



Affiliated Contractors (ACs) refers to Carriers, DMERCs, and FIs. More extensive information on acronyms can be found on the Centers for Medicare website at <http://www.cms.hhs.gov/apps/acronyms/>

## CONTENTS

### Changes to the DMERC Medical Request Letters

### ERROR Code 41 Services Billed Were Not Rendered

### Changes Made to the New Version of the CDC Confidential Website

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#### **DMERC Changes to CDC Medical Request Letters**

Recently, DMERC representatives suggested the following changes to Medical Request Letters. CMS has concurred with these changes.

The following is a list of medical record documents that serve to support and meet the noted requirements in support of the adjudication of claims for reimbursement:

- Physician's written order/Prescription (with date and signature or start date prior to Date of service on the claim)
- Physician history and physicals, medical evaluations, and progress notes from all places of service where the services were rendered
- Non-physician clinician assessments for certification, re-certification evaluations, and progress notes - e.g., nurse, PT, OT, etc. (if applicable)

- Other pertinent documentation such as diagnostic tests including functional testing (e.g., lab tests, sleep studies, cardiac stress tests, pulmonary function tests, etc.) which would provide evidence in support the medical necessity for the item billed
- Supplier's notes - supplier generated forms are not considered clinical documentation but do provide information for review
- Certificate of Medical Necessity or DME Information Form (if applicable)- these must be applicable for the dates of services being billed
- Manufacturer's name and model name/number of item provided, whether the device is new or used, if this is required by the policy for coverage
- Home Assessment for Motorized/Non-Motorized Wheelchairs (when applicable)
- Physician progress notes of face-to-face visit with beneficiary to support medical necessity for Motorized/Non-Motorized Wheelchairs (when applicable)

**Home Assessment/All Prog.Notes to support medical necessity-Motorized wheelchairs**

**HCPCS**

- E0983 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
- K0010 Standard-weight frame motorized/power wheelchair
- K0011 Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
- K0012 Lightweight portable motorized/power wheelchair
- K0014 Other motorized/power wheelchair base
- E0984 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
- E1210 Motorized wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
- E1211 Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests
- E1212 Motorized wheelchair; fixed full-length arms, swing-away, detachable footrests
- E1213 Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests

**HCPCS HOME ASSESSMENT FOR MANUAL WHEELCHAIRS**

- E1161 MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE
- E1231 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM

- E1232 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM
- E1233 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM
- E1234 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM
- E1235 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM
- E1236 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM
- E1237 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM
- E1238 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM
  
- K0001 STANDARD WHEELCHAIR
- K0002 STANDARD HEMI (LOW SEAT) WHEELCHAIR
- K0003 LIGHTWEIGHT WHEELCHAIR
- K0004 HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR
- K0005 ULTRALIGHTWEIGHT WHEELCHAIR
- K0006 HEAVY DUTY WHEELCHAIR
- K0007 EXTRA HEAVY DUTY WHEELCHAIR
- K0009 OTHER MANUAL WHEELCHAIR/BASE
- K0010 STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR ASC
- K0011 STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING ASC.
- K0012 LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR ASC

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## **ERROR Code 41 Services Billed Were Not Rendered**

Error Code 41 is one of several error codes (others include Error Codes 15 Extenuating Circumstances, 16 No Documentation, and 99 No Response) which contribute to the No Documentation/No Response national paid claims error rate category. Nurse Reviewers at CRC score claims as Error Code 41 when after their review of the provider record documentation and subsequent contact with the provider they determine that the services billed were not actually rendered. Error Code 41 infractions occur for example under the following circumstances:

1. The provider mistakenly entered, miscoded, or marked the wrong medical service he/she provided.
2. The medical service was provided to the spouse of the beneficiary but billed to the beneficiary.
3. Other reasons.

In an effort to reduce these errors ACs, CRC, and CDC request that providers pay close attention to billing for services that they perform. Closer scrutiny by providers to

carefully ensuring that they only bill for services rendered will reduce this error code category.

The CERT Review Manual Exhibit 6 titled, Error Codes, provides the following information to Nurse Reviewers:

41	Services Billed Were Not Rendered	Include only those lines of service where the reviewer concluded, based on actual evidence in the records, that the services the provider billed and the contractor paid were either not performed, or products were not provided. (Note: Do not include duplicate billing or where insufficient documentation raises the doubt that the provider rendered the service, but where no actual proof is in evidence. You must have confirmation from the provider that the service was not provided.)
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## Changes Made to the New Version of the CDC Confidential Website

The following changes were made to the CDC Confidential website based on the recommendations of the CDC Website Focus Group represented by Part A/Part B Affiliated Contractors. These changes are available as of September 22, 2006. This is the first of several versions to follow in the near future.

1. CID status tracking – Add the ability to see the history of a particular CID of interest.
2. On the `Provider Addresses' page the system will now:
  - List the comments field along with the other address information that is displayed
  - Fax numbers are now added correctly as fax numbers when entered in the appropriate field
  - Show who last updated the provider address record for a provider.
  - Enable ACs to add an address if an address entry does not already exist.
4. New provider addition – Enable ACs to add a new provider to the system.
5. In the CID letter history and tech stop status reports:
  - Change the default sort order to inverse chronological order
  - Add the ability to sort on an arbitrary field, preferably by clicking on the column heading.

If you have any questions or concerns or require assistance, please do not hesitate to contact Daniel Newcome, Webmaster, at (301) 957-2380 ext. 729.

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***The purpose of the CERT Newsletter is to provide for an exchange of information among the Centers for Medicare and Medicaid Services (CMS), the CERT Review Contractor (CRC), the CERT Documentation Contractor (CDC), Affiliated Contractors (ACs) and Providers. The Newsletter is not intended to set CMS policy or replace CMS directives. The newsletter is published monthly by CDC. Archived copies are available on the CERT Website: <http://www.certprovider.org>***

Send in questions, suggestions, and/or articles for inclusion in the newsletter to [marylou@certcdc.com](mailto:marylou@certcdc.com)  
Deadline for October issue is 16 October.

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