

# CODE Webinar 8 Diabetic Shoes & Medicare

What, exactly, are the requirements?

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## Overview

- What's required in the Orthotist's notes?
  - **Keywords to use from the LCD**
  - **New(ish) details that need to be in there!**
- What's required in the Doctor's notes?
  - **More than just the Certifying Statement**
- Tricky spots
  - **Who can sign?**
  - **When do notes have to be dated?**
  - **How many shoes & inserts can be provided at a time?**



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The in-person evaluation of the beneficiary by the supplier at the time of selecting the items that will be provided must include at least the following:

- 1 An examination of the beneficiary's feet with a description of the abnormalities that will need to be accommodated by the shoes/inserts/modifications.
- 2 For all shoes, taking measurements of the beneficiary's feet.
- 3 For custom molded shoes (A5501) and inserts (A5513): casts, or obtaining CAD-CAM images of the beneficiary's feet that will be used in creating positive models of the feet.

The in-person evaluation of the beneficiary by the supplier at the time of delivery must

- 1 be conducted with the beneficiary wearing the shoes and inserts and
- 2 must document that the shoes/inserts/modifications fit properly.

Descriptions of shoe & insert characteristics:

A depth shoe (A5500) is one that:

- Has a full length, heel-to-toe filler that when removed provides a minimum of 3/16" of additional depth used to accommodate custom-molded or customized inserts; and
- Is made from leather or other suitable material of equal quality; and
- Has some form of shoe closure; and
- Is available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoe according to the American standard last sizing schedule or its equivalent. (The American last sizing schedule is the numerical shoe sizing system used for shoes in the United States.)
- The shoe may or may not have an internally seamless toe.

Code A5513 describes a total contact, custom fabricated, multiple density, removable inlay that is molded to a model of the beneficiary's foot so that it conforms to the plantar surface and makes total contact with the foot, including the arch. A custom fabricated device is made from materials that do not have predefi ned time lines for heel cup height, arch height and length, or toe shape.

The insert must retain its shape during use for the life of the insert. The base layer of the device must be at least 3/16 inch of 35 Shore A or higher material. The base layer is allowed to be thinner in the custom fabricated device because appropriate arch fill or other additional material will be layered up individually to maintain shape and achieve total contact and accommodate each beneficiary's specific needs. The central portion of the base layer of the heel may be thinner (not at least 1/8 inch) to allow for greater pressure reduction. The specified thickness of the lateral portions of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes. The top layer of the device may be of a lower durometer and must also be heat moldable. The materials used should be suitable with regards to the beneficiary's condition.

There are two categories of products that are billed with code A5513:

- Inserts that are custom fabricated by a manufacturer/central fabrication facility and then sent to someone other than the beneficiary. These items may be billed using code A5513 only if they are listed on the POCAC web site.
- Inserts that are custom fabricated from raw materials that are dispensed directly to the beneficiary by the entity that fabricated the insert. These items do not have to be listed on the POCAC web site in order to be billed using code A5513. However, the supplier must provide a list of the materials that were used and a description of the custom fabrication process on request.

*\*Any and all coding, billing, and documentation decisions are the sole responsibility of the practitioner seeing the patient.\**




## LCD language

- Descriptions of shoe characteristics A5500:
  - **Has a full length, heel-to-toe filler that when removed provides a minimum of 3/16" of additional depth used to accommodate custom-molded or customized inserts; and**
  - **Is made from leather or other suitable material of equal quality; and**
  - **Has some form of shoe closure; and**
  - **Is available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoe according to the American standard last sizing schedule or its equivalent. (The American last sizing schedule is the numerical shoe sizing system used for shoes in the United States.)**
  - **The shoe may or may not have an internally seamless toe.**




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## LCD Language

- Descriptions of inserts, A5513:
  - a total contact,
  - custom fabricated,
  - multiple density,
  - removable inlay
  - that is molded to a model of the beneficiary's foot
  - so that it conforms to the plantar surface and makes total contact with the foot, including the arch.
  - A custom fabricated device is made from materials that do not have predefined trim lines for heel cup height, arch height and length, or toe shape.



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## LCD Language

- A5513 continued...
  - The insert must retain its shape during use for the life of the insert.
  - The base layer of the device must be at least 3/16 inch of 35 Shore A or higher material.
  - The base layer is allowed to be thinner in the custom fabricated device because appropriate arch fill or other additional material will be layered up individually to maintain shape and achieve total contact and accommodate each beneficiary's specific needs.



