

9/16/2019

Dear Valued Customer:

During December of 2018, the DME MACs that process Medicare claims for the shoes you provide your patients issued a change in billing requirements for certain services, effective 3/1/2019. Specifically, rather than billing for a bilateral item (such as a pair of shoes) on a single claim line, Medicare now requires that bilateral items be billed on two separate line items.

When conducting an internal audit of our billing systems, we found claims we transmitted to Medicare on behalf of our customers were not submitted using the new instructions. This issue is isolated to the time period March 1, 2019 through June 17, 2019; claims with dates of service falling outside of those dates were submitted to Medicare correctly.

Although those claims should have been rejected by Medicare as “incorrect coding”, we have found that many of them were processed and paid. However, if you discover any claims we submitted on your behalf were rejected or denied by Medicare with an “incorrect coding” message, please contact us; we will make the necessary corrections and resubmit the claim for reprocessing.

We would like to reiterate that Medicare’s change in billing requirements only impacts how we submit claims for bilateral items. As of the date of this letter, there have been no changes in Medicare’s coverage or documentation requirements for therapeutic shoes.

If you have any questions, please do not hesitate to contact Clair Dollinger at 800 298 6050 ext 1604, [cdollinger@surefitlab.com](mailto:cdollinger@surefitlab.com).

Best Regards,

*Chad Billingsley*

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Director - SureFit