



There's No Business Like Shoe Business Q and A

Here are the answers to some commonly-asked footwear questions.

BY HARRY GOLDSMITH, DPM

Welcome to Codingline Particulars, a regular feature in Podiatry Management focusing on foot and ankle coding, billing, and practice management issues.

Question: Does Medicare cover the cost of orthopedic shoes?

Answer: By statute, Medicare does not reimburse orthopedic shoes and/or other supportive devices for the feet with two exceptions:

- 1) The diabetic patient qualifies for therapeutic shoe(s) or
- 2) The shoe is attached to (an integral part of) a leg brace and the shoe cost is included as part of the cost of the brace.

Question: Can a medical assistant, at the doctor's request, hand-write the codes, the quantity, and the description for therapeutic shoes and inserts on an order form? We were told they could not.

Answer: Who provided you with this misinformation? It has never been a requirement to place HCPCS codes for shoes or inserts on an order form or prescription. According to CMS, all items billed to Medicare require a prescription. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. The detailed written order is required before billing. Someone other than the ordering physician may produce the detailed

written order—which answers your question.

The ordering physician, however, must review the content and sign and date the document. It must contain:

- Beneficiary's name
- Physician's name
- Date of the order and the start date, if start date is different from the date of the order
- Detailed description of the item(s)
- Physician signature and signature date

Question: What do you do when there are documented differences be-

Despite this, the treating physician signs a copy of my chart notes and "the statement of certified physician for therapeutic footwear" indicating he agrees with my findings. Is this going to be a problem?

Answer: Yeah, it's going to be a problem. You might want to try to catch the doctor at the office or hospital and let him/her know that using an unedited template stating that all his patients' lower extremities are just fine, without pathology, may be a problem, given his signing off and agreeing to your findings of lower extremity pathology. You may

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tween what you (the podiatrist) see on examination of a patient's lower extremities and the primary care doctor certifying the shoes? One of my referring primary care doctors uses a "boiler plate" worded EMR examination documentation of the lower extremities that says, "There is no lower extremity swelling; clubbing and cyanosis are not present; there are normal longitudinal arches; foot ulceration is not present." My notes include foot deformities present as well as any peripheral arterial disease present. Our records are conflicting.

want to gently direct him to defer to your records (as the lower extremity specialist), to which he attested he agreed and edit his EMR in an effort to individualize his examination findings for each patient. If he ignores your advice, in an audit, you—the supplier—might just find the reviewer ignoring your documented findings in favor of the MD's/DO's records.

Question: Do patients qualify for diabetic shoes/inserts under the Medi-

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care program if they are being treated/managed by a nurse practitioner

the MD/DO for management of the patient's diabetes no more than six months prior to when the patient was dispensed the shoes.

but having the patient sign a request for a copy of the documentation supporting the need could be the next step.

Keep in mind that a patient who qualifies for the therapeutic shoe benefit and has a medical necessity for the shoes and inserts should be able to get those shoes/inserts. Make sure your doctors document appropriately—in other words, document the medical necessity and the order for the shoes and inserts. If the PCP refuses to certify the patient, obviously, you as the supplier cannot dispense therapeutic shoes or inserts to the patient. Enlist patients to “push” their doctors managing their diabetes to provide the necessary paperwork. That’s about all you can do.

No one other than an MD or DO can qualify (sign a statement of certification) a patient for therapeutic shoes and inserts.

in independent practice for the diabetes mellitus?

Answer: No, no one other than an MD or DO can qualify (sign a statement of certification) a patient for therapeutic shoes and inserts. A qualified nurse practitioner (or physician assistant) can, however, prescribe the therapeutic shoes just like a DPM or any MD/DO.

