

CLINICIAN CHECKLIST FOR THERAPEUTIC SHOES FOR PERSONS WITH DIABETES

Policy References:

- [Local Coverage Determination \(LCD\) \(L33369\)](#)
- [Policy Article \(A52501\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

Standard Written Order (SWO)

In-person visit with the prescribing practitioner within six months prior to delivery of shoes/inserts documenting the following:

Criterion 1: - The beneficiary has diabetes mellitus

Criterion 2: - The beneficiary has one or more of the following conditions:

- a. Amputation of the other foot, or part of either foot; **or**
- b. History of foot ulceration of either foot; **or**
- c. History of pre-ulcerative calluses of either foot; **or**
- d. Peripheral neuropathy with evidence of callus formation of either foot; **or**
- e. Foot deformity of either foot; **or**
- f. Poor circulation in either foot.

Diagnoses such as hypertension, coronary artery disease, or congestive heart failure or the presence of edema are not by themselves sufficient. Documentation must include objective and quantifying information such as pedal pulses or clearly indicate the condition is of the foot/feet.

Certifying Physician

The Certifying Physician is defined as a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.) who is responsible for diagnosing and treating the beneficiary's diabetic systemic condition through a comprehensive plan of care. The certifying physician may not be a podiatrist or clinical nurse specialist. Consequent to the M.D. or D.O. restriction, a nurse practitioner (NP) and a physician assistant (PA) may not serve in the role of the certifying physician, unless practicing "incident to" the supervising physician's authority.

NPs or PAs providing ancillary services as auxiliary personnel could meet the “incident to” requirements in their provision of therapeutic shoes to beneficiaries with diabetes if all of the following criteria are met:

1. The supervising physician has documented in the medical record that the beneficiary is diabetic and has been, and continues to provide, the beneficiary follow-up under a comprehensive management program of that condition; **and**
2. The NP or PA certifies that the provision of the therapeutic shoes is part of the comprehensive treatment plan being provided to the beneficiary; **and**
3. The supervising physician must review and verify (sign and date) all of the NP or PA notes in the medical record pertaining to the provision of the therapeutic shoes, acknowledging their agreement with the actions of the NP or PA.

Criterion 2

Certifying Physician must either:

Personally document one or more of criteria a – f (listed above) in the medical record of an in-person visit within six months prior to delivery of the shoes/inserts and prior to or on the same day as signing the certification statement; **or**

Obtain, initial, date (prior to signing the certification statement), and indicate agreement with the information from the medical records of an in-person visit with a podiatrist, other MD or DO, PA, NP, or CNS that is within six months prior to delivery of the shoes/inserts, and that documents one or more of criteria a-f (listed above); **or**

Sign a Certifying Physician Statement on or after the date of the in-person visit and within three months prior to delivery of the shoes/inserts, certifying that the beneficiary has diabetes mellitus, has undergone an exam which demonstrates one of conditions a-f (listed above), is being treated by the certifying physician under a comprehensive plan of care for his/her diabetes and needs diabetic shoes; **or**

When another provider, other than the Certifying Physician, completes the in-person foot exam within six months prior to the delivery of the shoes/inserts, the Certifying Physician must obtain those medical records, and initial and date them to indicate agreement (I agree), prior to completing a certification statement.