescription. The Rx includes the patient's diagnoses (primary and secondary), and documents medical necessity. We always ask the MD for a letter of necessity, but when they insist on including that info on the Rx, we submit that to MassHealth. It has always been accepted as proper documentation. We cannot find in the regs that the Rx and LOMN must be separate. We recently received a call from a case manager at CCM who will not make a decision on a PA request that was submitted for diapers using an Rx. I called her back and explained to her that we have never had trouble like this before. She was adamant that the letter must be separate unless we use the DME form and referred me to the DME Guidelines section 409.416. I researched it and see that one could conclude that the Rx and LOMN are two separate pieces of documentation, but it does NOT clearly state this.	<b>Tracking #104288569.</b> The Mass Health agency accepts written prescriptions and letters of medical necessity for DME in the following formats, provided the requirements of 130 CMR 409.416(A) are met . . .  (2) If the forms described in 130 CMR 409.416(B)(1) are not used by the DME provider, the Mass Health agency accepts prescriptions and letters written on one of the following: (a) the prescribing provider's prescription pad; (b) the prescribing provider's letterhead stationary; . . .  I interpret this as a LOMN could be accepted in the format of being written on a prescription rather than on letterhead. It does not state anywhere that if the MD chooses to use a prescription instead of letterhead to document medical necessity, they need to put it on a separate Rx from the actual supply that is being prescribed. In my experience this particular case manager at CCM is the first consultant that has ever refused to accept an Rx that listed the Dx's on it. I	Jessica Carpenter	2/21/2011	3/23/2011	In a number of places, the regulations state that both a prescription and LMN is required (409.416 and 409.418). However, there is also detail in the regulations that states a LMN can be written on a prescription pad, and thus, the LMN and prescription could be one in the same. For the PA in question (tracking #104288569), the only supporting documentation was a script that detailed "Dx: Cerebral Palsy and incontinent" as the medical necessity for requiring the PA (disposable underpads). Because this documentation did not support the medical necessity, a request for a LMN was made to the provider. <b>Closed</b>
19 Charm Medical = P	PA's have denied when the documentation is written by a Physician's Assistant. The regs 409.402, define a "prescriber" as an MD, nurse practitioner or physician's assistant.	PA P10287018B	Jessica Carpenter	2/21/2011	3/23/2011	Item 19: The issue related to denying PAs when the documentation is written by a physician assistant appears to be a one-time issue related to covering staff. All PAU reviewers are aware that Physician Assistants can be a "prescriber" per 409.402. <b>Closed</b>
20 Praxair = B	<b>Eligibility Check</b> - Would it be possible to see the members name and coverage type on one page instead of having to click on the tabs to view coverage.	Tracking# 1031600206998 - (attached) One example of checking eligibility, made notes and one authorization.	CST	2/21/2011	4/1/2011	The member number does repeat at the top but the name will not. <b>Closed</b>
21 Praxair = B	<b>Authorizations</b> - When submitting auth's we have to enter the members ID#, the members name does not appear until the auth request confirmation tab is submitted. If we have the wrong ID#, we have to void the request and start the request all over again - it is time consuming. There have been times I've needed to void a request and I am not able to void it once a decision has been made on the PA. Could we see the clients name throughout the auth process?	Provider Comment: I can't provide an example of trying to void out an auth but I have asked to have this ability because when a member changes providers, I try to go in and void our request so it doesn't interfere with the other provider trying to request auth.	CST	2/21/2011	4/1/2011	You can hit the submit button before adding the line details. You will get a lot of errors (missing line info) but you will be able to verify the member ID at that time by scrolling up to the PAS Information panel. If you find an error - You can always hit cancel all before finally submitting and avoid the VOID so to speak. <b>Closed</b>
22 Praxair = B	The date span to check eligibility is 31 days; it used to be 1 year. <b>Would it be possible to go back to 1 year?</b>	N/A	CST	2/21/2011	4/1/2011	Can query for 30 days but you are able to query records back 4 years. <b>Closed</b>
