

## Part B Insider (Multispecialty) Coding Alert

### Home Health Care: Docs Must See DMEPOS Patients Face To Face

#### But you won't get paid for these visits

A new Medicare requirement places physicians squarely between a rock and a hard place.

The **Centers of Medicare & Medicaid Services** wants to require physicians to see patients face-to-face when prescribing all items of durable medical equipment, prosthetics, orthotics and supplies. But Medicare won't pay for a physician visit whose sole purpose is prescribing DMEPOS.

That means if a patient needs a new crutch, cane, hospital bed, wheelchair or oxygen concentrator at home, he or she will have to go to the doctor's office. But you won't get paid for that visit unless you can come up with another reason for it. The rule comes out of Operation Wheeler Dealer, the recent investigation that found rampant fraud in prescribing power wheelchairs.

"We believe it is good clinical practice for the beneficiary to be seen by the physician for their medical condition and the physician to decide whether or not an item of DMEPOS is appropriate during the face-to-face examination of the beneficiary," CMS writes in the physician fee schedule proposed rule, published in the Aug. 5 Federal Register.

This proposal is "an incredible waste of time," insists **M. Trayser Dunaway**, a general surgeon in Camden, SC. The benefit of working with home health providers is to save the physician's time by providing a professional assessment of the patient's needs at home. This proposal would force the doctor to look over the home care provider's shoulder all the time.

Total hip replacement patients often don't realize they need a cane, crutches or wheelchair until after they've been home for a few days, notes coder **Wendy Snyder** with **Orthopedic Associates** in Concord, OH. If the patient has to make another trip to visit the doctor just to obtain that prescription, it will be an awful nightmare. "When [doctors] leave the patient at the hospital are they going to have to write the scrips for everything they think the patient might need or might want?" she asks.

Many of these patients have tremendous difficulty leaving their homes, so forcing them to make a special trip to the doctor just to obtain equipment will be a real hardship, adds attorney **Carol Loepere** with **Reed Smith** in Washington. Most doctors are familiar enough with their patients to know when they're likely to need new equipment, she adds.

"It's just another layer of complexity that adds to the constant grinding and friction of practicing medicine," says Dunaway. And because doctors will have to come up with some other justification for visits other than prescribing DMEPOS, the requirement could "result in fraud of another sort," he predicts.

The only hope is that CMS may narrow or cancel this proposal in the final fee schedule. CMS specifically asks for comments on whether to apply this provision only to certain types of DMEPOS instead of all DMEPOS. Comments are due Sept. 26, and the final rule is expected Nov. 1.

**Editor's note:** To comment on this proposed rule, submit a Microsoft Word document at [www.cms.hhs.gov/regulations/ecomments/](http://www.cms.hhs.gov/regulations/ecomments/) and refer to file code CMS-1429-P.