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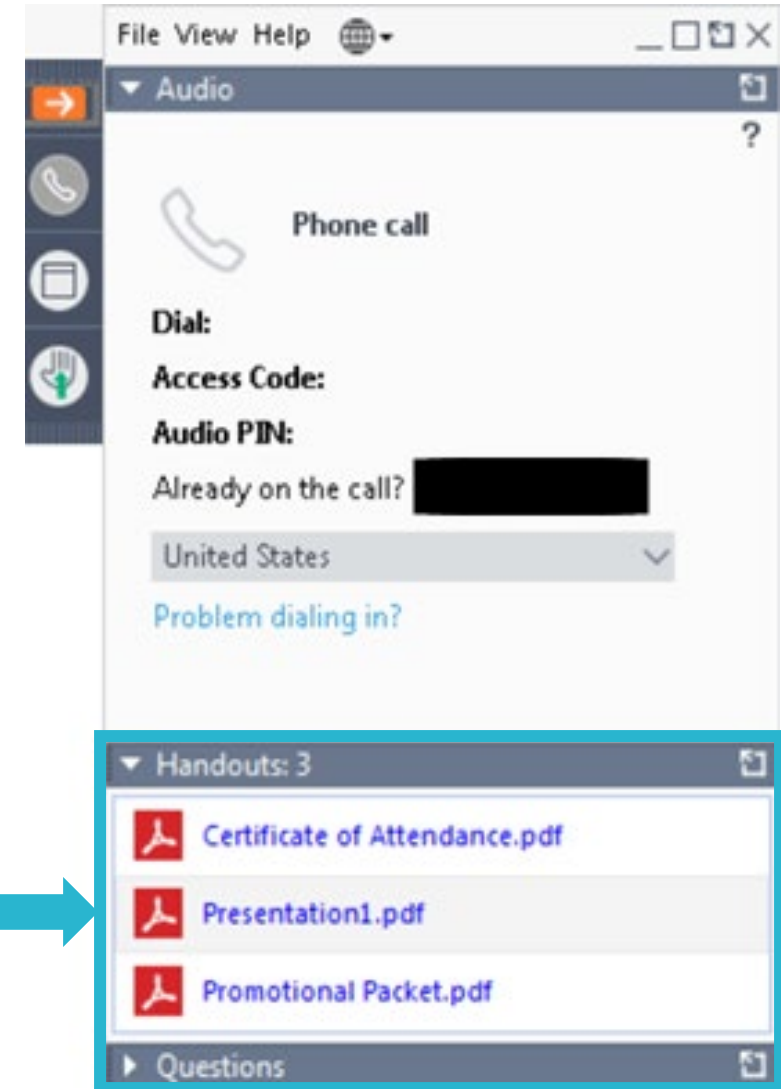
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Therapeutic Shoes for Persons with Diabetes



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Jurisdiction B/Jurisdiction C
DME MAC

Disclaimer

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This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

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This presentation may not be recorded for any reason.

Agenda

- Nurse Practitioners and Physician Assistants
 - As Certifying Physicians for Therapeutic Shoes and Inserts
- Primary Care First Model Demonstration Project
 - Nurse Practitioners as Certifying Physicians for Therapeutic Shoes and Inserts
- Physician and Supplier Roles
- Coverage Criteria
- Documentation Requirements
- Coding and Modifiers
- Diabetic Shoe Case Study
 - CERT – Comprehensive Error Rate Testing
- Resources
- Questions



WEBINAR

Nurse Practitioners and Physician Assistants

Certifying Physicians for Therapeutic Shoes and Inserts

Coverage of Therapeutic Shoes and Inserts

Provided by Nurse Practitioner and Physician Assistants

NPs or PAs providing ancillary services as auxiliary personnel could meet the “incident to” requirements for therapeutic shoes to beneficiaries when **all** of the requirements are met:

1. The supervising physician has documented in the medical record the patient is diabetic and has been, and continues to provide, the patient follow-up under a comprehensive management program of that condition; **and**,
 2. The NP or PA certifies that the provision of the therapeutic shoes is part of the comprehensive treatment plan being provided to the patient; **and**,
 3. The supervising physician must review and verify (sign and date) all of the NP or PA notes in the medical record pertaining to the provision of the therapeutic shoes and inserts, acknowledging their agreement with the actions of the NP or PA
 - Practicing “**incident to**” the supervising physician
- Joint DME MAC Article
 - “Nurse Practitioners and Physician Assistants as Certifying Physicians for Therapeutic Shoes and Inserts”
 - Jurisdiction B: <https://www.cgsmedicare.com/jb/pubs/news/2020/11/cope19409.html>
 - Jurisdiction C: <https://www.cgsmedicare.com/jc/pubs/news/2020/11/cope19409.html>



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Primary Care First Model Demonstration Project

Nurse Practitioners as Certifying Physicians
for Therapeutic Shoes and Inserts

Primary Care First Model Demonstration Project

Nurse Practitioner as Certifying Physicians

- Effective January 1, 2021 – December 31, 2025
- Allows nurse practitioners (NPs) practicing independently to serve as the certifying physician
 - Complete the face-to-face diabetic exam
 - Refers and certifies beneficiary for diabetic shoes/inserts
 - Obtain, initial and date the exam notes of a podiatrist/other clinician that has documented the qualifying foot exam
 - Complete the “Statement of Certifying Physician”
- CMS will launch the PCF model in 26 regions
 - Jurisdiction B: **Ohio, Northern Kentucky (statewide in Ohio and partial state in Kentucky), Michigan**
 - Jurisdiction C: **Arkansas, Colorado, Florida, Louisiana, Oklahoma, Tennessee, Virginia**
- Ensure nurse practitioner participates in the PCF demonstration project
- Additional information on the PCF model
 - <https://innovation.cms.gov/innovation-models/primary-care-first-model-options>



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Physician and Supplier Roles

Certifying Physician Role

- Doctor of medicine (M.D.), doctor of osteopathy (D.O.) who is responsible for diagnosing and treating the beneficiary's diabetic systemic condition through a comprehensive plan of care
- Nurse practitioners (NP) and physician assistants (PA) who are practicing under the supervision of an MD or DO
 - *“incident to”*
- **May not be a:**
 - Podiatrist (DPM)
 - Clinical Nurse Specialist (CNS)
- Must have an in-person visit with the beneficiary during which diabetes management is addressed within **6 months** prior to delivery of the shoes/inserts
- Must sign the certification statement on or after the date of the in-person visit and within **3 months** prior to delivery of the shoes/inserts
- Document one or more of the covered foot conditions (criteria a-f) within **6 months** prior to delivery

Prescribing Practitioner Role

- The person who actually writes the order for the therapeutic shoes, modifications and inserts
- Must be knowledgeable in the fitting of diabetic shoes and inserts
- May be a:
 - Podiatrist (DPM)
 - Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.)
 - Physician Assistant (PA)
 - Nurse Practitioner (NP)
 - Clinical Nurse Specialist (CNS)
- May be the supplier (i.e., the one who furnishes the footwear)
- There must be an in-person visit with the prescribing practitioner within **6 months** prior to delivery of the shoes/inserts

