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Implementation Date: October 3, 2005

Full Replacement of CR3607, Payment Edits in Applicable States for DMEPOS Suppliers of Prosthetics and Certain Custom-Fabricated Orthotics; CR3607 Is Rescinded

Note: This article was revised on June 6, 2014, to add a reference to MLN Matters® article MM8730 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8730.pdf>), which adds North Dakota, Iowa and Pennsylvania to the list of states that require the use of a licensed/certified orthotics or prosthetist for furnishing of prosthetics and orthotics. A reference link was also added to MLN Matters® article MM8390 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8390.pdf>) which adds Alabama, Arkansas, Florida, Georgia, Illinois, Kentucky, Mississippi, New Jersey, Ohio, Oklahoma, Rhode Island, Tennessee, Texas and Washington to the list of states that require the use of a licensed/certified orthotics or prosthetist for furnishing of prosthetics and orthotics. All other information remains the same.

Provider Types Affected

Physicians, pedorthists, physical therapists, occupational therapists, orthotics personnel, and prosthetics personnel in Alabama, Florida, Illinois, New Jersey, Ohio, Oklahoma, Rhode Island, Texas, or Washington who provide or supply Prosthetics and Orthotics (P&O) and bill Medicare Durable Medical Equipment Regional Carriers (DMERCs)

Provider Action Needed

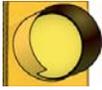


STOP – Impact to You

If you are an affected supplier in **Alabama, Florida, Illinois, New Jersey, Ohio, Oklahoma, Rhode Island, Texas, or Washington**, your state requires the use of a licensed/certified orthotist or prosthetist for furnishing orthotics or prosthetics. Medicare DMEPOS suppliers in any one of these nine states planning to submit claims for Medicare payment for prosthetics and orthotics may enroll with the National Supplier Clearinghouse (NSC) and provide all required licenses and/or certifications to comply with Medicare requirements.

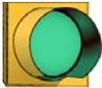
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CAUTION – What You Need to Know

CR3959 puts new edits in the DMERC claims processing system that will look for Specialty Codes 51, 52, 53, 55, 56, 57, 65, 67 and all Physician Specialty Codes listed in the “Medicare Claims Processing Manual”, *Chapter 26, Section 10.8.2*, in order to ensure that only those who specify P&O on their Enrollment Application Forms (Form CMS-855S) are reimbursed for P&O supplies. (**Note:** A copy of the State License for these specialty codes should also be on file at the NSC.)



GO – What You Need to Do

Make certain that your billing staffs provide your specialty codes, required licenses, and/or certifications to the NSC.

Background

At this time, DMERCs process claims from enrolled and approved DMEPOS suppliers without noting the specialty identified and services to be provided on the Enrollment Application Form (Form CMS-855S). Because there is no national Medicare policy regarding who may bill and be paid for prosthetics and certain custom-fabricated orthotics, the NSC follows **State requirements** that are in place in the (currently) nine states that require the use of an orthotist or prosthetist for furnishing of orthotics or prosthetics.

New Specialty Code Edits

The claims system used by the DMERCs will have new edits—effective for services supplied on or after the implementation date for this Change Request—that look for specialty codes to ensure that suppliers billing for prosthetics and/or orthotics are permitted to bill in accordance with the law **in the applicable states**. CMS regulations (see 42 CFR 424.57(c)) require that all DMEPOS suppliers wishing to bill Medicare meet all supplier standards. The standard in section 424.57(c)(1) requires suppliers to operate their business and furnish Medicare-covered items in compliance with all applicable Federal and State licensure and regulatory requirements.

The following specialties may be licensed or certified by the state when applicable and they can bill for Medicare services when State law permits them to furnish Prosthetic or Orthotic items:

- Medical supply company with orthotics personnel
- Medical supply company with prosthetics personnel
- Medical supply company with orthotics and prosthetics personnel
- Orthotics personnel

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- Prosthetics personnel
- Orthotics personnel, prosthetics personnel, and pedorthists
- Physical therapist
- Occupational therapist
- All Physician Specialty Codes listed in the *Medicare Claims Processing Manual*, Pub. 100-04, Chapter 26, Section 10.8.2

If you are located in one of the nine states listed in this article, check with the NSC to make certain that the correct specialty code is on file. The NSC is responsible for maintaining a central data repository for information regarding suppliers.

To ensure that your correct specialty code is on file and/or you need to update your file with the correct code, you must submit to the NSC a "Change of Information" on the CMS 855S form. The NSC will transmit this information to your DMERC.

Additional Information

You can find more information about payment to suppliers qualified to bill Medicare for prosthetics and certain custom-fabricated orthotics, including the complete list of HCPCS Codes for Customized Orthotics and Prosthetics affected by the edit by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R656CP.pdf> on the CMS website. A list of the Prosthetic and Orthotic codes affected by this edit is attached to CR3959.

The following is contact information for the National Supplier Clearinghouse (NSC):

Toll Free Number: 1-866-238-9652

Website: <http://www.PalmettoGBA.com>. Click on "Other Partners" *or* click on "Providers," then National Supplier Clearinghouse.

Email: medicare.nsc@palmettogba.com

Mailing Address:

National Supplier Clearinghouse
P.O. Box 100142
Columbia, S.C. 29202-3142

Overnight Mailing Address:

National Supplier Clearinghouse
2300 Springdale Dr.
Bldg 1, AG-495
Camden, S.C. 29020

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