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THERAPEUTIC SHOES FOR PERSONS WITH DIABETES:
TIPS FOR CERTIFYING PHYSICIANS AND PODIATRIST SUPPLIERS
March 2024

Dear Certifying Physician,

Medicare covers therapeutic shoes and inserts for persons with diabetes. As the Certifying Physician, you have a critical role in the process, with statutory 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 podiatry (DPM) colleagues. **If you delegate the foot exam to the DPM, then you must countersign, date, and acknowledge agreement with the DPM's documented foot exam findings.**

The DPM who completes the delegated foot exam may also be the supplier of the shoes and inserts. As the supplier of the shoes and inserts, the DPM requires 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 supplier.

Note: For foot exams delegated to the DPM, the DPM's 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 the supplier so that they may provide the therapeutic shoes and inserts that are needed by your patient.

Sincerely,

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