



CBR201802

Spinal Orthoses – Referring Providers

Webinar Questions & Answers

April 11, 2017

3:00 p.m. ET

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INTRODUCTION

These questions are excerpted from the **CBR201802: Spinal Orthoses – Referring Providers** webinar presented on Wednesday, April 11, 2018. You have the option to view the recording or the webinar text of the comparative billing report (CBR). These options are available from the CBR website page titled, [CBR201802 Webinar](https://www.cbrinfo.net/cbr201802-webinar.html) (<https://www.cbrinfo.net/cbr201802-webinar.html>).

The CBR project has made every reasonable effort to ensure the accuracy of the information and web links provided in the CBR materials at the time of publication; however, policy changes frequently, so the information and links within the material may change without further notice. It is the responsibility of the provider to remain up to date with Medicare program requirements. CBR materials are prepared as a service to the public and are not intended to grant rights or impose obligations. The information provided in the CBR is intended to be a general summary.

Please refer any specific questions you may have to the **Durable Medical Equipment Medical Administrative Contractor (DME MAC)** for your region. We encourage providers to review the specific statutes, regulations, and other interpretive material for a full and accurate statement of their contents. A listing of all DME MACs can be accessed from the Centers for Medicare & Medicaid Services (CMS) website at the following link: [Review Contractor Directory – InteractiveMap](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/) (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>).

GENERAL

Q. Will my CBR results trigger a Medicare audit?

A. The CBR team does not conduct audits nor have access to medical documentation needed to perform audits. The purpose of this CBR is to inform providers about their referral patterns for spinal orthoses. If you have concerns, it may be beneficial for you to conduct self-audits from time to time. For your convenience, resources that may help you with setting up an audit process can be found at the following link: [Self-Audit Help](https://www.cbrinfo.net/self-audit-help) (<https://www.cbrinfo.net/self-audit-help>).

Q. Did I receive a CBR because I am referring braces incorrectly?

A. Receiving a CBR does not necessarily mean that your referral patterns are incorrect for spinal orthoses; however, it does mean that your referrals are different from your peers. You may have valid reasons for the way you refer: a high number of patients with spinal conditions, the region where you practice, or your specialty. If you still have questions and/or concerns after reviewing your CBR, please contact the CBR Support Help Desk by telephone at 1-800-771-4430 or by email at CBRSupport@eglobaltech.com.

Q. How can I receive continuing education units (CEUs) for this webinar?

A. At this time, CMS does not offer CEUs for attending our CBR webinars; however, information on the CMS website indicates that some professional organizations may offer CEU credit. If you would like additional information, please visit the following website:

Continuing Education Credits (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Continuing-Education.html>).

Q. What is the website address for the handout?

A. The handout can be viewed from the following web link: **CBR201802 Webinar** (<https://www.cbrinfo.net/cbr201802-webinar.html>).

CLINICAL

Q. Where can I find more information about required modifiers for spinal orthoses?

A. The best way to determine if a modifier is required for an orthosis is to look up the Healthcare Common Procedure Coding System (HCPCS) code(s). The **Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)** website contains listings of the fee schedule amounts, payment categories, jurisdictions, and descriptions of procedure codes. To review this information, select the following web link: **DMEPOS Fee Schedule** (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSchd/DMEPOS-Fee-Schedule.html>).

Q. Do we have to accept a brace back from a patient after they have been billed by the insurance company?

A. We suggest that you contact the DME MAC for your jurisdiction, as it appears that you may need information about a specific claim. To find the contact information for your jurisdiction, please select this web link: [Review Contractor Directory – InteractiveMap](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/) (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>).

Q. Can a physician self-refer and provide a back brace to his/her patient?

A. According to Section 1877 of the **Social Security Act [42 U.S.C. 1395]**, physicians must adhere to certain self-referral rules. The law is known as the physician self-referral law and commonly referred to as the Stark Law (named for United States Congressman Pete Stark who sponsored the initial bill). Information on the CMS website states that the law:

- “Prohibits a physician from making referrals for certain designated health services (DHS) payable by Medicare to an entity with which he or she (or an immediate family member) has a financial relationship (ownership, investment, or compensation), **unless an exception applies**.
- Prohibits the entity from presenting or causing to be presented claims to Medicare (or billing another individual, entity, or third party payer) for those referred services.
- Establishes a number of specific exceptions and grants the Secretary the authority to create regulatory exceptions for financial relationships that do not pose a risk of program or patient abuse.”

For more information, please select the web links below:

- [Physician Self Referral](https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/index.html) (<https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/index.html>)
- [Social Security Act, Section 1877 \[42 U.S.C 1395\]](https://www.ssa.gov/OP_Home/ssact/title18/1877.htm) (https://www.ssa.gov/OP_Home/ssact/title18/1877.htm)

Q. What are the exceptions for self-referral by physicians?

A. Please select the following web link to review CMS’ protocol on self-referrals: [CMS Voluntary Self-Referral Disclosure Protocol](https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Downloads/CMS-Voluntary-Self-Referral-Disclosure-Protocol.pdf) (<https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Downloads/CMS-Voluntary-Self-Referral-Disclosure-Protocol.pdf>).