Supplier Role

- Person or entity that actually furnishes the shoes, inserts, and/or modifications to the beneficiary and that bills Medicare
- May be a:
 - Podiatrist
 - Prosthetist
 - Pedorthist
 - Other qualified individual
 - Orthotist
- The prescribing practitioner may be the supplier
- The certifying physician may only be the supplier if the certifying physician is practicing in a defined rural area or a defined health professional shortage area
- Conducts and documents an in-person evaluation of the beneficiary prior to selecting the specific items that will be provided
- Conducts an objective assessment of the fit of the shoe and inserts and document the results at the time of in-person delivery to the beneficiary of the items selected



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Coverage Criteria

Criteria One: Diabetic Condition

- The beneficiary has been diagnosed with diabetes mellitus
 - There must be information in the medical records of the “**certifying physician**” that documents management of the beneficiary’s diabetes and supports the ICD-10 code submitted on the claim
 - Visit with the “**certifying physician**” must occur within **6 months** prior to delivery of the shoes and/or inserts
 - Medical records of a visit conducted by another practitioner and co-signed by the certifying physician **does not** meet this requirement
 - The Certification Statement by itself **does not** meet this requirement for documentation in the medical records

Criteria Two: Foot Exam ⁽¹⁾

- The “**certifying physician**” has documented in the beneficiary’s medical record he/she has diabetes mellitus and one or more of the following conditions:
 - a. Previous amputation of the other foot, or part of either foot
 - b. History of previous foot ulceration on either foot
 - c. History of pre-ulcerative calluses of either foot
 - d. Peripheral neuropathy with evidence of callus formation of either foot
 - e. Foot deformity of either foot
 - › Include a description of the deformity
 - f. Poor circulation in either foot
 - › Documented evidence of poor circulation
- The Certification Statement by itself **does not** meet this requirement for documentation in the medical records

Criteria Two: Foot Exam ⁽²⁾

- In order to meet criterion 2, the certifying physician must either:
 - Personally document one or more of criteria a – f in the medical record of an in-person visit within **6 months** prior to delivery of the shoes/inserts and prior to or on the same day as signing the certification statement; **or**
 - Obtain, initial, date (prior to signing the certification statement), and indicate agreement with information from the medical records of an in-person visit that is within **6 months** prior to delivery of the shoes/inserts, and that documents one or more of criteria a-f. The medical records of an in-person visit may be with:
 - Podiatrist (DPM)
 - Other M.D or D.O.
 - Physician Assistant (PA)
 - Nurse Practitioner (NP)
 - Clinical Nurse Specialist (CNS)

Criteria Three: Statement of Certifying Physician

- Certifying physician has certified that indications (1) and (2) are met and that they are treating the beneficiary for their diabetes and that the beneficiary needs diabetic shoes
 - Has an in-person visit with the beneficiary during which diabetes management is addressed within **six (6) months** prior to delivery of the shoes/inserts; and
 - Signs and dates the certification statement on or after the date of the in-person visit and within **three (3) months** prior to delivery of the shoes/inserts
 - NP or PA practicing “incident to” a supervising physician
 - NP or PA completes, signs and dates the statement
 - The supervising physician (M.D. or D.O.) must review and verify (sign and date) acknowledging agreement
- The certification statement **is not** sufficient to meet the requirement for documentation in the medical record

Example of Statement of Certifying Physician

Statement of Certifying Physician for Therapeutic Shoes for Persons with Diabetes

Patient Name: _____

MBI: _____

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions. (Circle all that apply):
 - a. History of partial or complete amputation of the foot.
 - b. History of previous foot ulceration.
 - c. History of pre-ulcerative callus.
 - d. Peripheral neuropathy with evidence of callus formation.
 - e. Foot deformity.
 - f. Poor circulation.
3. I am treating this patient with 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.

Physician signature: _____

Date signed: _____

Physician name (printed – MUST BE AN M.D. OR D.O.): _____

Criteria Four: Supplier Evaluation

- Prior to selecting the specific items that will be provided, the supplier must conduct and document an in-person evaluation of the beneficiary
 - Description of abnormalities that will need to be accommodated by shoes/inserts/modifications
 - Measurements of the feet
 - For custom molded shoes (A5501) and inserts (A5513 and A5514), taking impressions, making casts, or obtaining CAD-CAM images of the beneficiary's feet that will be used in creating positive models of the feet
 - The nature and severity of the deformity must be well documented in the supplier's records

Criteria Five: Assessment of Fit

- At the time of in-person delivery to the beneficiary of the items selected, the supplier must conduct an objective assessment of the fit of the shoe and inserts and document the results
 - A beneficiary's subjective statements regarding fit as the sole documentation of the in-person delivery does not meet this criterion
 - Evaluation must be made while the beneficiary is wearing the shoes and inserts

Coverage Criteria

- If criteria 1-5 are not met, the therapeutic shoes, inserts and/or modifications will be denied as noncovered
- When codes are billed without a KX modifier they will be denied as noncovered

Coverage Criteria: Custom Molded Shoe

- A custom molded shoe (A5501) is covered when the beneficiary has a foot deformity that cannot be accommodated by a depth shoe
- The nature and severity of the deformity must be well documented in the supplier's records and available upon request
- If a custom molded shoe is provided but the medical record does not document why that item is medically necessary, it will be denied as not reasonable and necessary

Coverage Criteria: Coverage Limitations

- **One** of the following within one **calendar** year (January – December)
 - One pair of depth shoes (A5500) and three (3) pairs of inserts (A5512/A5513/A5514), not including the non-customized removable inserts provided with the shoes
 - One pair of custom molded shoes (A5501), which includes inserts provided with these shoes, and two (2) additional pairs of inserts (A5512/A5513/A5514)
 - A modification of a custom molded or depth shoe may be covered as a substitute for an insert
- Quantities of shoes, inserts, and/or modifications greater than those listed above will be denied as noncovered



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Documentation Requirements

Standard Written Order

For dates of service on and after January 1, 2020, an SWO must be communicated to the supplier **prior to claim** submission and must contain all of the following:

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order Date
- General description of the item
 - The description can be either a general description (e.g., pair of diabetic shoes with inserts), a HCPCS code, a HCPCS code narrative, or a brand name/model number
 - For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately)
 - For supplies – In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (List each separately)
- Quantity to be dispensed, if applicable
- Treating practitioner name or NPI
- Treating practitioner's signature

New Order

- A new order is needed for:
 - Replacement of any shoe
 - Replacement of an insert/modification more than one year from the most recent order on file
 - Loss or irreparable damage to shoes during the calendar year

