

DME FAQ's

Here are some answers to some queries raised at recent podiatry meetings.

BY PAUL KESSELMAN, DPM

A significant number of attendees at the recent NYSPPMA Clinical Conference (NYSPPMA CC) and Present Learning LA Treasure Hunt meeting had many of the same questions. This month's article will share some of the most common concerns of the attendees in addition to one other issue.

1) What is a SMRC and why are they auditing me?

SMRC (Supplemental Medicare Review Carrier) is the "new" Medicare agency which has taken over the post-payment auditing role from the payment carriers (DME MAC). Their role is to ensure that claims which were paid, were paid properly. The SMRC randomly audits practices on claims with a specific LCD, to ensure carrier payments were proper and appropriate. The SMRC is not duty-bound to list the projects they are working on, whereas other agencies (payers and RAC) must list the random audits on their website.

If you received an Additional Documentation Request (ADR) from the SMRC, it is usually a routine matter and nothing to be unduly concerned about. The letter typically will provide you with an initial 45-day window to respond. Obtaining an additional 30-day extension beyond that is a routine matter and can be accomplished by calling the SMRC at the number provided, prior to the due date. One should pay careful attention to the instructions in the letter and provide the SMRC with all the requested materials.

At the NYSPPMA meeting, several attendees said that they were currently subject to a SMRC audit on therapeutic shoes. Upon returning from the NYSPPMA CC, I found that our office had received the same request. The practice's SMRC audit was for two patients who were provided therapeutic shoes (A5500) and either custom inserts (A5513) or a toe filler (L5000), the latter for a patient with a TMA. The SMRC provided general instructions for respond-

ing. Thus, there is no five-year look-back. The only look-back is for any similar device (A5500-A5514) provided during the same calendar year.

As with all DME claims, checking for Same and Similar on the DME MAC portal is the best way to ensure that your claims will be processed for payment. If the provider portal indicates that a payment for therapeutic shoes was issued for the same calendar year date of service

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ing, including a request for specific information, which appears to be directly from the Medicare Therapeutic Shoe Program for Patients with Diabetes (TSPD) LCD.

2) Is it true that therapeutic shoes are subject to the same similar five-year look-back as AFOs?

The short answer is NO and here is why:

Therapeutic Shoes are a Congressional carve-out under Medicare and actually not considered DME. Beneficiaries who qualify under the provisions of the TSPD are entitled to those services covered under the program on an annual basis and not subject to any other time

as you are providing, you will not be paid. If you find no Same and Similar finding on the portal, take a snapshot of the findings and place it into your patient's file. This can be your only proof that the patient did not receive shoes for the same calendar year as your claim. If you are rejected for Same and Similar for shoes provided in a different calendar year than you are providing, this is an error and this rejection should be easily appealed.

3) National Supplier Clearinghouse (NSC) issues:

Supplier enrollment issues should be easing up as the Competitive Bid

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Program enrollment has been or is almost completed. The NSC is now attempting to clear up their backlog of applications.

4) Facility Issues: Many continue to inquire about providing CAM boots at their office prior to the performance of a surgical procedure. For Medicare, the continued answer is that medical necessity for the boot has not been met pre-operatively and one should wait until a post-operative visit to dispense such items.

5) What is required in the MD/DO examination to qualify the patient for shoes, assuming that the DPM is doing the foot examination, the MD/DO is agreeing with the DPM's note, and the MD/DO is also signing the Certifying Physician's Statement on the same date or a date after the MD/DO performs the examination?

Medicare requires that a patient

patient is to be contacted once the labs are known). Treatment with a combination of diet and/or medications should also be documented. Thus, for a diet-controlled patient, the note can be very short and to

NP contributes to the note and are signed by the MD/DO as supervising the NP/PA examination are also not acceptable.

It's a long shot as to whether proposed legislation to make the re-

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the point; whereas for a non-compliant poorly-controlled patient who is on a multitude of medications for their diabetes and where changes are needed, the note may need to be quite lengthy. In essence, it's not the length of the note, it's what is contained in the note that matters. As for whether the note meets the merit of an E/M, that's the MD's/DO's problem with their local MAC and not an issue for the DME MAC.

quired changes necessary for the NP and/or PA to certify patients as having DM will soon be enacted. The impact any such changes would have on the PA/NP relationship with the DPM is also quite controversial and is seen as objectionable as it could place the PA/NP at a higher status than the DPM.

7) A CMS bulletin was recently released providing information precluding free-standing Ambulatory Standing Centers (ASC) from acting as DMEPOS suppliers. Whether DPMs can dispense from these centers without having a PTAN linked to the DPM's tax ID and dedicated to the ASC locations is currently a question posed to the NSC. Until the NSC clarifies this issue, the recommendation remains not to dispense from an ASC and await further clarification.

As always, it is imperative that all healthcare providers pay close attention to their payer's websites and listservs, as healthcare policy continues to evolve and change. **PM**

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must be under a comprehensive plan of care by an MD/DO in order to qualify for shoes. If you speak with 100 different MDs/Dos, you will get a hundred different answers as to what a comprehensive plan of care for DM is. Fortunately, the Medicare reviewers don't really see it that way. The reviewers also cannot provide a model note or provide a specific consensus of what words must be in the MD/DO note.

What most reviewers look for in an acceptable note is a story memorializing that the patient is diabetic and is under some treatment plan for their DM. The note may only be a few simple sentences with a narrative stating that the patient came in for a diabetes follow-up, vitals were noted, and labs were drawn and/or reviewed with the patient (or the

6) I live in a rural area and most of the diabetes care is provided by an NP or PA. Can NP's and PA's notes be used for certifying the patient's diabetes, and can they sign the Certifying Statement?

Unfortunately, the answer to both those questions is no. The TSPD regulations were written well before physician extenders had the penetration currently in our healthcare system. The DME MAC recognizes this shortfall in the system; unfortunately, they must enforce the current regulations. Since therapeutic shoes are a Congressional benefit, an act of Congress is required to allow anyone other than the MD/DO to perform the examination(s) which will serve to support a certification statement attesting to the patient's diabetes. Notes where the PA or



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