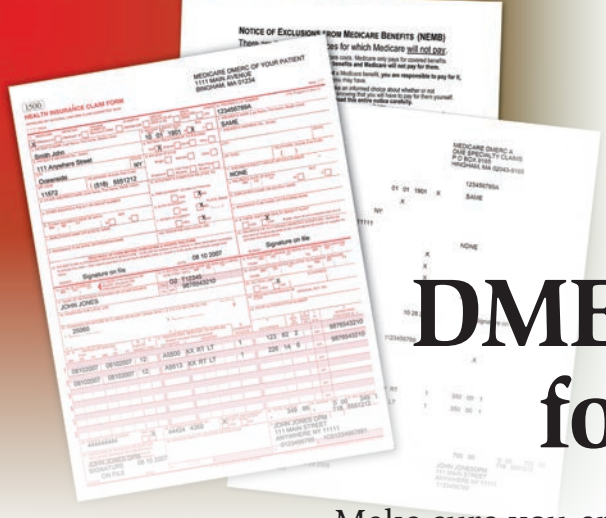

DME Changes for 2020

Make sure you are up to speed for the new year.

BY PAUL KESSELMAN, DPM

The first week of each new year requires some due diligence regarding your billing software, in particular pertaining to your patients' deductibles and co-payments. This year requires that your staff pays close attention to those issues as they have in previous years, but there are several new issues requiring your attention.

Before moving onto new year duties, it is imperative that any claims remaining for 2019 be submitted with the 2019 fee schedule, so as to ensure you are calculating co-payments on the correct fee schedules. Be sure you are not unduly delaying any claim submissions to avoid violating timely filing limits. For patients whose insurance will lapse or change to a new insurance, the end of the year should have you ensuring that all claims with the expiring insurance be submitted as soon as possible and you perform an eligibility check (if possible) on the 2020 insurance as soon as you can. Health Savings Accounts (HSA) should be taken advantage of and patients should be encouraged to spend those down on non-covered services before the end of the year, or risk losing 2019 benefits forever. Be sure to provide patients with timely receipts for 2019 services so they may submit them for reimbursement as soon as possible.

Moving onto 2020, fee schedules (in particular for fee for service Medicare) have changed. New CPT and HCPCS service codes have been added and others deleted. Be sure to delete discontinued HCPCS or CPT codes for DOS as of January 1 2020 and add new CPT or HCPCS codes. If the new CPT codes are part of an existing LCD, read up on the documentation requirements for those new CPT codes. Download your software-based fee schedules for Medicare in order to properly calculate co-payments. If you have multiple offices with patients in the same Medicare carrier (MAC), but with different fee schedules, be sure to pay particular attention to the directives from your EHR company so that patients' co-payments are properly calculated. Likewise, if you have multiple offices in different MACs, be sure to download those fee schedules in the manner directed by your EHR vendor, to ensure they are applied correctly. If your software does not automatically update your fee schedules, navigate your way to your MAC (DME and local) website to download all the appropriate fee schedules. Be sure there is a way for you to manually apply the correct fee schedules as appropriate for each patient.

All patients' deductibles are now renewed and must be met prior to your receiving payment from third party payers. In particular, private insurance deductibles and copayments may have changed from last year, mostly increasing your patients' financial responsibilities. When scheduling your patients' appointments for the first few weeks of the new year, it is imperative that your staff run eligibility checks on all patients.

Effective January 1, 2020, the Social Security-based identifier has been discontinued and any claim not using the Medicare Beneficiary Identifier (MBI), will be denied.

Co-payments and co-pay percentages may have also changed for many private third-party payers. In many cases, the patients' insurance may have changed altogether, with some now requiring referrals for specialty care. Eligibility reports almost always provide specific policy-driven data, providing you with the copayment and deductible information. Be sure to download copies of these into your patients' charts.

For DME dispensed in the first few weeks of the year, be especially mindful about the possibility of any new regulations or restrictions, which could limit your ability to dispense (especially chronic care items).

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In particular, be wary of pre-authorization, special DME deductibles and copayments, and required referrals to specialty networks handling DME. This is especially true for large third-party payers (e.g., Anthem, Cigna, Humana, etc.) which may require that DME be outsourced to private third-party contractors.

