

DIABETIC SHOE PROGRAM AND MEDICARE COMPLIANCE



Details, Details

- Staff members who are involved in the diabetic shoe program, need to keep current with:
 - Compliance changes
 - Documentation requirements
 - Coding adjustments/modifications
- “Rules” that can change without notice



Most Importantly

Staff members who are actively involved in the diabetic shoe program need to educate their fellow team members and doctors to assure compliance and patient awareness.



The Determination

The Podiatrist will perform a CDFE (Comprehensive Diabetic Foot Exam) to determine if the patient “qualifies” for shoes.

The main purpose of the CDFE is to determine the need for additional services that will aid in the wellbeing of the diabetic as it directly relates to their foot health (as part of preventative care).

Not every diabetic requires extra depth shoes and accommodative inserts (covered annually by the Medicare Therapeutic Shoe Bill).



Risk Findings

- Upon completion of the CDFE, the DPM to recommend shoes/inserts (pre-fabricated or custom) depending on the risk findings associated with the patient and their condition.
- These may include (but are not limited to):
 - Peripheral Neuropathy
 - History of Ulceration
 - Foot Deformity
 - History of Partial or Complete Amputation of the Foot
 - Pre-Ulcerative Calluses due to bony prominence or deformity
 - Peripheral Vascular Disease



The DPM Serves 2 Roles

- The Prescriber of the shoes/inserts
 - Which requires an “Rx” stating the patient’s diagnosis and the medical necessity to offload pressure with a properly fitting extra-depth shoe and accommodative insert (pre-fabricated or custom)
- The Supplier of the shoes/inserts
 - If the DPM has obtained proper credentialing and is authorized as a DME supplier by Medicare, he/she is able to “fill the Rx” for diabetic shoes/inserts

But not without the “approval” of the physician managing the patient’s disease (usually Primary Care Physician- but not always).



The PCP (or physician managing the patient's disease)

- Has to “sign off” on 2 documents:
 1. That he/she manages the patient's disease (and that the patient has been seen for this reason within the last 6 months). This is referred to as Date Last Seen (DLS)
 2. That he/she agrees with the DPM's findings as a result of the CDFE. (This is the statement of Therapeutic Necessity)



The 6 Required Documents

1. Prescription (RX) written by DPM
2. Statement of Therapeutic Necessity - Signed by MD/DO
3. Supplier in person evaluation, Exam perform prior to shoe selection (CDFE)
4. Relevant Medical Records- Signed by MD/DO
5. Dispensing SOAP Notes- Signed DPM
6. Certificate of Receipt- Signed by Patient



The Details in the Documents

- Before dispensing shoes/inserts:
 - Make sure both PCP forms are completed (signed and dated on the day they are signed, along with a clearly written DLS – which must be within 6 months)
- The newest rule is that the Primary Care Physician's signature must be "legible" (pre-print the name under the signature line for ease of compliance).



Certificate of Receipt must have patient name, address, patient signature, and date signed (the day of dispensing).

Patient Signature: _____

Date _____

Mrs. Darlene Test
Test 123
Rotonda West FL 33947

Description of items provided:

1 Aetrex Women - High Performance Reina Runner Violet - X532W
3 Aetrex Aetrex - Anti-Shox Conform Orthotics

Ms. Darlene White
13 Sportsman /Terrace
Rotonda West FL 33947

Delivery Documentation and Break-In Instructions

Congratulations on receiving your new shoes. In accordance with Medicare regulations, they have been selected from our own inventory, from another company or have been fabricated to provide you with optimum comfort and protection.

Getting used to your shoes

People with decreased feeling in their feet may have a false sense of security as to how much at risk their feet actually are. An ulcer under the foot can develop in a couple of hours even if the shoes are expertly fit. In order to best avoid irritation, adhere to the following break-in schedule:

FIRST DAY	Wear One Hour
SECOND DAY	Wear Two Hours – Check feet after first hour
THIRD DAY	Wear Three Hours
FOURTH DAY	Wear Four Hours – Check feet after two hours
FIFTH DAY	Wear Full Day – Check after lunch

- IF AT ANY TIME YOU SEE RED SPOTS OR DARKNESS ON THE TOES OR OTHER BONY AREAS DURING THE FIRST FIVE DAYS: Discontinue wearing the shoes for the rest of the day and start routine again the next day beginning with one hour of wear.
- IF A RED SPOT OR DARKNESS APPEARS WITH EVERY WEARING – DO NOT WEAR SHOES. Call Ms. White for an adjustment appointment.
- BE SURE TO INSPECT YOUR FEET EVERY DAY.

Follow-Up

You should have regularly scheduled visits with Drs. Ornstein and Gooding. Please direct any questions to this office. Billing questions may be directed to your Medicare carrier. Every four months get rid of the inserts in your shoes and put in a new pair. In one year, you will receive a reminder to return to Ms. White to evaluate the condition of these shoes.

Return Policy

Shoes that are unsuitable may be returned within one week of dispensing. The shoes must be in good condition, i.e., no scuffmarks, outside dirt or obvious wear on the soles and in original packaging. We strongly urge you to wear these shoes in your home for the first week. Substandard shoes may also be returned as all warranties, expressed and implied under applicable State law will be honored.

I certify that I have received the item(s) marked below in good condition. The Doctor has explained, in detail, the proper use and care of this device and has fit it to me. The Doctor has asked me to call the office if I encounter any problems with the device or if I have any questions. I have been informed of the Medicare DMEPOS Supplier Standards.