Medical Records

- Beneficiary's medical record from the certifying physician must:
 - Document management of the beneficiary's diabetes mellitus
 - Document detailed information about the condition that qualifies the beneficiary for coverage
 - (2a - 2f listed in the related policy article)
- The Statement of Certifying Physician by itself **does not** meet this requirement for documentation in the medical record

Documentation Timeline

Activity	Responsible Person	Requirements
Visit to document diabetes mellitus management	Certifying MD/DO *NP/PA “incident to” *NP PCF Demonstration Project	Within 6 months prior to delivery
Visit to document qualifying foot condition	Certifying MD/DO, other MD/DO, Podiatrist, PA, NP, CNS	Within 6 months prior to delivery
Complete the Certification Statement	Certifying MD/DO *NP/PA “incident to” supervising MD/DO must verify (sign/date) *NP PCF Demonstration Project	<ul style="list-style-type: none"> • Within 3 months prior to delivery • Signed on or after visit(s) to document diabetes management and foot condition
Sign the SWO	Treating Practitioner: Certifying MD/DO, other MD/DO, Podiatrist, PA, NP, CNS	<ul style="list-style-type: none"> • After visit with the treating practitioner

Supplier Activity Timeline

Activity	Responsible Person	Requirements
Selection Visit	Supplier	Prior to selecting the specific items that will be provided
Fit Assessment/Delivery Visit	Supplier	After selection visit
Claim Submission	Supplier	<ul style="list-style-type: none"> • After delivery • After receiving SWO • After receiving certification statement

Proof of Delivery: Method 1

- Direct Delivery to the beneficiary by the supplier must be a signed and dated delivery document
- The POD document must include:
 - Beneficiary's name
 - Delivery address
 - A description of the item(s) being delivered. The description can be either:
 - Narrative description (e.g., diabetic shoes)
 - HCPCS code
 - The long description of a HCPCS code
 - Brand name/model number
 - Quantity delivered
 - Date delivered
 - Beneficiary (or designee) signature
 - Date of service = Date of Delivery



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Coding and Modifiers

Modifiers

HCPCS Modifiers

- EY – No physician or other licensed healthcare provider order for this item or service
- GA – Waiver of liability statement issued as required by payer policy, individual case
- GY – Item or service statutorily excluded or does not meet the definition of any Medicare benefit
- GZ – Item or service expected to be denied as not reasonable and necessary
- KX – Requirements specified in the medical policy have been met
- LT – Left Side
- RT – Right Side

Modifiers - EY

- The EY modifier indicates, no physician or other licensed healthcare provider order for this item or service
- Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code
 - The claim will process and deny with ANSI code 96
 - Non-covered charges
- If a claim line contains the EY modifier, all other claim lines must also contain the EY modifier
- If you need to bill for some items with the EY modifier and some items without the EY modifier, submit two separate claims

Modifiers - KX, GA, GY and GZ

- If criteria 1-5 in the Non-Medical Necessity Coverage and Payment Rules section have been met:
 - Suppliers must add a KX modifier to each applicable HCPCS code for:
 - Shoes
 - Inserts
 - Modifications
 - If a properly executed Advanced Beneficiary Notice of Non-Coverage (ABN) has been issued:
 - The GA modifier must be added to each applicable HCPCS code
 - If the item or service is expected to be denied and there is not an ABN on file
 - The GZ modifier must be added to each applicable HCPCS code
 - If criteria 1-5 in the Non-Medical Necessity Coverage and Payment Rules section have not been met:
 - The GY modifier must be added to each applicable code
- As a reminder, if a KX or appropriate GA, GY or GZ modifier is not included on the claim line, the claim line will be rejected as missing information**

Modifiers - RT and LT Modifiers on Bilateral Claims

- Effective for claims with dates of service on or after March 1, 2019
 - Suppliers must submit bilateral items on two separate claim lines using the RT and LT modifiers and 1 Unit of Service (UOS) on each claim line
 - Do not use the combination RTLTLT modifier on the same claim line and bill with 2 units of service (UOS)
 - Claim lines for bilateral HCPCS codes requiring use of the RT and LT modifiers, billed without the RT and/or LT modifiers or with the RTLTLT on a single claim line, will be rejected as incorrect coding
 - Note: If multiple pairs of inserts are being provided on the same date of service submit right and left on two separate claim lines with UOS for the number of pairs provided.
 - Example:
 - A5512 RT with 3 UOS
 - A5512 LT with 3 UOS



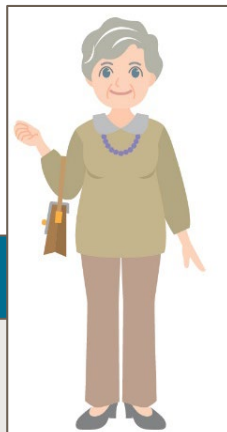
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Diabetic Shoe Case Study

Diabetic Shoe Case Study

Meet Bette

Bette has diabetes mellitus



Bette's physician who manages her diabetes is Dr. Smith, D.O.

- 04/02/2019: Bette had an office visit with Dr. Smith

Meet Dr. Smith, DO

Dr. Smith manages Bette's diabetes, Certifying Physician



- 04/02/2019 office visit with Bette to check her diabetes mellitus, edema of lower legs
- 05/14/2019 Dr. Smith writes order for diabetic shoes, quantity 1
- Refers Bette to ABC Medical Equipment and Supply

Diabetic Shoe Case Study

Meet Sam

Sam is a certified pedorthist for ABC Medical Equipment Supply



- 05/17/2019: Sam documents foot evaluation and impressions taken
- 06/6/2019: Sam obtains new order from Dr. Smith for diabetic shoes/inserts to clarify quantity
 - Pair A5500, 3 Pairs A5513
 - Obtains Certifying Physician Statement indicating foot deformity and history of callus

Meet Bette & Sam

06/21/2019 – Bette meets with Sam from ABC Medical Equipment Supply



- Sam documents dispense and fit of shoes/inserts
- Bette and Sam sign the in-person proof of delivery

Documentation Check List

Prior to submitting a claim for Bette, ABC Medical Equipment and Supply should ensure they have all relevant documentation in the event of an audit:

- Standard Written Order
- Certifying physician's (Dr. Smith) clinical documentation within 6 months prior to the delivery of the shoes/inserts on 06/21/2019 and prior to the certification statement dated 06/6/2019 as specified on the statement that supports: **Diabetes management, foot deformity, history of callus**
- Dr. Smith's most recent visit note dated 04/2/2019 documenting: **Diabetes management, edema of lower legs, foot exam**
- Signed and dated Certifying Physician Statement on or after the date of the in-person visit and within 3 months prior to delivery of the shoes/inserts
- Certified pedorthist note dated 05/17/2019 documenting: **Foot exam with description of the abnormalities, measurements/impressions, with name and credentials**
- Certified pedorthist note dated 06/21/2019 documenting: **Objective assessment of the fit for the shoes/inserts, with name and credentials**
- Signed Proof of Delivery: **Method 1**

