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## Therapeutic Shoes for Persons with Diabetes

### Progress Note Template Guidance

#### Purpose

This template is designed to assist a clinician in completing a progress note documenting an in-person visit for therapeutic shoes for persons with diabetes to meet requirements for Medicare eligibility and coverage. The clinician can keep the completed template on file within the patient's medical record or it can be used to develop an in-person visit or encounter progress note 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 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—*

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

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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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*(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);*

### Other guidance

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

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). Currently, 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 progress note template?

A physician or allowed NPP who performs an in-person visit.

Note: If this 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 Progress Note Template			
Patient information:			
Last name: _____ First name: _____ MI: _____			
DOB (MM/DD/YYYY): _____ Gender: ___M ___F ___Other Medicare ID: _____			
Provider (physician/NPP) who performed the evaluation if different from signing provider:			
<i>Last name:</i> _____ <i>First name:</i> _____ <i>MI:</i> ___ <i>Suffix:</i> _____			
<i>NPI:</i> _____			
Patient diagnoses requiring need for therapeutic shoes for persons with diabetes (for relevant Diabetes Mellitus ICD-10-CM codes see Appendix C)			
ICD-10-CM	Description	ICD-10-CM	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Therapeutic shoes coverage questions:			
Does the patient have one or more of the following conditions (check all that apply and document in review of systems and physical exam section)?			
<input type="checkbox"/> History of partial or complete amputation of the foot			
<input type="checkbox"/> History of previous foot ulceration			
<input type="checkbox"/> History of pre-ulcerative calli			
<input type="checkbox"/> Peripheral neuropathy with evidence of callus formation			
<input type="checkbox"/> Foot deformity			
<input type="checkbox"/> Poor circulation			
Note: The following must be supported in the medical examination/documentation			
Is the patient under a comprehensive plan of care related to the diabetic condition? ___Yes ___No			
Describe: _____			
Are therapeutic shoes medical necessary and appropriate for the patient? ___Yes ___No			
Describe: _____			
Will the shoes be fitted and furnished by a podiatrist or other qualified individual? ___Yes ___No			
Describe: _____			
Chief complaint / history of present illness and associated signs / symptoms: _____			
_____			
_____			
Related past medical / surgical history: _____			
_____			
_____			

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Medications (Status: N=New, C=Current, M=Modified, D=Discontinued)					
RxNorm	Description	Dose	Frequency	Route	Status
Other medications					

Allergies (Include RxNorm if known)			
RxNorm	Description	RxNorm	Description

Review of systems (Significant as per history of present problem and need for therapeutic shoes):	
General:	___ weight gain, ___ weight loss, ___ sleeping problems, ___ fatigue, ___ fever, ___ chills, ___ night sweats / diaphoresis ___ other:
Skin:	___ pressure ulcers, ___ rashes, ___ changes in nails/hair, ___ eczema, ___ pruritus, ___ other:
Lymphatic:	___ swollen glands/masses: ___ in the neck, ___ axilla, ___ groin, ___ other:
Head:	___ fainting, ___ dizziness, ___ headaches, ___ other:
Eyes:	___ diplopia, ___ glasses/contact lenses, ___ redness/discharge, ___ blurred vision, ___ glaucoma, ___ cataracts, ___ other:
Ears:	___ tinnitus, ___ discharge, ___ hearing loss, ___ other:
Nose:	___ epistaxis, ___ sinus infections, ___ discharge, ___ polyps, ___ other:
Oral:	___ dysphagia, ___ hoarseness, ___ teeth/dentures, ___ other:
Neck:	___ lumps, ___ pain on movement ___ other:

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Breast:	___ masses/tumors, ___ tenderness, ___ discharge, ___ gynecomastia, ___ other:
Pulmonary:	___ cough, ___ shortness of breath, ___ pain, ___ wheezing, ___ hemoptysis, ___ sputum production ___ other:
Cardiac:	___ chest pain, ___ palpitations, ___ orthopnea, ___ murmur, ___ syncope ___ other:
Vascular:	___ edema, ___ claudication, ___ varicose veins, ___ thrombophlebitis, ___ ulcers ___ other:
Gastrointestinal:	___ swallowing problems, ___ abdominal pain, ___ constipation, ___ diarrhea, ___ incontinence, ___ nausea, ___ vomiting, ___ ulcers, ___ melena, ___ rectal bleeding, ___ jaundice, ___ heartburn, ___ hematemesis ___ other:
Renal:	___ dysuria, ___ frequency, ___ urgency, ___ hesitation, ___ flank pain, ___ hematuria, ___ incontinence, ___ nocturia, ___ polyuria, ___ other:
Musculoskeletal:	___ pain, ___ swelling, ___ stiffness, ___ limitation of range of motion, ___ arthritis ___ gout, ___ cramps, ___ myalgia, ___ fasciculation, ___ atrophy, ___ fracture, ___ deformity, ___ weakness, ___ other:
Neurologic:	___ seizures, ___ poor memory, ___ poor concentration, ___ numbness / tingling, ___ pins and needles sensation, ___ hyperpathia, ___ dysesthesia, ___ weakness, ___ paralysis, ___ tremors, ___ involuntary movements, ___ unstable gait, ___ fall, ___ vertigo, ___ headache, ___ stroke, ___ speech disorders ___ other:
Psychiatric:	___ hallucinations, ___ delusions, ___ anxiety, ___ nervous breakdown, ___ mood changes ___ other:
Hematology:	___ anemia, ___ bruising, ___ bleeding disorders (conditional) ___ other:
Endocrine:	___ heat or cold intolerance, ___ diabetes, ___ lipid disorders, ___ goiter ___ other:
Other:	_____

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Physical examination:

Vital signs: T=\_\_\_\_\_ P=\_\_\_\_\_ R=\_\_\_\_\_ BP=\_\_\_\_\_ / \_\_\_\_\_ Height=\_\_\_\_\_ Weight=\_\_\_\_\_

General appearance: \_\_\_\_\_

Head and neck: \_\_\_\_\_

Chest / lungs: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Abdominal: \_\_\_\_\_

Musculoskeletal / extremities: \_\_\_\_\_

Neurological: \_\_\_\_\_

Psychiatric: \_\_\_\_\_

Visual Exam: \_\_\_\_\_

Other: \_\_\_\_\_

Physician/NPP assessment / summary: \_\_\_\_\_

Treatment plan:

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Therapeutic shoes order:

Description (or brand name and model number) of therapeutic shoes and supplies (see Appendix A for specific HCPCS codes)

HCPCS Code	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Orders:

Medications (other than immunosuppressive drugs): \_\_\_\_\_

Supplies: \_\_\_\_\_

Investigations (Diagnostic Testing): \_\_\_\_\_

Consults: \_\_\_\_\_

Other: \_\_\_\_\_

Signature, Name, Date and NPI of physician or NPP

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_ NPI: \_\_\_\_\_