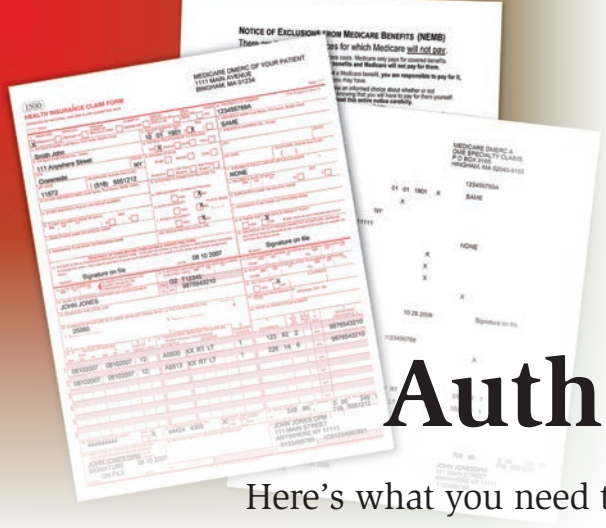

# Prior Authorizations

Here's what you need to know about recent policy changes.

BY PAUL KESSELMAN, DPM

In this post-Covid 19 era, Medicare and all its contractors have attempted to make up for lost time in regard to audits and recoupments by obtaining refunds from providers. They are also increasing the number of prior authorization programs to further restrict their expenditures to providers. Many of these prior authorization programs and RAC audits will have a direct impact on all physicians and suppliers including those treating the lower extremity. This column will focus on the DMEPOS Prior Authorization program. The second installment will focus on the recent uptick on RAC audits and custom fit orthotics.

The DMEPOS Prior Authorization program has been in place for several years but has not affected podiatric physicians until now. There are many spinal and knee orthoses which have required prior authorization, and this program has been working quite well. In May 2024, Medicare announced that several devices which Medicare covers will soon be included in the prior authorization process while others may soon be included. To better understand the prior authorization process, it is necessary to introduce some new concepts.

**1) DMEPOS Master List**

Medicare has created a DMEPOS Master List for some HCPCS codes meeting several criteria: High reimbursement (greater than $500) or greater than 1.5% of total Medicare DMEPOS expenditures and those with the potential for fraudulent or abusive billing patterns (based on CERT, OIG analysis) This Master list of codes has the potential for further scrutiny by CMS.

Periodically CMS will review the codes on the Master List and periodically codes are dropped from this Master List, while others are added to the Master List. Still others go on for further scrutiny. Some will require a face-to-face meeting with the prescribing provider, others a written order prior to delivery and still others will be added to a Mandatory Prior Authorization list.

This issue is not new to commercial home DME suppliers nor orthotists and prosthetists, but this August several codes familiar to podiatrists are being added to those aforementioned programs. Below you will find codes familiar to podiatrists which effective 08/12/2024 are being added to the Master List:

A multitude of dressing codes will be added to the Master List. This includes several collagen-containing dressings (A6021 and A6023), composite dressings (A6203), non-im-

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DMEPOS

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pregnated gauze < 16 sq cm with adhesive border (A6219), and others.

Also added to the Master list are pneumatic compression devices used for venous leg ulcers and lymphedema (E0670-E0681). Non-spinal bone stimulators (E0747 and E0760) are also being added to the Master List.

While physicians typically don't dispense and only prescribe bone stimulators and compression devices, be prepared for your vendors to request better more in-depth documentation.

Another section of codes added to the Master List are popular L-codes prescribed and dispensed by podiatrists, including ankle braces L4906, and custom AFO L1940 L1950, L1951, L1960 and L1970.

Prosthetic devices typically ordered and dispensed by podiatric physicians added to the Master List include toe fillers (L5000-L5020).

It is important to remember that items being added to the Master List means that CMS will be periodically reviewing utilization and reviewing billing patterns. If these meet a critical threshold, it is possible they too will require prior authorization sometime in the future.

**2) HCPCS Requiring Face-to-Face and Written Orders Prior to Delivery**

From the Master List of DMEPOS, CMS has as of 08/12/2024 added the following HCPCS codes to those requiring a face-to-face encounter with the patient and a written order prior to delivery. In real terms, you must have a documented chart encounter with the patient and must order the device prior to the device being dispensed. These include the following popular items prescribed and/or dispensed by podiatrists:

Bone stimulators, as noted above (E0747 and E0760), as well as AFO's: L1940, L1951, L1960 and L1970. Since all these devices are either custom fabricated or custom fit, they cannot be accomplished via telemedicine.

**3) New HCPCS Now Subject to Prior Authorization**

Last but most important is that from all of the above lists, there are some codes which CMS will mandate prior authorization as of August 12, 2024.

Bone Stimulator codes E0747 and E0760 and, from the AFO section, L1951.

While commercial and O/P providers are long used to obtaining prior authorization from Medicare and other third-party payers, this is new for podiatry DMEPOS Medicare providers. The single best way to obtain prior approval from the four DMEPOS carriers is to use their provider portals. Those are currently being updated to accept prior authorization for those HCPCS codes prior to the implementation dates. It is likely that only L1951 will require the podiatrist to actually perform the prior authorization process. For the bone stimulators, the DMEPOS provider dispensing the bone stimulator will be using your documentation to obtain the prior authorization. It is therefore your responsibility to chart appropriately for your patient to receive the required treatment.

From the knee orthosis HCPCS products requiring prior authorization, CMS was notified by several affected associations that delays and medical harm could come for patients who urgently required these products and could not wait the 3-to-5-day turnaround time for prior authorization. CMS responded with a directive that those patients whose needs were urgent could be exempt from the prior authorization requirements with a newly created "ST" modifier (ST = Stat). However, those claims could then be subject to an automatic pre-payment review. At least in the case of an urgent need, the patient could leave the office with the device without the delay required by the prior authorization program. CMS has been contracted and the hope is that CMS will expand the use of the ST modifier to the L1951 AFO.

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Please note that for the sake of brevity, only those codes typically billed for or ordered by podiatrists were provided. The DMEPOS Master List—those subject to Written Order Prior to Delivery (WOPD) and face to face encounters and prior authorization—is far more extensive and may also include other DMEPOS your practice either provides or prescribes.

For a more comprehensive listing of those HCPCS codes subject to the Master List and WOPD, face to face and prior approval, please visit the dedicated CMS Site:

https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/medical-review-and-education/master-list-dmepos-items-potentially-subject-conditions-payment. **PM**

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