Let’s Talk Appeals

Effective May 1, 2019, CMS has expanded the appeals demonstration activities to the Part A East (PAE) Qualified Independent Contractor (QIC) jurisdiction. Under the demonstration, selected provider/suppliers have the opportunity to participate in a recorded telephone discussion that will be included and considered as part of the appeals case file, prior to the QIC’s (C2C Innovative Solutions, Inc.) reconsideration decision.

The Telephone Discussion Demonstration will yield the following benefits:

◆ Provides an opportunity for the provider community to verbally discuss the case with a decision maker before a QIC decision is made;
◆ Informs the provider what documents are present in the QIC case file and what documents are needed and are critical to the outcome of a case;
◆ Provides the opportunity to fax or transmit through other secured media additional documentation that supports a favorable appeals decision to the QIC decision maker prior to the reconsideration decision being made; and
◆ Assists and educates providers on CMS policies and requirements

Tips on Avoiding Unfavorable Appeal

◆ Ensure provider signature is recorded on the order(s)
◆ Include complete and signed Advanced Beneficiary Notice (ABN), when applicable
◆ Obtain all records to support medical necessity
◆ Report complete and valid diagnosis codes
◆ Submit diagnostic reports
September Observations and Trends

C2C Innovative Solutions, Inc. reports monthly data illustrating the outcome and decision rationale of reconsiderations for providers who participate in the telephone discussion. These are the error trends observed for the month of June that resulted in unfavorable appeal decisions.

Urine Drug Testing

- Urine drug testing (UDT) provides objective information to assist clinicians in identifying the presence or absence of drugs or drug classes in the body and making treatment decisions. A presumptive drug screen is used to detect the presence of a drug in the body. Urine is the best specimen for presumptive screening, as blood is relatively insensitive for many common drugs, including psychotropic agents, opioids, and stimulants.

- Analysis is comparative, matching the properties or behavior of a substance with that of a valid reference compound (a laboratory must possess a valid reference agent for every substance that it identifies). Drugs or classes of drugs are commonly assayed by presumptive testing. A presumptive test may be followed by definitive testing, when there is a positive inconsistent finding from the presumptive test in the setting of a symptomatic patient, as described below.

- Examples of drugs or classes of drugs that are commonly assayed by presumptive tests, followed by definitive testing, are: alcohols, amphetamines, barbiturates/sedatives, benzodiazepines, cocaine and metabolites, methadone, antihistamines, stimulants, opioid analgesics, salicylates, cardiovascular drugs, antipsychotics, cyclic antidepressants, and others. Focused drug screens, most commonly for illicit drug use, may be more useful clinically.

Identified Errors from QIC Telephone Discussion

- Documented indications of type two diabetes mellitus without complications and obstructive sleep apnea were not covered diagnoses to perform the drug test

- Submitted medical records did not include documentation of a covered diagnosis or indication as outlined within the LCD

- Documentation indicated the service was performed for other pre-procedural examination, which was not a covered indication per the LCD
Medicare coverage for wound care on a continuing basis, for a given wound, in a given patient, is contingent upon evidence documented in the patient's medical record that the wound is improving in response to the wound care being provided. Evidence of improvement may include measurable changes in the following:

- Drainage
- Inflammation
- Swelling
- Pain and/or tenderness
- Wound dimensions (surface measurements, depth)
- Granulation tissue
- Necrotic tissue/slough
- Tunneling or undermining

Wound care must be performed in accordance with accepted standards for medical and surgical treatment of wounds. The goal of most chronic wound care should be eventual wound closure with or without grafts, skin replacements, or other surgery (such as amputation, wound excision, etc.).

While complete healing of the wound may be the primary objective; a secondary desired objective is that, with appropriate management, a wound may reach a state at which its care may be performed primarily by the patient and/or the patient’s caregiver with periodic physician assessment and supervision.

It is highly recommended that the treatment plan for a patient who requires frequent repeated debridement be reevaluated to ensure that issues including, but not limited to, pressure reduction, nutritional status, vascular insufficiency and infection control have been adequately addressed. Overall, evaluation of the wound should be performed at a regular frequency to determine whether the individualized treatment goals are being met for the patient.

**Identified Errors from QIC Telephone Discussion**

- Units of service were billed in excess of the medically reasonable daily allowable frequency
- Documentation did not support the need for the services because physician progress notes detailing the procedures performed along with descriptions of the wounds were not included for review
- Physician’s baseline assessment of the wound was not submitted
- No covered indication according to the LCD and the medical record did not provide an additional supporting diagnosis
Resources

Urine Drug Testing
- Local Coverage Determination (LCD): Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
- Local Coverage Article: Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)

Wound Care
- Local Coverage Determination (LCD): Wound Care (L35125)
- Local Coverage Article: Billing and Coding: Wound Care (A53001)

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- Decision Trees and Calculators
- Interactive Voice Response (IVR)

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