In order to be in compliance with Medicare and receive reimbursement, the information in this brochure needs to be documented in your medical records, and provided to the Orthotist as part of the referral process. This will ensure that your patient receives their orthotic device as quickly as possible. If it is not within the scope of your practice to provide this type of information, please assist your patient in locating a physician to document and order their orthosis.

References
DME MAC Letter, “Dear Physician - Therapeutic Shoes for Diabetics,” issued November 2010
https://www.noridianmedicare.com/dme/coverage/resources.html
https://www.noridianmedicare.com/dme/coverage/docs/lcds/current_lcds/therapeutic_shoes_for_persons_with_diabetes.htm

For further information and resources, please contact us.

www.achillespo.com

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Bakersfield, CA 93301
Ph: 661-323-5944
Fax: 661-323-2820

Santa Maria
622 E. Main Street
Santa Maria, CA 93454
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San Luis Obispo
842 California Blvd
San Luis Obispo, CA 93401
Ph: 805-541-3800
Fax: 805-541-3818
A. Physical Exam
- Diagnosis
- Height, weight, weight gain/loss
- Musculoskeletal examination (arm & leg strength; range of motion)
- Neurological examination; gait, balance and coordination
- The specific foot deformity (e.g. bunion, hammer toe, etc.
- The location of a foot ulcer or a history of one of these conditions;
- The type of foot amputation;
- Symptoms, signs, or tests supporting a diagnosis of peripheral neuropathy plus the presence of a callus;
- The specifics about poor circulation in the feet—e.g., a diagnosis of venous or arterial insufficiency or symptoms, signs, or tests documenting one of these diagnoses. A diagnosis of hypertension, coronary artery disease, or congestive heart failure, or the presence of edema, are not by themselves sufficient.

B. Functional deficits
- Medical history relevant to their diabetes, the duration & clinical course (improvement/worsening) and medications taken
- Ambulatory assistance currently used (wheelchair, walker, cane, caregiver, etc.)

C. Patient’s past experience with diabetic shoes & insoles
- Has the patient worn diabetic shoes before? If so, when were they last fit?
- Describe any problems the patient experienced (e.g. sores or callusing on the feet, barriers to ambulation, balance, inability to perform activities, etc.)

D. Recommendation for new diabetic shoes & insoles

This should be part of your treatment plan. You do not need to specify the exact brand of shoes, but it must be specified “Diabetic shoes and insoles.”

Please send all notes from your in-person visit with the patient showing you are managing the patient’s diabetes, with all previously noted items, along with a prescription, and documentation that it was written, to the office most convenient for the patient.

Once we have received an initiating prescription and notes from an M.D. or D.O., we will schedule the patient for evaluation only.

A detailed written order will then be sent to the ordering M.D. or D.O. and must be signed and dated indicating agreement.

A certification form will also be sent by us to your office. This form is not sufficient by itself to show the coverage criteria has been met and must be supported by other documents in your medical records.