



DME DIABETIC SHOES-PATIENT INSTRUCTIONS

Break-in Period for Shoes with Heat Molded or Custom Inserts

The shoes that were dispensed were specifically selected and dispensed with a level of medical knowledge as required by Medicare guidelines. Thus, these shoes are measured to fit your feet. You may, however, experience some issues when walking due to your specific gait and the biomechanics of your feet. In order to ensure that your shoes become an extension of your pedorthic medical care, please follow these instructions:

1. When you arrive home, place your new shoes (with the inserts in them) on your feet (with socks) and wear them for 30-60 minutes-only on carpeting at first.
2. Remove your shoes and look for any areas of redness (ask a family member for help, if necessary).
3. Once you are sure that the new shoes do not rub your skin (absence of redness), wear your shoes around the house for a day or two. Check again for redness.
4. After you are sure that you can wear your new shoes comfortably, you need to wear them at different times of the day. Feet tend to swell as the day progresses.
5. Once you (or your family member) have verified that you are not having problems with these new shoes, you are ready to wear them outside the home.
6. Remember, even after this break-in period, you should check your shoes and feet every day. Note anything out of the ordinary.

The therapeutic shoe bill provides for one pair of shoes and three pairs of inserts in one year. These inserts contain different materials that ensure total contact with your foot and help to prevent foot ulcers by cushioning and reducing friction. The lifespan of each pair of inserts is about 4 months. Please remove your inserts at the end of 4 months and replace them with the other inserts provided. If used correctly, 3 pairs of inserts will last one year. Please note that any tears in these inserts should be reported immediately as they may become a source of foot irritation or ulceration.

Care of the Shoes (Leather)

Clean your shoes regularly. Saddle soap works well. We recommend the use of shoe crème for leather shoes. Apply with a clean, dry cloth and work into the leather. Do not use shoe polish, as the shoes are hand tanned.

Care of the Shoes (Nubuck)

Nubuck can be brushed clean with a small stiff brush. Kiwi spray can refurbish the nubuck. Test a small area first for any discoloration. Do not use shoe polish and do not immerse in water.

Care of the Shoes (Lycra)

Use a fabric protector on Lycra to protect from getting dirty. Spray after the break-in period. If soiled, try dabbing with a baby wipe or a small amount of soap (Woolite) and water. Do not put in a washing machine.



MEDICARE DMEPOS SUPPLIER STANDARDS

[This is an abbreviated list of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges. These standards, in entirety, are listed in 42C.F.R.424.57(c)]

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify the beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS, or its agents to conduct onsite inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and hours of operation
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of beeper, answering machine or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.

14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard items (less than full quantity for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, the address and the health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). *Implementation date 10/1/09.*
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All DEMPOS supplier locations must meet the quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or the enrollment may be revoked, if CMS determines that they are not in compliance with the quality standards.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42C.F.R.424.57(c). *Implementation date 5/4/09*