



COVID-19 and DME

Here are the issues you need to address as a DME Supplier—
both for the present and post-crisis.

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The world has certainly changed dramatically since the last DME for DPMS article was submitted. A multitude of conferences, including four DME conferences in March, were cancelled as well as untold many more originally planned for April and May. Those wreaked havoc on this author's travel schedule. But this pales in comparison to the tragic losses my family, friends, and others have suffered as a result of COVID-19.

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All of us have heard of the acts of heroism of the youngest members of our profession who, like our allopathic and osteopathic specialists, used their clinical skills to treat the critically ill. Across the country many podiatric physicians closed their offices, taking a huge financial hit as part of the closure on non-essential services. There is no doubt that COVID-19 may force private practice physicians of all special-

ties out of practice and/or delay retirements for older physicians. The long-term emotional effects on those practitioners who may have

despite the huge risks taken to their own health, to say nothing of the risks it creates for the DME workers' families as well. Other DMEPOS

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been re-deployed onto the front-line battle against COVID-19 is not yet known but surely will create more suffering.

DME Suppliers

DME suppliers face somewhat similar impacts as other businesses and medical professionals. Many DME suppliers, especially those who provide essential services such as

suppliers may also face the harsh economic realities and be forced into bankruptcy.

At the same time, some of our profession have posed questions almost too embarrassing to repeat. The most disturbing question being, "Can I ship patients' therapeutic shoes to them for delivery because my office is closed, or the patients won't risk coming to the office, and can one call the Carrier Medical Directors so that suppliers can be granted telemedicine privileges for shoe fitting?"

Not performing a physical examination at the time of dispensing to assure a proper fit places our highest risk patients at risk for further injury. At the time of this writing, Medicare has not expanded a telemedicine format for dispensing. Even if that were the case, not being physically present with the patient may also create a separate liability issue for the supplier. Obviously, heat molding of off-the-shelf and/or custom inserts cannot be performed remotely.

The issue of communicating these issues to the DME MAC Carrier Medical Directors was discussed

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several times during APMA DME workgroup meetings. For many good reasons, it was unanimously decided not to do pursue this. To pose this question at a time of dire need when “all hands are on deck” would be an embar-

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rassment to our profession. To ask such a question at this time could potentially negate all the good work being done by many of our colleagues. We also asked where these quarantined patients were going that they so desperately needed new shoes.

Certainly, other DME provided by podiatrists which does not require a face-to-face presence can continue.

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Providing wound care supplies is an essential service, yet it does not require face-to-face interaction. Those were often directly shipped to the patient’s home prior to COVID-19 either by the podiatrist or their vendor, either of which is consistent with the NSC guidelines for WPOD.

Post COVID-19 Issues

Much more concerning are the challenges DME suppliers will face after the COVID-19 pandemic has passed. One is how the community internist or endocrinologist will deal with the backlog of patients and the need for face-to-face examinations required under most DME LCD policies. This is not limited to just the Therapeutic Shoe Policy. Certainly, the completion of paperwork requirements of the DME LCD will not be paramount on their radar. Getting community-based general and specialty medical practices operational will take some time after many in the hardest hit areas may not have seen patients for two or three months.

The post COVID-19 period will no doubt see a resurgence of Target Probe and Educate (TPE) audits which were discontinued during the pandemic period. While those claims subject to TPE during that time were paid, it remains to be seen whether there will also be a resurgence in post-payment audits, as the government attempts to recoup some of the billions of dollars in medical expenditures.

Lengthening the three-month requirement for the certification statement and the six-month period for dispensing subsequent to the visit with the MD/DO as required by the TSPD LCD certainly are worthy of exploring in the post- COVID-19 period.

During the COVID-19 crisis, CMS announced an accelerated payment program and grant money for both physicians and suppliers based on a complex formula including past reimbursement. One may also see those payments being audited after the pandemic has passed.

Currently unknown and for the foreseeable future is whether another surge in COVID-19 is in the offing. Promising treatments and/or a vaccine often takes months or years to develop.

Will the concept of your waiting room need to be changed? Will conventions go on and will you plan and attend large family or business-related functions? Regardless of a cure or vaccine, all aspects of our lives have forever changed. Living history is not always fun, but hopefully we will all survive and live to appreciate the significance of these times in the not-too-distant future. **PM**

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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.