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Therapeutic Shoes for Persons with Diabetes

Statement of Certifying Physician Template Guidance

Purpose

This template is designed to assist a physician (MD or DO) in completing a Statement of Certifying Physician 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 Statement of Certifying Physician. The physician can keep the completed template on file within the patient's medical record or it can be used to develop a statement of certifying therapeutic shoes 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)¹ 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—

¹ 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);

Statement of Certifying Physician for Therapeutic Shoes

This applies to therapeutic shoes, modifications, and inserts listed in Appendix A.

The statement of the certifying physician must contain all of the following required elements:

- Beneficiary's name;
- Beneficiary's Medicare #;
- Statement of certification that all of the following are true:
 - The beneficiary has diabetes mellitus;
 - The beneficiary has one or more of the following conditions;
 - 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.
 - Physician attestation that:
 - He/she is treating the beneficiary under a comprehensive plan of care (POC) for his/her diabetes; and
 - The beneficiary needs special shoes (depth or custom-molded shoes) because of his/her diabetes.
- Physician (MD or DO) signature and signature date;
- Physician (MD or DO) printed name;
- Physician address; and
- Physician National Provider Identifier (NPI).

Other guidance

Completing the Statement of Certifying Physician for Therapeutic Shoes 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 Progress Note Template and Order Template.

Who can complete the Statement of Certifying Physician for Therapeutic Shoes Template?

The Certifying Physician is a doctor of medicine (MD) or a doctor of osteopathy (DO), enrolled as a Medicare provider, 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.

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.

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 Statement of Certifying Physician Template	
Patient Information:	
Last name: _____ First name: _____ MI: _____	
DOB (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Medicare ID: _____	
I certify that all of the following statements are true:	
1. This patient has diabetes mellitus	
2. This patient has one or more of the following conditions (check all that apply)	
<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	
3. I am treating this patient under a comprehensive plan for his/her diabetes.	
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.	
Signature, name, date, and NPI (must be an M.D. or D.O.)	
Signature: _____	
Name (Printed): _____	
Address: _____	

City: _____ State: _____ Zip: _____	
Date (MM/DD/YYYY): _____ NPI: _____	