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## LCD Language

- A5513 Continued...
  - **The central portion of the base layer of the heel may be thinner (but at least 1/16 inch) to allow for greater pressure reduction.**
  - **The specified thickness of the lateral portions of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes.**
  - **The top layer of the device may be of a lower durometer and must also be heat moldable.**
  - **The materials used should be suitable with regards to the beneficiary's condition.**



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## What do orthotist's chart?

- **Evaluation** appointment notes:
  - A5500 OTS shoes
    - An examination of the feet
    - WITH a description of the abnormalities that need accommodating in the shoes/inserts
    - And a DESCRIPTION of measuring the feet
  - A5501 Custom shoes & A5513 Custom inserts
    - The above plus
    - A DESCRIPTION of taking impressions, making casts, or scanning



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## What do orthotist's chart?

- **Delivery** appointment notes:
  - A5500 OTS shoes and
  - A5501 Custom shoes & A5513 Custom inserts
    - In-person evaluation of the fit
    - Patient must be WEARING the shoes/inserts
    - DESCRIBE how they fit and how you assessed the fit



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## What do orthotist's chart?

- The LCD states:
  - "supplier must document and objective assessment of the fit of the shoes and inserts"
    - "A patient's subjective statements regarding fit as the sole documentation of the in-person delivery does not meet the criteria"
  - What do your notes say?
  - Are they patient specific?
  - Do they have detail about measuring, taking molds, and assessing the feet?
    - Check boxes won't cut it



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**Statement of Certifying Physician for Therapeutic Shoes**

Patient Name: Joe Average  
 HIC # 000000 0000000000 0000 0 000-0

I certify that all of the following statements are true:

- This patient has diabetes mellitus.
- This patient has one or more of the following conditions. (Circle all that apply):
  - History of partial or complete amputation of the foot
  - History of previous foot ulceration
  - History of post-infective cellulitis
  - Peripheral neuropathy with evidence of callus formation
  - Foot deformity
  - Poor circulation
- I am treating this patient under a comprehensive plan of care for his/her diabetes.
- This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: [Signature] Dr. Molly McCoy  
 Date Signed: 3-10-15

Physician name (printed - MUST BE AN M.D. OR D.O.):  
Molly McCoy, MD

Physician address:  
123 Main St.  
Anytown, USA 00000

Physician NPI: 000-000000-0000-000000000001

revised June 2007




Pt. Joe Average.  
Date: 3-12-15

Evaluation:  
numbness in feet

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Treatment Plan:  
took impressions & Mfg for ext. depth shoes;  
cust. lrs.  
(ordered RW minor 780 & 785 size 10.5 W.)

How does treatment address issues found in evaluation?:  
protect feet

[Signature]  
Molly McCoy, DPO.

Delivery appointment:  
- fit shoes (named above) in 3 pr. cust. lasts.  
- pt. tolerated fitting well, pt. satisfied w/fit  
- fit is appropriate.

[Signature]  
Molly McCoy, DPO.




Pt. Joe Average  
Date: 3-12-15

Evaluation:  
Mr. Average's feet were evaluated and found to have calluses bilaterally at the head of the 1st & 3rd metatarsals.  
Poor circulation was noted & manifests as pitting edema, purple skin color & hair-less feet (B).

Treatment Plan:  
Measured Mr. Average's feet using a Brannock device. Patient measured size 10.5 Wide. It is noted that patient has a narrow heel & wide forefoot, therefore P.W. Minor 780 shoes are recommended. Impressions using Bio-Foam of the feet were taken with patient's foot in a neutral position & partial weight bearing.

How does treatment address issues found in evaluation?:  
Due to poor circulation, skin is at risk. The shape of the shoe last will fit Mr. Average's feet well & protect his skin. Due to the callousing, the inserts will be made w/wells at the head of the 1st & 3rd metatarsals (B) to decrease pressure.

Delivery appointment:  
Mr. Average was seen today for new shoes & inserts. The well placement on the inserts was verified by proper location w/pt. seated. He then stood in both shoes & inserts & it was assessed visually & by palpation of the feet. Mr. Average also walked in the office wearing shoes & inserts. Fit was seen to be appropriate in all conditions. Mr. Average will return for fit in 2 wks.

*Wally McCoy, CPO*  
3-21-15



Patient: Joe Average  
Date: 3/12/2015

Evaluation:  
Mr. Average's feet were evaluated and found to have callouses bilaterally at the head of the first and third metatarsals.  
Poor circulation was noted and manifests as pitting edema, purple skin color, and hairless toes bilaterally.