Claim Submission

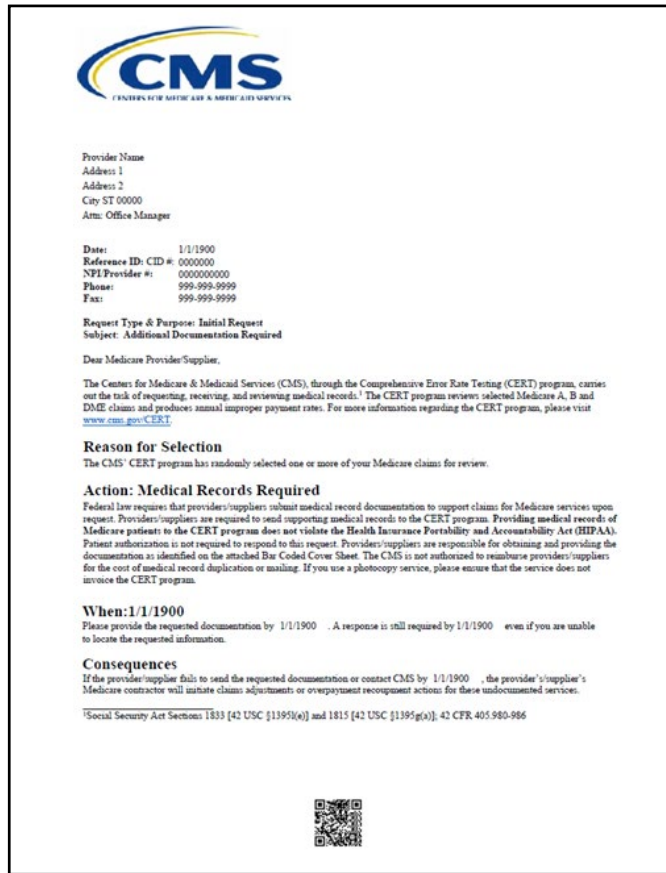
ABC Medical Equipment and Supply must bill four line items

- **Line 1** - Bill HCPCS code A5500 with the RT, KX modifiers and 1 UOS
- **Line 2** - Bill HCPCS code A5500 with the LT, KX modifiers and 1 UOS
- **Line 3** - Bill HCPCS code A5513 with the RT, KX modifiers and 3 UOS
- **Line 4** - Bill HCPCS code A5513 with the LT, KX modifiers and 3 UOS

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)						E. DIAGNOSIS POINTER	F.		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER				\$ CHARGES							
1	06	21	19	06	21	19	12		A5000	RT	KX			A	73	00	1		NPI		
2	06	21	19	06	21	19	12		A5500	LT	KX			A	73	00	1		NPI		
3	06	21	19	06	21	19	12		A5513	RT	KX			A	134	00	3		NPI		
4	06	21	19	06	21	19	12		A5513	LT	KX			A	134	00	3		NPI		
5																			NPI		

Notification of claim review

This claim was chosen for a review



The screenshot shows a letter from the Centers for Medicare & Medicaid Services (CMS). At the top is the CMS logo. Below it, the letter is addressed to a provider with fields for Name, Address 1, Address 2, City, State, and Zip. It also lists the Attn: Office Manager. A block of contact information includes the Date (1/1/1900), Reference ID (CID #), NPI Provider #, Phone, and Fax. The letter states the Request Type & Purpose is an Initial Request and the Subject is Additional Documentation Required. It addresses the Medicare Provider/Supplier and explains that the CMS CERT program is reviewing the claim. It details the Reason for Selection, the Action Required (Medical Records), and the When (1/1/1900) the documentation is needed. It also outlines the Consequences of failing to provide the documentation. A small QR code is located at the bottom right of the letter.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Provider Name
Address 1
Address 2
City ST 00000
Attn: Office Manager

Date: 1/1/1900
Reference ID: CID #: 00000000
NPI Provider #: 0000000000
Phone: 999-999-9999
Fax: 999-999-9999

Request Type & Purpose: Initial Request
Subject: Additional Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, carries out the task of requesting, receiving, and reviewing medical records.¹ The CERT program reviews selected Medicare A, B and DME claims and produces annual improper payment rates. For more information regarding the CERT program, please visit www.cms.gov/CERT.


Reason for Selection
The CMS CERT program has randomly selected one or more of your Medicare claims for review.

Action: Medical Records Required
Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the CERT program. Providing medical records of Medicare patients to the CERT program does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization is not required to respond to this request. Providers/suppliers are responsible for obtaining and providing the documentation as identified on the attached Bar Code Cover Sheet. The CMS is not authorized to reimburse providers/suppliers for the cost of medical record duplication or mailing. If you use a photocopy service, please ensure that the service does not invoice the CERT program.

When: 1/1/1900
Please provide the requested documentation by 1/1/1900. A response is still required by 1/1/1900 even if you are unable to locate the requested information.

Consequences
If the provider/supplier fails to send the requested documentation or contact CMS by 1/1/1900, the provider's/supplier's Medicare contractor will initiate claim adjustments or overpayment recoupment actions for these undocumented services.

¹Social Security Act Sections 1833 [42 USC §1395f(a)] and 1815 [42 USC §1395g(a)]; 42 CFR 405.980-986



The CERT Review Contractor's letter will request documentation

- The letter will also contain a bar code with a CID number associated with the review
- Once CGS has been notified by the CERT Contractor on the decision, you may utilize the CERT Claim Identifier Tool
- Enter the CID number below the bar code into the CERT Claim Identifier Tool



A square barcode is shown within a rectangular frame. Below the barcode, the text 'CID:' is printed, followed by a blank space for entering the CID number.

CID:

CERT Claim Identifier Tool

Jurisdiction B CERT Claim Identifier Tool

This CERT Claim Identifier Tool has been designed to aid Medicare suppliers obtain the results of their CERT review. You may search this database by CID.

Enter the CID number of the claim shown below the bar code on the request for documentation letter received from CERT Documentation Center. If you get a prompt "There are no results matching your search criteria. Would you like to try another search?" this means that CGS does not have a decision from the CERT Contractor. Once CGS receives the decision it will be loaded into the Claim Identifier Tool. Claims not in error will display as NO and claims in error will display as YES. If yes is displayed you will also see the documentation needed to appeal the decision for claims in error.

CID:

Jurisdiction C DME MAC CERT Claim Identifier Tool

This CERT Claim Identifier Tool has been designed to aid Medicare suppliers obtain the results of their CERT review. You may search this database by CID.

Enter the CID number of the claim shown below the bar code on the request for documentation letter received from CERT Documentation Center. If you get a prompt "There are no results matching your search criteria. Would you like to try another search?" this means that CGS does not have a decision from the CERT Contractor. Once CGS receives the decision it will be loaded into the Claim Identifier Tool. Claims not in error will display as NO and claims in error will display as YES. If yes is displayed you will also see the documentation needed to appeal the decision for claims in error.

