Centers for Medicare & Medicaid Services
Special Open Door Forum:

Medicare's Prior Authorization for Power Mobility Devices Demonstration

Thursday, June 28, 2012
3:00pm - 4:30pm Eastern Time
Conference Call Only

The purpose of this Special Open Door Forum (ODF) is to provide an opportunity for **suppliers and providers** to hear more and ask questions about the Demonstration.

The Centers for Medicare & Medicaid Services (CMS) will conduct a demonstration that will implement a prior authorization process for certain medical equipment for all people with Medicare who reside in seven states with high populations of fraud- and error-prone providers (California, Florida, Illinois, Michigan, New York, North Carolina, and Texas). This is an important step toward paying appropriately for certain medical equipment that has a high error rate. This demonstration will help ensure that a beneficiary's medical condition warrants their medical equipment under existing coverage guidelines. Moreover, the program will assist in preserving a Medicare beneficiary's right to receive quality products from accredited suppliers.

CMS received many comments/suggestions on the Prior Authorization of Power Mobility Devices (PMDs) demonstration. The CMS has considered these comments carefully. In response to comments received from stakeholders, the CMS has made a number of modifications to the Prior Authorization of PMD demonstrations.

To read more about the Demonstration visit: http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/CERT/index.html?redirect=/CERT/03_PADemo.asp

Participants may submit questions prior to the Special ODF to pademo@cms.hhs.gov .

We look forward to your participation.

Special Open Door Participation Instructions:

Dial: (866) 501-5502 & Conference ID: 61960445
Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

A transcript and audio recording of this Special ODF will be posted to the Special Open Door Forum website at http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit our website at http://www.cms.gov/opendoorforums/ .

Future Special Open Door Forums Scheduled for Medicare's Prior Authorization for Power Mobility Devices Demonstration: 7/27/12 and 8/30/12 at 3PM ET. Call information TBD.

Thank you for your interest in CMS Open Door Forums.

Audio File for Transcript:
http://downloads.cms.gov/media/audio/062812SODFPriorAuthofPwrMbltyDevicesDemo.mp3

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Barbara Cebuhar
June 28, 2012
3:00 p.m. ET

Operator: Good afternoon. My name is (Kirk), and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Prior Authorization of Power Mobility Devices Demonstration Special Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you'd like to ask a question during this time, simply press star, then the number one on your telephone keypad. If you'd like to withdraw your question, press the pound key. Thank you.

Ms. Barbara Cebuhar, you may begin your conference.

Barbara Cebuhar: Thank you very much, (Kirk). I really appreciate everyone's interest today and we're glad that you joined today's call. My name is Barbara Cebuhar, I work in the Office of Public Engagement here at CMS. The purpose of this special open-door forum is to provide an opportunity for suppliers and physicians to hear a little bit more about the Medicare Prior Authorization of Power Mobility Device Demonstration and it's an opportunity for you to ask

more questions. There may be other questions that occur to you after this open door forum and if so, you are welcome to send them to PAdemo@cms.hhs.gov .

Please note that this email address is not monitored 24/7 and so, the very best way to get information is to go to the website which is go.cms.gov/PAdemo to see if they've been addressed. There are some responses to the questions that have been posted to go.cms.gov/PAFAQ2012 , which you can find by searching on the keyword, "PMD," and there will be questions addressed throughout our future open door forum call.

On this call, we will make a few announcements and then we will open the call to your questions. The operator will then instruct you how to get in line to ask your question. I'd like to remind you that there will be a transcript of this special open door forum on the Special Open Door Forum website in about two weeks. That is www.cms.gov/outreach-and-education/outreach/opendoorforums/ODFspecialODF.html . I'd like to take the opportunity to introduce our speakers today. Melanie Combs-Dyer is the Deputy Director of the Provider Compliance Group here at CMS. Amanda Burd is a healthcare specialist – I'm sorry, a health insurance specialist, and Samantha Zenlea is a health insurance specialist as well. They will provide an overview about the demonstration along with Dan Schwartz who is the Deputy Director of the Division of Medical Review and Education.

After the presentation, we will open the call to questions from you. Thank you again for joining. Melanie, the floor is yours.

Daniel Schwartz: Thanks, Barb, and this is Dan Schwartz. I'll just kick it off and then I'll send it over to Melanie, Amanda and others during the course of the call. I just wanted to give you all a bit of an idea of the flow of the call today. First, I think we'll give an overview of sort of where we are and where we've been for folks who may be joining this call for the first time. We'll give a couple of announcements of things that have happened since we last spoke or things that may be of interest that are happening right now.

