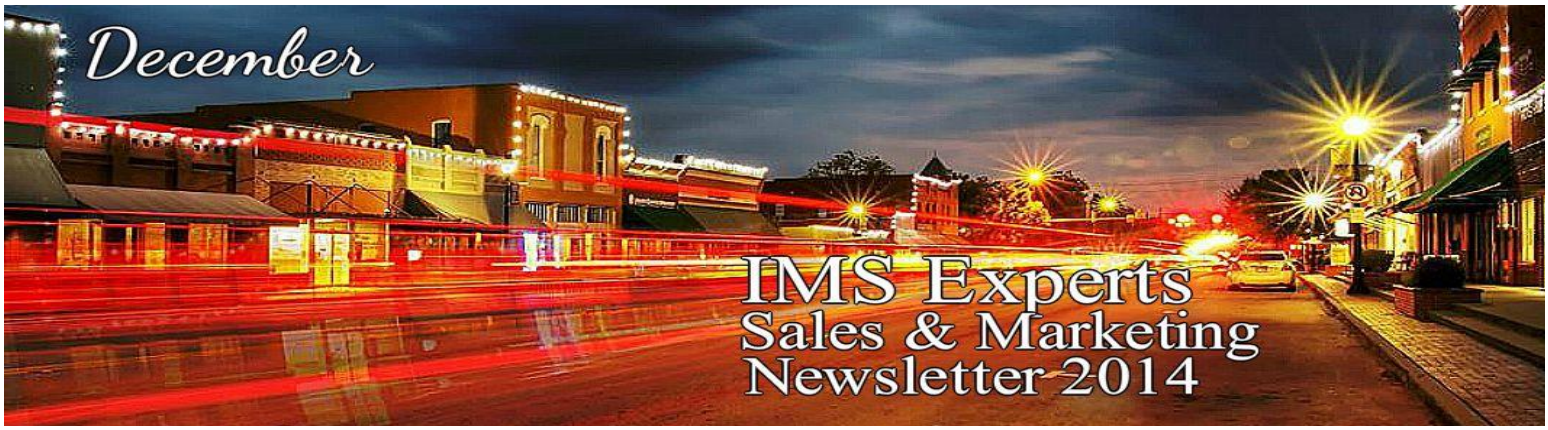

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in this issue:

Welcome!

Crystal Peruchi

&

Amy Jiminez

to the IMS Experts Team!

When the Selling Gets Tough, the Tough Get Smart

Drop the word "recession" from your lexicon and replace it with "opportunity." People are buying homes, cars, shoes, software, copiers and even yachts. Find out where the opportunities are and make that your market.

Experiment with sales and marketing initiatives you've never tried or have avoided. Say, for example, that you detest the idea of hosting a seminar. Well, seminars are a powerful way to sell through education. And today, with impulse sales on the decline, selling by advising and informing can deliver a strong advantage.

Stay up to date with healthcare laws and Medicare laws.
This knowledge would be extremely helpful to a potential buyer as the laws are intricate and complicated and compliance with these laws is pertinent to business success.

Remember that buying is linked to key human needs and emotions that prevail regardless of economic conditions.

The drive for success, wealth, beauty, security, entertainment, peace of mind and love never goes away. This may be the ideal time to change your approach from a product or service focus to a pitch based on these enduring drives and values.

Effective Immediately, please send product numbers with all inventory requests. This will eliminate error and allow us to work smarter.

Medicare Qualifications for Cervical Traction Devices:

Cervical traction devices (E0840-E0855 and E0860) are covered only if both of the following criteria are met:

1. The beneficiary has a musculoskeletal or neurologic impairment requiring traction equipment; and
2. The appropriate use of a home cervical traction device has been demonstrated to the beneficiary and the beneficiary tolerated the selected device

Cervical traction devices described by code E0849 or E0855 are covered only when criteria 1 and 2 above and either criterion A, B or C below has been met:

A. The beneficiary has a diagnosis of temporomandibular joint (TMJ) dysfunction; and has received treatment for the TMJ condition; or,
B. The beneficiary has distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) such that a chin halter is unable to be utilized; or,
C. The treating physician orders and/or documents the medical necessity for greater than 20 pounds of cervical traction in the home setting.

If the criteria for cervical traction are met but the additional criteria for E0849 or E0855 are not met, they will be <u>denied</u> as not reasonable and necessary.

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Tell Congress: Stop Speculators from Hurting Medicare Patients

Send Letters to Congress: 1,808 Letters Sent So Far

Whether you are a patient, family member, or caregiver, please help us make sure that your loved ones can get their doctor prescribed home medical equipment (HME) and services that they need from responsible suppliers.

