

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**DURABLE MEDICAL EQUIPMENT CLAIMS
PAID BY NORIDIAN HEALTHCARE
SOLUTIONS, LLC, DID NOT ALWAYS
MEET THE REQUIREMENTS OF THE
LOCAL COVERAGE DETERMINATION FOR
LOWER LIMB PROSTHESES**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



Patrick J. Cogley
Regional Inspector General

August 2013
A-07-12-05035

Office of Inspector General

<https://oig.hhs.gov/>

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

Noridian Healthcare Solutions, LLC, paid approximately \$97,000 for lower limb prosthetics claims that did not meet Medicare coverage requirements for the period January 1, 2010, through December 31, 2011.

WHY WE DID THIS REVIEW

Previous Office of Inspector General (OIG) reviews found that Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) did not ensure that lower limb prosthetic claims met the coverage requirements in local coverage determinations (LCDs). LCDs are decisions by DME MACs on whether to cover a particular service in accordance with section 1862(a)(1)(A) of the Social Security Act (the Act) and are published to provide guidance to the public and the medical community. In response to one of OIG's reviews, on March 5, 2012, the Centers for Medicare & Medicaid Services (CMS) issued a Technical Direction Letter (TDL) directing the DME MACs to develop claim-processing edits for all requirements in LCDs for lower limb prostheses. Noridian Healthcare Solutions, LLC (Noridian), is one of the DME MACs. This review is part of a series of reviews to determine the compliance of DME MACs with LCD requirements for lower limb prostheses.

The objective of this review was to determine whether Noridian processed and paid claims for lower limb prostheses according to LCD requirements for the period January 1, 2010, through December 31, 2011.

BACKGROUND

Section 1862(a)(1)(A) of the Act requires that, to be paid by Medicare, a service or an item must be reasonable and necessary for the diagnosis or treatment of illness or injury or improve the functioning of a malformed body member. Medicare Part B provides for the coverage of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

A lower limb prosthesis is an artificial replacement for any or all parts of a leg; it provides an individual who has an amputated limb with the ability to perform functional tasks, particularly walking, that may not be possible without the device. For a lower limb prosthesis to be covered by Medicare, the patient is expected to reach or maintain a defined functional level and be motivated to ambulate.

When submitting claims to DME MACs, suppliers use Healthcare Common Procedure Coding System (HCPCS) codes. Each claim can have multiple lines of service, each of which represents a different component (e.g., foot, ankle) of the lower limb prosthesis provided by the supplier. Lines of service are billed using HCPCS codes, many of which require a modifier code to indicate such things as left or right limb and functional level. Noridian published LCD L11453 for lower limb prostheses. The LCD contained coverage requirements, such as the functional levels required for certain components, socket inserts that are allowed only in certain quantities, unallowable combinations of HCPCS codes, and the DMEPOS suppliers' documentation requirements. Medicare policy instructs DME MACs to apply the LCD coverage requirements

to claims on either a prepayment or postpayment basis. Noridian uses claim-processing edits to apply LCD requirements for lower limb prostheses on a prepayment basis. Prepayment edits are programming logic within a claim-processing system that are designed to evaluate claims and prevent payment for errors such as noncovered, incorrectly coded, or inappropriately billed lines of service.

WHAT WE FOUND

Noridian paid \$96,509 for 48 lines of service for lower limb prostheses from January 1, 2010, through December 31, 2011, that did not meet LCD requirements, consisting of:

- \$89,762 for 41 lines of service that had missing or incorrect functional level modifiers and
- \$6,747 for 7 lines of service that had unallowable combinations of components.

In response to CMS's March 2012 TDL, Noridian implemented and improved edits to address the LCD requirements. In addition to implementing and improving its edits, Noridian also reprocessed prior period claims using the updated edits and identified an additional 657 unallowable lines of service totaling \$1,417,638 that it had originally paid. Noridian identified these unallowable lines of service and recovered the \$1,417,638 before the start of our review.

Of the 48 lines of service we identified that did not meet LCD requirements, 5 lines of service occurred after Noridian implemented its improved edits. Noridian did not identify the other 43 lines of service during its reprocessing of previous claims.

