

Dear Patient,

Thank you for choosing our company as your Diabetic Shoe/Insert Provider! In order for Medicare to cover and pay for your Diabetic shoe needs we must have all the documentation required up front BEFORE you are evaluated by our clinician. **This is due to the stringent documentation requirements placed on us by CMS (Centers for Medicare and Medicaid Services).** Medicare replacement Plans follow these same stringent guidelines. Many other insurance carriers have adopted these guidelines as well. We apologize for this inconvenience and ask that you and your physician NOT fax the documentation to our office. We require that you bring this documentation from your physician to our office so we may review it for any issues.

Once we have all the required documentation and you meet the coverage criteria, we will schedule your evaluation with the clinician.

The required documentation includes:

1. Prescription
2. Proof of diabetes management with MD or DO within last 6 months
3. Completed Therapeutic Shoe Form
4. Proof of qualifying condition in medical records
5. Comprehensive foot exam

When these documents are provided to us we will review to ensure all requirements have been met. Our office will then forward the Detailed Written Order to the prescribing physician for signature.

Please pay special attention to the requirement that your Diabetes be managed by a MD or DO. This is due to the way the law is written for coverage and we are not able to change it. We understand that many patients see a Nurse Practitioner or Physician's Assistant for their Diabetes Management. However, Medicare does not allow this for coverage and payment of Diabetic Shoes/Inserts. If you have not seen a MD or DO for Diabetes Management you will have to set up an appointment with one to meet this requirement.

The first step to obtaining your Diabetic Shoes and/or Inserts is getting a prescription from your physician for these items. **In order to qualify you must be diagnosed as a diabetic AND have at least one qualifying condition.** These are listed on the Therapeutic Shoe Form (enclosed).

The remaining requirements are outlined in the Dear Physician Letter enclosed. This letter was written by a Medical Director for Medicare, Robert D. Hoover, JR, MD, MPH, FACP. It explains to your physician all the requirements for Medicare to cover and pay for your Diabetic Shoes/Inserts. It also explains that your physician must provide these records to us, and that this is not a HIPAA violation.

We also have enclosed a Comprehensive Foot Exam form for your physician if they do not have one. If they choose to use this form the physician must incorporate it into your medical records.

If at any time you wish to see the full Coverage Requirements from Medicare for Diabetic Shoes/Inserts we will gladly provide it to you.

Please let us know if you have any questions. We understand the coverage requirements for this service are confusing. Thank you for your cooperation!

Statement of Certifying Physician for Therapeutic Shoes

Patient Name: _____

HIC #: _____

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions. (Circle all that apply):
 - 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
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: _____

Date Signed: _____

Physician name (printed - **MUST BE AN M.D. OR D.O.**):

Physician address:

Physician NPI: _____



A CELERIAN GROUP COMPANY

ORIGINALLY PUBLISHED AUGUST 2011 | UPDATED FEBRUARY 2016
RE: THERAPEUTIC SHOES FOR DIABETICS - PHYSICIAN DOCUMENTATION REQUIREMENTS

We IMPACT lives.

Dear Physician:

Medicare covers therapeutic shoes and inserts for persons with diabetes. This statutory benefit is limited to one pair of shoes and up to 3 pairs of inserts or shoe modifications per calendar year. However, in order for these items to be covered for your patient, the following criteria must be met:

1. An M.D. or D.O. (termed the “certifying physician”) must be managing the patient’s diabetes under a comprehensive plan of care and must certify that the patient needs therapeutic shoes.
2. That certifying physician must document that the patient has one or more of the following qualifying conditions:
 - a. Foot deformity
 - b. Current or previous foot ulceration
 - c. Current or previous pre-ulcerative calluses
 - d. Previous partial amputation of one or both feet or complete amputation of one foot
 - e. Peripheral neuropathy with evidence of callus formation
 - f. Poor circulation

According to Medicare national policy, it is not sufficient for a podiatrist, physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) to provide that documentation (although they are permitted to sign the order for the shoes and inserts). The certifying physician must be an M.D. or D.O.

The following documentation is required in order for Medicare to pay for therapeutic shoes and inserts and must be provided by the physician to the supplier, if requested:

1. A detailed written order. This can be prepared by the supplier but must be signed and dated by you to indicate agreement.
2. A copy of an office visit note from your medical records that shows that you are managing the patient’s diabetes. This note should be within 6 months prior to delivery of the shoes and inserts.
3. Either (a) a copy of an office visit note from your medical records that describes one of the qualifying conditions or (b) an office visit note from another physician (e.g., podiatrist) or from a PA, NP, or CNS that describes one of the qualifying conditions.

If option (b) is used, you must sign, date, and make a note on that document indicating your agreement and send that to the supplier.



The note documenting the qualifying condition(s) must be more detailed than the general descriptions that are listed above. It must describe (examples not all-inclusive):

- The specific foot deformity (e.g., bunion, hammer toe, etc.); or
 - The location of a foot ulcer or callus or a history of one 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 test 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.
4. A certification form stating that the coverage criteria described above have been met. This form will be provided by the supplier but must be completed, signed, and dated by you after the visits described in #2 and 3. If option 3(b) is used, that visit note must be signed prior to or at the same time as the completion of the certification form. **However, this form is not sufficient by itself to show that the coverage criteria have been met, but must be supported by other documents in your medical records – as noted in #2 and 3.**

New documentation is required yearly in order for Medicare to pay for replacement shoes and inserts.

Physicians can review the complete Therapeutic Shoes for Persons with Diabetes Local Coverage Determination (<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33369&ContrID=140>) and Policy Article (<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52501&ContrID=140>).

Suppliers may ask you to provide the medical documentation described above on a routine basis in order to assure that Medicare will pay for these items and that your patient will not be held financially liable. Providing this documentation is in compliance with the HIPPA Privacy Rule. No specific authorization is required from your patient. Also note that you may not charge the supplier or the beneficiary to provide this information. Please cooperate with the supplier so that they can provide the therapeutic shoes and inserts that are needed by your patient.

Sincerely,



Robert D. Hoover, Jr., MD, MPH, FACP
Medical Director, DME MAC Jurisdiction C
CGS Administrators, LLC