CID:

CERT Claim Identifier Tool Search Results

CID	.
HCPCS	A5500 A5500 A5513 A5513
Error	Yes
Description	<p>12/27/2019 MISSING: 1) Certifying Physician (Dr. DO)'s clinical documentation within 6 months prior to delivery of the shoes/inserts on 06/21/2019 and prior to or on the same day of the certification statement dated 06/06/2019 that supports foot deformity and history of callus as specified on statement of Certifying Physician for Therapeutic shoes; 2) Documentation that supports an objective assessment of the fit of the inserts and results at the time of in-person delivery to the beneficiary of the items.</p> <p>RECEIVED: 1) Certifying physician's visit note dated 04/02/2019 documenting diabetes and edema of lower legs, missing foot exam; 2) CPed dispense note dated 06/21/2019 documenting dispense of shoes and inserts, missing the fitter's objective observation of the fit; 3) Order dated 06/06/2019; 4) Proof of delivery dated 06/21/2019; 5) Statement of Certifying physician dated 06/06/2019 (signed by Dr. DO), indicating foot deformity and history of callus; 6) CPed note dated 05/17/2019 documenting foot exam and impression taken.</p> <p>SSA 1833(e)(insufficient documentation), SSA 1834(j)(5)(F)(iii) (therapeutic shoes for diabetics), SSA 1861(s)(12)(C) (Supplier Requirements-podiatrist or other qualified individual for extra-depth shoes with inserts), 42 CFR 424.5(a)(6) (Conditions of Medicare payment), PUB 100-2 Chapter 15 § 110.5 (Incurred Expense Dates for Durable Medical Equipment), PUB 100-2 Chapter 15 § 140 (Therapeutic Shoes for Individuals with Diabetes), PUB 100-8 Chapter 3 § 3.2.4 (Use of Claims History Information in Claim Payment Determinations), PUB 100-8 Chapter 3 § 3.3.2.4 (signature requirements), § 3.3.2.5 (Amendments, Corrections and Delayed Entries in Medical Documentation), PUB 100-8 Chapter 4 §§ 4.26 (Supplier Proof of Delivery Documentation Requirements), 4.26.1 (Proof of Delivery and Delivery Methods), PUB 100-8 Chapter 5 § 5.2.3 (Detailed written orders), PUB 100-8 Chapter 5 §§ 5.7 (Documentation in the patient's medical record), 5.8 (Supplier documentation), 5.8.B (Supplier Documentation-Proof of Delivery), 5.9 (Evidence of Medical Necessity), LCD for Therapeutic Shoes for Persons with Diabetes (L33369) revision effective 01/01/2019, Local Coverage Article: Therapeutic Shoes for Persons with Diabetes-Policy Article (A52501) revision effective 01/01/2019, and Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426) effective 01/01/2019.</p> <p>ADR completed.</p>

Claim Denial (1)

Dr. Smith's Office Visit Notes (04/02/2019)

Encounters and Procedures	
Clinical Encounter Summaries	
Encounter Date: 04/02/2019	
Patient	
Name	Appt. Date/Time 04/02/2019 09:00AM
DOB	Service Dept.
Provider	
Insurance	
Chief Complaint	
Review medication B/P check due to valsartan changed to Losartan. C/O left wrist pain starting two months ago and lower legs edema, red and itching. DM check. She didnt get labs drawn from her last visit. Last ate at 3AM.	
Measurements	
None recorded.	
HPI	
<p>Patient is here today for routine follow-up of hypertension as well as diabetes.</p> <p>She is also complaining about some left arm swelling Is been going on for approximately 2 months she denies any trauma to the area but still having pain as well as decreased range of motion to the thumb.</p> <p>She is also complaining of redness in her lower extremity's bilaterally as well as edema.</p> <p>She is also gained 4 pounds since her last visit but did not get a laboratory work even though we did order the last visit</p> <p>Patient is doing well with medicine but does need some refills today.</p> <p>Says her sugar has been doing well.</p> <p>Blood pressures under good control.</p> <p>She denies any side effects or ill effects from her medications.</p> <p>We did recently have to change some of her antihypertensives as well.</p> <p>She has been using her reflux medicine just as needed with very irregular episodes of reflux</p>	

No medical documentation of a foot exam

Claim Denial (2)

1. This patient has Diabetes Mellitus. Please check below which type of DM you are treating your patient for.

DM without mention of Manifestation	<input type="checkbox"/> DX code: _____	DM with Ophthalmic Manifestations	<input type="checkbox"/> DX code: _____
DM with Ketoadidosis	<input type="checkbox"/> DX code: _____	DM with Neurological Manifestations	<input type="checkbox"/> DX code: _____
DM with Hyperosmolarity	<input type="checkbox"/> DX code: _____	DM with Peripheral Circulatory Disorders	<input type="checkbox"/> DX code: _____
DM with other Coma	<input type="checkbox"/> DX code: _____	DM with Other specified Manifestations	<input checked="" type="checkbox"/> DX code: <u>E11.69</u>
DM with Renal Manifestations	<input type="checkbox"/> DX code: _____	DM with Unspecified Complications	<input type="checkbox"/> DX code: _____

2. This patient has the following co-existing conditions: CHECK ALL THAT APPLY (if checking "Other" Please provide DX and description)

History of partial or complete amputation of the foot	<input type="checkbox"/> Amput great toe (Z88.411 RT) (Z88.412 LT) <input type="checkbox"/> Amput other toe (Z88.421 RT) (Z88.422 LT) <input type="checkbox"/> Amput foot (Z88.431 RT) (Z88.432 LT) <input type="checkbox"/> Amput BK (Z88.811 RT) (Z88.812 LT) <input type="checkbox"/> Amput AK (Z88.811 RT) (Z88.812 LT)	Foot deformity	<input type="checkbox"/> Charcot Foot with diabetes (E11.810) <input type="checkbox"/> Hallux Valgus (M21.071 RT) (M21.072 LT) <input type="checkbox"/> Hallux Rigidus (M20.21 RT) (M20.22 LT) <input type="checkbox"/> Hammer Toe (M20.41 RT) (M20.42 LT) <input checked="" type="checkbox"/> Pronation foot (M21.8X1 RT) (M21.8X2 LT) <input type="checkbox"/> Foot Deformity (M21.961 RT) (M21.962 LT) <input type="checkbox"/> Other: _____
History of previous foot ulceration (if possible, code stage of ulcer and any contributable bacteria causing agent)	<input type="checkbox"/> Ulcer of heel and midfoot (L97.409) <input type="checkbox"/> Ulcer other part of foot (L97.509) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Poor Circulation	<input type="checkbox"/> Peripheral vascular disease, unspecified (I73.9) <input type="checkbox"/> Poor Circulation (I87.2) <input type="checkbox"/> Other: _____
History of pre-ulcerative foot callus	<input type="checkbox"/> History of pre-ulcerative callus (Z88.31) <input type="checkbox"/> Other: _____	Peripheral neuropathy and evidence of callus formation	<input checked="" type="checkbox"/> Polyneuropathy in diabetes (E11.42) <input type="checkbox"/> History of Callus (L84)
Other Diagnosis	<input type="checkbox"/> Other: _____	Other Diagnosis	<input type="checkbox"/> Other: _____

3. Please provide the patient with the following: CHECK ALL THAT APPLY

<input checked="" type="checkbox"/> One pair of Therapeutic off the shelf Extra Depth Shoes, manufactured to accommodate multi-density inlays. <input checked="" type="checkbox"/> Three pairs of custom multi-density inlays for therapeutic shoes. <input type="checkbox"/> Toe Filler <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> One pair of Diabetic Custom Foot Orthotics for Therapeutic shoes

By signing below, I state that the patient named above has diabetes and is being treated by me under a comprehensive plan of care.