Question: *What date of service do I need to use when billing for diabetic shoes? Should I use the day the patient was casted or the day the shoes were dispensed? Previously DMERC told me the date on the paper work to the physician should match the date of service. If I use the dispense date, then it won't match.*

Answer: First of all, the shoes are not diabetic; they are therapeutic (hopefully). Second, to your question, Josh White, DPM, CPed replies that the date of service for DME and therapeutic shoes is always “day item dispensed to patient”. This is the soonest a claim can be submitted to Medicare. The prescription should always be the same day or earlier to when shoes were dispensed and subsequent to documentation of medical necessity.

Documentation of medical necessity in the medical record, whether provided by a DPM and acknowledged by the MD/DO or completed by the MD/DO, should be within six months prior to when the patient was dispensed shoes. The Certifying Statement must be signed and dated by the MD/DO no more than three months prior to when the patient was dispensed the shoes. Lastly, the patient must have been seen by

There is a checklist for therapeutic shoes that comes from CGS (Region C DMAC) that might be helpful to you in fulfilling all the diabetic shoe requirements. You can find it at http://www.cgsmedicare.com/jc/mr/PDF/Thera_Shoes_DC_int.pdf

Question: *Our doctors are constantly getting audit requests regarding therapeutic shoes they dispensed. When we check with our DME contractor, we keep getting the run-around when we ask about what is missing. The main problem we are also running into is that DME Medicare wants notes from the certifying*

Question: *I had a patient who was a diabetic with severe peripheral vascular disease, healed diabetic foot ulcers, and various foot deformities. I documented this and wrote a prescription for therapeutic shoes and inserts. The patient's primary care doctor agreed and filled out the state-*

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physician. We are getting a lot of resistance from these PCP offices regarding the certifying of patients for therapeutic shoes, and this, in turn, is upsetting the patients, especially since they can go down the street to a DME store and get the shoes and inserts with no trouble. What can we do?

Answer: Karen Hurley, CPC voices concern regarding that last statement. Audits should equally require DME suppliers—whether physician suppliers or commercial suppliers—to follow the very same rules. You are all suppliers. For your practice, this may be a good time as a “supplier” to educate your referral base on the requirements of signing the form. I’m not certain if this is appropriate,

ment of certification for the shoes/inserts. Upon receipt, we casted the patient for custom shoes and inserts. The patient was scheduled to return to the office today for dispensing the shoes, but we received a call from her son canceling the appointment. Apparently our patient died yesterday. What do we do?

Answer: You might wish to bill your DME contractor (DME MAC) for only your cost for the custom shoes and/or insoles. Generally, if patients do not pick up DME items or therapeutic shoes because they changed their minds, don’t like them or dies, you can bill your DMAC with an explanation, and be reimbursed for the invoice amount of the item. File the

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claim on paper. Mark the claim as “salvage”. And attach a copy of the invoice from the company that provided you the shoes and/or insoles. You cannot make any profit on salvage claims. Timing is everything.

Question: *Ms. Jones qualified for the benefits of the shoe program, and we did everything necessary to get the shoes and inserts for her. When the shoes/inserts arrived, we were told that she had had a hip replacement and was receiving care at a skilled nursing home down the road.*

You have just run up against consolidated billing which, after all these years, you should have known about.

Our doctor drove down and dispensed the shoes to her. We billed for the items. Today we received an EOB denial from our DME MAC stating that they were not responsible for the cost of the shoes or inserts. Okay, that’s unusual... so whom do we bill?

Answer: Actually, you would not bill anyone. You blew it. By dispensing the shoes and inserts to your patient who was “residing” in a skilled nursing facility, the items switched from being a Medicare Part B (your DME MAC) benefit to being a Medicare Part A benefit. The nursing facility is paid for DMEPOS under its global payments by Part A. They are not given any additional funds to cover unexpected items like therapeutic shoes and inserts. You cannot bill your DME MAC (not their financial responsibility). You cannot bill your regular Part B Medicare contractor (not their financial responsibility).

You cannot bill the patient (not their financial responsibility). The only part you can try to bill is the nursing facility. But, unless you have some previous agreement regarding the dispensing of DME or shoes/inserts and payments with the nursing facility, they, in all likelihood, will look sympathetic and say no they will not be paying you either.