Then, we will address some Qs and As that had come in and share those with you. And finally, we will open it up to the group for questions that you might have. So, I think for right now, I'm going to turn it over to Amanda Burd to give a bit of an overview of sort of where we've been and where we're going. Amanda?

Amanda Burd: Thank you, Dan. This is the Prior Authorization of Power Mobility Device Demonstration Open Door Forum. For those of you who might be new to the call, we just wanted to give a quick overview of the demonstration. The (inaudible) of the demonstration is Durable Medical Equipment, DME, Medicare Administrative Contractors, MAC, so, there are DME MACs, who will review prior authorization requests for scooters and power wheelchairs, which are collectively referred to as PMDs.

So, what is being reviewed? These are obviously the scooters and the power wheelchairs. We expect this demonstration to start in the summer of 2012 and it will target seven high-priced states. These are California, Illinois, Michigan, New York, North Carolina, Florida and Texas. This is because these items have historically been the subject of fraud as well as improper payment.

As you may know, CMS has made several changes to this demonstration in response to industry feedback. Initially, there was a 100 percent prepayment review, phase 1, that was included in that demonstration. This phase has been removed and this demonstration will go straight to prior authorization when it commences in the summer of 2012. In the original proposed demonstration, there was a concern that the ordering physician may not be in the best position to submit the prior authorization request.

So now, the physician/treating practitioner or supplier on behalf of the physician/treating practitioner may perform the administrative function of submitting the prior authorization request. We now expect all seven states in the demonstration to start with prior authorization at approximately the same time. Initially, there had been some concern that there was limited notice given. We have now delayed the implementation until summer 2012 and have completed a separate PRA package which we will talk about later. CMS plans

on having a Federal Register notice announcing the start date with at least 30 days notice, and CMS will send certified letters to suppliers and practitioners who have ordered PMDs in the seven demonstration states.

A little bit of an overview on how the prior authorization process will work. The ordering physician or treating practitioner or the supplier will submit a prior authorization request to the DME MAC. The DME MAC will review that request and postmark notification of the decision within 10 days to the physician or treating practitioner, the beneficiary, and the supplier. The decision from the DME MAC will either affirm the request or non-affirm the request. If the request is non-affirmed, the DME MAC will provide a detailed written explanation outlining which specific policy requirements or requirement were not met. There are unlimited re-submissions allowed.

On the re-submission, the DME MAC will have 20 days to review that, and that's 20 business days. Here are a couple of scenarios. In one, the prior authorization request is submitted, and the DME MAC reviews it and it determines that it is affirmative and will send notification. If the supplier submits the claim, that claim will be paid so long as all other requirements are met. In the second scenario, the prior authorization request is submitted but it is determined to be non-affirmative. There are two options for the supplier then. They may either submit a claim which will be denied, or they can fix and re-submit the prior authorization request.

The third scenario is where the prior authorization request is not submitted. However, they go straight to a claim. When the claim is received, additional documentations will be requested. The claim will be reviewed for competitive bid suppliers. It will be paid at the normal amount. However, if the supplier is a non-competitive bid supplier, once that claim is reviewed, developed and deemed to be payable, it will be paid at – excuse me, at 75 percent of the Medicare payment.

Please note that this applies to the demonstration codes only, and starts for orders written three months after the demonstration begins. So, just to summarize, this demonstration will take place in California, Illinois, Michigan, New York, North Carolina, Florida and Texas beginning in

December 2012, based on the date of the order. It will be submitted by the physician or supplier on behalf of the physician or treating practitioner, and it will end three years after the demonstration begins. Our contact information: you can use an email, which is as I said PAdemo@cms.hhs.gov . Or, you can find more information at go.cms.gov/PAdemo . Again, our website is go.cms.gov/PAdemo . Answers to frequently asked questions are available at go.cms.gov/PAFAQ2012 , keyword, "PMD". Again, that website is go.cms.gov/PAFAQ2012 .

Thank you. After the overview, I would like to turn it back over to Dan for a couple of announcements.

Daniel Schwartz: Great. Thank you, Amanda. One thing that sort of changed since – I believe we – I believe that changed since we last spoke, has been the timeframe that we are requiring our contractors to consider resubmitted requests for prior authorization. We had said previously that that would be – that they would have 30 days for a re-submitted request. We have changed and we have now, in response to various feedback we've gotten, lowered that to 20 days. So, that is a change since last time that you want to be aware of.

