

Statement of Certifying Physician for Therapeutic Shoes

Patient Name: _____

MBI: _____

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. (Circle all that apply):
 - a) History of partial or complete amputation of the foot
 - b) History of previous foot ulceration
 - c) History of pre-ulcerative callus
 - d) Peripheral neuropathy with evidence of callus formation
 - e) Foot deformity
 - f) Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: _____

Date Signed: _____

Physician name (printed - **MUST BE AN M.D. OR D.O.**):

Physician address:

Physician NPI: _____

Therapeutic shoes, inserts and/or modifications to therapeutic shoes are covered if all of the following criteria are met:

The beneficiary has diabetes mellitus (Reference diagnosis code section below); and

The certifying physician has documented in the beneficiary's medical record one or more of the following conditions:

Previous amputation of the other foot, or part of either foot, or

History of previous foot ulceration of either foot, or

History of pre-ulcerative calluses of either foot, or

Peripheral neuropathy with evidence of callus formation of either foot, or

Foot deformity of either foot, or

Poor circulation in either foot; and

The certifying physician has certified that indications (1) and (2) are met and that he/she is treating the beneficiary under a comprehensive plan of care for his/her diabetes and that the beneficiary needs diabetic shoes. For claims with dates of service on or after 01/01/2011, the certifying physician must:

Have an in-person visit with the beneficiary during which diabetes management is addressed within 6 months prior to delivery of the shoes/inserts; and

Sign the certification statement (refer to the Policy Specific Documentation Requirements section below) on or after the date of the in-person visit and within 3 months prior to delivery of the shoes/inserts.

In order to meet criterion 2, the certifying physician must either:

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

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 or more of criteria a – f.

The requirement that the in-person visit(s) be within 6 months prior to delivery of the shoes/inserts is effective for claims with dates of service on or after 1/1/2011.