

## MEDICARE AND PRIVATE INSURANCE ISSUES

From CAC and PIAC Representatives

### Medicare Issues

- Suspension of the Medicare appeals ALJ assignment process. What are the alternatives for podiatrists?
- Review of the newly posted LCDs with ICD-10 codes. What is the review process for CAC representatives?
- Implications of Medicare physician reimbursement data. May be overutilization or at least inaccurate billing by members. What responsibility does the association have to address this issue?

### MAC Specific

- NGS: The transition from Medicare carrier NHIC to NGS and associated issues, including consolidation of LCDs (Massachusetts).
- Novitas: Concern about the change in LCD concerning NCV/EMG testing prohibiting podiatrists from payment for these tests (New Jersey).
- Nordian CMD forwarded a URL that permitted review and printing of vast majority of ICD-10 LCDs for all Nordian states (Washington).
- Cahaba: Medicare denials for CPT code 64450 (medical necessity). Denying the use of 64450 for Tarsal Tunnel, Lateral Plantar nerve neuritis/neuroma.

### Private Insurance Issues

- In **Virginia**, **Anthem** is currently conducting audits on claims involving ultrasound (primarily invasive, i.e. ultrasound guided injections but to eventually include diagnostic). Anthem is currently considering eventually requiring certification of practitioners, including MD, DO, and DPM.
- In **Michigan**, **Aetna** has started to be a third party administrator for some smaller companies and their fee schedule is dramatically reduced (about 40% less than Medicare). Is this a national trend?
- In **New Jersey**, radiology issues with Horizon NJ Health, which has have denied “privileging” or credentialing for taking x-rays for various reasons such as not having a radiologist to read the X-rays and not having a crash cart on premises.
- Issue from **California** concerning elimination of podiatry plan. A podiatry company that clearly discriminates against podiatric physicians. *[We need additional information from CA on this issue.]*
- Use of the ACA provider non-discrimination provision to ensure that DPMs are treated equally with MDs and DOs in **MultiPlan** in **California**.
- Patient access to physicians under exchanges (e.g., Covered **California**) due to poor fee schedule and restrictions (as well as narrowed networks).
- Question from **Ohio** whether a clearinghouse features different types of plans (bronze, silver, etc.) with their respective co-pays. Is there a clearinghouse that features these plans by list with co-pays?

- Question from **Ohio** about what physicians should do if a patient does not pay his or her ACA premium as there is no way to check if a patient has defaulted within a 3 month span of non-payment. Will the physician be notified? Members need direction as to how to proceed and what their options will be to recoup their money. What if that patient shows back up? Can you decline treatment legally based on non-payment from an ACA health plan? What are your options to sever your relationship legally and ethically?

### **Medicare Advantage**

- Medicare Advantage plan accountability and CMS oversight.
- Nuisance audits by Humana Gold-Medicare Advantage plan for 11719, 11055, 11056, 11057, G0127.

### **Other Issues**

- **Florida** podiatrists under the Medicaid program are not able to be paid to prescribe, cast, fabricate and dispense orthotics and that the patient has to be sent to an orthotist/prosthetic in order to be covered under the program.
- **Massachusetts** has had success getting MassHealth (Medicaid) to add a number of CPTs previously not reimbursable to podiatrists.
- **New Jersey** suggests that a coalition be formed of allopathic, osteopathic and podiatric societies to protest the high fees being charged to renew a DEA license.