Treatment Plan:  
Measured Mr. Average's feet using a Brannock device. Patient measured size 10.5 Wide. It is noted that patient has a narrow heel and wide forefoot, therefore P.W. Minor 780 shoes are recommended. Impressions using Bio-Foam, of the patient's feet were taken with patient's foot in a neutral position and partial weight bearing.

How does treatment address issues found in evaluation?:  
Due to poor circulation, Mr. Average's skin integrity is at risk. The shape of the shoe last will fit Mr. Average's feet well and protect his skin. Due to the callousing, the inserts will be made with wells at the first and third metatarsal heads bilaterally to decrease pressure.

Delivery Appointment:  
Mr. Average was seen today for fitting of new shoes and inserts. The well placement on the inserts was checked for proper location with the patient seated. Patient then stood in both shoes and inserts and fit was assessed visually and by palpation of the feet in the shoes. Mr. Average also walked in the office wearing shoes and inserts. Fit was seen to be appropriate in all conditions. Mr. Average will return for follow up in two weeks.

*Wally McCoy, CPO*  
*Wally McCoy, CPO*



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Pt. Joe Average.  
Date: 3-12-15

Evaluation:  
Numbers in feet

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Treatment Plan:  
took impressions & Mfg for ext. depth shoes;  
cust. ins.  
(ordered RW minor 780 & size 10.5 W.)

How does treatment address issues found in evaluation?:  
protect feet

*Molly McCoy, CPO.*

Delivery appointment:  
- fit shoes (named above) in 3 pr. cust. lasts.  
- pt. tolerated fitting well, pt. satisfied w/fit  
- fit is appropriate.

*Molly McCoy, CPO.*




## Requirements for doctors note

- Rx/Order
  - DPM, PA, MD, etc.
- Certifying Statement
  - MD or DO ONLY
- Medical Records for Medical Necessity
  - MD or DO!



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## Requirements for doctors note

- The Medical Record for Medical Necessity can come from a DPM or PA or NP, etc..
- IF
- The note is written prior to or on the same day as the certifying statement
- The note is reviewed by, signed by, and a statement of agreement is written by the certifying physician



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## Requirements for doctors note

- Certifying doctor must note in medical record one of the qualifying conditions (a-f)
- The note documenting the qualifying conditions must be more detailed than the general descriptions that are listed in a-f
  - **Specific deformity**
  - **Location of current or historical ulcer or callous**
  - **Type of amputation**
  - **Symptoms, signs, or tests supporting a dx of peripheral neuropathy plus presence of a callous**
  - **Specifics about poor circulation in feet**
    - Dx of HBP, CAD, CHF or edema alone; not sufficient



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**Medicare requirements for documentation from physicians for Diabetic shoes & inserts**

An M.D. or D.O. (termed the "certifying physician") must be managing the patient's diabetes under a comprehensive plan of care and must certify that the patient needs therapeutic shoes. According to Medicare national policy, it is not sufficient for a podiatrist, physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) to provide that documentation (although they are permitted to sign the order for the shoes and inserts). **The certifying physician must be an M.D. or D.O.**

A copy of an office visit note from your medical records that shows that you are managing the patient's diabetes is required. **This note should be within 6 months prior to delivery of the shoes and inserts.**

Either (a) a copy of an office visit note from your medical records that describes one of the qualifying conditions (listed below) or (b) an office visit note from another physician (e.g., podiatrist) or from a PA, NP, or CNS that describes one of the qualifying conditions  
**AND**  
 this note must be written (or obtained if using option b) prior to or on the same day as signing the certifying statement.  
*\*If option (b) is used, you must sign, date, and make a note on that document indicating your agreement and send that to the supplier.*

That certifying physician must document that the patient has one or more of the following qualifying conditions:

- Foot deformity
- Current or previous foot ulceration
- Current or previous pre-ulcerative calluses
- Previous partial amputation of one or both feet or complete amputation of one foot
- Peripheral neuropathy with evidence of callus formation
- Poor circulation

**The note documenting the qualifying condition(s) must be more detailed than the general descriptions that are listed above. It must describe (examples not all-inclusive):**

- The specific foot deformity (e.g., bunion, hammer toe, etc.), or
- The location of a foot ulcer or callus or a history of one of these conditions; or
- The type of foot amputation; or
- Symptoms, signs, or tests supporting a diagnosis of peripheral neuropathy plus the presence of a callus; or
- The specifics about poor circulation in the feet – e.g., a diagnosis of venous or arterial insufficiency or symptoms, signs, or test documenting one of these diagnoses. **A diagnosis of hypertension, coronary artery disease, or congestive heart failure or the presence of edema are not by themselves sufficient.**

New documentation is required yearly in order for Medicare to pay for replacement shoes and inserts.



