

From the desk of Dr. Josh White

Understanding “Same or Similar” AFO Denials

By now, if you dispense AFOs, you have probably gotten Medicare claims denied with the reason code, “M3”.

A year ago, the DME MACs began enforcing a long-existing Medicare policy that AFOs can be dispensed only once, per side, every five years. The “Same or Similar” policy states that a beneficiary cannot get another AFO device for the same limb within this period unless the AFO is lost, stolen, or irreparably damaged or the patient has a new diagnosis, resulting in the need for a new type of device.

AFOs considered to be within the same or similar category include both custom fabricated and off-the-shelf including:

L1900, L 1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L 2126, L2128, L2132, L2134, L2136, L4350, L4360, L4361, L4370, L4386, L4387, L4396, L4397, L4398, L4631.

As an example, a patient who received a non-pneumatic walker (L4387) in 2017 for a stress fracture on the left foot would likely have payment denied for a Custom Fabricated Hinged AFO (L1970) should he or she require it for Posterior Tibial Tendinosis of the left foot in 2019.

The rule is not provider-specific, meaning that if a patient received an AFO from another provider or supplier within the past five years that was billed to Medicare, the claim for a “same or similar” device may be denied.

Providers can easily determine whether patients have received AFOs within the past five years by using their DME MAC Jurisdiction’s Provider Portal.

The provider portal can quickly provide you with information regarding the date, HCPCS code, and name of the supplier who provided the previous device.

The Noridian Provider Portal provides “Same or Similar” information regarding services provided in Regions A and D; MyCGS provides “Same or Similar” Information for services provided in Regions B and C.

A subsequent post will address how to appeal denied claims.



Details of the policy can be found 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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