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"Your Ultimate Source For Diabetic Foot Care"

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245 Fries Mill Road  
Sewell, NJ 08012  
toll free 855.FIT.4YOU  
855.348.4968  
office 856.582.3968  
fax 856.582.3967  
[www.diabeticfootcenter.net](http://www.diabeticfootcenter.net)

Patients Name: \_\_\_\_\_

Phone: # \_\_\_\_\_

These forms are to be completed by your  
doctor that is treating you for your diabetes,  
[PCP or Endocrinologist].

**Physicians**

**Please complete all forms below!**

1. Prescription for Diabetic Footwear form.
2. Statement of Certifying Physicians form.
3. Office note is to be included with these forms.

Please don't forget to fax office notes, it will only delay this patient  
to receive their Diabetic Shoes.





Fries Mill Shopping Center  
245 Fries Mill Road, Suite B  
Turnersville, NJ 08012  
Phone#: 856-582-3968  
Fax #: 856-582-3967

### Statement of Certifying Physician (MD or DO ONLY)

Patient Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

I certify that all of the following statements are true:

1. This patient has diabetes mellitus. ICD-10 Code:

2. This patient has one of the following conditions:  
(check all that may apply)

- History of partial or complete amputation of the foot
- Peripheral neuropathy with evidence of callus formation
- History of previous foot ulceration
- Foot deformity
- History of pre-ulcerative callus
- Poor circulation

**\*\*\*\*\*Please provide clinical notes documenting patient is diabetic and also the foot conditions that are checked above. \*\*\*\*\***

3. I am treating this patient under a comprehensive plan and care for his/her diabetes.

4. This patient needs special shoes (depth or custom-molded) and/or inserts because of his/her diabetic condition.

**Certifying Physician Information:** (must be signed by a MD or DO)

Doctor Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Medicare UPIN: \_\_\_\_\_



April 2014

Dear Physician - CERT/Therapeutic Shoes for Persons with Diabetes

Dear Physician:

The Comprehensive Error Rate Testing (CERT) Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), performs medical review audits for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) provided to Medicare beneficiaries to determine the paid claims error rate for Medicare contractors and providers.

Medicare covers therapeutic shoes and inserts for persons with diabetes as established by the *Social Security Act* §1861(s) (12). You may access the Therapeutic Shoes for Persons with Diabetes (TSPD) LCD and Related Policy Article on the CMS web site under the Medicare Coverage Database. In order for your patient to qualify for these shoes and inserts, Medicare statute mandates specific coverage and documentation requirements that must be met.

The most common CERT errors center on missing documentation from the certifying physician of the patient having diabetes, the existence of one or more of the conditions for coverage and the therapeutic plan of care. Three criteria are critical to coverage and form the majority of physician-related CERT errors:

1. Documenting your management of the beneficiary's diabetes. You are considered the "Certifying Physician" and there is no substitute for this documentation requirement. The Certifying Physician, by statute, must be an M.D. or D.O. and not a nurse practitioner, physician assistant or clinical nurse specialist;
2. Documenting a qualifying foot condition. As opposed to the criteria above regarding documentation of the beneficiary's diabetes management, the documentation of the qualifying foot condition may come from your records or by your indication of agreement (signified by initialing and dating) with information from the medical records of an in-person visit with a podiatrist, another M.D or D.O., physician assistant, nurse practitioner, or clinical nurse specialist that is within 6 months prior to delivery of the shoes/inserts.
3. Failure of the records to substantiate that an in-person visit occurred within 6 months prior to the delivery of the shoes or inserts.

It is important to note that even though you may complete and sign a form attesting that all of the coverage requirements from the policy have been met, there also must be documentation in your records to indicate that you are managing the patient's diabetes and records from either your chart or that of another practitioner documenting a qualifying foot condition.

Please refer to the Local Coverage Determination (LCD) on Therapeutic Shoes for Persons with Diabetes (TSPD), the related Policy Article and the *Supplier Manual* for additional information about coverage, billing and documentation requirements. Thank you for your assistance in reducing the CERT error rate.

Sincerely,

Paul J. Hughes, M.D.  
Medical Director, DME MAC, Jurisdiction A  
NHIC, Corp.