23 National Sealing & Mobility = B	We have not been paid the additional 5% for the cost plus items for our prompt pay discount. It is clearly marked on our invoices and we are have not been paid in over a year for that additional 5%. We have been waiting on this for 18 months in some instances.	ICN #2310056700020 ICN #2310056700057 ICN #2310015700057  Each of these has the invoice uploaded into MMIS showing the 5% plus the 30% or 35% depending on the code.	CST	2/21/2011	4/1/2011	A new discount calculator has been added to the DME/OXY tool which will allow the provider to enter the cost & % they receive from the manufacturer and the calculator will add the 5% discount and will calculate the AAC markup which will show what will be paid. <b>Closed</b>
24 MassHealth Work Group = B	We can't see attachments we submit with PA requests (to see if it's missing a page) but the old APAS could. This feature would allow the providers to see and confirm that all the documentation was successfully transmitted and will cut down on denials and deferrals.		CST	2/21/2011	4/1/2011	Since the attachment is on our servers the provider cannot see it. Continue to follow up to see if any new developments in this area. <b>Closed</b>
25 MassHealth Work Group = P	There are many differences between the CCM and PA unit policies. It is our understanding that it should be the same.		Jessica Carpenter	2/21/2011	3/23/2011	Both CCM and the PAU realize that there are inconsistencies related to PA decisions and PA related policies. This is being worked on internally within both groups. In addition, going forward, representatives from both CCM and PAU will be involved in the NEMED meetings to ensure information is communicated consistently across both programs. <b>Closed</b>
26 T & C Flynn's Pharmacy = B	The first requested information on the hospital bed PA asks for the date of delivery. How can a provider know what the date of delivery will be when there is no way of knowing when an approved Prior Authorization will be granted and returned to them?	The instructions for completing the form (on page 3), indicate that this date must match the date on the delivery slip.	Lynda Scully	2/21/2011		MassHealth will be revising the instructions. <b>Closed</b>

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27 Rebecca Ingalls Medicare/Healthcare Automation = B	Our issue is Mass Health IS paying the co-pay higher than the Mass Health allowable. Mostly the issue lies on the Nebulizer rental. <b>Can we either add this or just discuss it between us as it seems that it is isolated to us (are we the only provider bringing it up)?</b>		Lynda Scully	7/20/2011		This is an individual issue and will be handled separately. <b>Closed</b>
28 (Linda Skiles) National Seating and Mobility = B	Several of our adjustment claims that have been entered in the MMIS system are disappearing. We enter the adjustment and print the confirmation from MMIS. When we go back in the MMIS system the ICN# or claim cannot be found. We have reported this and were told by Marybelle that it had been corrected. However, we continue to have our adjustments disappear. Examples provided. All the last ICN numbers begin with 58.	ICN#5810288700004 ICN#5811007700004 ICN#5811018700006 ICN #5811014700008	CST	7/20/2011		This issue is being worked in the POSC que via 2 escalations and pending uncenter tickets. A defect number has been assigned and no resolution yet. <b>Open</b>
29 (Linda Skiles) National Seating and Mobility =B	We are having issues with the PA's automatically attaching to claims. We may have two claims within the span date of the PA. One will require the PA and the other claim only requires an invoice. If the claim with the invoice is processed before the claim requiring a PA, the PA attaches to the first claim. We then have to void out the claim, submit the PA claim and have it processed. Then we must re-enter the first claim with the invoice. This is confusing and time consuming. It would be a lot simpler if the system required us to add the PA number to the claims that require it and not automatically attached it to any claims.**This week I came across a claim that processed in November 2010 with a PA for \$52.31(K0108 RB). This claim was processed correctly per the PA. Then another claim was entered for the same patient for date of service 12/01/10. This claim was billed with the K0108 RB with an invoice for pricing. The claim processed and paid but attached the PA from the other claim and paid the \$52.31 again. I am not sure why an exhausted PA pulled to	**The reference number for this claim when reported to MassHealth was #18970927. The ICN#s are 2210315700485 & 2311018700013.	Claims/CST	7/20/2011		<b>Open</b>
