Therapeutic Shoes for Persons with Diabetes
Statement of Certifying Physician
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)

Certification Statement CDEs
TSPD: Therapeutic Shoes for Persons with Diabetes

Note: The M.D. or D.O. must attest to all of the following:
In addition, statement must include the following:
• TSPDREAS1: The patient has diabetes mellitus
• TSPDREAS2: This patient has one or more of the following conditions: (Multiple selection from 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)
• TSPDREAS3: I am treating the patient under a comprehensive plan for his/her diabetes
• TSPDREAS4: This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes
Note: If these CDEs are used:
1) CDEs in black Calibri are required
2) CDEs in *burnt orange Italic Calibri* are required if the condition is met
3) CDEs in *blue Times New Roman* are recommended but not required

**Provider Signature CDEs**

SIGPNP: Physician Signature Elements (must be MD or DO)

- **SIGP1**: Physician Signature (image, electronic, or digital)
- **SIGP2**: Physician Printed Name (text)
- **SIGP6**: Address (text – up to two lines)
- **SIGP7**: City (text – validate against valid cities for the state)
- **SIGP8**: State (Single selection from value set: States – two letter abbreviation)
- **SIGP9**: ZIP (5+optional 4 – validate against Post Office list)
- **SIGP5**: Date of Signature (MM/DD/YYYY)
- **SIGP4**: Physician NPI (NPI format)