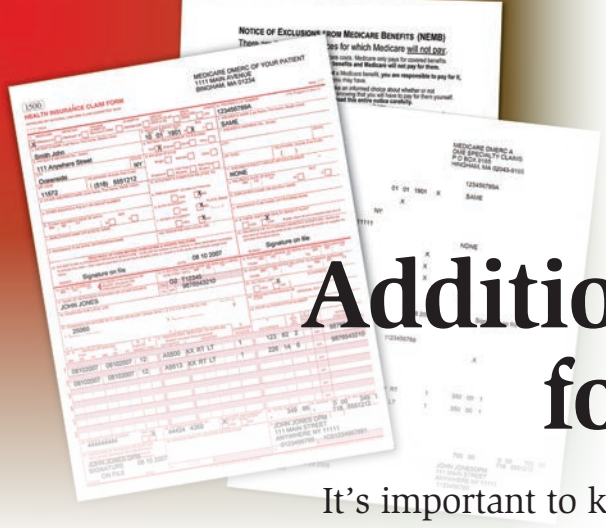

Additional Updates for 2017

It's important to keep up with new rules and fees.

BY PAUL KESSELMAN, DPM

This month's column will focus on additional updates for 2017, some of which were not available when the January 2017 article was submitted for publication.

By the time you read this article, at least 2/3 of the first quarter of 2017 will have elapsed. If you have not already done so, update your DME fees, which may be found at: https://www.cms.gov/medicare/medicare-fee-for-service-payment/DMEPOSFeeSched/DME-POS-Fee-Schedule.html.

Alternatively your DME fee schedule may be found on your DME MAC homepage. Be sure to search for the fees within your state (which may apply to the vast majority of your claims) and do not forget that the exact DME fee is specific to the patient's legal resident. This is especially important if you provide DME to patients whose legal address is outside of the state of your office location. If so, you will also require access to multiple states' fee schedules. This may or may not require you to become familiar with more than one Jurisdiction's webpage. For example, providers in Virginia or Maryland often see patients in each of those states. They would need the fee schedule for the respective states and the claims would be adjudicated by DME MAC C (Cigna Government Services Region C) and/or DME MAC A (Noridian), respectively. Electronic claims should be processed by the Common Electronic Data Interchange (CEDI), thus sent to the same electronic gateway. Paper claims need to be submitted to the claims address of the specific DME MAC.

In general, the DME fee schedule for orthotics and prosthetics has increased by 0.7% after a general 0.4% decrease in 2016. The 2% sequestration still is in effect on all Medicare claims through 2020. However, since sequestration was also in effect in 2016, one will still see an average increase of 0.7% on orthotic and prosthetic claims in 2017 as compared to 2016.

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Therapeutic Shoe Policy for Patients with Diabetes

Fees for services covered under the Therapeutic Shoe Policy for Patients with Diabetes (HCPCS codes A5500-A5513) have all increased compared to 2016. However, these services have their fees set nationally. Fees for the four most common codes are:

A5500 Therapeutic Shoes Off The Shelf: $70.78 (per shoe)

A5501 Therapeutic Shoes Custom Made $212.31 (per shoe)

A5512 Heat Molded Inserts for Therapeutic Shoes (per insert) $28.97

A5513 Custom Made Inserts for Therapeutic Shoes (per insert) $43.01

Pre-payment audits on these types of claims remains at approximately 25% of all claims.

Fees for Surgical Dressings and Other DME Categories

Fees for surgical dressings and other DME categories prescribed but not frequently dispensed by podiatric physicians also saw some changes from 2016. This includes osteogenesis bone stimulators, pneumatic compression devices, ambulatory assistive devices, negative pressure wound therapies, etc. Bear in mind that some of the aforementioned are categories within competitive bidding and thus not part of the fee-for-service fee schedule most often referred to by podiatric physicians. However, many of these devices have been subject to pre-payment audits, thus requiring further scrutiny of your patient's progress notes by the vendors who fill your prescriptions.

Mirrored codes (e.g. L4360/L4361, L4386/L4387, and L4396/L4397) continue to remain reimbursed at the same fee within the pairing, as the off-the-shelf (OTS) version has not yet been subjected to competitive bidding. Whether that will change for

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2018 remains questionable. The use of the custom-fitted code (the lower number within each pairing) may result in those claims being subject to a pre-payment audit. Claims for the custom-fitted code have a higher failure rate as compared to the off-the-shelf code based on data available from the DME MAC and those claims personally reviewed.

Suppliers should not be discouraged from billing for the custom-fit HCPCS code if the suppliers themselves (MD, DO, DPM, CO, etc.) have significantly modified the pre-fabricated orthotic device. Examples of significant modifying would include bending, heating, grinding of the device in order for the device to fit the patient. The medical necessity for using a custom-fitted, pre-fabricated device must also be documented in the chart as well as the identity and credentials of the supplier who significantly modified the pre-fabricated orthotic. More information may be found at: https://www.dmepdac.com/resources/articles/2014/03_31_14b.html

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Summary

The start of any new year always introduces new regulations and lots of additional work for you and your office staff. Obtaining the needed information well in advance and having a workflow for implementing the updated information is an annual exercise for which your office should be prepared. **PM**

Dr. Kesselman is in private practice in NY. He is certified by the ABPS and is a founder of the Academy of Physicians in Wound Healing. He is also a member of the Medicare Provider Communications Advisory Committee for several Regional DME MACs (DMERCs). He is a noted expert on durable medical equipment (DME) for the podiatric profession, and an expert panelist for Codingline.com. He is a medical advisor and consultant to many medical manufacturers.