

New Medicare Requirements!

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.



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**When Referring
your Patient for
Diabetic Shoes**

**Documentation guide for Physicians
for Medicare patients**



Medicare covers therapeutic shoes and inserts for persons with diabetes. This statutory benefit is limited to one pair of shoes and up to 3 pair of inserts or shoe modifications per calendar year.

In order for these items to be covered for your patient, there must be sufficient documentation of the patient's medical condition to support the need for the type and quantity of the items ordered.

An M.D. or D.O. must be managing the patient's diabetes under a comprehensive plan of care. According to Medicare national policy, it is not sufficient for a podiatrist, physician assistant, nurse practitioner or clinical nurse specialist to provide that documentation (although they are permitted to sign the order for shoes and inserts). The certifying physician must be an M.D. or D.O.

The M.D. or D.O. must document that the patient has one or more of the following qualifying conditions:

- ◆ Foot deformity
- ◆ Current or previous foot ulceration
- ◆ Current or previous pre-ulcerative callus
- ◆ Previous partial amputation of one or both feet or complete amputation of one foot
- ◆ Peripheral neuropathy with evidence of callus formation
- ◆ Poor circulation

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. or)
- The location of a foot ulcer or a history of one of these conditions; or
- The type of foot amputation; or
- Symptoms, signs, or tests supporting a diagnosis of peripheral neuropathy plus the presence of a callus; or
- 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.