WRIGHT & FILIPPIS®

IMPORTANT MEDICARE DOCUMENTATION INSTRUCTIONS

Providing this benefit for your patient is as easy as One, Two, Three...

One

Complete the Statement of Certifying Physician confirming the patient meets Medicare's criteria–they have diabetes and one of the six qualifying conditions listed on the Statement.

Two

Complete the Prescription for Diabetic Shoes and Inserts, along with any special instructions.

Three

Provide a copy of your Patient Notes–the sections showing
1) diagnosis of the qualifying condition and
2) treatment of the patient's diabetes.

Return these three documents to the patient or simply fax them to the provider listed on the back of this brochure. If you have any questions, please contact the provider for assistance.

To be completed by the M.D. or D.O. managing the patient's systemic diabetes condition in order for the patient to receive the Medicare benefit for prescription diabetic shoes and inserts under the Therapeutic Shoes for Persons with Diabetes (TSPD) Act.

National Government Services

MEDICARE

A CMS Medicare Administrative Contractor
http://www.NGSMedicare.com

Dear Physician – CERT/Therapeutic Shoes for Persons with Diabetes April 2014

Dear Physician:

The Comprehensive Error Rate Testing (CERT) Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), performs medical review audits for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) provided to Medicare beneficiaries to determine the paid claims error rate for Medicare contractors and providers.

Medicare covers therapeutic shoes and inserts for persons with diabetes as established by the Social Security Act Section 1861(s) (12). You may access the Therapeutic Shoes for Persons with Diabetes (TSPD) local coverage determination (LCD) and related policy article on the CMS Web site under the Medicare Coverage Database. In order for your patient to qualify for these shoes and inserts, Medicare statute mandates specific coverage and documentation requirements that must be met.

The most common CERT errors center on missing documentation from the certifying physician of the patient having diabetes, the existence of one or more of the conditions for coverage and the therapeutic plan of care. Three criteria are critical to coverage and form the majority of physician-related CERT errors:

1. Documenting your management of the beneficiary's diabetes. You are considered the "Certifying Physician" and there is no substitute for this documentation requirement. The Certifying Physician, by statute, must be an M.D. or D.O. and not a nurse practitioner, physician assistant or clinical nurse specialist;
2. Documenting a qualifying foot condition. As opposed to the criteria above regarding documentation of the beneficiary's diabetes management, the documentation of the qualifying foot condition may come from your records or by your indication of agreement (signified by initialing and dating) with information from the medical records of an in-person visit with a podiatrist, another M.D or D.O., physician assistant, nurse practitioner, or clinical nurse specialist that is within six months prior to delivery of the shoes/inserts.
3. Failure of the records to substantiate that an in-person visit occurred within six months prior to the delivery of the shoes or inserts.

It is important to note that even though you may complete and sign a form attesting that all of the coverage requirements from the policy have been met, there also must be documentation in your records to indicate that you are managing the patient's diabetes and records from either your chart or that of another practitioner documenting a qualifying foot condition.

Please refer to the LCD on Therapeutic Shoes for Persons with Diabetes (TSPD), the related policy article and the *Jurisdiction B DME MAC Supplier Manual* for additional information about coverage, billing and documentation requirements. Thank you for your assistance in reducing the CERT error rate.

Sincerely,

Stacey V. Brennan, M.D., FAAFP

On behalf of:

Paul J. Hughes, M.D. Medical Director, DME MAC, Jurisdiction A NHIC, Corp.	Robert D. Hoover, Jr., MD, MPH, FACP Medical Director, DME MAC, Jurisdiction C CGS Administrators, LLC
Stacey V. Brennan, M.D., FAAFP Medical Director, DME MAC, Jurisdiction B National Government Services	Eileen M. Moynihan, MD, FACP, FACR Medical Director, DME MAC, Jurisdiction D Noridian Healthcare Solutions

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Statement of Certifying Physician

Patient:_____

Patient D.O.B.:_____Patient Phone:_____

Date of last visit:_____

Medicare HIC #:_____

1. This patient has diabetes mellitus:
   ☐ Type 2 ☐ Type 1
2. QUALIFYING CONDITIONS: I have diagnosed and am including my notes showing that this patient has one or more of the following:
   - ☐ 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 (i.e., small or large vessel arterial insufficiency) in either foot.
3. I am treating this patient under a comprehensive plan for care of his/her diabetes
   - Must have in-person visit within 6 months prior to delivery of shoes/inserts
4. This patient needs special shoes (extra depth or custom molded) because of his/her diabetes
5. This patient needs shoe inserts (heat molded or custom fabricated) because of his/her diabetes

Must be signed on or after date of in-person visit and within 3 months prior to delivery of shoes.

Physician Signature:_____
Must be an M.D. or D.O.

Physician Name:_____

NPI#:_____Date:_____

Physician Phone:_____

Physician Address:_____

PLEASE PROVIDE TO PATIENT THIS FORM AND YOUR PATIENT NOTES OR FAX TO: _____

Prescription for Diabetic Shoes and Inserts

Patient:_____

Patient D.O.B.:_____Patient Phone:_____

Date of last visit:_____

ICD-10 Code: _____

Medicaid ID #: _____

1. Type of shoes prescribed (check):
   - ☐ Extra Depth (A5500) ☐ 1 pair or ☐ L or ☐ R
   - ☐ Custom Molded (A5501) ☐ 1 pair or ☐ L or ☐ R

2. Types of inserts prescribed (check one):
   - ☐ Heat Moldable (A5512) ☐ 1 ☐ 2 or ☐ 3 pairs
   - ☐ Custom Fabricated (A5513) ☐ 1 ☐ 2 or ☐ 3 pairs

R	L	
☐	☐	Rocker Bottom - *per shoe*
☐	☐	Wedge - *per shoe*
☐	☐	Metatarsal Bar - *per shoe*
☐	☐	Off Set Heel - *per shoe*
☐	☐	Toe Filler (L5000) - *per shoe*

3. Custom fabricated functional arch support (non covered Medicare)

R	L	
☐	☐	Custom Arch Support (L3020)

Physician Signature:_____
Must be an M.D. or D.O., D.P.M., P.A., N.P, or Clinical Nurse Specialist

Physician Name:_____

NPI#:_____Date:_____

Physician Phone:_____

Physician Address:_____

PLEASE PROVIDE TO PATIENT THIS FORM AND YOUR PATIENT NOTES OR FAX TO: _____

September 2015/00018791