

**Reference: L157, A37076 (prior to 10/01/2015); L33369, A52501 (on/after 10/01/2015)**

### All Therapeutic Shoes, Accessories, and Supplies

Dispensing Order, if applicable

Detailed Written Order (DWO)

The DWO must be dated on or after in-person visit with the prescribing physician. If the prescribing physician is also the supplier, a separate order is not required, but the item provided must be clearly noted in the beneficiary's record.

Beneficiary Authorization

Proof of Delivery (POD)

Direct delivery is the only acceptable method of delivery for Therapeutic Shoes and inserts.

Signed and dated statement from the certifying physician who is treating the beneficiary's diabetes specifying the following:

Beneficiary has diabetes mellitus; **and**

Beneficiary has one or more of the conditions noted below; **and**

Beneficiary is being treated under a comprehensive plan of care for his/her diabetes; **and**

Beneficiary needs diabetic shoes.

The certifying physician must be an M.D. or D.O, not a DPM, PA, NP, or CNS. The certification statement must be completed, signed, and dated by the certifying physician on or after the date of the in-person visit and within three months prior to delivery of the shoes/inserts. This statement should not be signed prior to documented medical records supporting conditions noted below.

### Medical Records

Documentation of an in-person visit within six months prior to delivery of the shoes/inserts documenting the following:

Criterion 1 -The beneficiary has diabetes mellitus

Criterion 2 -The beneficiary has one or more of the following conditions:

a. Amputation of the other foot, or part of either foot, **or**

b. History of 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.

Same / Similar

Surgery Related

Hospital PO# \_\_\_\_\_

Diagnoses such as hypertension, coronary artery disease, or congestive heart failure or the presence of edema are not by themselves sufficient. Documentation must include objective and quantifying information such as pedal pulses or clearly indicate the condition is of the foot/feet.

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 six 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 the information from medical records of an in-person visit with a podiatrist, other M.D or D.O., PA, NP, or CNS that is within 6 months prior to delivery of the shoes/inserts, and that documents one or more of criteria a-f
- Criterion 3 – The certifying physician has certified that criteria (1) and (2) are met, that he/she is treating the beneficiary under a comprehensive plan of care for his/her diabetes and that the beneficiary needs diabetic shoes.
  - 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 on or after the date of the in-person visit and within 3 months prior to delivery of the shoes/inserts.
- Supplier documentation
  - Criterion 4 – An in-person evaluation by the supplier prior to selection of the items including the following:
    - An examination of the beneficiary’s feet with a description of the abnormalities that will need to be accommodated by the shoes/inserts; **and**
    - Measurements of the beneficiary’s feet.
    - For custom molded shoes (A5501) and inserts (A5513), taking impressions, making casts, **or** obtaining CAD-CAM images of the beneficiary’s feet.
  - Criterion 5 – An objective in-person evaluation at the time of delivery including the following:
    - Assessment with the beneficiary wearing the shoes and inserts; **and**
    - Documentation that the shoes/inserts fit properly.