A couple of other things before I turn it back over to Amanda. The demonstration operational guide which we have been discussing on previous calls, will be updated before the next call and I just wanted to make you aware that that's out there and available at the PAdemo website, so you might want to take a look at that which sort of gives, as the title suggests, an idea of operational information and guidance that may be useful to you. There is a question that we did receive related to accessories. And the question was whether accessories had been covered in the PMD demonstration. I think that might have come up on the last call. The answer to that question is the prior authorization demonstration is only on the base code. It's important to remember that policies and procedure related to accessories remain unchanged as a result of this demonstration.

There is another piece of information which I believe you might find of interest. We're receiving a lot of questions about how to submit the prior authorized claims. We're not going to look at that today; we will address that

on the next call as well. There's a YouTube video now available on the prior authorization demo website. It might be useful for you or others you know to get a picture or an idea or more information about the PA – the prior authorization demonstration. I'm going to turn it over to Amanda to say a little bit about the PRA comments which end Thursday, which is today at 11:59 p.m. Amanda?

Amanda Burd: Thank you. As Dan mentioned, the 30-day comment period on the PRA package for the demonstrations ends this evening at 11:59. You can go to regulations.gov for more information on how to comment. Again, that is regulations.gov . If you're interested in more information for the PRA practice in general, we encourage you to visit www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995/index.html .

Again, that's www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995/index.html . We also wanted to make people aware that when we do receive the OMB control number for the PRA package it will be posted on the OMB website. After we receive that PRA number, we will be providing a Federal Register Notice announcing the start date of the demonstration and we will also include the PRA number in the Federal Register Notice that announces the start date of the demonstration. Thank you.

Daniel Schwartz: Thank you, Amanda. We're going to start with a discussion or actually a sort of a Q&A format of questions that we had received which we thought would be particularly salient for the audience. So, we – I'm going to turn it over to Samantha Zenlea and Amanda Burd to discuss and read those questions.

Samantha Zenlea: OK. So, first question was, "Under the prior authorization of power mobility device demonstration, will the medical review team just review for medical necessity documentation, or for other requirements like legible signatures, stamp dates when received and actual good dates on the paperwork?"

Amanda Burd: The answer is the review will include all applicable pre-delivery requirements for the base units to ensure compliance with Medicare policy. Review of documents not available until deliveries but just proof of delivery will not be

reviewed as part of the PMD prior authorization process. Review of accessories will not be conducted as part of the prior authorization process. If a claim vulnerability is suspected the DME MAC or other reviewing entities such as RAC, PSCs, ZPIC or CERT, may choose these claims for pre or postpayment review in order to prevent fraud and inappropriate payments.

Samantha Zenlea: Will the prior authorization of power mobility device demonstration expedite the payment of the claim?

Amanda Burd: In most circumstances, a claim for PMD that has been prior authorized will not be stopped for prepayment review and therefore, not subject to any additional delay. However, normal claims processing timelines still apply which require the MACs to wait a minimum number of days before issuing a payment.

Samantha Zenlea: Under the prior authorization of power mobility device demonstration, will these PMD claims still be subject to additional post pay review?

Amanda Burd: Generally, PMD claims that have had a prior authorization decision will not be subject to additional review. However, CMS contractors including the Zone Program Integrity Contractors, the Program Safeguard Contractors and the DME MACs may conduct targeted pre or postpayment reviews to ensure that claims are accompanied by the documentation that was not required or available during the prior authorization process, such as documentation showing proof of (inaudible) delivery.

In addition, the comprehensive error rates (inaudible) CERT contractor may review a random sample of claims including PMD claims for postpayment review.

Samantha Zenlea: Once the prior authorization of power mobility device demonstration starts, will there still be prepayment review of PMDs?

Amanda Burd: As discussed in other documents, we have revised the PMD demonstration, so there will not be a 100 percent prepayment review. However, claims submitted without a prior authorization decision will be stopped for review. In addition, DME MACs may conduct prepayment review of PMD claims for

states outside of the demonstration area. Further, within the demonstration states, the DME MAC may conduct prepayment review of additional PMD codes that are not included in the demonstration list.