WHAT WE RECOMMEND

We recommend that Noridian:

- recover \$96,509 in identified overpayments for lines of service for lower limb prostheses that did not meet LCD requirements and
- continue to monitor the edits it developed and updated in response to CMS's March 2012 TDL to ensure that the edits are functioning correctly.

AUDITEE COMMENTS

In written comments on our draft report, Noridian stated that it had recouped all but \$5,544 of the overpayments that we had identified and that it was in the process of recouping the balance. Noridian also described corrective actions that it had taken with respect to the monitoring of its claim-processing edits and educational and outreach activities that it had undertaken to address the proper billing of lower limb prostheses.

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INTRODUCTION

WHY WE DID THIS REVIEW

Previous Office of Inspector General (OIG) reviews (see Appendix A) found that Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) did not ensure that lower limb prosthetic claims met the coverage requirements in local coverage determinations (LCDs). LCDs are decisions by DME MACs on whether to cover a particular service in accordance with section 1862(a)(1)(A) of the Social Security Act (the Act) and are published to provide guidance to the public and the medical community. In response to one of OIG's reviews, on March 5, 2012, the Centers for Medicare & Medicaid Services (CMS) issued a Technical Direction Letter (TDL) directing the DME MACs to develop claim-processing edits for all requirements in LCDs for lower limb prostheses. Noridian Healthcare Solutions, LLC (Noridian), is one of the DME MACs. This review is part of a series of reviews to determine the compliance of DME MACs with LCD requirements for lower limb prostheses.

OBJECTIVE

Our objective was to determine whether Noridian processed and paid claims for lower limb prostheses according to LCD requirements for the period January 1, 2010, through December 31, 2011.

BACKGROUND

Medicare Coverage of Lower Limb Prostheses

Under Title XVIII of the Act, the Medicare program provides health insurance for people aged 65 and over, people with disabilities, and people with permanent kidney disease. CMS administers the Medicare program. Section 1862(a)(1)(A) of the Act requires that, to be paid by Medicare, a service or an item must be reasonable and necessary for the diagnosis or treatment of illness or injury or improve the functioning of a malformed body member.

According to the Act, Medicare Part B provides for the coverage of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). A lower limb prosthesis is an artificial replacement for any or all parts of a leg; it provides an individual who has an amputated limb with the ability to perform functional tasks, particularly walking, that may not be possible without the device. A prosthesis joins the beneficiary's residual limb at one of several sites, such as the hip, knee, ankle, or foot.

For a lower limb prosthesis to be covered by Medicare, the patient is expected to reach or maintain a defined functional level and be motivated to ambulate. Functional levels range from level 0 to level 4 and are indicated on prosthetic claims by modifiers K0 to K4. A K0 functional level modifier identifies a beneficiary who does not have the ability or potential to ambulate or transfer safely with or without assistance, and a prosthesis does not enhance his or her quality of life or mobility. In contrast, a K4 functional level modifier is for a beneficiary who has the

ability or potential for prosthetic ambulation that exceeds basic ambulation skills; this level is typical of the prosthetic demands of the child, active adult, or athlete.

Durable Medical Equipment Medicare Administrative Contractors

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 required, among other things, the use of MACs to process Medicare claims. CMS contracted with four DME MACs to process and pay DMEPOS claims. Each DME MAC processes claims for one of four jurisdictions, known as Jurisdictions A, B, C, and D. Noridian is the DME MAC for Jurisdiction D; it processes DMEPOS claims in 20 States and territories.¹

When submitting claims to DME MACs, suppliers use Healthcare Common Procedure Coding System (HCPCS) codes.² Each claim can have multiple lines of service, each of which represents a different component (e.g., foot, ankle) of the lower limb prosthesis provided by the supplier. Lines of service are billed using HCPCS codes, many of which require a modifier code³ to indicate such things as left or right limb and functional level.

Local Coverage Determinations and Claim-Processing Edits

According to chapter 13, section 13.1.3, of the *Medicare Program Integrity Manual*, Pub. No. 100-08, LCDs are decisions by DME MACs on whether to cover a particular service in accordance with section 1862(a)(1)(A) of the Act. Section 13.1.3 also states: “The LCDs specify under what clinical circumstances a service is considered to be reasonable and necessary. They are administrative and educational tools to assist providers in submitting correct claims for payment. Contractors publish LCDs to provide guidance to the public and medical community within their jurisdictions.”

