



DIABETIC FOOTWEAR INFORMATION

Thank you for choosing us for your diabetic shoe needs. We have put together this packet for you to help you understand Medicare's requirements for payment of this benefit. Please read this information and take it to your physician treating your diabetes.

To meet the Medicare requirements you must:

- Have an in-person visit with the doctor (MD or DO) treating you for your diabetes.
 - o Have a written prescription for the shoes and inserts written from your treating diabetic doctor or podiatrist.
- Discuss with the doctor the management of your diabetes and/or foot problems and have the doctor document this discussion in your medical record. o Have the doctor document in your medical record the condition that qualifies you for therapeutic (diabetic) footwear. See the attached "Statement of Certifying Physician for Therapeutic Shoes" – Section 2.
 - o Obtain a copy of your medical record with the above documentation and bring it to us and/or have faxed to our office.
- Have the doctor complete, sign and date the attached "Statement of Certifying Physician for Therapeutic Shoes" ensuring that at least one condition in section 2 is circled. Bring this to us and/or have faxed to our office.

Once you have completed the above, call our office to schedule for an evaluation. At that appointment please ensure that you bring the signed statement along with your medical records.

Medicare Requirements for Diabetic Shoes and Inserts

Medicare has new rules for diabetic shoes and inserts. If these new rules are not followed, Medicare will not pay for the shoes or inserts. The following are instructions to meet these requirements:



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Information and instructions for the patient:

1. You must have an in-person visit with the doctor treating you for diabetes and you must discuss your diabetes management and the need for therapeutic shoes. This visit with your doctor must take place 6 months prior to delivery of the shoes/inserts. Be sure that you discuss your diabetes treatment as well as your need for therapeutic shoes and inserts.
2. Your doctor must 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.
3. Have your doctor complete, sign and date the attached Statement of Certifying Physician for Therapeutic Shoes.
4. Obtain a copy of your medical record from your doctor documenting the management of your diabetes and the condition that qualifies you for therapeutic shoes.

Information and instructions for the physician treating you for diabetes:

1. The physician must certify that indications (1) and (2) on the Certifying Statement for Therapeutic Shoes are met and that he/she is treating the patient under a comprehensive plan of care for his/her diabetes and that the patient needs diabetic shoes.
2. Certifying physician must:
 - a. Have an in-person visit with the patient during which diabetes management is addressed and that visit must be within 6 months prior to delivery of the shoes/inserts; and
 - b. Sign & date the certification statement on or after the date of the in-person visit and within 3 months prior to delivery of the shoes/inserts.
3. There must be information in the medical records of the certifying physician that:
 - a. Documents management of the patient's diabetes; and
 - b. Documents detailed information about the condition that qualifies the patient for coverage.
4. Complete all sections of the attached certifying statement and sign and date.

Please note: The Certification Statement by itself does not meet this requirement for documentation in the medical records



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STATEMENT OF CERTIFYING PHYSICIAN FOR THERAPEUTIC FOOTWEAR

NOTE: FOR COVERAGE BY MEDICARE UNDER THE THERAPEUTIC SHOES FOR DIABETICS PROGRAM—THIS DOCUMENT MUST BE SIGNED BY THE M.D. OR D.O. MANAGING THE PATIENT'S SYSTEMIC DIABETIC CONDITION AND THE STATEMENTS DOCUMENTED BELOW MUST BE DOCUMENTED IN THE PATIENT'S MEDICAL RECORD.

Patient: _____ Date of Birth: _____

Medicare #: _____

I certify that all of the following statements are true:

- 1) This patient has diabetes mellitus- ICD-10 Code: (more than 4 digits required)
- 2) This patient has one or more of the following conditions
(circle all that apply and document/describe in medical records all that is circled):
 - 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) and/or inserts because of his/her diabetes.
- 5) The above information is documented in the patient's medical record.

CERTIFYING PHYSICIAN INFORMATION:

_____ MD or DO _____		
Physician Name (printed)	(circle one) Physician Signature	Date

_____	_____
Physician Address Physician	NPI #

Physician Phone #