Effective January 1, 2020, the Social Security-based identifier has been discontinued and any claim not using the Medicare Beneficiary Identifier (MBI) will be denied. Since the MBI is not Social Security-based, MBI may easily be changed due to security reasons just as with debit or credit cards. This is especially true if the patient's card was lost or stolen. Patients may report cards lost or stolen in a variety of ways, almost always resulting in their being provided a new card with a new MBI.

It is therefore imperative that your office staff not only inquire about any changes in health since the patient's last visit, but also perform eligibility checks on the patient's MBI, to validate the number. This should be done on their first encounter of the year, with some experts recommending that eligibility inquiries be done at each patient's visit.

From the DME and Same or Similar perspective, if the patient's MBI has changed, it is important to run a Same or Similar check on all four DME provider portals with the new MBI and any previous MBI numbers. It is possible that the Same or Similar portals may not cross reference previous and current numbers, but the DME MAC payment edits will.

A new twist to DME Same or Similar is to take a screen shot of any same or similar report. This is especially true if the report shows no previous devices dispensed in the past five years. Having this type of proof (if payment is denied due to same or similar) is invaluable in assisting you with an appeal.

Some DME Medicare carriers have been flexible regarding RT and LT modifiers billed on the same line, whereas other DME MACs have denied these types of claims. Old habits are hard to break and the New Year is a good time to start new ones. Don't wait until your claims are denied. Instead let your software company know not to release claims with RT and LT on the same line. Alert your billing staff that RT LT claims billed on the same line are no longer allowed. Edit your DME macros to be sure that they are updated to comply with the new regulations.

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Medicare carrier portals must comply with many CMS regulations. If your local or DME MAC does not send you a password, log-on or recertification reset reminders, it is important to remember that these must be done quite frequently. Rather than having to go through the agony of re-enrollment in either of these portals, be sure to put a reminder in your calendar to log on at least once a week and recertify your enrollment at least two weeks prior to the due date. Passwords also need to be changed rather frequently. Delegating this to the office manager for large practices is an excellent idea, but do not forget that, in many cases, the owner of the practice must recertify the delegated official. That may be the managing partners' responsibility. Also, be mindful that anyone using the portal must follow many of the same guidelines for password updates, timely log-in requirements, etc.

The new year is a good time to be security-conscious and review action plans with your staff in case any business-associated email accounts are compromised, also being sure that your HIPAA and OSHA manuals are up-to-date. Be sure any action plans include logging onto any provider portals, changing your password, and any changes to emails linked to your accounts. In order to avoid having to re-enroll in a portal, you may have to continue to use a hacked email as your user name. However, you can change the email account associated with the enrollment in order to secure that notifications from the provider portal are sent to your new email account.

Run your eligibility to participate in MIPS (mandatory or voluntary) as soon as possible during the New Year (likely during the second part of the first quarter).

MIPS: To continue to participate in MIPS or not participate in MIPS (in the future), that is the question.

Run your eligibility to participate in MIPS (mandatory or voluntary) as soon as possible during the New Year (likely during the second part of the first quarter). CMS has a free website (qpp.cms.gov/mips/how-eligibility-is-determined). Many of the measures remain the same from 2019, and there may be some new measures which may spark the interest of your practice, enhancing your ability to comply with 2020 requirements. Keep an eye on more

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MIPS news during the first six months of the year to see exactly how many practices CMS expects to avoid penalties, incur penalties, and obtain those elusive bonuses. Calculating the manpower costs to your practice to stay current with MIPS is something every practice should research. This should factor into your decision whether or not to continue to participate with this program.

Some of the new measures may make it easier for you to avoid any future penalties, allowing you to jettison other MIPS measures which are too cumbersome for your practice. If you are an older practitioner or one with a small Medicare practice, it may also be a good time to review your participation in the MIPS program. If you are planning on retiring from practice within two years and/or plan to see fewer FFS Medicare patients, perhaps disengagement in MIPS is the right financial move for you.

Ensure that your front office staff updates and checks on all insurance-related matters.

The new year is always a time with a promise for a brighter future, but with it comes some additional workload, especially during its first week. Use the fewer number of patients you may see during the first week or two of the new year wisely. Ensure that your front office staff updates and checks on all insurance-related matters. Be sure your security systems, and OSHA and HIPAA manuals are up-to-date. Be sure your listservs and portal subscriptions for all third-party payers are current. **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.