Finally, if the DME MAC identifies the vulnerabilities with claims that are in the demonstration, the DME MAC may conduct additional prepayment review of these claims even if they had been affirmed due to prior authorization. In these situations, DME MACs will focus on documentation that was not required during the prior authorization.

For example, in the prior authorization demonstration, the submitter must submit the order of the documentation of the face-to-face encounter and detailed product description. Only after the item is delivered will there be a proof of delivery. If the DME MAC suspects the potential vulnerability, the DME MAC may request proof of delivery documentation before a claim is paid.

Samantha Zenlea: The last question is, "How are the DME MACs preparing for this prior authorization of power mobility device demonstration?

Amanda Burd: The DME MACs are hiring and training sufficient registered nurses to conduct these reviews. The contractors are hiring new staff and reallocating existing staff to meet the timeframe. CMS will closely monitor the contractor's performance. Further, there is extensive outreach and education being conducted. Thank you.

Daniel Schwartz: Thank you, Amanda, and this is a reminder that these and additional questions are available at go at go.cms.gov/PAFAQ2012 and thank you very much for that. I think, Barb, at this point, I believe we're ready to open it up to questions for the general public.

Barbara Cebuhar: Thank you very much. (Kirk), could you please instruct folks how to get into the queue.

Operator: Certainly. As a reminder, ladies and gentlemen, if you would like to ask a question, please press star, then the number one on your telephone keypad. If

you would like to withdraw your question, please press the pound key. We'll pause for just a moment to compile the Q&A roster.

Once again, if you would like to ask a question, please press star, then the number one on your telephone keypad. Your first question comes from the line of Wayne Leavitt from Mobility Medical. Your line is open.

Wayne Leavitt: Yes, sir. My question is, if you have a – somebody that has a preexisting condition that doesn't change, like a quadriplegic or paraplegic, obviously they're not going to get any better and they have equipment for over five years and we need to get them the exact equipment, we're just replacing the existing equipment. Why do we have to go through all this documentation? Can we just get the doctor to just say, you know, requesting, you know, the same equipment for the same diagnosis when that diagnosis will never change?

Amanda Burd: Dr. Brennan, could you address the replacement please?

Stacey Brennan: I think what the question is, as I understand it, is if this is the beneficiary who has a fairly permanent disability, is that right, or a chronic condition, you're asking about – I didn't get it as a replacement question. Could you clarify that? Could you ask or say that again?

Wayne Leavitt: Yes. What I'm saying is, if somebody has a condition that does not change, obviously a quadriplegic or a paraplegic that – or let's say a quadriplegic that's had a power chair for the last 20 years. His diagnosis is not changing. And so, in order to get a piece – a wheelchair probably just to replace almost identical the chair that he's had for over five years, do we – is it really practical to go through this whole documentation or in this case, could the doctor maybe be a specialist, either physiatrist or a neurologist saying, "Look, he just needs to replace the same or similar chair which you guys would have record of providing for him six, seven years ago. Just replacing that when his diagnosis has not changed or do you – would we still have to start over and go through all this paperwork just to replace an existing piece of equipment on a diagnosis that does not change?

Stacey Brennan: No, I think, first of all, my – to my knowledge, this demonstration includes chairs which are typically not – no, I guess it would include those complex

rehab chairs, but no, we would expect that we would see this functional assessment to have to be done. The diagnosis itself doesn't necessarily mean that the condition hasn't changed. That's not unusual for someone to require, for instance, just a chair as their disease progresses.

So, we would have to have this documentation for this demonstration project for these to stay. If we don't have any exceptions – yes, I think you want to know about the exceptions, no, there are no exceptions based on the beneficiary's condition.

Dr. (Whitman): Dr. Brennan, this is Dr. (Whitman). Just to offer is that there would be no exceptions as you've stated in the general circumstance. There is a minor exception where a chair has met with a catastrophic event. So that it's actually a replacement within the period. It can only occur when there's documentation of the catastrophe. In those circumstances, all of the criteria don't need to be met again, but that's the only exception that I'm aware of.

Stacey Brennan: Thank you, (inaudible).

Operator: Your next question comes from the line of (Grennard Horman) for MRVS Physician Corporation. Your line is open. He may have removed himself from the queue. Your next question comes from the line of (Lisa Moore) from Howell Home Medical. Your line is open.

(Lisa Moore): Yes. (inaudible) your – whenever you all started talking, they said something about the competitive bid zip codes and the suppliers being paid at 75 percent. I thought you could only bill a competitive bid item if you were a competitive bid supplier.