On January 1 of each year of our audit period, Noridian published LCD L11453 for lower limb prostheses. The LCD contained coverage requirements, such as the required functional levels for certain components, restrictions on the quantities of socket inserts,⁴ unallowable combinations of HCPCS codes, and the DMEPOS suppliers’ documentation requirements.

Additionally, chapter 13, section 13.10, of the *Medicare Program Integrity Manual* states that DME MACs should apply the coverage requirements documented in LCDs to claims on either a

¹ Jurisdiction D States and territories are Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Northern Mariana Islands, Oregon, South Dakota, Utah, Washington, and Wyoming.

² HCPCS is a medical code set used throughout the health care industry as a standardized system for describing and identifying health care procedures, equipment, and supplies in health care transactions.

³ A modifier is a two-position code reported with a HCPCS code and is designed to give Medicare and commercial payers additional information needed to process a claim.

⁴ A socket insert is used in the socket of the prosthesis to protect the beneficiary’s limb and to allow for modifications to the fit of the prosthesis due to fluctuation in the size of the limb.

prepayment or postpayment basis. Noridian uses claim-processing edits to apply the LCD requirements for lower limb prostheses on a prepayment basis. Prepayment edits are programming logic within a claim-processing system that is designed to evaluate claims and prevent payment for such errors as noncovered, incorrectly coded, or inappropriately billed lines of service.

CMS issued its March 5, 2012, TDL to all DME MACs in response to OIG's report issued in August 2011 (see Appendix A). CMS's TDL directed DME MACs to work collaboratively to develop a uniform set of edits based on all of the LCD requirements and to implement these edits in the local claim-processing system at each DME MAC no later than July 1, 2012.

HOW WE CONDUCTED THIS REVIEW

Noridian paid approximately \$207.9 million for 314,986 lines of service (70,145 claims) for lower limb prostheses from January 1, 2010, through December 31, 2011. We developed programming logic to analyze these lines of service to determine whether they met LCD requirements. Our analyses focused on the requirements that could be tested through data analytics without the need to obtain additional documentation from suppliers. We did not conduct a medical review to determine whether the services were medically necessary.

We assessed the reliability of the data from CMS's National Claims History file by electronically testing required data elements and by checking the basic reasonableness of the data with Noridian. We determined that these data are sufficiently reliable for the purposes of this report.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix B contains the details of our audit scope and methodology.

FINDINGS

Noridian paid \$96,509 for 48 lines of service for lower limb prostheses from January 1, 2010, through December 31, 2011, that did not meet LCD requirements, consisting of:

- \$89,762 for 41 lines of service that had missing or incorrect functional level modifiers and
- \$6,747 for 7 lines of service that had unallowable combinations of components.

Chapter 13, section 13.10, of the *Medicare Program Integrity Manual* states that DME MACs should apply the coverage requirements documented in LCDs to claims on either a prepayment or postpayment basis. In response to CMS's March 2012 TDL, Noridian implemented and improved edits to address the LCD requirements. In addition to implementing and improving its

edits, Noridian also reprocessed prior period claims using the updated edits and identified an additional 657 unallowable lines of service totaling \$1,417,638 that it had originally paid. Noridian identified these unallowable lines of service and recovered the \$1,417,638 before the start of our review.

Of the 48 lines of service we identified that did not meet LCD requirements, 5 lines of service occurred after Noridian implemented its improved edits. Noridian did not identify the other 43 lines of service during its reprocessing of previous claims.

MISSING OR INCORRECT FUNCTIONAL LEVEL MODIFIERS

LCD L11453 states that to receive certain lower limb prostheses, individuals should attain a certain functional level, and the functional level modifier code must be included on the line of service. For example, HCPCS code L5930 is for a high-activity knee frame. A beneficiary who receives this knee frame must be able to attain a functional level of 4, and Medicare claims with a line of service for L5930 must include the K4 modifier code. We identified instances in which Noridian processed and paid for L5930 lines of service that did not have a modifier code or that had a modifier code other than K4 (indicating a lower functional level). In total, Noridian paid \$89,762 for 41 lines of service that had a missing or incorrect functional level modifier code. Of the 41 lines of service, 34 lines had an incorrect functional level modifier (K3-K0), and 7 lines were missing a functional level modifier.

