

Orthotics of the Future

Remote monitoring of these devices is coming soon.

BY PAUL KESSELMAN, DPM

The major problem with current and past generations of orthotics used to treat various body parts is that they are and were static. That is, they were made of one or several materials which had a limited ability to react to the functional demands of the patient. A new generation of functionally reactive orthopedic devices will soon be readily available, which the average practitioner may be able to fabricate in his/her own office.

The advent of microprocessor technology and 3D printing will usher in a generation of orthotics which the masters of biomechanics from the 1950s and 1960s could never have envisioned. These devices will have the capability to react in milliseconds to the functional demands of the patient. This could increase patient compliance as “one device fits all activities” for a given patient becomes a reality. This would also allow one device to be programmed to change the foot, particularly for pediatric patients over a specified time period. The device could also be programmed to change its tensile strengths based on the patient’s activities. Hence, the real potential for a corrective foot orthotic in a number of circumstances, having the potential to actually correct pathologies rather than accommodate them.

Remote Monitoring

Along with the ability to provide devices which can react to the patient may also be your ability to remotely monitor your patients’ use of these devices. In all fields of medicine, remote monitoring of the patient is no longer

a pipe dream. It has been a reality for some time. Loop monitoring is a common method by which electrophysiologists can remotely monitor an EKG. Patients also may actively and immediately report any symptoms to the monitoring entity. Similar types of reporting can be envisioned where a “smart” orthotic can transmit information on patients’ compliance of devices, force reactions, symptoms relating to activity, etc.

CPT Code 99453: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.

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More than 15 years ago, in response to smart technology, CMS introduced remote monitoring code CPT 99091. This allowed practitioners to be reimbursed for remotely monitoring vital signs such as EKG, blood pressure, etc.

New Medicare Codes

Partly in response to more sophisticated monitoring equipment, Medicare this year introduced three new sets of monitoring codes into the 2019 Physician Fee Schedule. These three CPT codes may potentially impact reimbursement to those who dispense this new generation of orthotic devices. Admittedly, this is controversial and further explanations are needed before providers start billing insurance carriers for these CPT codes. However, it is something the stakeholders of orthotic professionals should begin discussing and be ready to communicate to CMS. These three codes include:

tial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

CPT Code 99457: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.

When these codes were introduced, CMS stated it would provide further clarification on the requirements necessary to report on each of them. What is known at this time is that the healthcare provider must set up (activate) the device, educate the patient on the use of the device, and how to transmit the data (if it is not passively done by the device) and generate a report on the use of the device.

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DME FOR DPMS

Future Orthotics (from page 43)

Future Impact on DPMS

For now, let's review each code and imagine the impact on orthotics providers.

CPT 99453: Has the potential

to be used when dispensing an orthotic with microprocessor technology which sends signals to the provider on a patient's compliance. This is to be used on the initial visit where the device is dispensed and the patient is provided instructions on utilizing the device and how to

transmit the information back to the provider.

CPT 99454: Has the potential for reimbursement for actually providing the device. This is a separate CPT code from the HCPCS code for the actual device.

CPT 99457: Has the potential for reimbursement for the time spent by the healthcare clinical staff (DMEPOS supplier, physician, etc.) for educating the patient on the use of the device.

The healthcare provider on a calendar month basis would have to continue to generate a report to include the patient's use of the device, what may or may not have changed, and treatment options for the patient.

Please remember that these are only potential explanations and that in no way should the reader take these as factual and begin submitting claims for these CPT codes. For foot orthotic providers, these codes may not be useful at all, as most insurance carriers do not cover foot orthotics, thus they may not cover the remote monitoring of these devices. However, remote monitoring of these devices may be able to gather the data necessary to convince third-party payers that custom fabricated foot orthotics actually do what generations of podiatrists and orthotic providers claim—that is, provide the objective documentation that custom foot orthotics over time actually do more than the placebo, that excessive pronation is the root of all evil in foot biomechanics, etc.

Much more is yet to come on this and certainly this is an exciting time to be an orthotic provider. **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

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