Melanie Combs-Dyer: For this demonstration, the competitive bidding roles still apply. For those suppliers that are competitive suppliers, if a prior authorization is not committed, when their claim is reviewed and deemed payable for competitive bid suppliers, it will be paid at that rate. For suppliers outside of the competitive bid area, if you submit a claim without prior authorization, that claim will be reviewed. If it is deemed payable, it will be paid at 75 percent of the Medicare payment. (Lisa), this is (Melanie). Does that answer your question?

(Lisa Moore): Yes, sort of. Any (inaudible) that being paid at 75 percent, I mean, how does …

Melanie Combs-Dyer: This is Melanie. Let me try to restate it. This prior authorization demonstration does not include a mandate, but rather a very strong encouragement that suppliers go through the prior authorization process. In other words, if a supplier chooses not to go through prior authorization, their claim will not automatically be denied. In fact, they can go ahead and submit a claim their normal way, but there will be a penalty that will be applied. And the kind of penalty depends on whether it's a competitive bid supplier or non-competitive bid supplier. If it is a competitive bid supplier, the penalty is that there will be a time delay; you won't get a decision in 10 days. These will have to wait for an additional documentation, a request letter to be sent, you will have to (inaudible) in your documentation and the contractor will have 60 days to review.

So, that's a little bit of a deterrent to skipping prior authorization. If you are a non-competitive bid supplier, there are two deterrents. One is the time deterrent, having to wait the 45 days and the 60 days it takes to get the decision about the payment. But in addition, there'll be a 25 percent payment reduction. And so, that's what we're trying to say here with the competitive bid, non-competitive bid difference. Did that help, (Lisa)?

(Lisa Moore): Sort of. I guess I'm confused because I was always under the impression that if you were not a competitive bid supplier, you could not give a power wheelchair or a PMD device to the (inaudible) the competitive …

Melanie Combs-Dyer: The prior authorization demonstration program is happening in the seven states, and not all of the zip codes in all seven states are competitive bid zip codes. So, some people in the demonstration program are competitive bid suppliers. And some people in the demonstration will be non-competitive bid suppliers. And so, you have to figure out which one you are to know which rules will apply.

(Lisa Moore): That's not competitive bid supplier …

Melanie Combs-Dyer: OK.

(Lisa Moore): … that's why I'm getting confused with having a payment reduction when we wouldn't even be giving a chair to somebody that lived in a competitive bid zip code anyways, I didn't think we were even allowed to – well, not that we were allowed to do that, but I didn't think that we would even get paid anything if we did that.

Melanie Combs-Dyer: If payment reduction is based on a (inaudible) PMD claim is submitted without first receiving a prior authorization decision. So, that is how if you are a non-competitive bid supplier, and you submit an applicable PMD claim without first receiving a prior authorization decision, that claim will be developed and reviewed. For non-competitive bid suppliers, it will then be paid at 75 percent of the Medicare payment rate. But, let me ask this question, if it is a non-competitive bid supplier …

(Lisa Moore): Yes.

Melanie Combs-Dyer: … in a competitive bid area, do they still get to go through this process, or the prior authorization rules do not overtake, over – supersede the competitive bid rule. Correct. So, in the case of (Lisa), who is a non-competitive bid supplier, and let's just say for the moment that she only works in an area where competitive bidding has arrived. She does not sell any wheelchairs outside of a competitive bid area. Everything is competitive bid. She cannot – it doesn't matter if she does prior authorization or not, she can't supply wheelchairs to beneficiaries, is that correct?

Amanda Burd: Competitive bidding rules still apply.

Melanie Combs-Dyer: Did that help, (Lisa)?

(Lisa Moore): Yes.

Melanie Combs-Dyer: Great.

(Lisa Moore): Thank you.

Barbara Cebuhar: The next question, please, (Kirk).

Operator: Your next question comes from the line of (R. Tisman) whose information we were unable to gather. If you have pressed star, 1 to ask a question, please state your name and your organization name and ask your question. Your line is open.

(Martin Schmoll): Good afternoon, my name is (Martin Schmoll) with the Mobility Consultants. And I have two rather brief questions. One was posed to me by one of my clients, and I have promised I would ask it on this call. Her question was, if they have a powered mobility device file, one of the codes is going to be subject to prior authorization, and they are getting ready to deliver, the prior authorization demo starts before the delivery. Although all the documentation is obtained, do they need to send that in for the prior authorization request? I think I know the answer but she wanted me to get the answer from the horse's mouth, so to speak.