Charm Medical	Issues added 06.30.11					
30 Charm Medical = B	We continue to receive denials on PA requests when we submit using documentation written and signed by a Physician's Assistant, with the external text by the PA consultant reading "Denied as prescription must be signed by a physician or nurse practitioner per guidelines. Per the definitions section of the regulations, <b>409.402</b> , a prescribing provider is defined as "the member's physician, nurse practitioner, or physician assistant who prescribes and writes the prescription for DME in accordance with 130 CMR <b>409.416</b> ". I would like to clarify this with the PA unit.	PA P10287018B	Jessica Carpenter	7/20/2011		This is the same issue as item #19. Please refer to the response on item #19. <b>Closed</b>

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31 Charm Medical = B	We have submitted PA requests for absorbency supplies using a prescription where the MD has listed both the information requested of an Rx and LOMN on the Rx. I received a call from a case manager at CCM who will not make a decision on a PA request for diapers using such and rx without a separate LOMN. Refer to DME Guidelines section 409.416. It does not clearly state that if the MD chooses to use a prescription instead of letterhead to document medical necessity, they need to put it on a separate	Example 104288569 <b>DME</b> <b>Guidelines section 409.416_</b> The Mass Health agency accepts written prescriptions and letters of medical necessity for DME in the following formats, provided the requirements of 130 CMR 409.416(A) are met. .... (2) If the forms described in 130 CMR 409.416(B)(1) are not used by the DME provider, the Mass Health agency accepts prescriptions and letters written on one of the following: (a) the prescribing provider's prescription pad; (b) the prescribing provider's letterhead stationery; ....."	Jessica Carpenter	7/20/2011		This is the same issue as item #18. Please refer to the response on item #19. <b>Closed</b>
32 Charm Medical = B	The PA unit is denying patients supplies when we submit for renewal and the doctor uses the same or similar letter used for the last authorization. Most of these members have life-long conditions that are not going to change or improve.	Example: P111470151	Jessica Carpenter	7/20/2011		This appears to be an error. Agree with provider that this PA should not be denied, as long as the LMN is date appropriately. This issue has been reviewed with PAU staff. <b>Closed</b>
33 Charm Medical = B	Still being questioned on MD signatures The MD signs the letter and Rx the same way for all patients. Formula paperwork goes through fine, but we are consistently questioned by the absorbency PA unit.	(new example) P111110189.	Jessica Carpenter	7/20/2011		The physician signature on the Rx and LMN appear different in this PA example, and questions the potential for fraudulently signed documents. These type of discrepancies should be reviewed by the provider before the PA is submitted. PAU will question such signatures and reach out to the provider prior to denying. Note: it is also important for the provider to confirm electronic signatures, to ensure signature by the appropriate provider and not office staff, such as a medical assistant. <b>Closed</b>
34 Charm Medical = B	Size changes. There are on-going issues as to the proper way to submit for size changes. We are working with the absorbency PAU currently to resolve, but open discussion with other providers and the group would probably be very helpful.		Jessica Carpenter	7/20/2011		Discussion with providers will be helpful. Charm Medical has been adding a new line to the current PA and informing the PAU of how many units previously billed, so that the new size/line item can be authorized. Other providers are sending in new PA requests and the PAU is ending the old PA and starting with the new PA/size change (a new Rx/LMN is not required but the documentation in the previous PA should be helpful). One item to consider, there are plans to eliminate the ability to add a line in <del>the new PA</del> . <b>Closed</b>
35 Charm Medical = B	We have heard that the PA unit will be changing the criteria for determining medical necessity for absorbency supplies as well as some other PA policies. We and would like to make sure we are notified well before those new guidelines become effective so that we are not forced to ask MD's to re-write paperwork. If providers' input could be welcomed I think that it would be helpful for all involved.		Lynda Scully	7/20/2011		<b>Closed</b>