Printed Physician Name: _____

PHYSICIAN SIGNATURE: Electronically signed by _____ NP: _____

06/06/2019 –

- Statement of Certifying Physician was signed by Dr. Smith
- No medical documentation in Bette's medical record to support foot deformity and callus as specified on Statement of Certifying Physician
- The Certification Statement by itself does not meet this requirement for documentation in the medical records

Claim Denial

Sam, certified pedorthist,
ABC Medical Equipment and Supply

■ 05/17/2019 –

- Bette was measured for diabetic shoes and impressions were taken for inlays

- No documentation of foot measurements was submitted**

■ 06/21/2019 –

- Bette was fit for diabetic shoes/inlays, advised use and care
- Bette stated they fit well and understood break in of shoes and instructions
- No documentation that supports an objective assessment of the fit of the inserts and results at the time of in-person delivery to the beneficiary of the items**
- Note: Remember if the beneficiary tried on the shoes and states “they fit well”, this does not meet the requirement in the policy article which states that an objective assessment must be completed by the supplier**

Patient Name: _____
DATE <u>5/17/19</u> <u>Measured Pat for diabetic shoes + took</u> <u>foot impressions for custom inlays.</u> <u>CPCN</u>
DATE <u>6/21/19</u> <u>Fit Pat with diabetic shoes + inlays + advised</u> <u>in use + care. Pat stated fit well and understood</u> <u>break in instructions.</u> <u>CPCN</u>
DATE _____

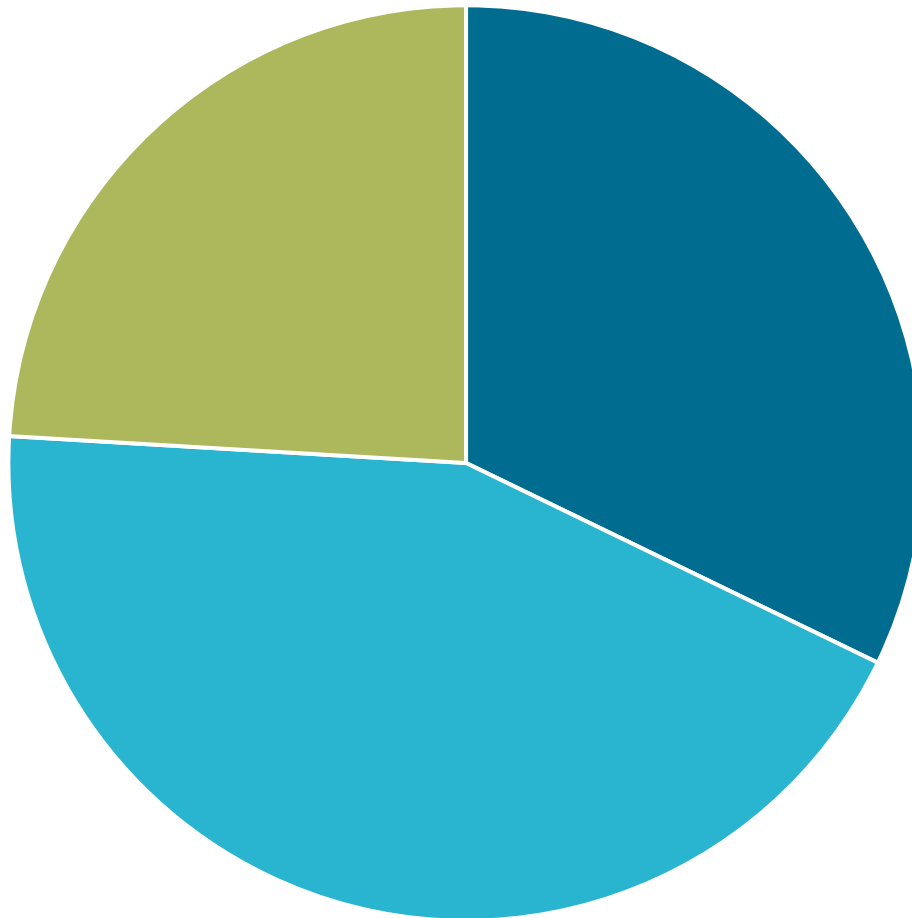


WEBINAR

Comprehensive Error Rate Testing (CERT) Results

Jurisdiction B/Jurisdiction C

Top CERT Errors Jurisdiction B/Jurisdiction C



- Supplier assessment at delivery
- Documentation from Certifying Physician
- Supplier In Person Evaluation

Error: Supplier Assessment at Delivery

- Missing documentation that supports an objective assessment at the time of delivery
- **Resolution:** At the time of in-person delivery to the beneficiary of the items selected, the supplier must conduct an objective assessment of the fit of the shoe and inserts and document the results
 - A beneficiary's subjective statements regarding fit as the sole documentation of the in-person delivery does not meet this criterion. The supplier should perform an objective assessment of the fit and document the results and their observations about the fit
 - Name and credentials should be included with a signature so that a reviewer will be able to determine who conducted the assessment

Error: Medical Records of Diabetes Management from Certifying Physician

- The file does not include medical records of an in-person visit conducted by the certifying physician within 6 months of delivery
- Other file errors:
 - Clinical documentation dated after delivery
 - Clinical documentation dated after the signed certification statement
 - Missing documentation that supports the beneficiary has diabetes
- **Resolution:** Obtain medical records of a the in-person visit with the certifying physician
 - The visit **must be conducted by the MD or DO** who is treating the beneficiary for diabetes
 - Visit must be conducted within 6 months prior to delivery
 - Records of a visit conducted by another practitioner and co-signed by the certifying physician does not meet this requirement (*prior to 11/2/2020: NP/PA “incident to”)