Melanie Combs-Dyer: If you would hold (inaudible) one question, we'll take that first question. The start date of the demonstration is based with the start date of the order. The date of the written order coincides with what starts the demonstration. Is that clear?

(Martin Schmoll): Yes, thank you very much. I appreciate your reply to that. And then I just have one other question in regards to accessories not being reviewed in the prior authorization request. My concern or question is, if a power wheelchair base that is going to be coded with a solid seat pan that can't accommodate a seat cushion, where that base codes is approved, would you not have to also look at the need for the cushion and the medical necessity for that cushion to approve that base code? Because there is a chance that a person does not qualify for the cushion, hence, would not qualify for the base code submitted.

Melanie Combs-Dyer: We'd like to refer you back to the earlier answer- the PMD's administration is on the base codes only. The policies and procedures related to accessories remain unchanged.

(Martin Schmoll): OK, just one quick follow-up and then I will let you get to the other questions that are in queue. Just with the same issue, if you approve a K0822 which is a standard (inaudible) with a solid seat pan, but the client does not have a

condition that warrants the need for a specialty seat cushion, then a billing of a K0822 would – should not be billed to Medicare, it should be a K0823. Not looking necessarily for an answer, but maybe something to think about.

I understand that that's the rules as they are listed today for the demo. But I think it causes a little bit of a problem when accessories are not looked at, and we could follow up with this example, with group 2 rehab when there's a tilt. You know, if the tilt is not justified, how can you approve the base code for group 2 with itself and I'll leave it at that.

Daniel Schwartz: Thank you. Thank you for your comment and we'll consider it. Thank you.

(Martin Schmoll): Thank you.

Barbara Cebuhar: Our next question, please, (Kirk).

Operator: Your next question comes from the line of Wayne Leavitt from Mobility Medical. Your line is open.

Wayne Leavitt: Well, my question is related to the question that you just got, which is on the complex rehab, the accessories cost much more than the base, so from my standpoint, if you're not considering the accessories, preauthorization doesn't do me much good is one. And two, in order to, for example, approve a multi-power option base, you would have to consider the accessories in order to approve the base, would you not?

Melanie Combs-Dyer: Again, we thank you for your comment. And at this time, the prior authorization demonstration is on the base codes only. (Inaudible) remember the policies and procedures related to the accessories are unchanged.

Operator: And again, if you like to ask a question, please press star, then the number one on your telephone keypad. And if you would like to remove your question, please press the pound key. And your next question comes from the line of a participant whose information we are unable to gather. If you have pressed star, 1 to ask a question, please state your name and ask your question and please state your organization name as well. Your line is open.

Again, if you have pressed star, 1, to ask a question, please state your first and last name and your organization name and ask your question. Your line is open.

(Katrina Foreman): (Katrina Foreman), MRD Acquisition. I'd like to follow up on the replacement question. The question that was asked previously was about chronic conditions, but could the placement rules currently in place state that to replace a code with a light code, so, for instance, replacing a K0823 that has been demolished or is no longer repairable and then pass it – sorry, has been demolished, I mean to say with that – you do not need medical documentation. What you need under the current regulations is proof of the destruction of the chair by catastrophic force and I believe it's a written order from the physician and you do not need a face-to-face evaluation, so is that rule going to continue in place, or will we have to go through an entire new face-to-face which is different from what the rules are now?

Melanie Combs-Dyer: Dr. (Whitman), could you please address the exception for those PMDs that are demolished as you had previously discussed?

Dr. (Whitman): Surely, I'd be glad to. I'll ask Dr. Brennan to comment if I missed something (inaudible) in the middle of the field. That was exactly the reference I was making, there is no intent to change that language. That language remains operational in the event of a catastrophic event damaging the (inaudible) exactly as it's now the case, then that could be replaced exactly as the language now (inaudible). And I was pointing that out if that's an exception to the circumstance all of the new material that we needed, which was what we were discussing. So, the answer to the person's question is yes, that's – those specific circumstances remain exactly as they are for the catastrophic loss.

(Katrina Foreman): I have follow-up – I'm sorry. I have a follow-up …

Dr. (Whitman): If you could just – I'm just pointing out again, those are rare and there needs to be – you clearly need to be able to document that that's what occurred. Thank you.

