From the desk of Dr. Josh White

As practices are being impacted by the COVID-19 pandemic, practitioners have an opportunity to get a handle on a variety of DME issues that can be addressed remotely and for which the SafeStep compliance department remains ready to be of assistance. I will be communicating on a weekly basis with the intent of helping you to strengthening aspects of your practice while others are unfortunately negatively impacted. Some of the topics of upcoming communications include:

- How to manage with shoe and AFO audits,
- The benefits of the Medicare portals and
- Tips for Medicare DMEPOS (re)enrollment.
- How the new rules for telehealth can benefit your practice

I welcome your comments and suggestions. Email me at josh.white@safestep.net or call 973.945.6827.

Many DPMs have received Medicare DME audits or billing denials. This period offers a chance to respond and acquire a better understanding of how to comply with DMEPOS guidelines. Additionally, SafeStep DME compliance experts are working to assist you with Medicare audits as well as how to be better prepared.

Description of audits / denials

Medicare audits and denials come under the guise of a variety of names:

- Targeted Probe and Educate (TPE),
- Comprehensive Error Rate Testing (CERT),
- Recovery Audit Contractor (RAC),
- Supplemental Medical Review Contractor (SMRC),
- Same or Similar denials

They all pertain to longstanding Medicare rules, some of which had not been enforced, leading to a misperception that they did not apply.

Fundamentals of DMEPOS compliance

A good way to understand the rules of Medicare DMEPOS compliance is to relate them to a logical treatment protocol:

1. Patients present with a complaint or in the course of your current treatment you determine suspicion for concern.
2. You perform an examination that determines objective, abnormal findings.
3. You decide on a diagnosis based on your subjective and objective findings.
4. Determine if your findings meet Medicare DMEPOS requirements of shoes / AFOs.
5. Make sure your documentation reflects your findings.
6. Understand the timeframes that Medicare permits replacement of shoes and AFOs.

What are the most common things Medicare audits / denials are looking for?
The Medicare LCDs make very clear the conditions that patients must have to qualify for therapeutic shoes or AFOs. To qualify for shoes, the MD must indicate their agreement with the DPM's notes that include an objective finding consistent with one of the qualifying criteria. For example, if the patient has a foot deformity, the MD must sign your note indicating their agreement with your notation of a bunion or hammertoe. If the patient has decreased circulation, the MD must sign your note indicating their agreement with your notation of decreased pulses. Additionally, you must determine that the patient was seen by an. MD or DO (not NP or PA) for something relating to diabetes management, no more than six months prior to the patient being fit with shoes. **SAFESTEP ENSURES YOUR COMPLIANCE WITH ALL THIS WHEN YOU USE THE WORRYFREE DME SERVICE.**

AFO compliance is even easier than for diabetic shoes as there is no need to involve the patient's MD. Your objective findings must meet the Medicare LCD criteria that the patient is:

- Ambulatory, and
- Has weakness or deformity of the foot and ankle, and
- Requires stabilization for medical reasons, and
- Has the potential to benefit functionally.

Additionally, for Medicare to cover a custom device versus prefabricated, your notes must indicate one of the following:

- The patient could not be fit with a prefabricated AFO, or
- The condition necessitating the orthosis is expected to be permanent, or
- There is a need to control the foot in more than one plane, or
- The patient has a documented neurological, circulatory or orthopedic condition that requires custom fabrication over a model to prevent tissue injury, or
- The patient has a healing fracture that lack normal anatomical integrity or anthropometric proportions.

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What to do when you receive an audit letter
Don't panic. Receiving a letter from Medicare does not indicate that you have done anything wrong. Do pay attention to the date by which you are required to respond. To not respond in time, guarantees you having to make payment and increases the likelihood of your being subject to additional inquiries. Gather your patient information including all exam forms and compliance forms and contract the SafeStep compliance department at 866.712.STEP

SafeStep Compliance Department is here to help.
SafeStep's WorryFree DME compliance program takes the guesswork out of what you need to do to satisfy Medicare requirements. Compliance experts are available to instruct your staff on how easy it is to use. While many offices have received requests for chart notes, the likelihood of any order being investigated is quite low. Unfortunately, because so many practitioners respond to a request for documentation without a good enough understanding of what's required, the failure rate remains unnecessarily high. SafeStep's DME compliance experts have familiarity with every sort of Medicare review and are ready to help. Additionally, I am available for free consultation whenever issues need to be escalated.

Here to help,

Josh

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866.712.STEP

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they entail a similar method of response.

SafeStep's WorryFree DME Compliance Department offers FREE audit assistance. Unfortunately, suppliers who receive requests for documents often respond without first allowing an expert review the claim for accuracy and completeness.