Error: Supplier's In-Person Evaluation Prior to Shoe Selection

- Missing documentation of the supplier's in-person evaluation
- **Resolution:** Prior to selecting the specific items that will be provided, the supplier must conduct and document an in-person evaluation of the beneficiary
 - Documentation should include:
 - An examination of the beneficiary's feet with a description of the abnormalities that will need to be accommodated by the shoes/inserts/modifications
 - Complete description of the deformity that cannot be accommodated by a depth shoe (if applicable)
 - Measurements of the feet
 - Information about impressions, casts or CAD-CAM images of the feet that will be used in creating the models (if applicable)
 - Name and credentials should be included with a signature so that a reviewer will be able to determine who conducted the evaluation

CERT Reminders

- Implement a thorough intake procedure
- Ensure that all documentation requirements are met
- Reply to all CERT documentation requests to avoid recoupment of payments
- Submit documentation to the CERT Documentation Contractor within the timeframe specified
- Use the bar code sheet as the cover letter to all documentation submissions
 - Documentation may be submitted via paper or CD-ROM
 - CDs must be in TIFF or PDF format

Responding to a CERT Request

- There are five ways to respond to a request from the CERT contractor
 - **Fax:** 1.804.261.8100
 - **Mail:** CERT Documentation Center
1510 East Parham Road
Henrico, VA 23228
 - **esMD:** <https://www.cms.gov/esMD>
 - **Encrypted CD:** Must be in TIFF or PDF format
 - **Encrypted email:** Attachment must be in TIFF or PDF format

CERT Contact Information

- **AdvanceMed** is the CERT Documentation Center
- CERT Resources and Contacts
 - **Customer Service:** 1.443.663.2699 or 1.888.779.7477
 - **Fax:** 1.804.261.8100 or 1.443.663.2698
 - **E-mail:** certprovider@nciinc.com
 - **Website:** <https://certprovider.admedcorp.com>

CERT Appeals Process

- **Appeal Rights**

- All appeals are to be filed with the DME MAC, not the CERT contractor
- This is done through the normal channels, starting with a redetermination request
- JB: Where Do I Send My Appeal?
 - <https://www.cgsmedicare.com/jb/claims/appeals/where.html>
- JC: Where Do I Send My Appeal?
 - <https://www.cgsmedicare.com/jc/claims/appeals/where.html>



WEBINAR

Post-Pay Medical Review

Post-Pay Medical Review

To protect the Medicare Trust Fund against inappropriate payments, Medicare Administrative Contractors (MACs) are resuming fee-for-service medical review activities:

- Beginning August 17, 2020, resume post-payment review of items/services provided prior to March 1, 2020
- CGS's Medical Review staff will be conducting widespread complex post-pay service-specific reviews of specific HCPCS
- Suppliers will be notified via Additional Documentation Requests (ADRs)
- Medical Review will offer detailed review decisions and education
- Targeted Probe and Educate (TPE) program will resume at a later date



WEBINAR

DME MAC Resources

Jurisdiction B Resources

Interactive Voice Response (IVR) Unit:	1.877.299.7900
Customer Service:	1.866.590.6727 (Monday – Friday, 8:00 a.m. – 5:00 p.m., ET)
Telephone Reopenings:	1.866.813.7878 (Monday – Friday, 8:00 a.m. – 5:00 p.m., ET)
Paper Claim Submission:	CGS PO Box 20013 Nashville, TN 37202
Redetermination Requests: Redetermination Requests, Adjustment Requests, (Reopenings), EFT Form Submission, Written Inquiries Address:	Fax: 1.615.660.5976 Mail: CGS PO Box 20009 Nashville, TN 37202
Overpayment Appeals:	Fax: 1.615.782.4630 Mail: CGS Overpayment Appeals PO Box 23917 Nashville, TN 37202

Jurisdiction C Resources

Interactive Voice Response (IVR) Unit:	1.866.238.9650
Customer Service:	1.866.270.4909 (Monday – Friday, 7:00 a.m. – 5:00 p.m., CT)
Telephone Reopenings:	1.866.813.7878 (Monday – Friday, 7:00 a.m. – 5:00 p.m., CT)
Paper Claim Submission, Adjustment Requests (Reopenings), EFT Form Submission, Written Inquiries Address:	CGS PO Box 20010 Nashville, TN 37202
Redetermination Requests:	Fax: 1.615.782.4630 Mail: CGS PO Box 20009 Nashville, TN 37202
Overpayment Appeals:	Fax: 1.615.782.4630 Mail: CGS Overpayment Appeals PO Box 23917 Nashville, TN 37202

Nurse Practitioners and Physician Assistants Resources

- Joint DME MAC Article
 - “Nurse Practitioners and Physician Assistants as Certifying Physicians for Therapeutic Shoes and Inserts”
 - Jurisdiction B: <https://www.cgsmedicare.com/jb/pubs/news/2020/11/cope19409.html>
 - Jurisdiction C: <https://cgsmedicare.com/jc/pubs/news/2020/11/cope19409.html>
- Incident-to guidelines
 - CMS Medicare Benefit Policy Manual
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
- Joint DME MAC Article
 - “Primary Care First Model Demonstration Project – Nurse Practitioners as Certifying Physicians for Therapeutic Shoes with Inserts”
 - Jurisdiction B: <https://www.cgsmedicare.com/jb/pubs/news/2020/11/cope19408.html>
 - Jurisdiction C: <https://cgsmedicare.com/jc/pubs/news/2020/11/cope19408.html>

CGS Website Resources

- CGS Connect - Pre-Claim Review
 - Therapeutic Shoes (A5500/A5512/A5513/A5514)
 - Jurisdiction B: <https://www.cgsmedicare.com/jb/mr/cgsconnect.html>
 - Jurisdiction C: <https://www.cgsmedicare.com/jc/mr/cgsconnect.html>
- Documentation Checklist
 - Jurisdiction B: https://www.cgsmedicare.com/pdf/dme_checklists/therapeutic_shoes_2018.pdf
 - Jurisdiction C: https://www.cgsmedicare.com/pdf/dme_checklists/therapeutic_shoes_2018.pdf
- Advanced Beneficiary Notice of Noncoverage (ABN)
 - Jurisdiction B: <https://www.cgsmedicare.com/jb/forms/index.html>
 - Jurisdiction C: <https://www.cgsmedicare.com/jc/forms/index.html>

CGS Website Resources

- Dear Physician Letters
 - Jurisdiction B: https://www.cgsmedicare.com/jb/mr/pdf/dear_physician_therapeutic_shoes.pdf
 - Jurisdiction C: <https://www.cgsmedicare.com/jc/pubs/news/2010/1110/cope13252.pdf>
- Medical Review TSD Resources
 - Jurisdiction B: https://www.cgsmedicare.com/jb/mr/tsd_resources.html
 - Jurisdiction C: https://www.cgsmedicare.com/jc/mr/tsd_resources.html
- Publications and DME Supplier Manual
 - Jurisdiction B: <http://www.cgsmedicare.com/jb/pubs/index.html>
 - Jurisdiction C: <http://www.cgsmedicare.com/jc/pubs/index.html>
- Standard Written Order (SWO) Resources
 - Jurisdiction B: <https://www.cgsmedicare.com/jb/mr/wor.html>
 - Jurisdiction C: <https://www.cgsmedicare.com/jc/mr/wor.html>