You have just run up against consolidated billing which, after all these years, you should have known about. Consolidated billing, according to Medicare, means that “payment for the majority of services provided to beneficiaries in a Medicare covered SNF stay be included in a bundled prospective payment made through the Part A Medicare Administrative Contractor (MAC) to the SNF.” These bundled services had to be billed by the SNF to the Part A MAC in a consolidated bill—no longer are entities that provided these services to beneficiaries in an SNF still able to bill separately for those services. The consolidated billing requirement confers on the SNF the billing responsibility for the entire package of care that

residents receive during a covered Part A SNF stay; DME and supplies, therapy, and imaging, to name a few, are part of that package. All you had to do was contact the nursing facility regarding how long Ms. Jones was expected to remain in the skilled nursing facility, and when she was released, dispense the shoes/inserts to her. Timing is everything.

Question: *We have a patient who states he is a “borderline” diabetic. Would he qualify (the diabetes part) for the diabetic therapeutic shoe program benefits? How about if patients state that they are diabetic but are diet-controlled?*

Answer: Paul Kesselman, DPM notes that the notion of borderline diabetes sounds a bit like being borderline pregnant. Joan Gilhooly, CPC adds that it is her understanding that “borderline diabetic” is more a lay term than a true medical circumstance. A patient may be pre-diabetic (meaning that the glucose metabolism is impaired but it’s not impaired to the point where a diagnosis of diabetes can be given). Or the patient may have “mild” diabetes (typically meaning that it can be controlled by following an appropriate diet and getting enough of the right kind

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of exercise, IF they choose to comply). Patients who don't want to admit they have diabetes may use the term "borderline" to describe the fact that they aren't currently taking any medication to treat their condition. Ultimately, if the patient's primary care physician declares that the patient is a diabetic, the patient is a diabetic. To qualify for the therapeutic shoe program, the patient stills needs to be under active management of the diabetes—whether through medication, diet counseling, introduction of an exercise program, whatever—and the documented medical necessity for therapeutic shoes and inserts.

Question: *A podiatrist is seeing a patient for palliative foot care. The patient related that he had diabetes for over 30 years. The patient underwent a pancreas transplant, and now he is no longer being treated for diabetes. Can the podiatrist's office code "diabetes", or is the patient now clinically not a diabetic? I was told that the podiatrist still treats the patient as though he were a diabetic. Can this patient qualify and get diabetic shoes and inserts under the Diabetic Therapeutic Shoe Program?*

Answer: Codingline subscriber responders said, yes, no, yes, yes, no, no, no... If that's not confusing enough...several Medicare carrier medical directors were contacted and their responses were yes, no, yes, yes, no, no, no...split verdict. I decided to throw my response into the mix...the answer is "no". A patient is NOT considered to be a diabetic after pancreas transplantation. As a consequence, the patient should not qualify for benefits included in the Diabetic Therapeutic Shoe Program (by the way, the patient may not even qualify for the Program even if he was a diabetic—unless he has met the Program requirements) as a diabetic. According to the American Diabetes Association: "Pancreas Transplantation: When the transplant takes, the patient no longer has diabetes and is unlikely to get

it again. Insulin shots and frequent blood glucose testing are no longer necessary. Restoring normal blood glucose levels may stop complications from worsening, although many more studies are needed. Pancreas transplants can be rejected, and roughly half of them are. Pancreases attached so that they drain into the bladder are rejected less often than pancreases attached in

questions, email hgoldsmith@codingline.com (Harry Goldsmith, DPM)

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other body sites. When a transplant fails, the person gets diabetes again." You might want to hold onto the therapeutic shoes and inserts—not dispense them—just in case the transplant fails.

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Dr. Goldsmith of Cerritos, CA is editor of Codingline.com and recipient of the Podiatry Management Lifetime Achievement Award.