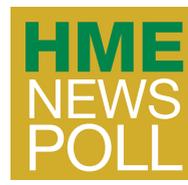




■ Medicare policy changes impacting complex rehab fall under negative reform, says Don Clayback. **See page 9.**



■ **Product Spotlight:** This month we feature orthotics, prosthetics and soft goods like the Ultimate Therapy Compression Hosiery Coolmax Unisex Support Socks from Global Health Connection. **See pages 24-25.**



■ How did your DSO for 2013 compare to 2012? Did you collect a larger or smaller percentage of balances owed by patients? **See results on page 31.**

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■ Industry gets “placeholder” in doc fix. **PAGE 4**

SMART TALK

■ This month, our columnists tackle trends, spam. **PAGES 10-11**

LAS VEGAS



■ Medtrade Spring is slated for March 10-12 at the Mandalay Bay Convention Center. The show promises “fresh inspiration” this year, says Kevin Gaffney. **PAGE 26**

DEPARTMENTS

PROVIDERS

■ Motor City makes buys. **PAGE 13**
■ Brent Bradshaw gets social. **PAGE 15**

MOBILITY

■ PMD error rates stay high. **PAGE 17**
■ Mobility Supercenter grows. **PAGE 18**

RX & SPECIALTY PROVIDERS

■ AxelaCare buys SCP. **PAGE 21**
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VENDORS

■ Brightree improves continuum. **PAGE 27**
■ Freerider primes pump. **PAGE 27**

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Face-to-face rule inches ever closer

In effect now: written order prior to delivery

BY THERESA FLAHERTY, Managing Editor

BALTIMORE – CMS started the new year by enforcing part of its face-to-face rule.

On Dec. 19, National Heritage Insurance Company, the Jurisdiction A DME MAC, stated in a bulletin that it would enforce the written order prior to delivery (WOPD) requirement for dates of service on or after Jan. 1.

“Providers that weren’t getting WOPDs need to start getting them,” said Kim Brummett, senior director of regulatory affairs for AAHomecare. “They are saying, ‘Do it.’”

CMS implemented the rule July 1, but the agency has delayed



M. Conway

enforcement of the face-to-face exam requirement until some time in 2014.

How CMS will enforce the WOPD requirement but not the face-to-face requirement is a big question mark, Brummett says.

“There’s not a lot of clear direction from CMS,” she said. “We still don’t have a ‘Dear Physician’ letter, and we know there’s an FAQ that we worked on that went back to CMS months ago and we still haven’t seen it.”

WOPD SEE PAGE 6

M&A ACTIVITY

Big buyers dominate

BY THERESA FLAHERTY, Managing Editor

YARMOUTH, Maine – Competitive bidding drove acquisition activity in 2013 and analysts say it will power decisions in the year ahead.

“It’s all about the contracts and who wants what and when,” said Don Davis, president of Duckridge Advisors. “I really anticipate a year of consolidation with corporate entities buying family entities.”

That means, while the big



Bruce Burns

get bigger, the industry is rapidly shedding mom-and-pops, say analysts.

Contract holders fare slightly better when it comes to selling price, but it’s still a buyer’s market, say analysts.

“The buyers are buying if they can get their price,” said Bruce

M&A SEE PAGE 14



All they want for Christmas

Stakeholders have not relaxed efforts to create a separate benefit for complex rehab—not even during the Monroe Wheelchair Ugly Christmas Sweater Party. Pictured: Monroe’s Doug Westerdahl (right) with NCART’s Don Clayback (left).

Bad for painkillers? Good for TENS devices

BY LIZ BEAULIEU, Editor

A RECENT RECOMMENDATION by the U.S. Food and Drug Administration (FDA) could provide a big boost to the makers and providers of alternative pain management therapies like TENS.

Concerned about the abuse of narcotic painkillers, the FDA wants to reduce by half—to 90 days—the supply that patients can get without new prescriptions. The agency’s move is no surprise to Ryan Moore, a physical therapist who is vice president of sales for Roscoe Medical’s Pain Management Division.

“We’ve always had the mantra: We want to give pain relief

without pills,” he said.

There’s no doubt pain management is a big business. The latest estimates: Nearly half of Americans (47%) report having at least one type of chronic condition and, seeking relief, they’re spending about \$2.6 billion annually on over-the-counter pain medications.

The FDA’s recommendation draws new attention to alternative pain management therapies—everything from TENS devices to laser therapy to braces to hot and cold packs, says Mariah Griffith, vice president of sales and marketing for Bio-Medical Life Systems.

“This is a huge market not

PAIN THERAPY SEE PAGE 28

New fee schedule makes codes trickier to bill

BY THERESA FLAHERTY, Managing Editor

BALTIMORE – The 2014 Medicare DMEPOS fee schedule could create billing confusion for orthotics providers.

The recently released schedule applies the same payment amounts to 23 orthotics codes, regardless of whether they are classified as off-the-shelf (OTS) orthotics or require some cus-

tomization.

“There is no difference in the reimbursement, but they do make a distinction in the description of the code,” said Ryan Ball, director of state policy for VGM

& Associates. “Whether you just pull it off the shelf and give it to somebody, or if there’s trimming and bending and other customization, you have to note that.”

ORTHOTICS CODES SEE PAGE 23