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Medicare Administrative Contract (MAC) Jurisdiction: AK, AZ, CA, HI, IL, IA, KS, MO, MT, NE, NY, ND, OH, SD, UT, WA, WY, Am. Samoa, Guam, N. Mariana Islands

**Therapeutic Shoes for Persons with Diabetes**

**DOCUMENTATION CHECKLIST**

**Shoes – A550, A551**  
**Inserts/Modifications – A552-A558, A559, A562-A563**  
 Reference: LCD L155 and PA A37076

**Required Documentation in Supplier's File**

**Claims for Therapeutic Shoes for Persons with Diabetes**

Documentation of dispensing order (if form is delivered based on a dispensing order) that contains:

- Description of the item
- Beneficiary's name
- Prescribing physician's name
- Date of order and the start date, if the start date is different from the date of the order
- Physician signature (if written order) or supplier signature (if verbal order)

**Note:** A dispensing order is only required if the form(s) is dispensed prior to obtaining the detailed written order. Suppliers should not submit claims until a detailed written order is received. Therapeutic shoes billed before a signed and dated order have been received must be submitted with modifier EY and will be denied as noncovered.

**Detailed written order that contains:**

- 1. Beneficiary's name
- 2. Physician's name
- 3. Date of the order and the start date, if the start date is different from the date of the order
- 4. Detailed description of item(s) to be dispensed including each separately listed component
- 5. Treating physician's signature
- 6. Date the treating physician signed the order

**Note:** If the prescribing physician is also the supplier, a separate order is not required, but the item (modifier) must be clearly noted in the patient's record.

**Beneficiary authorization**

- 1. Signed statement from the certifying physician (must be M.D. or D.O.) who is treating the beneficiary's diabetic systemic condition specifying the following:
  - 1. Beneficiary has diabetes mellitus (ICD-9 code 250.00-250.99), and



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## Tricky Spots

- Make sure your notes are detailed in the right way
  - Describe measuring
  - Describe impression taking
  - Describe fitting
- Rx or Order
  - can be signed by DPM or NP or PA
- Certifying statement
  - can only be signed by MD/DO
- Medical Necessity Records
  - must be detailed
  - must be written by MD/DO or properly signed off **BEFORE** certifying statement
- Templates are not detailed enough!
  - For doctors notes or your notes



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Questions? Disagreements?  
Ideas? Contact me!

**Molly McCoy, L/CPO**

**678-997-1029**

**Mccoy.molly@ymail.com**

**@mollydocuments**



I tweet...  
sometimes

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Partnership.



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More than distribution.  
Partnership.

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Either (a) a copy of an office visit note from your medical records that describes one of the qualifying conditions (listed below) or (b) an office visit note from another physician (e.g., podiatrist) or from a PA, NP, or CNS that describes one of the qualifying conditions

AND

this note must be written (or obtained if using option b) prior to or on the same day as signing the certifying statement.

*\*If option (b) is used, you must sign, date, and make a note on that document indicating your agreement and send that to the supplier.*

That certifying physician must document that the patient has one or more of the following qualifying conditions:

- Foot deformity
- Current or previous foot ulceration
- Current or previous pre-ulcerative calluses
- Previous partial amputation of one or both feet or complete amputation of one foot
- Peripheral neuropathy with evidence of callus formation
- Poor circulation

**The note documenting the qualifying condition(s) must be more detailed than the general descriptions that are listed above.** It must describe (examples not all-inclusive):

- The specific foot deformity (e.g., bunion, hammer toe, etc.); or
- The location of a foot ulcer or callus or a history of one these conditions; or
- The type of foot amputation; or
- Symptoms, signs, or tests supporting a diagnosis of peripheral neuropathy plus the presence of a callus; or
- The specifics about poor circulation in the feet – e.g., a diagnosis of venous or arterial insufficiency or symptoms, signs, or test documenting one of these diagnoses. **A diagnosis of hypertension, coronary artery disease, or congestive heart failure or the presence of edema are not by themselves sufficient.**

New documentation is required yearly in order for Medicare to pay for replacement shoes and inserts.