

From the desk of Dr. Josh White

How to Appeal “Same or Similar” AFO Denials

If you have received a M3, “Same or Similar” AFO denial, all hope is not lost. There are a few situations when Medicare will cover the denied claim if you appeal it.

If there is a different diagnosis; a change in anatomy (e.g., amputation, significant weight loss or gain) resulting in the previous device being unusable by the patient; or a different therapeutic need (e.g., previous device was for a non-weight-bearing situation and the new device is for a weight-bearing situation) clearly document, include that you did portal look-up and know that the patient previously received a device and expect a denial. Appeal using the “Redetermination” process.

A replacement AFO can be covered if the original was lost, stolen, irreparably damaged (due to a one-time event) and you bill using the “RE” modifier.

Providers may obtain the redetermination form from their DME MAC website and/or provider portal. Once downloaded and completed, you may scan the form (or complete and save it online) and upload it. Include other pertinent information, including the Medicare denial response letter and your chart documentation.

By using the provider portal, you avoid fax transmission errors and can be assured that the information submitted has been received by the DME MAC. The portal allows you to follow the appeals process and read comments made by the nurse reviewer. The DME MACs are allowed 90 days to process redeterminations though typically take only 30 days when you use the provider portal.

Details of the AFO policy can be at <https://med.noridianmedicare.com/web/jadme/policies/lcd/active>

SafeStep representatives can help you:

- Register for Medicare portal
- Easily check patient eligibility prior to prescribing AFOs
- Submit claims for redetermination (appeal) either via Medicare carrier website or via fax.

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. 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.

Josh

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