Q. If the provider incorrectly names the orthosis, can the supplier correct the detailed written order (DWO)?

A. If an error is made on the order, the supplier should contact the ordering/referring provider to obtain a verbal or updated order. Per Chapter 5 of the ***Medicare Program Integrity Manual***, “Suppliers may dispense most items of DMEPOS based on a verbal order or preliminary written order from the treating physician. This order must include: a description of the item, the beneficiary's name, the physician's name and the start date of the order. Suppliers must maintain the preliminary written order or written documentation of the verbal order and this documentation must be available to...CMS review contractor upon request. For items that are dispensed based on a verbal order or preliminary written order, the supplier must obtain a detailed written order that meets the requirements of Section 5.2.3 before submitting the claim.” More information can be found at the following link: ***Medicare Program Integrity Manual, Chapter 5, Sections 5.2.2 - 5.2.3*** (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf>).

Q. As an ordering provider, how can I have control over the supplier's price?

A. This CBR was disseminated to providers to offer insight into their referral trends for spinal orthoses and to educate providers about the importance of proper documentation. We want to ensure that referring physicians are aware of the information they should provide to suppliers in order to dispense spinal orthoses to Medicare beneficiaries.

Q. What kind of documentation is necessary to be compliant?

A. Per the ***Medicare Program Integrity Manual***, “For any DMEPOS item to be covered by Medicare, the patient's medical record must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable). The information should include the patient's diagnosis and other pertinent information including, but not limited to, duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc.” For complete information, select the following web link: ***Medicare Program Integrity Manual, Chapter 5, Section 5.7*** (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf>).

Q. Is there a certain time-frame when someone can get a replacement orthosis?

A. According to the ***Medicare Program Integrity Manual***, “When an order for DMEPOS is renewed or revised, supply utilization information must be specified or updated by the physician.” The documentation in the patient’s medical record must support the medical necessity of the replacement item. Please review the following for more detailed information: ***Medicare Program Integrity Manual, Chapter 5, Section 5.9*** (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf>).

REPORT SPECIFICS

Q. How do you determine a visit to a provider from the billing? If the provider didn't bill, would this show up on our CBR report as a non-provider recommended visit?

A. If there was no billing from the referring provider, then the visit would show up as a non-referred visit. In this CBR, for each DMEPOS claim for the spinal orthoses HCPCS codes in this report, the referring provider’s Part B claims were searched for the 90 days prior to the service date of the DMEPOS claim. The service date is defined as the date that the spinal orthosis order was filled by the DMEPOS supplier. Any visit by the beneficiary to the referring provider during this time period is considered a matching visit.

Q. If the billing provider is not the referring provider, will this trigger a non-referred response in the CBR?

A. No. For each DMEPOS claim for the spinal orthoses HCPCS codes used in this report, the referring provider’s Part B claims were searched for the 90 days prior to the service date of the DMEPOS claim. The service date is defined as the date that the spinal orthosis order was filled by the DMEPOS supplier. Any visit by the beneficiary to the referring provider during this time period is considered a matching visit.

Q. One of our provider's received a CBR, but has never dispensed a spinal orthosis. The NPI on the provider's letter is accurate. How can this be?

A. This CBR was sent to the referring provider as listed on the supplier’s claim. If you believe the provider did not refer any Medicare beneficiaries for spinal orthoses, please contact your MAC.

REFERENCES

[CBR201802 Webinar](https://www.cbrinfo.net/cbr201802-webinar.html) (<https://www.cbrinfo.net/cbr201802-webinar.html>)

[Review Contractor Directory – InteractiveMap](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/) (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>)

[Self-Audit Help](https://www.cbrinfo.net/self-audit-help) (<https://www.cbrinfo.net/self-audit-help>)

[Continuing Education Credits](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Continuing-Education.html) (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Continuing-Education.html>)

[DMEPOS Fee Schedule](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html) (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html>)

[Physician Self Referral](https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/index.html) (<https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/index.html>)

[Social Security Act, Section 1877 \[42 U.S.C 1395\]](https://www.ssa.gov/OP_Home/ssact/title18/1877.htm)
(https://www.ssa.gov/OP_Home/ssact/title18/1877.htm)

[CMS Voluntary Self-Referral Disclosure Protocol](https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Downloads/CMS-Voluntary-Self-Referral-Disclosure-Protocol.pdf) (<https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Downloads/CMS-Voluntary-Self-Referral-Disclosure-Protocol.pdf>)

[Medicare Program Integrity Manual, Chapter 5, Sections 5.2.2-5.9](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf)
(<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf>)