

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 Primary Care Physician’s signature must be “legible” (pre-print the name under the signature line for ease of compliance).
 - Additions to the Patient Acknowledgement form have been made in 2016 (detailed in the upcoming slides)

Old Rules:

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

When dispensing shoes, it must contain the make, model, size and width of shoes

When dispensing pre-fabricated DME, it must contain the product and suggested code

When dispensing wound care, it must contain the product name and units dispensed

Break-in instructions

Warrantee

Return Policy



Additions to form for 2016

- **It must also include:**
 - **Dispensing physician name**
 - **Physician signature**
 - **Office address**
 - **NPI and DEA #**
- **It may be easier to create a generic patient acknowledgment form including a check list and blank section for all DME dispensed in the office**
- **See next slide. . .**

Dispensing Date: _____

Patient Name: _____

DOB: _____

Patient Address: _____

I understand and agree that Medicare, Medicaid or my private health insurance may be billed for this product(s) which are new and not of substandard quality, and that I may be responsible for all or a portion of the charge not covered by insurance. I have received a copy of and understand the DMEPOS Supplier Standards, complaint resolution policy, and proper use and care of these products. I acknowledge that there is no guarantee that the use of this product may help my condition, and I agree to use it as prescribed and explained in detail. I will have my feet and legs checked for any problems possibly related to the use of these supplies and will call if I encounter any problems or have any questions.

_____ Custom Molded Orthotics _____ Custom Molded AFO

_____ CAM Walker

_____ Night Splint

_____ Ankle Brace

_____ Post Op Shoe

_____ Ankle Sleeve

_____ Wound dressing _____ units

_____ Other _____

_____ Collagen Powder _____ grams

Patient/Guardian Signature _____

Witness _____

Physician/Prescriber Name _____

Physician Address _____

Physician Signature _____

NPI#: _____

DEA#: _____

Audits occurring now: What Medicare looks for...

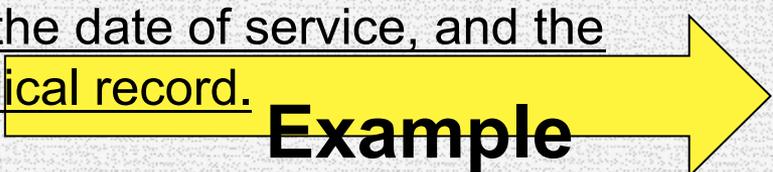
specific to patient address, dates, and legibility of signatures...

|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

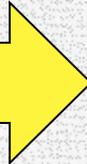
Fax to: (555) 555-5555 for signature
Phone: (555) 555-5555

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@pinnacleppa.com**

