

THERAPEUTIC SHOES FOR PATIENTS WITH DIABETES:

INFORMATION FOR CERTIFYING PHYSICIANS, PODIATRIST AND MEDICAL PROVIDERS



Dear Certifying Physician,

Medicare covers therapeutic shoes and inserts for patients with diabetes. As the Certifying Physician, you have a vital role in this process, with obligations that include the following actions:

1. Document that you have a comprehensive plan of care for managing your patient's diabetes and certification that your patient needs therapeutic shoes; and,
2. Document a foot exam and that the patient has one or more of the following qualifying conditions:
 - a. Previous amputation of the other foot, or part of either foot; or,
 - b. History of previous 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.

As the Certifying Physician, you are ultimately responsible for satisfying the statutory obligations outlined above; however, you may delegate the foot exam to one of your DPM, PA, DO, or NP colleagues. **If you delegate the foot exam to the DPM, PA, DO, or NP colleague then you must countersign, date, and acknowledge agreement with the their documented foot exam findings.**

As Tierney Orthotics and Prosthetics is the supplier of the shoes and inserts, we require the following documentation from you to support their claim to Medicare:

1. **A copy of an office visit note, from the patient's medical record, which shows that you are managing your patient's diabetes.** This office visit must occur within **6 months** prior to delivery of the shoes and inserts.
2. **A copy of an office visit note, from the patient's medical record, that documents at least one of the qualifying conditions (a-f) listed above.**
3. **A Certification Statement form**, completed, signed, and dated by you, the certifying physician, on or after the date of the office visit and within **3 months** prior to delivery of the shoes/inserts. This form will be provided by the Tierney Orthotics and Prosthetics.

Note: For foot exams delegated to a colleague, the documented foot exam must be countersigned, dated, and agreement acknowledged by you **prior to or on the same date** as the completion of the Certification Statement form.

For additional information, you may review the Therapeutic Shoes for Persons with Diabetes Local Coverage Determination (<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33369>) and the related Policy Article (<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=52501>) located in the Medicare Coverage Database at <http://www.cms.gov/medicare-coverage-database>.

Please cooperate with Tierney Orthotics and Prosthetics so that they may provide the therapeutic shoes and inserts that are needed for our patients.

Sincerely,

Cynthia Tierney: BOCO, C. PedBoc,
Orthotist, Podiatrist: Owner

Emily Tierney: CPO, MSPO
Certified Prosthetist Orthotist

Geof Tibbs: CO, CPA
Cranial Remolding Specialist

Alexandria Poole: CPO, MSPO
Certified Prosthetist Orthotist

D'Neil Hoke: CFo
Certified Orthotic Fitter

Michelle Rowland: COF, CMF
Certified Orthotic Fitter & Certified
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