(Catherine): And Dr. (Whitman), this is (Catherine). I would just add, it has to be within the five-year (inaudible) lifetime. Is that right?

Dr. (Whitman): Right. That's sort of the replacement within the lifetime period, yes, that's correct.

(Catherine): Right, right. Yes.

(Katrina Foreman): Would that paperwork have to be submitted to the prior authorization demonstration project or could we just go ahead and replace the (inaudible)?

Dr. (Whitman): I'm not prepared to answer – I'm …

Melanie Combs-Dyer: Is the new – this is Melanie. Dr. (Wayne) or Dr. (Brennan), in those kinds of situations, does the physician have to write a new order? Or can the supplier just replace the chair because there's proof that the old one, you know, went to (inaudible) or was crushed in a car accident or whatever?

Stacey Brennan: I am not sure about that. Let me …

Dr. (Whitman): (Inaudible) answer to that, that's specifically indicated in the paragraph, again, I don't have it in front of me, I'm sorry, but my recollection is, that as long as those criteria are met it doesn't require the new order, but (inaudible) I know that's addressed right in that paragraph addressing it and that would not change. So, the current language would remain operational.

Melanie Combs-Dyer: And I can't – go ahead – no, a new order would not be needed. OK …

Dr. (Whitman): (Inaudible).

Melanie Combs-Dyer: This is Melanie. If a new order is not needed, then there would be nothing that would trigger the need for the prior authorization process. The prior authorization process only applies to PMDs where the order was written on or after the start date of the PMD demo.

(Katrina Foreman): OK. I would want to be wrong on this. I think in the paragraph, it states that a new order is required. And if it is, if I right, and I hope I'm not, would that order have to go through the PA project?

Melanie Combs-Dyer: This is Melanie. Let us take on that question offline and we will come back the next time we have an open door forum call, and we'll get the question and the answer posted to our FAQ page. It sounds like it may be a little trickier than I originally thought, so we'll do some research and we'll make sure that we post that question and post a very clear answer and talk about this at the next open door forum call.

(Katrina Foreman): Great. Can I have one more question?

Melanie Combs-Dyer: Sure, go ahead.

(Katrina Foreman): That is, there was a lot of discussion in the last call about identifying prior authorization numbers to specific suppliers, or how it was going to work that a patient could get a PA from – with the paperwork from one supplier and then carry it down the street to another supplier who may or may not be qualified and have the chair delivered by that supplier, and that was – just been brought up a couple of times and I wondered if there had been an answer about how you would identify that PA with the supplier who submitted it?

Melanie Combs-Dyer: We are looking forward to addressing on the next open door forum call, the process for submitting these prior authorized claims.

Daniel Schwartz: And hopefully that would be – yes, and hopefully we'll try to include that as part of the discussion.

(Katrina Foreman): OK. So, yes, the question isn't the processes, the question is actually whether they can take them to another supplier. OK. Thank you.

Melanie Combs-Dyer: Daniel Schwartz: Thank you.

Barbara Cebuhar: Our next question, please, (Kirk).

Operator: Your next question comes from the line of (Shelley Schmidt) from Quality Team Home Care. Your line is open.

(Shelley Schmidt): My question is regarding the CMS outreach workshop that's scheduled for July 17th for California PMD Prior Authorization. Are there certain parts of

this demonstration that are going to be specific to California or is the demonstration going to be the same for all of the participating states?

Daniel Schwartz: It's going to be the same for all of the participating states.

Melanie Combs-Dyer: With that – each state will have a specific place to send their documentation based on the MAC that – the DME MAC that processes their claims as it is. So, different addresses and different fax numbers, but the base – everything else is the same.

(Shelley Schmidt): OK. Thank you.

Barbara Cebuhar: Our next question, please, (Kirk).

Operator: Your next question comes from the line of (Laurie Guiles) from Super Ville California. Your line is open.

Melanie Combs-Dyer: (Laurie), do you have a question?

Operator: (Laurie) has removed herself from queue. Your next question comes from the line of (Julie Diddy) from MedServ Equipment. Your line is open. (Julie Diddy) from MedServ Equipment, your line is open.

(Julie Diddy): Hi. I was wondering if we're still going to be able to do Advanced Determination of Medicare Coverage when this prior authorization goes into effect?

Melanie Combs-Dyer: (ADMC) will still be available for the states outside of the demonstration for products not covered by the demonstration.