UNALLOWABLE COMBINATIONS OF COMPONENTS

LCD L11453 identifies certain combinations of components that are not allowed on lower limb prostheses. For example, HCPCS code L5540 is for a preparatory below-the-knee prosthesis. When this prosthesis is provided to a beneficiary, certain prosthetic additions, such as HCPCS code L5704 (custom shaped protective cover, below knee), are not allowable. We identified instances in which Noridian processed and paid for both L5540 and L5704 lines of service. In total, Noridian paid \$6,747 for seven lines of service that had unallowable combinations of components.

RECOMMENDATIONS

We recommend that Noridian:

- recover \$96,509 in identified overpayments for lines of service for lower limb prostheses that did not meet LCD requirements and
- continue to monitor the edits it developed and updated in response to CMS's March 2012 TDL to ensure that the edits are functioning correctly.

AUDITEE COMMENTS

In written comments on our draft report, Noridian stated that it had recouped all but \$5,544 of the overpayments that we had identified and that it was in the process of recouping the balance.

Noridian also described corrective actions that it had taken with respect to the monitoring of its claim-processing edits and educational and outreach activities that it had undertaken to address the proper billing of lower limb prosthetics.

Noridian's comments are included in their entirety as Appendix C.

APPENDIX A: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>Questionable Billing by Suppliers of Lower Limb Prostheses</i>	OEI-02-10-00170	8/2011
<i>Lower Limb Prosthetics Claims Paid to Premier Prosthetics and Orthotics Were Not Always Supported by Adequate Documentation</i>	A-07-12-05026	12/2012
<i>Lower Limb Prosthetics Claims Paid to Ozark Prosthetics and Orthotics Were Not Always Supported by Adequate Documentation</i>	A-07-12-05029	4/2013

APPENDIX B: AUDIT SCOPE AND METHODOLOGY

SCOPE

Noridian paid \$207,910,079 for 314,986 lines of service (70,145 claims) for lower limb prostheses for the period January 1, 2010, through December 31, 2011. Our review focused on whether Noridian met Medicare requirements by paying only those lines of service for lower limb prosthetics that were in accordance with its LCD on lower limb prostheses. We did not conduct a medical review to determine whether the services were medically necessary. We limited our review of internal controls to those related to our audit objective.

We conducted our audit work, which included contacting Noridian in Fargo, North Dakota, from September 2012 through January 2013.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and DME MAC guidance;
- interviewed staff at Noridian to gain an understanding of its procedures for the processing and payment of DMEPOS claims for lower limb prostheses;
- used CMS's National Claims History file to identify all DMEPOS claims processed and paid by Noridian during the period January 1, 2010, through December 31, 2011;
- developed programming logic to analyze the lines of service, focusing on the LCD requirements that could be tested through data analytics without the need to obtain additional documentation from suppliers; and
- discussed the results of our review and provided detailed data on our findings to Noridian officials on June 14, 2013.

We assessed the reliability of the data from CMS's National Claims History file by electronically testing required data elements and by checking the basic reasonableness of the data with Noridian. We determined that these data are sufficiently reliable for the purposes of this report.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX C: AUDITEE COMMENTS



900 42nd Street South
Fargo, ND 58103

August 6, 2013

Patrick Cogley
Regional Inspector General for Audit Services
Office of Inspector General
601 East 12th Street, Room 0429
Kansas City MO 64106

Dear Mr. Cogley,

Noridian Healthcare Solutions, LLC has reviewed the draft report, A-07-12-05035, entitled *Durable Medical Equipment Claims paid by Noridian Healthcare Solutions, LLC Did Not Always Meet the Requirements of the Local Coverage Determination for Lower Limb Prostheses*. Below are our comments and responses to the OIG's recommendations.

The first OIG recommendation was that Noridian recover \$96,509 in identified overpayments for lines of service that did not meet LCD requirements from January 1, 2010 to December 31, 2011. Noridian has reviewed the OIG provided spreadsheet of the lines that did not meet LCD requirements and finds that only five paid lines totaling \$5,544 remain to be recouped as an overpayment. The other lines were recouped earlier in 2013, as we were made aware of errors that the OIG found during the process of preparing this report. An overpayment request was submitted on July 30, 2013 to our financial team for recouping the overpayment on these five lines.

