

What's New in 2019 for DME (and Medical) Providers?

Here are the latest changes.

BY PAUL KESSELMAN, DPM

This first column of 2019 draws attention to many of the same old start-of-year problems seen year after year, but also explores some new twists with new Medicare numbers that require your attention, particularly during the first few weeks of the year.

January 1 resets your patients' annual deductibles and new out-of-pocket maximums. For Medicare beneficiaries, the annual deductible has increased \$2 for 2019 and is now \$185. This is a relative bargain compared to most non-Medicare plans. Most commercial patients have deductibles many times that amount, accompanied by higher co-payments and out-of-pocket maximums.

Be especially wary of patients with Affordable Care (Obama) policies who for a multitude of reasons may have changed to a different policy. Patients' eligibility and cost-sharing information should also be checked prior to every patient's first visit and during the first quarter of the new year.

December was the time to remind patients they must spend the money out of their Health Savings Accounts (HSA) allocated for 2018 or potentially lose its tax deductible benefit forever. Simultaneously, the New Year brings a "reset" to these accounts, refilling those accounts which were depleted in 2018. Those fresh-funded HSAs can now be utilized for expens-

es not covered by their health insurance plans in 2019.

It is anticipated that most Medicare patients will have received their new Medicare cards with a new Medicare Beneficiary Number (MBI) number. Some newly issued MBI numbers have been problem-

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If one then factors in the 2% sequestration, very little positive change can be expected for 2018. However this is an early overall projection. As with CPT, some HCPCS codes increase more or less than the overall "average" projection. As with CPT, if your EHR software has not automatically (or you have not manually) uploaded the 2019 DME schedule, assign a staff member to do so as soon as possible.

At this time of the year, it is especially important to be sure your list serve subscriptions are current to ensure that you have the most up-to-date information from your third-party payers.

No new HCPCS codes are ex-

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pected in 2019 that will impact podiatric physicians, with one significant exception. Temporary HCPCS code K0903, which describes custom-fabricated milled inserts, will expire on December 31, 2018. This temporary code will be replaced by a new permanent HCPCS code A5514.

Same and similar rejections continue to increase for orthotic and prosthetic providers.

A5514 is to be defined as for diabetics only, multiple density inserts, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer.

The DME MAC will certainly recognize this new HCPCS code for dates of service as of January 1, 2019.

One can expect that the secondary carriers and private insurers will lag behind and that private carriers may

not add this new HCPCS code for reimbursement by podiatrists. As with the introduction of any new code, time may resolve this issue, based on providers' complaints.

Prior to submitting a claim for A5514, one may wish to consider actually contacting private insurance carriers to ensure your practice will be reimbursed for A5514.

For 2019, it is expected that Target Probe and Educate, the new "kinder" auditing approach, may be expanded beyond therapeutic shoes, shoe inserts, CAM Walkers and some AFO codes. Since this initiative is driven by CMS and carried out by the DME MAC, only time will tell. For now, the TPE error rates on shoes for DME MAC A and D are slightly over 30% for the second quarter of 2018 (vs. 25% for the first quarter). This compares to the over 90% error rate for the widespread pre-payment error rates held prior to 2018. For those readers who may have discontinued supplying therapeutic shoes, perhaps this is the time to consider re-instituting a therapeutic shoe program in their practice.

For AFOs (custom and off-the-shelf), the error rates are 34% for the second quarter vs. 40% from the first quarter of 2018. This too is quite a dramatic drop-off as compared to the widespread pre-payment probes prior to 2018.

The annual Comprehensive Error Rate Testing (CERT) error rate for CPT and DME is due in mid-November. Look for a review of this information in a future article sometime in 2019.

The BMAD (Medicare Analysis Data) is not yet available. This includes most medical/surgical and DME services provided by podiatrists. Once this is distributed by APMA, members should review the data and any analyses provided by experts, including your CAC and PIAC representatives.

Same and similar rejections continue to increase for orthotic and prosthetic providers. These are rejections for either the same or similar devices which the beneficiary received either from you or another provider within the past five years. At this juncture, future discussions with the Carrier Medical Directors are necessary to resolve this problem. The February 2019 issue of Podiatry Management will have more detailed information on the increased spike in same and similar claim rejections.

Summary

This column was written in late October 2018 and provides information on many fluid issues. The reader is strongly urged to verify much of the information provided in this article with the many E-list services available to DME providers. **PM**



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