When patients who use Medicare are prescribed home medical equipment like walkers, hospital beds or oxygen by their doctor, they are required to use the HME supplier that has won the Medicare contract for their area. Those contracts are awarded through an auction that requires providers to bid against each other to win the contract.

The most fundamental aspect of auctions is that **bidders must honor their bids**.

When bids don't have to be honored, speculative bidders have an incentive to low-ball bids, which distorts the entire auction process. This is why 244 economic experts from around the world, a group that includes Nobel Prize laureates, agree that the current Medicare bidding scheme is unsustainable, citing the lack of binding bids as a primary shortcoming of the program.

Officials from CMS have repeatedly said that CMS does not have the statutory authority to require binding bids, and that Congress must authorize CMS to require binding bids.

That's why Congressmen Pat Tiberi from Ohio and John Larson from Connecticut have come together to introduce **H.R. 4920, the Medicare DMEPOS Competitive Bidding Improvement Act of 2014**, a short and simple bill that would make all bids binding as well as require providers to obtain bonds before bidding.

Enter your ZIP code below to email your Representatives and ask them to add their support to H.R. 4920.

You can send the letter as is, or add your own personal story. Once you've taken action, send this link to your co-workers and post it on Facebook. If you have time, call your member of Congress personally, you can find their number in our Congressional Directory.

Thank you for joining the fight to save homecare!

Medicare Audits and Program Integrity Standards for Medical Review

Medicare contractors with the responsibility to audit are given the same guidelines regarding the type of review and reasons to deny.

Reasons to Deny

Audit contractors are instructed to deny services if they meet any of the following conditions.

- The item or service does not fall into a Medicare benefit category.
- The item or service is statutorily excluded.
- The item or service is not reasonable and necessary.
- The item or service does not meet other Medicare program requirements for payment.

Auditors must adhere to CMS issued national coverage determinations (NCDs) and regional local coverage determinations (LCDs). In the absence of NCDs or LCDs, the contractors are responsible for determining whether services are reasonable and necessary, based on the following criteria.

- It is safe and effective.
- It is not experimental or investigational.
- It is furnished in accordance with accepted standards of practice for the diagnosis or treatment of the beneficiary's condition.
- It is provided in a setting appropriate to the beneficiary's medical needs and condition.
- It is ordered and performed by qualified personnel.
- It meets, but does not exceed, the beneficiary's medical need.

A full denial or partial denial can be issued. For a partial denial, the auditor determines that the submitted services was up-coded (a lower service was actually performed) or incorrectly coded.

Auditors can review any documentation submitted with the claim, other documentation subsequently submitted by the provider, or billing history obtained from Medicare databases. Any information submitted by the provider must corroborate the documentation in the beneficiary's medical documentation and confirm that Medicare coverage criteria have been met.

For a complete list of the type of Audits, Denials, and Appeal's process please follow link below.

http://www.asha.org/Practice/reimbursement/medicare/Medicare-Audits-and-Program-Integrity/

Cigna has updated their guidelines and will now only be covering the TENS Unit for the following two diagnosis codes:

1.) 338.18- Acute Postoperative Pain

2.) 338.12 - Acute Post-Thoracotomy Pain

In order for these codes to be covered this must also be dictated in the physician's notes.

DID YOU KNOW ?

That Medicare conducted a specific review for the E0730 TENS Unit and the E0730 review involved 106 claims, of which **99** were denied. Based on dollars, this resulted in an overall potential improper payment rate of **94%**.

Top Denial Reasons

- There was no documentation submitted in response to the Additional Documentation Request (ADR) letter.
- The documentation provided does not support usage and frequency.
- The documentation provided does not support a valid trial period.
- The documentation provided does not support pain was present for three months.

It is important for suppliers to be familiar with the documentation requirements and utilization parameters as outlined in the Transcutaneous Electrical Nerve Stimulators (TENS) Local Coverage Determination (LCD) and Policy Article.

Please see attached Medicare Flow Chart for additional information.

Ribbon Cutting

IMS Experts Medical Products and Supplies celebrated their Ribbon Cutting to open their new retail store located in Mansfield Texas on November 19, 2014.

Welcome Rachel & Rachelle to the IMS Experts Team!

Come visit us at http://www.imsexpertsretail.com/

ARLINGTON

Holiday Lights Parade

IMS Experts is pleased to announce that we will be participating in the Holiday Lights Parade on Saturday December 6th, 2014 6pm

Bring your friends and family to the Downtown/University District to enjoy the Annual Holiday Lights Parade. Thousands of people will gather for the pageantry which ends with the lighting of the Christmas tree on the steps of City Hall. Don't forget to bring your camera and take a picture with Santa after the parade at the new Levitt Pavilion in Founders Plaza at 100 W. Abram St.