CGS Website Resources

- CERT Resource Page
 - JB: <https://www.cgsmedicare.com/jb/claims/cert/index.html>
 - JC: <https://www.cgsmedicare.com/jc/claims/cert/index.html>
- CERT Claim Identifier Tool
 - JB: https://www.cgsmedicare.com/medicare_dynamic/cid_jb/search/search/search.aspx
 - JC: https://www.cgsmedicare.com/medicare_dynamic/cid_dme/cid_dme/search.aspx
- Advanced Modifier Engine (AME)
 - JB: https://www.cgsmedicare.com/medicare_dynamic/jb/advanced_modifier_engine/
 - JC: https://www.cgsmedicare.com/medicare_dynamic/jc/advanced_modifier_engine/

Local Coverage Determinations (LCD) and Policy Articles

- Standard Documentation Requirements (SDR) for All Claims Submitted to DME MACs (A55426)
 - <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=55426>
- Local Coverage Determination (LCD): Therapeutic Shoes for Persons with Diabetes (L33369)
 - <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33369&ContrID=140>
- Local Coverage Article: Therapeutic Shoes for Persons with Diabetes - Policy Article (A52501)
 - <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52501&ContrID=140>
- Statement of Certifying Physician
 - https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/33369_18/certifyingphysiciantherapeuticshoesrevised2018.pdf

Other Contractor Resources

Pricing, Data Analysis and Coding (PDAC)	1.877.735.1326 https://www.dmepdac.com Palmetto GBA Effective January 15, 2019
National Supplier Clearinghouse (NSC)	1.866.238.9652 https://www.palmettogba.com/nsc
Common Electronic Data Interchange (CEDI)	1.866.311.9184 https://www.ngscedi.com NGS.CEDIHelpdesk@anthem.com

CGS ListServ

- **Stay up to date on DME MAC Jurisdiction B and C news!**
- Please sign up for the DME MAC Jurisdiction B & C ListServ:
 - <https://www.cgsmedicare.com/listserv.html>
- Enter your name and business information
 - Choose the contract and/or specialty information that fits your business
 - Click submit
 - It is that easy!



WEBINAR

Questions



WEBINAR INSTRUCTIONS

How to Participate Today

To Ask a Verbal Question

- Input the PIN on your screen into your telephone keypad, followed by the # sign
- Dial-in number and PIN are unique for each attendee

File View Help

Audio

Phone call

Dial:

Access Code:

Audio PIN: XXX

Already on the call?

United States

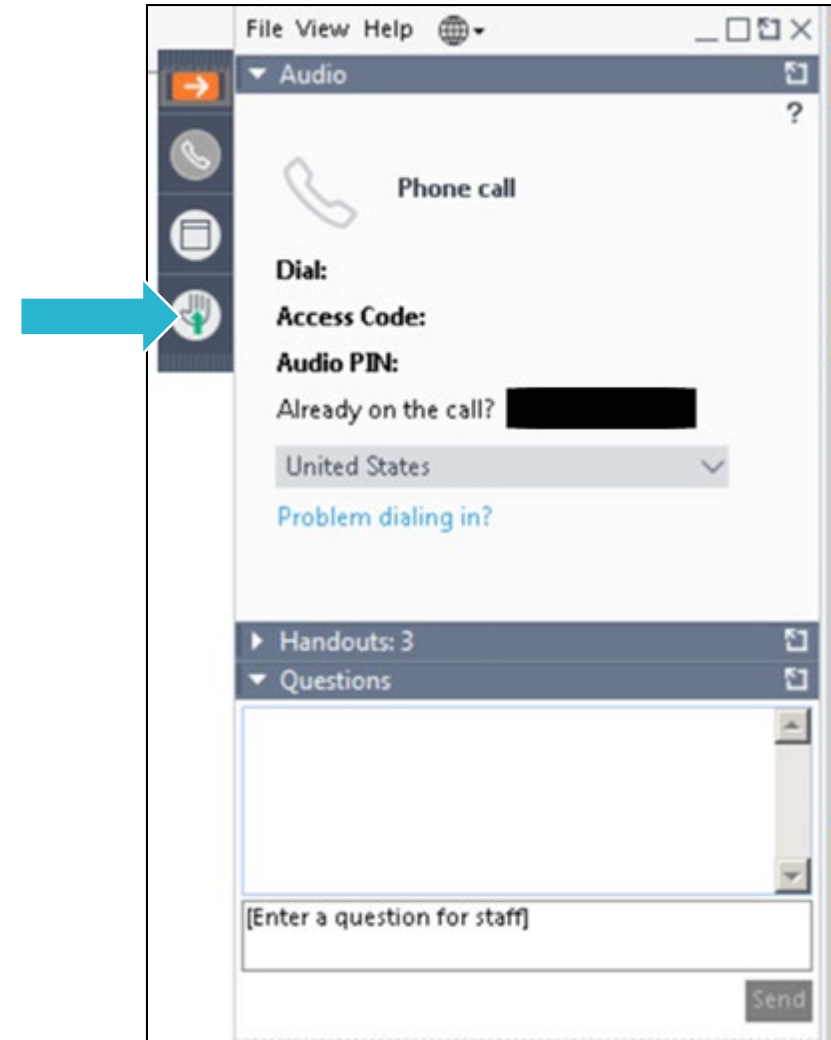
[Problem dialing in?](#)



WEBINAR INSTRUCTIONS

How to Participate Today

- To Ask a Verbal Question: **Raise Your Hand**
- The **Green Arrow** means your hand is not raised (Click to raise your hand)
- The **Red Arrow** means your hand is raised (Click to lower your hand)

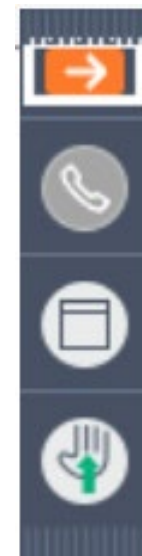




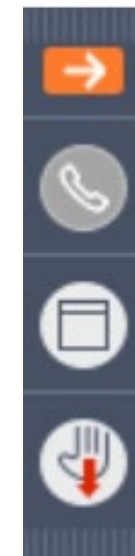
WEBINAR INSTRUCTIONS

How to Participate Today

To ask a question by **Raising Your Hand** . . .



Hand Lowered
(Green Arrow)



Hand Raised
(Red Arrow)



WEBINAR INSTRUCTIONS

How to Participate Today

To ask a question by using the **Question Box**

File View Help

Audio

Phone call

Dial:

Access Code:

Audio PIN:

Already on the call? [Redacted]

United States

Problem dialing in?

Handouts: 3

Questions

[Enter a question for staff]

Send

Type Question

Hit Send



WEBINAR

Thank You!