

DMEPOS Update

Here are the latest changes.

BY PAUL KESSELMAN, DPM

It's mid-August while composing this article about forthcoming changes that may affect DMEPOS suppliers in 2019. There are some new issues that will have an immediate impact on some suppliers (those participating in competitive bidding), while others (orthotic and prosthetic suppliers) will see minimal changes. The NSC has seen some minor changes impacting revalidation, and finally there is some improvement regarding errors on AFO and Therapeutic Shoe claims.

additional HCPCS codes added to the competitive bidding to impact orthotic and prosthetic suppliers or those supplying surgical dressings.

Off the Shelf vs. Custom Fitted Paired Codes (e.g., L4360/L4361, L4386/L4387, L4396/L4397 etc.).

There is no word yet on any fee schedule adjustments. Based on the recent K0903 and A5513 workflow, it is doubtful that CMS will be able to reduce the fees of expanded codes within the same pair due to regulatory restrictions. Whether these restric-

confirmed. If this was requested by the inspector, it seems rather odd, as an estimate of the square footage of your office should be very apparent to the inspector during the site inspection. As many leases do not contain information on square footage, especially those where physicians are sharing space with others, this would not necessarily contain the information required by the NSC. The NSC has been made aware of these issues and a future issue (or *PM News* post) will provide any further information received by the NSC.

NSC Revalidation

While undergoing revalidation for my own practice, it became apparent that using PECOS is a superior method by which to both enter information and keep track of the application process, rather than the old-fashioned 855S paper application. Recent upgrades to the electronic version allows applicants to choose "By Appointment Only" (which is the preferred method for physicians), upload their office liability insurance, etc. Physicians should choose the "By Appointment Only" and follow the drop-down windows. Selecting this option can assist you in avoiding penalties or being suspended from the DMEPOS program, should the inspector appear at your office and for any reason your office is closed or you are not there. The inspector is then obligated to contact you via phone to schedule a day (no time) when the office will be open and available for inspection.

Revalidation Payments

It is extremely important to understand that applications will not be

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July 2018 Federal Register

The Federal Register's 340-page document impacting DMEPOS for 2019 was rather tame in comparison with the 1400-plus page issue proposing changes to evaluation and management coding. The Federal Register's DME posting regarding DME changes for 2019 will have little if any impact on podiatric or orthotic and prosthetic suppliers. There were a few sentences discussing payment of off-the-shelf orthotics; however, there were no proposed regulatory changes to concern orthotic and prosthetic suppliers.

Most of the 340 pages discussed future spending of DME for those patients receiving supplies while undergoing dialysis in the ESRD program or for those products already limited to payment through competitive bidding. There were no noteworthy

tions will be lifted or kept in place remains to be seen.

NSC Issues

CMS has not announced its 2019 proposed fee for revalidation as of the time of this writing. This will be announced through the NSC list serve sometime in the fourth quarter of 2018.

A few New Jersey podiatrists are reporting receiving communications from CMS requesting lease information within 48 hours of being contacted or their Medicare enrollment will be terminated. It would be highly unusual for CMS to contact a provider asking for this type of information. According to a high level official at the National Supplier Clearinghouse, this may simply be to confirm the square footage of your office space. However, this has yet to be

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processed until you pay the required fee (\$569 in 2018). Credit Card payments are accepted on the PECOS website. It's a good idea to upload an electronic copy of the receipt along with your application.

Target Probe and Educate (TPE)

During mid-July Noridian Jurisdiction A (JA) and D (JD) provided TPE statistics on ankle foot orthotics and therapeutic shoes. These statistics were reviewed during the Jurisdiction A (JA) and Jurisdiction D (JD) Provider Outreach and Education (POE) meeting, providing some interesting points of discussion.

The Exact HCPCS Codes of the AFOs Reviewed Were Not Provided

JA had a failure rate of 44% and JD had a similar failure rate of 40%. The errors typically cited were lack of proper documentation (progress notes, prescription or order from referring physician, written proof of delivery, etc.).

The failure rates for the AFO TPE are lower than those of the past pre-payment audits, where some approached or exceeded 90%. The current statistics are still too high but are significantly improved from previous pre-payment audits.

The TPE method (for AFO providers) is a sign that those providers selected for TPE dispensing AFOs are doing a significantly better job of documentation than those who were randomly selected for a pre-payment audit. And it's also possible that the failure rates for certain items such as cam walkers and night braces could be causing the overall failure rate of the TPE for this group to be higher.

TPE for Therapeutic Shoes for JD also shows a significantly lower failure rate (25%) vs. the previous pre-payment audit rates. A 75% success rate is a far cry from a 90% failure rate of previous pre-payment audits. Apparently, suppliers in JD have provided a remarkable turnaround to achieve an acceptable pass rate. The same cannot be said for JA, where the TPE failure rate on Therapeutic Shoes continues to be unac-

ceptably high at 63%. CGS (JB and JC were not yet available when this article was submitted).

According to Noridian officials, the higher success rate in JD is because educational efforts in JD have long been underway, as Noridian has a much longer presence in JD as compared to JA.

Reasons for failure involving TPE audits of Therapeutic Shoe claims include: Lack of MD/DO notes, lack of agreement by the MD/DO supervising the care of the diabetic patient

including therapeutic shoes for patients with diabetes. They have hired consultants who may or may not have the required experience and expertise to provide concise and accurate information.

While additional educational efforts, especially for confusing policies, are appreciated, CMS programs now often conflict with long-term educational programs and solutions offered by contractors. The CMS educational efforts are also often in conflict with the

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with the eligible prescribers' (e.g. other MD/DO, DPM, NP, PA, etc.) notes. Also cited were lack of written proof of delivery and appropriate supplier fitting and dispensing notes.

As for the future of these statistics (for both Therapeutic Shoes and AFOs), I have asked the chair of JA and JD POE groups to provide more details regarding these statistics. There is more information needed if we are to take these failure rates seriously for podiatrists or any specific orthotic and prosthetic supplier.

Providing failure rates based on the type of supplier (e.g. DPM, orthotist, commercial DME supplier, etc.) for each HCPCS code for a specific round of TPE would be very helpful in understanding where to place educational efforts for ourselves and staff members.

No matter, the TPE statistics provided are far better than those provided in previous pre-payment audits of just last year. However, both suppliers and the DME MAC still have much work to do. Whether Noridian will provide more details (as requested) in future quarterly reviews remains to be seen. Statistics geared more for podiatric suppliers are certainly needed and hopefully will come soon.

CMS: New Educational Efforts

CMS has initiated its own educational efforts on many policies,

LCD. This has created great frustration for both suppliers and DMEPOS contractors.

Check the DMEPOS contractors and their educational forums and LCD for reliable information on DME policies and don't be reliant solely on CMS workflows and associated programs. Hopefully, the two parties (CMS and DMEPOS contractors) will be able to resolve any conflicts in their educational policies in order to reduce supplier frustrations.

As always, most (if not all) payers provide you with free access to their listserves, which keep you up-to-date on all new policy developments. It is in your best interest to either read these notifications yourself or delegate someone in your practice to do so. **PM**



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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.