We are pleased that the OIG recognized Noridian's efforts in reprocessing prior claims paid in error, once edits were added to our claims processing system to edit for appropriate functional levels, quantities of items provided and unallowable combinations of codes. As mentioned in the report, Noridian identified 657 unallowable lines of service and recovered over \$1.4 million before the start of the OIG review.

The second OIG recommendation was that Noridian continue to monitor the edits developed and updated in response to the March 2012 TDL to ensure that the edits are functioning correctly. Noridian added various lower limb edits to the VMS claims processing system in early June 2010 (six months into the OIG review period), based on Recovery Auditor identified vulnerabilities. Revisions to these edits were made in December, 2010. We also added system edits for a gap found when reviewing the lower limb policy requirements directed by TDL 12248 in mid-2012. Noridian's lower limb edits have been in place for some time--in some instances, years--and are effective, as evidenced by the low dollar amount found with errors by the OIG compared to the billed amount of \$207.9 million. In addition, most errors found by the OIG were from early 2010, before the first series of edits were implemented.

Below is a list of additional activities Noridian has taken to address proper billing of lower limb prosthetics. Based on CERT errors and the high cost for lower limb prosthetics, we continue to focus education efforts and complex medical reviews on this DME category.

A CMS Medicare Administrative Contractor

Noridian Healthcare Solutions, LLC



- In August 2012, Noridian implemented widespread complex medical reviews for HCPCS L5673 and L5301. Additional widespread complex reviews for HCPCS L5980, L5981 and L5987 were implemented in January 2013. These reviews remain open at this time.
- In September 2012, Noridian Education staff provided educational materials, including lower limb prosthetic education manuals, to attendees at the annual AOPA National Assembly.
- On January 19, 2013, Noridian's Medical Review and Education teams collaboratively developed and mailed an Orthotics and Prosthetics specialty booklet to 499 Jurisdiction D Orthotic and Prosthetic suppliers. These suppliers were identified as having errors based on widespread edit effectiveness reports. The booklets included Orthotic and Prosthetic presentations, specialty checklists, Dear Physician letters and a number of reference materials.
- On April 16, 2013 at the "Documentation and Dialogue" in-person seminar hosted by Noridian in Salt Lake City, UT, an orthotics and prosthetics round table session was conducted. These sessions allow attendees to ask any questions on the round table topic.
- In May 2013, Noridian Education staff held a web-based workshop on Lower Limb Prostheses with 109 attendees. See https://www.noridianmedicare.com/dme/train/presentations/lower_limb_prosthesis.pdf for the workshop material.
- In May 2013, Noridian Education staff attended and presented at the Northwest American Academy of Orthotists and Prosthetists (NW AAOP) Continuing Education Conference in Bellevue, WA. Noridian provided various MLN brochures including: The Medicare Review Program, CERT, The Appeal Process, Supplier Standards and Quality Standards. Questions from attendees were answered on the topics of reviews, medical record requirements, and Therapeutic Shoes for Persons with Diabetes, Lower Limb Prostheses and Spinal Orthosis policy questions.
- On May 14, 2013 at the "Documentation and Dialogue" in-person seminar hosted by Noridian in St. Louis, MO, an orthotics and prosthetics round table session was conducted.
- On June 4 and 6, 2013 at the "Documentation and Dialogue" in-person seminars hosted by Noridian in Des Moines, IA and Omaha, NE, orthotics and prosthetics round table sessions were conducted.
- On July 23 and 25, 2013 at the "Documentation and Dialogue" in-person seminars hosted by Noridian in Los Angeles and San Diego, CA, orthotics and prosthetics round table sessions were conducted.

We appreciate the opportunity to comment on this report and the findings. If you have any questions on this response and Noridian's actions, please contact me at 701-277-6754.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandra Skallerud". The signature is fluid and cursive, with the first name being more prominent.

Sandra Skallerud,
DME Vice President and JD Project Manager

cc: James Ralls, JD COR, CMS
Tom McGraw, CEO and President of Noridian Healthcare Solutions, LLC