Robert D. Hoover, Jr., MD, MPH, FACP  
Medical Director, DME MAC, Jurisdiction C  
CGS Administrators, LLC

Stacey V. Brennan, M.D., FAAFP  
Medical Director, DME MAC, Jurisdiction B  
National Government Services

Eileen M. Moynihan, MD, FACP, FACR  
Medical Director, DME MAC, Jurisdiction D  
Noridian Healthcare Solutions

**NHIC, Corp.**

# NHIC, Corp.

A CMS Contractor

Durable Medical Equipment Medicare Administrative Contractor

DME MAC Jurisdiction A

## Therapeutic Shoes for Diabetics - Physician Documentation Requirements

Posted November 11, 2010 (SPE)

Dear Physician,

Medicare covers therapeutic shoes and inserts for persons with diabetes. This statutory benefit is limited to one pair of shoes and up to 3 pairs of inserts or shoe modifications per calendar year. However, in order for these items to be covered for your patient, the following criteria must be met:

- An M.D. or D.O. (termed the "certifying physician") must be managing the patient's diabetes under a comprehensive plan of care and must certify that the patient needs therapeutic shoes.
- That certifying physician must document that the patient has one or more of the following qualifying conditions:
  - Foot deformity
  - Current or previous foot ulceration
  - Current or previous pre-ulcerative calluses
  - Previous partial amputation of one or both feet or complete amputation of one foot
  - Peripheral neuropathy with evidence of callus formation
  - Poor circulation

According to Medicare national policy, it is not sufficient for a podiatrist, physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) to provide that documentation (although they are permitted to sign the order for the shoes and inserts). The certifying physician must be an M.D. or D.O.

The following documentation is required in order for Medicare to pay for therapeutic shoes and inserts and must be provided by the physician to the supplier, if requested:

1. **A detailed written order.** This can be prepared by the supplier but must be signed and dated by you to indicate agreement.
2. **A copy of an office visit note from your medical records that shows that you are managing the patient's diabetes.** This note should be within 6 months prior to delivery of the shoes and inserts.
3. **Either (a) a copy of an office visit note from your medical records that describes one of the qualifying conditions or (b) an office visit note from another physician (e.g., podiatrist) or from a PA, NP, or CNS that describes one of the qualifying conditions.** If option (b) is used, you must sign, date, and make a note on that document indicating your agreement and send that to the supplier.

The note documenting the qualifying condition(s) must be more detailed than the general descriptions that are listed above. It must describe (examples not all-inclusive):

- The specific foot deformity (e.g., bunion, hammer toe, etc.); or
- The location of a foot ulcer or callus or a history of one these conditions; or
- The type of foot amputation; or
- Symptoms, signs, or tests supporting a diagnosis of peripheral neuropathy plus the presence of a callus; or

- The specifics about poor circulation in the feet - e.g., a diagnosis of venous or arterial insufficiency or symptoms, signs, or test documenting one of these diagnoses. A diagnosis of hypertension, coronary artery disease, or congestive heart failure or the presence of edema are not by themselves sufficient.
4. **A certification form stating that the coverage criteria described above have been met.** This form will be provided by the supplier but must be completed, signed, and dated by you after the visits described in #2 and 3. If option 3(b) is used, that visit note must be signed prior to or at the same time as the completion of the certification form. **However, this form is not sufficient by itself to show that the coverage criteria have been met, but must be supported by other documents in your medical records - as noted in #2 and 3.**

New documentation is required yearly in order for Medicare to pay for replacement shoes and inserts.

Physicians can review the complete Local Coverage Determination and Policy Article titled *Therapeutic Shoes for Persons with Diabetes* on the NHIC Web site at <http://www.medicarenhic.com> viewed in the local coverage section of the Medicare Coverage Database at <http://www.cms.hhs.gov/mcd/search.asp>

Suppliers may ask you to provide the medical documentation described above on a routine basis in order to assure that Medicare will pay for these items and that your patient will not be held financially liable. Providing this documentation is in compliance with the HIPAA Privacy Rule. No specific authorization is required from your patient. Also note that you may not charge the supplier or the beneficiary to provide this information. Please cooperate with the supplier so that they can provide the therapeutic shoes and inserts that are needed by your patient.

Sincerely,

Paul J. Hughes, MD  
NHIC DME MAC Jurisdiction A  
Medical Director  
75 William B. Terry Drive  
Hingham, MA 02043