(Julie Diddy): So, would that include accessories to rehab power wheelchairs?

Melanie Combs-Dyer: Are they part of (ADMC) today?

(Julie Diddy): Yes.

Melanie Combs-Dyer: Again, the policies and procedures for the codes not covered by this demonstration remain unchanged.

(Julie Diddy): So, we can submit an Advanced Determination of Medicare Coverage for a rehab power chair along with the accessories, for example, tilt and recline or tilt and space, and then we'll get the determination if it's going to be covered.

Melanie Combs-Dyer: Can you please repeat that?

(Julie Diddy): My question is, because of the prior authorization that's going into effect is not going to include accessories for, like a power rehab wheelchair …

Melanie Combs-Dyer: Yes.

(Julie Diddy): … but at the moment we're able to do an Advanced Determination of Medicare Coverage for a power rehab wheelchair, and it will make a determination on any accessories that we include in that authorization. So then, we'll know if it's going to be covered or not. So, can we do the prior authorization that's going into effect this summer? And also, in the meantime, do an Advanced Determination of Medicare Coverage? Can we do both of those?

Melanie Combs-Dyer: Just a moment. Dr. Brennan or Dr. (Whitman), could you speak to what's currently available to be available for ADMC?

Stacey Brennan: I do not know off the top of my head.

Dr. (Whitman): This is – this is Dr. (Whitman). I believe that that's currently possible now and to my understanding that the intent is to maintain that capability, I'd suggest that you (inaudible) the intent and we answered that specifically with the answer that's forthcoming. Because the other issue that was brought up is very apropos if you – if the (inaudible) something better than a basic wheelchair, you do need to be able to look at the accessories that justify that wheelchair. I think we need to have a (speck), a couple of two or three Q&As that will address these several issues together. It's the intent …

(Julie Diddy): OK.

Dr. (Whitman): … as I understand it, but for all of the – that capability will remain intact, so I believe that'll be the case, but I think we should answer that afterwards. Thank you.

Barbara Cebuhar: Ms. (Diddy), is there a chance that you could please submit that question to PAdemo@cms.hhs.gov ? That would be very helpful and we'll make sure that it's up on the website.

(Julie Diddy): OK. So, PAdemo@cms.hhs.gov ?

Barbara Cebuhar: Correct.

(Julie Diddy): OK. Yes, I will. And you know what? I'm thinking that it should be because this is voluntary. Like you said, this is a voluntary prior authorization. We don't have to submit a prior authorization for this, so – but I'll submit the question.

Daniel Schwartz: Thank you.

Stacey Brennan: Thank you.

Operator: Your next question comes from the line of (Lisa Moore) from Howell Home Medical. Your line is open.

(Lisa Moore): I think you all answered my question already. All of this is going to into effect in – this summer? Is that right? Where we're going to be able to start doing the prior authorization?

Daniel Schwartz: Correct.

(Lisa Moore): OK. And then also, is this going to be for any PMD, or are we (inaudible) chairs from one? And if there are certain ones, is there a place where we can go see at the list ones that are eligible for prior authorization?

Daniel Schwartz: I'm sorry, you cut off – you cut out in the middle. Could you please repeat some – the second – your second half of your question?

(Lisa Moore): Is there a place that we can go to find a list of chairs that are eligible for the prior authorization process, or does that comply with every power wheelchair?

Melanie Combs-Dyer: There certainly a place to find that list, and that will be on our website at go.cms.gov/PAdemo . Again, that's go.pms.gov/PAdemo and if you scroll

down to the bottom, there is something called a fact sheet. And it contains the list of PMD codes is contained in that – in there.

(Lisa Moore): OK, thank you.

Barbara Cebuhar: (Kirk), our next question?

Operator: There are no further questions at this time. I'll turn the call back over to the presenters.

Barbara Cebuhar: Thank you very much, everyone. I am grateful for your help. Just a reminder, you can always send your questions or comments to PAdemo@cms.hhs.gov . That's capital P, capital A, demo, at cms.hhs.gov. the next Power Mobility Device Demonstration Special Open Door Forum will be held on July 27th and there will also be one on August the 30th at 3:00 p.m. Eastern Time. You can get more information from the Special Open Door Forum website that I gave you earlier.

Thank you for joining our call today. We are grateful for your questions and for your continued interest in this process. Thank you.

Operator: This concludes today's conference call. You may now disconnect.

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