

— OCTOBER 2020 —

## Dear Physician:

We invite you to read the DME MAC newsletter that briefly summarizes the coverage and documentation requirements for the different items covered by Medicare through the DME MAC.

This month we will talk about:

## **Therapeutic Shoes for Persons with Diabetes**

Medicare covers therapeutic shoes for persons with diabetes and the benefit is limited to one pair of shoes and three pairs of inserts per calendar year. However, the following documentation requirements must be met:

The physician who treats the patient's diabetes comprehensively must complete the "Shoe Certification Form". This document certifies that you are treating the patient's diabetes, describes the comprehensive treatment, and lists the foot condition(s) for which your patient qualifies for shoes. This document is located on LCD # L33369 Local Coverage Determination for Therapeutic Shoes for Persons with Diabetes (L33369) or it will be provided to you by the DME supplier who will deliver the shoes

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
- A copy of your medical records with:
  - A copy of an office visit note showing that you are managing the patient's diabetes, dated within six months prior to the delivery date of the shoes
  - A copy of an office visit note showing the detailed foot exam that describes in detail the condition for which the patient qualifies
    - The specific foot deformity, location of a foot ulcer or callus, type of foot amputation, symptoms, test supporting a diagnosis of peripheral neuropathy, specifics about por circulation in the foot, etc.

New documentation is required every year for Medicare to pay for replacement shoes and inserts.

## **Required Medical Documentation**

In general, the following documents are required so that the DME provider can bill and receive payment for the equipment, supplies and drugs that you ordered for your patient.

- Standard Written Order (SWO) must contain the following documents:
  - · Beneficiary's name or Medicare Beneficiary Identifier (MBI)
  - Order date
  - · General description of the item

- For equipment: Additionally, it must include all options, accessories or features that are separately billed
- For supplies: In addition to the general description, it must include all concurrently ordered supplies that are separately billed
- · Quantity to be dispensed
- Treating practitioner name or NPI
- Treating practitioner signature. If the signature does not meet the CMS signature requirements, the DME provider will ask
  you to complete a <u>Signature Attestation Statement</u>. For additional information please review the <u>CMS Signature</u>
  Requirements
- Medical Records
  - Updated records that demonstrate the medical necessity of the ordered items and additionally for the items for rent and for those that are delivered periodically, they must demonstrate the continuation of the medical necessity over time.
  - Depending of the type of article other documents may be necessary, check the corresponding Local Coverage Determination or LCD at Local Coverage Determinations

For more information please review the Standard Documentation Requirements for All Claims Submitted to DME MACs

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