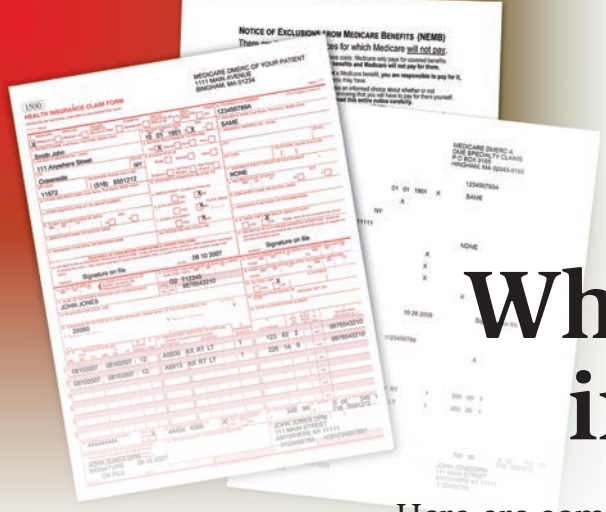

What's New in 2019

Here are some interesting developments.

BY PAUL KESSELMAN, DPM

Two interesting developments within Medicare are the subject of this month's column.

Price Data Analysis Contractor (PDAC)

The Center for Medicare Services in the summer of 2018 rebid the contract for the PDAC, which had previously been held by Noridian. This past fall, Palmetto GBA was initially awarded the PDAC contract and after an unsuccessful appeal by Noridian, this past December, Palmetto was formally awarded the contract.

The PDAC will have completed its transition to Palmetto by January 15, 2019; however, it is expected to take some time for the new PDAC to be fully operational. This should have no effect on claims processing for DME suppliers, as the PDAC has no role in claims processing.

The primary short-term effect for suppliers looking for product validation will require Palmetto GBA to transition all the Noridian website URL and materials onto the Palmetto GBA website. Therefore, as of January 15 2019, suppliers looking for product validation now need to access the Palmetto GBA website.

A more long-term secondary effect of this transition will affect manufacturers who are applying for product validation. This may slow down the application process for those already in the pipeline and will require new application paperwork for manufacturers. In part, Palmetto will need to hire new staff for their Columbia, South Carolina location as the PDAC contractor moves from North Dakota.

CMS has requested the PDAC to review much of the antiquated HCPCS coding structure.

Communication with the new PDAC carrier medical director Doran Edwards, MD indicated that the CMS has requested the PDAC to review much of the antiquated HCPCS coding structure. For podiatrists, the main codes needing review include those describing custom fabricated foot orthotics (L3000-L3020). In preparation for this review, the incoming medical director, Dr. Edwards, has asked for detailed materials which will assist the PDAC with possibly modernizing those HCPCS codes. There is no timetable as to when this process may begin and how long it will take to complete. Hopefully some initial submission of materials and meetings will be held later this year.

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Same and Similar Policy

Previous communications with the DME MAC A and D carrier medical directors (CMD) had initially indicated their willingness to discuss changes to the same and similar policies. More recently, the CMD indicated that the source of our mutual frustration with the same and similar policy is the regulatory policy on these devices as written in the Congressional Federal Register (CFR). Orthotics (again we are talking AFO and KAFO) are described as having a 5-year useful lifetime. This is irrespective of the type of AFO or KAFO and regardless of whether the manufacturers warranty or any experts' opinion for a reasonable lifetime is much shorter (as is the case with acute care items such as Cam Boots, acute ankle stirrup braces, etc.). Because of its appearance in the CFR,

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the DME CMD have indicated they are powerless to make changes to this aspect of the policy.

Changing policy within the CFR will require meetings with other orthotic stakeholders and ultimately CMS. Any change will not take place in the near term, with some authorities suggesting a two-year time period. In the interim, it is extremely important to do a search on same and similar prior to dispensing any orthotic devices to your patients. This is particularly true for new patients and for those who have no orthotic history within your practice. As has been previously been noted in this column, you should use your DME MAC provider portal. This free web link provided on your DME MAC website allows you to inquire about what if any previous orthotic devices your patient may have received within the previous 5 years. If your patient did receive an orthotic device, it is of paramount importance to include that information in your charting. Indicate why a new device is medically necessary. Has there been a change in diagnosis or anatomical, physiological, musculoskeletal or neurological parameters? If so, all of these can support an appeal of the initial same or similar denial, resulting in payment. Note that normal wear and tear (irreparable wear) of the device is your responsibility to repair, as under these circumstances a replacement device will not be covered. There is much more to come on this developing story. Stay tuned! **PM**

The fact that the CMDs are willing to work with stakeholders is a win-win.

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.