Therapeutic Shoes for Persons with Diabetes Progress Note
Suggested Clinical Data Elements (CDEs)

Version R1.0a (6/8/2018)

Note: If these CDEs are 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

Beneficiary Information CDEs

PBD: Patient/Beneficiary Demographics

PBD1: Patient’s first name, last name, and middle initial (text)
PBD2: Patient’s date of birth (date: MM/DD/YYYY)
PBD3: Patient’s Gender (Single selection from the value set: M, F, Other)
PBD4: Patient’s Medicare ID (Medicare ID format and check digit)

Encounter CDEs

PND: Physician/NPP Demographics

If different from the signing provider

PND1: Provider first name, last name, middle initial, and suffix (text).
PND2: Provider NPI (Numeric with check digit)

Diagnoses CDEs

TSPDDIAG: Diagnosis for Therapeutic Shoes

TSPDDIAG1: Patient diagnosis: Diabetes Mellitus: ICD10 code (Single selection from the value set in Appendix C)

If other, TSPDDIAG1a: Other (text)

DIAG: Patient diagnoses (repeat as necessary)

DIAG1: Diagnoses

DIAG1a: ICD-10-CM (code) (from valid list of ICD-10-CM codes)
DIAG1b: Description (text)
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**Therapeutic shoes coverage CDEs**

**TSPDCOND1:** 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)? (multiple selection from the value set: History of partial or complete amputation of the foot, History of previous foot ulceration, History of pre-ulcerative callus, Peripheral neuropathy with evidence of callus formation, Foot deformity, Poor circulation)

Note: The following must be supported in the medical examination/documentation

**TSPDCOND2:** Is the patient under a comprehensive plan of care related to the diabetic condition? (single selection from value set: Yes, No)

**TSPDCOND2a:** Describe: (text)

**TSPDCOND3:** Are therapeutic shoes medical necessary and appropriate for the patient? (single selection from value set: Yes, No)

**TSPDCOND3a:** Describe: (text)

**TSPDCOND4:** Will the shoes be fitted and furnished by a podiatrist or other qualified individual? (single selection from value set: Yes, No)

**TSPDCOND4a:** Describe: (text)
**Review of Systems CDEs**

ROS: Review of Systems (Multiple selection from the following elements, ROS1-ROS21 and value set following each)

**ROS1:** General: weight gain, weight loss, sleeping problems, fatigue, fever, chills, night sweats/diaphoresis  
**ROS1a:** other: (text)

**ROS2:** Skin: pressure ulcers, rashes, changes in nails/hair, eczema, pruritus  
**ROS2a:** other: (text)

**ROS3:** Lymphatic: swollen glands/masses (in the neck, axilla, groin)  
**ROS3a:** other: (text)

**ROS4:** Head: fainting, dizziness, headaches  
**ROS4a:** other: (text)

**ROS5:** Eyes: diplopia, glasses/contact lenses, redness/discharge, blurred vision, glaucoma, cataracts  
**ROS5a:** other: (text)

**ROS6:** Ears: tinnitus, discharge, hearing loss  
**ROS6a:** other: (text)

**ROS7:** Nose: epistaxis, sinus infections, discharge, polyps  
**ROS7a:** other: (text)

**ROS8:** Oral: dysphagia, hoarseness, teeth/dentures  
**ROS8a:** other: (text)

**ROS9:** Neck: lumps, pain on movement  
**ROS9a:** other: (text)

**ROS10:** Breast: masses/tumors, tenderness, discharge, gynecomastia  
**ROS10a:** other: (text)

**ROS11:** Pulmonary: cough, shortness of breath, pain, wheezing, hemoptysis, sputum production  
**ROS11a:** other: (text)

**ROS12:** Cardiac: chest pain, palpitations, orthopnea, murmur, syncope  
**ROS12a:** other: (text)

**ROS13:** Vascular: edema, claudication, varicose veins, thrombophlebitis, ulcers  
**ROS13a:** other: (text)

**ROS14:** Gastrointestinal: swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis
ROS14a: other: (text)

ROS15: Renal: dysuria, frequency, urgency, hesitation, flank pain, hematuria, incontinence, nocturia, polyuria

ROS15a: other: (text)

ROS16: Musculoskeletal: pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fractures, deformity, weakness

ROS16a: other: (text)

ROS17: Neurologic: seizures, poor memory, poor concentration, numbness/tingling, pins and needles sensation, hyperpathia, dysesthesia, weakness, paralysis, tremors, involuntary movements, unstable gait, falls, vertigo, headaches, stroke, speech disorders

ROS17a: other: (text)

ROS18: Psychiatric: hallucinations, delusions, anxiety, nervous breakdown, mood changes

ROS18a: other: (text)

ROS19: Hematology: anemia, bruising, bleeding disorders (conditional)

ROS19a: other: (text)

ROS20: Endocrine: heat or cold intolerance, diabetes, lipid disorders, goiter

ROS20a: other: (text)

ROS21: Other: (text)

Objective / Physical Exam CDEs

OBJ: Objective / Physical Exam:

OBJ1: Vital Signs:

OBJ1a: Temperature: (numeric and units)

OBJ1b: Pulse: (numeric – beats per minute)

OBJ1c: Respiration: (numeric – breaths per minute)

OBJ1d: Blood Pressure:

Systolic: (numeric – mm of mercury)

Diastolic: (numeric – mm of mercury)

OBJ1e: Height: (single part: numeric and units or two part with numeric and units for each)

OBJ1f: Weight: (single part: numeric and units or two part with numeric and units for each)

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OBJ: Objective / Physical Exam:

OBJ2: General Appearance: (text)

OBJ3: Head and Neck: (text)

OBJ4: Chest/lungs: (text)

OBJ5: Cardiovascular: (text)

OBJ6: Abdominal: (text)
- **OBJ7**: Musculoskeletal / extremities: (text)
- **OBJ8**: Neurological: (text)
- **OBJ9**: Psychiatric: (text)
- **OBJ10**: Visual Exam: (text)
- **OBJ11**: Other: (text)

**Assessment and Plan CDEs**

- **ASM**: Assessment
  - **ASM1**: Assessment/Status (text)

- **PLAN**: Treatment Plan
  - **PLAN1**: Treatment Plan (text)

**Order CDEs**

- **TSPDORD**: Therapeutic Shoe Order Information (see Appendix A) (repeat as necessary)
  - **TSPDORD2**: HCPCS Code (single selection from value set in Appendix A)
  - **TSPDORD2a**: Description (text)

- **ORD**: Orders
  - **ORD1**: Medications: (text)
  - **ORD2**: Supplies: (text)
  - **ORD3**: Investigations (Diagnostic testing): (text)
  - **ORD4**: Consults: (text)
  - **ORD5**: Other: (text)

**Provider Signature CDEs**

- **SIGPNP**: Physician/NPP Signature Elements
  - **SIGPNP1**: Physician/NPP Signature (image, electronic, or digital)
  - **SIGPNP2**: Physician/NPP Printed Name (text)
  - **SIGPNP5**: Date of Signature (MM/DD/YYYY)
  - **SIGPNP4**: Physician/NPP NPI (NPI format)