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## Therapeutic Shoes for Persons with Diabetes

### Order Template Guidance

#### Purpose

This template is designed to assist a clinician in completing an order for therapeutic shoes, modifications, and inserts for persons with diabetes to meet requirements for Medicare eligibility and coverage. When completed appropriately, this template meets requirements for a Detailed Written Order (DWO). The clinician can keep the completed template on file within the patient's medical record or it can be used to develop an order template for use with the system containing the patient's electronic medical record.

#### Patient eligibility for coverage of Therapeutic Shoes for Persons with Diabetes under Medicare

Coverage of therapeutic shoes for persons with diabetes is based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary") and coverage of therapeutic shoes and inserts under the Therapeutic Shoes for Individuals with Diabetes benefit (Social Security Act §1861(s)(12)). In addition, there are specific statutory payment policy requirements that must also be met.

For any item to be covered by Medicare, it must:

- Be eligible for a defined Medicare benefit category;
- Be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member; and
- Meet all other applicable Medicare statutory and regulatory requirements.

Eligibility for coverage of therapeutic shoes, modifications, and inserts for persons with diabetes under Medicare requires a physician or qualified Non-Physician Practitioner (NPP)<sup>1</sup> to establish that coverage criteria are met. This helps to ensure the therapeutic shoe, modifications and inserts provided are consistent with the practitioner's prescription and supported in the patient's medical record.

#### MEDICARE DOCUMENTATION REQUIREMENTS FOR THERAPEUTIC SHOES FOR PERSONS WITH DIABETES

*(a) IN GENERAL. — Section 1861(s)(12) of the Social Security Act (42 U.S.C. 1395x(s)(12)) is amended to read as follows:*

*(12) subject to section 4072(e) of the Omni-bus Budget Reconciliation Act of 1987, extra-depth shoes with inserts or custom molded shoes with inserts (in this paragraph referred to as 'therapeutic shoes') for an individual with diabetes, if—*

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<sup>1</sup> A Medicare allowed NPP is defined as a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861 (aa) (5) of the Social Security Act) who is working in accordance with State law.

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*(A) the physician who is managing the individual's diabetic condition—*

*(i) documents that the individual has diabetes;*

*(ii) certifies that the individual is under a comprehensive plan of care related to the individual's diabetic condition; and*

*(B) The particular type of shoes are prescribed by a podiatrist or other qualified physician (as established by the Secretary); and*

*(C) The shoes are fitted and furnished by a podiatrist or other qualified individual (such as a pedorthist or orthotist, as established by the Secretary) who is not the physician described in subparagraph (A) (unless the Secretary finds that the physician is the only such qualified individual in the area);*

### Detailed Written Order (DWO)

All DMEPOS items (other than those referenced in 42 CFR 410.38(g)(2)) require a DWO prior to submitting a claim. (See Documentation Verification Procedures below) This applies to therapeutic shoes, modifications, and inserts listed in Appendix A.

The DWO (or documentation of intent to order) must contain all the following required elements:

- Beneficiary's name;
- Physician/NPP name
- Detailed description of the item(s)\* ordered;
- Physician/NPP signature and signature date; and
- Date of the order (The date of the order if different than the start date)

For orders for accessories and supplies that will be provided on a periodic basis, the order must also include:

- Item(s) to be dispensed
- Frequency of use
- Duration, if applicable
- Quantity to be dispensed
- Number of refills, if applicable

Evidence is required that the order (or documentation of intent to order) was received by the supplier on or prior to the date of claim submission.

NOTE: All claims for therapeutic shoes, accessories, and/or supplies billed by the supplier prior to receiving a signed and dated order must be submitted with an EY modifier added to each affected HCPCS code.

## Indications and Requirements for New Orders

A new order (prescription) is required when at least one of the following is true:

- There is a change of supplier if the previous supplier did not send the order to the receiving supplier;
- There is a change in the item(s), frequency of use, or amount prescribed;
- There is a change in the length of need or a previously established length of need expires; or
- State law requires a prescription renewal.

The required elements of the order remain the same as listed above.

- A new order is not required for replacement of an insert or modification to the therapeutic shoe within one year of the order on file.
- A new order is required for:
  - Replacement of any therapeutic shoe; or
  - Replacement of an insert or modification to the therapeutic shoe more than 1 year from the most recent order on file.
- The new DWO must be signed on or after the date of the in-person visit with the prescribing practitioner.

## Other guidance

Completing the Therapeutic Shoes for Persons with Diabetes Order Template does not guarantee eligibility and coverage but does provide an area within the patient's medical record that is readily identifiable and available in support of the need for the therapeutic shoes, modifications, and inserts ordered and billed to Medicare. This template may be used with the Therapeutic Shoes for Persons with Diabetes Progress Note Template and the Therapeutic Shoes for Persons with Diabetes Statement of Certifying Physician.

NOTE: The Certifying Physician is a doctor of medicine (MD) or a doctor of osteopathy (DO) who is responsible for diagnosing and treating the beneficiary's diabetic systemic condition through a comprehensive plan of care (POC). At this time, under §1861(s)(12) of the Social Security Act (42 U.S.C. 1395x(s)(12)), a podiatrist, physician assistant, nurse practitioner, or clinical nurse specialist are not identified as a certifying physician.

## Who can complete this order template?

The prescribing practitioner is the person who actually writes the order for the therapeutic shoe, modifications and inserts. This practitioner must be knowledgeable in the fitting of diabetic shoes and inserts. The prescribing practitioner may be a podiatrist, MD, DO, physician assistant (PA), licensed nurse practitioner (LPN), or clinical nurse specialist (CNS).

The prescribing practitioner may also be the supplier (i.e., the one who furnishes the footwear).

NOTE: The supplier is the person or entity that actually furnishes the shoe, modification, and/or insert to the beneficiary and that bills Medicare. The supplier may be a podiatrist, pedorthist, orthotist, prosthetist or other qualified individual.

## DRAFT

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.

A separate order is not required if the prescribing practitioner is the supplier. The Item(s) supplied must be clearly documented in the patient's medical record.

Note: If the order template is used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in *blue Times New Roman* are recommended but not required

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Therapeutic Shoes for Persons with Diabetes Order Template	
Patient Information:	
Last name: _____ First name: _____ MI: _____	
DOB (MM/DD/YYYY): _____ Gender: __ M __ F __ Other Medicare ID: _____	
Provider (physician/NPP) who performed the in-person evaluation:	
Check here if same as ordering provider: _____	
Last name: _____ First name: _____ MI: _____ Suffix: _____	
NPI: _____	
Date of in-person evaluation (MM/DD/YYYY): _____	
Patient diagnosis: Diabetes Mellitus: ICD-10-CM code (see Appendix C) _____	
_____ Other (describe) _____	
Order start date, if different from date of order (MM/DD/YYYY): _____	
Order: Description (or brand name and model number) of therapeutic shoes and supplies (see Appendix A for specific HCPCS codes)	
HCPCS Code	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Type of order:	
_____ Initial _____ Revision or change in shoes or inserts _____ Replacement	
_____ Other: _____	
Signature, name, date ordered and NPI	
Signature: _____	
Name (Printed): _____	
Date (MM/DD/YYYY): _____ NPI: _____	