

DME and Supplier Website Issues

Here's what you need to know.

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This month's issue of DME will focus on some issues from clients and from some supplier-relevant websites.

1) Q: My office recently moved and I submitted my **change in enrollment information** more than three months ago. When I call for more information, I am treated rudely and told I am not the only application in the pool. Can I continue to submit claims with my old address since I am paid electronically anyway?

A: The National Supplier Clearinghouse (at the time of this writing) has as its priority processing applications for those suppliers who have submitted competitive bid applications. All other applications for re-enrollment, change of enrollment (such as change of hours, address, initial enrollment, etc.) are taking a back seat. With the deadline for submitting applications for contracted competitive bidding having long past, it is hopeful that by the time of this writing, the backlog of other applications should be resolved.

As for using your old address, that could be construed as a violation of Supplier Standards, the False Claim Act, and innumerable other Federal Statutes. At the least, this could result in your banishment from Medicare and paying heavy penalties. At most, it could have you wearing an orange jump suit. One can be sympathetic to your inability to have claims processed while simultaneously having vendor bills to pay, resulting in significant cash flow problems. Resist the easy temptation to use an old

address. Hopefully, the promise of a retroactive date of enrollment on your application will allow you to process held claims once your change of information application is resolved.

2) Modifier Issues: Recently, CGS (the DME MAC contractor) introduced a new tool (The Advanced Modifier Engine (AME)). This new web tool provides suppliers assistance with the use of modifiers. Simply

on sales representatives as the only **source of information**. For non-clinical information, whenever seeking reimbursement information, the primary source should be the carrier's website. Federal and state statutes also require insurance carriers to post these policies on their website.

As for clinical applications, that is much more difficult than reading reimbursement policies. These days, symposiums are often more geared to

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input your HCPCS code and answer several other policy-related questions (bilateral, ABN-obtained, etc.), and the tool will provide you with the appropriate modifiers to use in order to successfully process your claims. The AME can be found on the CGS, DME, JB, or JC homepage under the Online Tools and Calculators tab.

3) A recent Codingline inquiry asked about performing non-invasive vascular testing, selecting the correct equipment, the correct diagnosis, fees, frequency, etc. While this question was not about DME issues, the same question and similar responses apply for AFOs, therapeutic shoes, surgical dressings, and all other DME that lower extremity specialists prescribe and dispense.

One should never solely rely

surgical topics. Reviewing clinical articles will get you just so far in obtaining the skills you need for prescribing, designing, modifying devices, or performing a particular test and interpreting its results. Spending time with colleagues possessing the clinical knowledge you seek, spending time with relevant clinical advisors of the device(s) you seek to use, or attending symposiums which grant some training certification in use of the device you wish to implement are also excellent ways to receive the training you seek.

4) Noridian Provider Portal: The APMA website has a direct link to Noridian's Clinician's Corner. Noridian is both a DME Regional MAC and a local Medicare contractor with one of the largest footprints for all providers.

Continued on page 40

Supplier Website (from page 39)

Recently, Noridian announced plans to consolidate all their provider portals for all healthcare providers onto one home web page. For providers practicing in areas where Noridian is both their local and DME contractor, this should provide a significant improvement in efficiency, requiring only a single log-on. As this was just announced at press time, stay tuned for more information and announcements from Noridian on its implementation.

5) My CGS: For those using this as their DME or medical/surgical portal, here are some tips from some real-life experiences: Try not to forget your password. Be sure to update your password every quarter and log onto the website at least once every two weeks (if not daily). Be sure to keep track of your certification status as you must renew every 90 days. Since the form cannot be e-mailed (but it may be faxed), be sure to leave ample time (two weeks) for review and acceptance. Mark your calendar 70 days after your recertification, reminding you to submit a new certification application.

6) National Medicare Beneficiary Identifier (MBI): As of January 1, 2020, the use of the Social Security-Based Beneficiary Identifier has been discontinued

and if used, with rare exception, will result in claim denial. The National Medicare Beneficiary Identifier is now, with rare exception, mandatory. Because the MBI can be changed by a patient at any time, due to loss, theft, etc., it is imperative that you run an eligibility report on all Medicare patients for every visit. Running these reports can also provide other information such as deductible status, physical therapy and consolidated billing status, etc.

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• CMS recently issued a posting regarding standard documentation language for DMEPOS. For the average provider, not much has changed. There is a quote within the bulletin which, while known and advocated by most experts in DMEPOS compliance issues, is now available for all to see, “In those limited instances in which the treating practitioner is also the supplier and is permitted to furnish specific items of DMEPOS and fulfill the role of the supplier in accordance with any applicable laws and policies, a SWO is not required. However, the medical record must still contain all of the required SWO elements.” This essentially means a separate document (paper or virtual) is not required in the chart, so long as the elements of the order requirements are documented. What is necessary has not changed and it includes:

- Beneficiary’s name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of the item
 - a) The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number
 - b) For equipment—In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories, or additional features that are separately billed or require an upgraded code (List each separately).
 - c) For supplies—In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (List each separately).
 - Quantity to be dispensed, if applicable
 - Treating practitioner name or NPI
 - Treating practitioner’s signature **PM**



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