FAQ - Therapeutic Shoes for Persons with Diabetes

DME MAC Joint Publication


**Q1.** Can a nurse practitioner or physician assistant medical record showing treatment for the diabetic condition suffice if the medical doctor (M.D.) or doctor of osteopathy (D.O.) co-signs it?

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

- **Cannot Delegate** – Documentation of treatment for the beneficiary’s systemic diabetes condition. The supplier must obtain a signed statement from the practitioner who is personally 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 Policy Article (A52501), 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.**

- **Can Delegate** – Documentation of the qualifying foot condition. The Certifying Physician may delegate documentation of the beneficiary’s qualifying foot condition. The certifying physician must either:
  
  i. Personally document one or more of conditions 2a-2f listed in the related Policy Article (A52501) 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 conditions 2a-2f listed in the related Policy Article (A52501). **[Emphasis added]**

**Q2.** Can a nurse practitioner or physician assistant complete and sign, then have an M.D. or D.O. co-sign, the Statement of Certifying Physician?

**A2.** No. The Certifying physician must complete and sign the Statement of Certifying Physician.
Q3. If a medical professional (podiatrist, nurse practitioner, physician assistant, clinical nurse specialist, another M.D. or D.O.) other than the Certifying Physician conducts a foot examination, does the Certifying Physician also have to conduct a foot exam?

A3. No. 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) and occur within 6 months prior to delivery of the shoes/inserts and prior to or on the same day the certification statement is signed.

Q4. Who can sign the standard written order for diabetic shoes?

A4. The Prescribing Practitioner is the person who actually writes the order for the therapeutic shoe, modifications and inserts. This practitioner must be knowledgeable in the fitting of diabetic shoes and inserts. The prescribing practitioner may be a podiatrist, M.D., D.O., physician assistant, nurse practitioner, or clinical nurse specialist. The prescribing practitioner may be the supplier (i.e., the one who furnishes the footwear).

Q5. The beneficiary has a systemic diabetic condition visit and foot examination conducted in November 2019 and received diabetic shoes in December 2019. Can the supplier still use the diabetic condition and foot examination notes to deliver shoes in January 2020 if they get a new Statement of Certifying Physician and a new standard written order?

A5. Possibly - depending on the exact date of shoe delivery in January. 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.

Q6. If the medical record states "poor circulation," is that enough to meet one of the requirements 2a-2f?

A6. No. An objective assessment of the beneficiary’s "poor circulation" must be detailed in the treating practitioner’s medical record.

Q7. What is required to show a comprehensive plan of care for the beneficiary’s diabetic condition in the Certifying Physician's records?

A7. The M.D. or D.O. 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.

Q8. 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?

A8. No. 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.

Q9. What does Medicare consider a valid foot deformity that meets requirements for diabetic shoes?

A9. 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.

Q10. 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?

A10. 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 or A5514) 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.