Q1. Can a nurse practitioner (NP) or physician assistant (PA) medical record showing treatment for the diabetic condition suffice if the medical doctor (MD) or doctor of osteopathy (DO) co-signs it?

A1. There are two roles for the Certifying Physician, one of which cannot be delegated and one which can.

1. **Cannot Delegate** – Documentation of treatment for the beneficiary’s systemic diabetes condition. The Documentations section of the Local Coverage Determination (LCD L33369) states:

   The supplier must obtain a signed statement from the physician who is managing the beneficiary’s systemic diabetes condition (i.e., the certifying physician) specifying that the beneficiary has diabetes mellitus, has one of conditions 2a-2f listed in the related Policy Article, is being treated under a comprehensive plan of care for his/her diabetes, and needs diabetic shoes. The certifying physician must be an M.D. or D.O and may not be a podiatrist, physician assistant, nurse practitioner, or clinical nurse specialist. [Emphasis added]

2. **Can Delegate** – Documentation of the qualifying foot condition. The Certifying Physician may delegate documentation of the beneficiary’s qualifying foot condition (Local Coverage Determination related Policy Article coverage criterion 2). As noted in the related Policy Article to the LCD:

   In order to meet criterion 2, the certifying physician must either:
   
   i. Personally document one or more of criteria a – f in the medical record of an in-person visit within 6 months prior to delivery of the shoes/inserts and prior to or on the same day as signing the certification statement; or
   
   ii. Obtain, initial, date (prior to signing the certification statement), and indicate agreement with information from the medical records of an in-person visit with a podiatrist, other 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, and that documents one of more of criteria a – f. [Emphasis added]

Q2. Can a nurse practitioner (NP) or physician assistant (PA) complete and sign, then have an MD or DO co-sign, the Statement of Certifying Physician?

A2. No. Per the LCD, the Certifying physician must complete and sign the Statement of Certifying Physician.

Q3. If a medical professional (Doctor of Podiatric Medicine (DPM), NP, PA, clinical nurse specialist (CNS), another MD or DO) other than the Certifying Physician conducts a foot examination, does the Certifying Physician also have to conduct a foot exam?

A3. No. The related Policy Article states that if the Certifying Physician does not personally conduct the foot examination, they must obtain, indicate agreement, sign and date the foot examination completed by another medical professional. The foot examination conducted by another medical professional is expected to be detailed and discuss the qualifying foot condition(s) listed in the Policy Article.
Q4. Who can sign the detailed written order for diabetic shoes?
A4. The medical professional that prescribed the shoes and wrote the dispensing order for the diabetic shoes should sign the detailed written order. Per the related Policy Article, the Prescribing Physician can be an MD, DO, DPM, NP, PA, or CNS. The Prescribing Physician does NOT have to be the Certifying Physician.

Q5. Does the order date have to match the date of physician's signature on the detailed written order?
A5. No. The order date is the date the prescribing physician writes the dispensing order. The physician's signature date can be after the order date. Suppliers should NOT bill the Medicare program for the diabetic shoes and/or inserts until they have received a signed and dated detailed written order.

For example, the prescribing physician writes a dispensing order for shoes and inserts on November 1 and faxes it to the supplier. The supplier inputs the dispensing order into their system, creates a detailed written order, faxes it back to the physician, and makes arrangements with the beneficiary to come and get the shoes. The physician signs and dates the detailed written order and faxes it back to the supplier on November 5. The beneficiary can receive their shoes on/after November 1 (the order date). The supplier can bill the Medicare program once the beneficiary takes possession of the shoes as long as it is after November 5 (the physician's signature date on the order).

Q6. The beneficiary has a systemic diabetic condition visit and foot examination conducted in November 2015 and received diabetic shoes in December 2015. Can the supplier still use the diabetic condition and foot examination notes to deliver shoes in January 2016 if they get a new Statement of Certifying Physician and new detailed written orders?
A6. Possibly-depending on the exact date of shoe delivery in January. The related Policy Article states the Statement of Certifying Physician must be completed within three months of diabetic shoe delivery. The diabetic shoe benefit is a calendar year benefit. As such, it is possible for a beneficiary to get a pair of shoes late in one calendar year (assuming they have not already received a pair that year) and an additional pair early in the following calendar year.

Q7. If the medical record states “poor circulation,” is that enough to meet one of the requirements 2a-2f?
A7. No. An objective assessment of the beneficiary’s “poor circulation” must be detailed the treating practitioner’s medical record.

Q8. What is required to show a comprehensive plan of care for the beneficiary’s diabetic condition in the Certifying Physician’s records?
A8. The MD or DO that is managing the beneficiary’s systemic diabetic condition must indicate in the medical record that a comprehensive plan of care is actively being done. This is more than a diagnosis in the medical record. Numerous guidelines from clinical organizations related to diabetes care provide detailed information about the various elements of the care plan for persons with diabetes.

Q9. If the beneficiary tries on the shoes and states “they feel great and fit fine,” does that meet the requirement of the supplier’s in person evaluation at time of delivery?
A9. No. The related Policy Article states that an objective assessment must be completed by the supplier. A subjective assessment by the beneficiary, such as the statement in the question, does not meet this requirement. Additional information on the in-person evaluation is available in the May 2010 bulletin article entitled “Therapeutic Shoes – In-Person Fitting and Delivery.”
Q10. What does Medicare consider a valid foot deformity that meets requirements for diabetic shoes?

A10. The foot examination should include details of a musculoskeletal evaluation for any gross deformity of the feet and related structures that impact the feet. This may encompass a wide variety of conditions, some of which commonly include (not all-inclusive): hammer toes, claw toes, bunions, pes planus (flat foot or fallen arches), and Charcot Arthropathy.

Q11. Why do suppliers have to take an impression of the beneficiary’s feet for custom inserts every year when some manufacturers say the molds are good for X number of years?

A11. Beneficiary’s feet change. Making a new impression, cast or CAD-CAM image when providing new custom-molded shoes and/or inserts ensures that any changes in the beneficiary’s foot condition are taken into account. The LCD states that the supplier must have an in-person evaluation with the beneficiary at the time of selection. If custom-molded shoes (A5501) and inserts (A5513) are ordered, the supplier must make impressions, casts, or CAD-CAM images of the beneficiary’s feet that will be used in creating positive models of the feet.