Patient Signature: _____

Mrs. Darlene Test
Test 123
Rotonda West FL 33947

Date _____

Description of items provided:
1 Aetrex Women - High Performance Reina Runner Violet - X532W
3 Aetrex Aetrex - Anti-Shox Conform Orthotics



Includes:
Break-in instructions,
Warranty,
Return policy,
Patient Signature,
Patient Address,
***And is dated by the
patient upon
dispensing***

Certificate of Patient Receipt

Ms. Darlene White
13 Sportsman /Terrace
Rotonda West FL 33947

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Patient Signature: _____

Mrs. Darlene Test
Test 123
Rotonda West FL 33947

Date _____

Description of items provided:

1 Aetrex Women - High Performance Reina Runner Violet - XS32W
3 Aetrex Aetrex - Anti-Shox Conform Orthotics



Audits occurring now: What Medicare looks for...

specific to patient address, dates, and legibility of signatures...

|From: SEP 28,2012|

|0001|

CGS - DME MAC
P.O. Box 20010
Nashville, TN 37202

Suppliers are encouraged to review all documentation before submission to ensure that all records for services and all orders are signed appropriately. Medicare requires that medical record entries for items and services provided/ordered be authenticated by the author. The method used shall be a hand written or an electronic signature. Stamp signatures are not acceptable. Documentation should clearly identify the patient, the date of service, and the provider of the service that is described in the medical record.

Example

Ms. Darlene White
13 Sportsman /Terrace
Rotonda West FL 33947

Statement from Certifying Physician for Therapeutic Shoes

PLEASE SIGN, DATE AND FAX THIS TO (203) 306-3158

Patient Information:

Mrs. Darlene test

HICN: 111111111

DOB: 11/28/1965

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has the following conditions.
 - ☒ Foot deformity
 - ☐ History of partial or complete amputation of the foot
 - ☐ History of pre-ulcerative callus
 - ☐ History of previous foot ulceration
 - ☒ Peripheral neuropathy with evidence of callus formation
 - ☐ Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Dr. David Gooding
123 Medicare Way
Englewood FL 34223

Fax to: (555) 555-5555 for signature
Phone: (555) 555-5555

Signature: _____ (must be an M.D. or D.O.)
David Gooding, DO

*According to Medicare, if shoes are not fit within 3 months
of physician signature, this certification is considered void.*

Date: _____

Type/print the name of the Certifying Physician to comply with "legible signature"

Example

Signature: _____ (must be an M.D. or D.O.)
David Gooding, DO

If you question the legibility of a signature, you may submit an attestation statement signed by the author of the record or a signature log in your response to this request for additional documentation.

For additional information and a sample Signature Attestation Statement form go to

<http://www.cgsmedicare.com/jc/coverage/MR/index.html>

If the signature requirements are not met, the reviewer will conduct the review without considering the documentation with the missing or illegible signature.

This could lead the reviewer to determine that the medical necessity for the item or service billed has not been substantiated.



The 90 day Rule

- According to Medicare, If shoes are not fit/dispensed within 90 days (3 months) of physician signature, this certification is considered void.



2 Important Numbers/Dates

- 1. Date Last Seen (prior to being fit for shoes) must be within 6 months
 - 2. The paperwork signed by the PCP expires in 90 days (3 months) if shoes/inserts have not been dispensed.
-
- Do not submit for payment “bill” until the items (shoes, inserts) are dispensed.
 - Therapeutic Shoes: A5500 (2 units = 1 pair)
 - Pre-Fabricated Inserts: A5512 (6 units= 3 pairs)
 - Custom Inserts: A5513: (6 units= 3 pairs)



Custom vs. Pre-Fabricated Inserts

The DPM will determine during the CDFE if the diabetic patient requires a pre-fabricated (heat molded to the patient at the time of dispensing) or a custom device (taken from a cast, biofoam impression, or scan of the patient's foot prior to dispensing).

Please note: a patient with higher risk findings will most often require a custom insert (history of amputation, ulceration, pre-ulcerative callus, etc.)

Proper documentation is required to demonstrate the need for either type of insert.



Keeping it all organized

Make a “shoe log” and check it regularly.

Consistency and attention to detail will assure a successful diabetic shoe program

Monitor:

- Patient name, D.O.B. and date of the CDFE

- Date the letters were mailed/faxed to the PCP

- Date the letters were signed by PCP and returned to you

- Date the shoes/inserts were ordered/received

- Date the patient is scheduled to pick up the shoes/inserts (watch this carefully as 90 days goes by fast!)



Upon Dispensing

- Assure that the patient's shoes/inserts fit well and are to their liking.
- Hand the patient a copy of their signed and dated receipt/break in instructions and review the instructions thoroughly (scripting is a great idea).
- Include the "30 Supplier Standards" form with the signed copy of the patient receipt.
- The supplier standards need to be given to every Medicare patient upon dispensing of DME. (Keep copies handy at all times).



Responding to a Request for Additional Documentation:

1. Respond within the stated time required
2. Clearly identify each of the 6 documents being requested:
3. Send Certified Mail
4. Understand that a denial does not mean you automatically lose appeal



Education is Half the Battle!

- For additional help with the diabetic shoe or other durable equipment related programs, please contact . . .
- **info@pinnaclepracticeachievement.com**

