

March 16, 1996

Allison Eyd
OMB Human Resources and Housing Branch
New Executive Office Building, Room 10235
725 17th Street, NW
Washington, DC 20503

Linda Ruiz, Director
Office of Medicare Benefits Administration
Bureau of Program Operations
Health Care Financing Administration
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Ms. Eyd and Ms. Ruiz:

The American Society of Internal Medicine (ASIM) represents the nation's largest medical specialty. ASIM is pleased to provide the following comments on the revisions to the certificate of medical necessity (CMN) forms submitted to the Office of Management and Budget (OMB) by the Health Care Financing Administration (HCFA) pursuant to the Paperwork Reduction Act.

CMNs have always been considered a hassle for the practicing physicians. In the past, ASIM was concerned that the CMN forms were confusing, requested information that was contained in existing documentation already submitted to the carrier, and required unnecessary amounts of physician time and energy to complete. Over the years however, ASIM has been involved in a collaborative effort with representatives from HCFA, the American Medical Association (AMA), and the various medical supplier organizations, to revise the CMN forms for durable medical equipment (DME). As a result, the medical necessity questions have been streamlined, the size of the forms has been reduced and the list of CMN-required items has been shortened. Specifically, ASIM is pleased that CMNs for therapeutic shoes, surgical dressings, suction pumps, incontinence supplies and home glucose monitors have been eliminated; twenty-one questions have been eliminated and the remaining questions have been reworded; a written confirmation of the physician's order---to be filled out by the supplier listing what exactly was ordered and why---was added; fee information---both the supplier charges and fee schedule information---is now, by law, required to be listed on the CMN; and, non-physician clinicians are now allowed to complete the medical necessity questions, thus requiring that the physician only review, sign and date the completed document. ASIM believes that these changes have resulted in a more "user-friendly" CMN that will facilitate turnaround time for their completion.

ASIM supports many of HCFA's most recent CMN recommended revisions offered to OMB. In particular, ASIM supports and appreciates the following recommendations: (1) condensing the majority of CMNs into a one-page format; (2) moving administrative information into Section A of the CMN form thereby allowing this information to be completed by suppliers; (3) removing the term "financial relationship" from Section B of the form; and, (4) rewording the physician attestation statement. These changes, once approved by the OMB, will reduce unnecessary paperwork and time associated with the CMN process.

Physician Education

While the revised CMN forms incorporated many of our suggestions, ASIM is concerned primarily with the lack of an educational period for the physician community. Currently, HCFA intends to require that physicians fill out these new forms without any prior notification.

ASIM is disappointed that HCFA has decided not to mandate the originally proposed Physician Information Sheet (PHYIS). ASIM believes that the PHYIS would have, as described in the original proposal, assisted in educating physicians regarding the criteria Medicare uses to determine payment eligibility for ordered items, and would reflect the important points covered in the Supplier Manual, which

physicians never get to see and might not have the time to read were they to receive it. Under the original proposal, the PHYIS would have served as an important addition to the CMN process because many physicians have told us that they are confused by the existing requirements. Furthermore, most of the currently available information is oriented toward DME suppliers rather than physicians. For example, the vast majority of the 150-plus page coverage manuals published by regional DMERC carriers are inapplicable to physicians. Having this information available when the form is actually being filled out would be particularly useful for physicians in primary care practices. While primary care physicians fill out many of these forms, they often do not order enough of any single piece of equipment to become fully familiar with all the Medicare coverage criteria. The PHYIS would have provided physicians easy access to this information before filling out the CMN.

Most suppliers have agreed to incorporate the Medicare coverage policy information into the cover letter that is sent to the physician with each CMN. Not all suppliers will include this information in their cover letter unless it's made mandatory however. Again, ASIM urges HCFA to mandate the inclusion of the PHYIS form with each CMN. HCFA should at least agree to work with both ASIM and other physician organizations, to develop a strategy to ensure that physicians are educated on Medicare coverage policies for durable medical equipment.

Physician Attestation

ASIM is pleased that the physician attestation statement has been revised so it will no longer require that the physician attest to the accuracy of the charge information the supplier provides. The physician attestation statement, as revised, allows the physician to validate or confirm only: (1) that the person who completed section B provided the medical information as required by law; (2) that the self-identifying information (UPIN and telephone number) in section A is accurate; and, (3) the receipt of all sections of the CMN, including supplier charge information, is appropriate.

One-Page CMN Forms

- ASIM is pleased that HCFA has agreed to make several changes to the CMNs that allow all but the wheelchair CMN to be condensed into a one-page paper format. If possible however, we ask that attempts be made to further condense the manual wheelchair CMN form into a one-page paper format.

Cover Letters/Supplier-Physician Communication

ASIM does not believe that the language contained in the written confirmation of verbal orders portion of the cover letter should be restricted by the government. ASIM is concerned that while HCFA has stated that it is neither HCFA's nor the DMERC's intent to restrict communication between the supplier and the physician, the prohibition from providing any information relating to the beneficiary's medical condition to the physician in the cover letter is unnecessarily restrictive and burdensome to the CMN process. HCFA should specifically cite the suppliers' ability to confirm the physician's verbal order in the cover letter because this information will also serve as a reminder to the physician as to what exactly the ordered item is and why it was ordered for the patient. By providing this information, the supplier will eliminate the need to pull and consult the patient's chart if there are questions. This convenience will no doubt bring the need for a signature to the physician's attention earlier and will facilitate the turnaround time for their completion and submission to the DMERCs for reimbursement. Furthermore, by facilitating a faster turnaround time, this new system will eliminate the need for repeated telephone reminders for order confirmation signatures by the supplier to the physician.

-

Implementation

ASIM commends HCFA for delaying the April 1, 1996 implementation date. ASIM agrees that a change in the implementation date is necessary to allow HCFA to make the necessary revisions to the CMN forms. Further, it will allow for an additional education period for the physician community.

Although we are pleased with the overall proposal, we want to point out how important implementation is to this process. In the upcoming months, OMB and HCFA should consider how physician and supplier education on the new DME certification requirements should be conducted. As the DMERCs implement the changes to the revised CMN, ASIM encourages the DMERCs to work with the state carrier advisory committees as well as state medical societies to ensure that physicians will be appropriately educated on any new physician requirements for prescribing DME. ASIM recommends that physician education programs begin six months in advance of the scheduled implementation of these new requirements.

ASIM appreciates this opportunity to comment on the proposed revisions to the CMNs. Should you have any questions regarding these comments, please contact Kristin Miller at (202) 466-0295.

Sincerely,

Alan R. Nelson, MD
Executive Vice President