



Attention Patients

CHANGES IN DIABETIC FOOTWEAR

Due to firm insurance changes for diabetic footwear, patients are required to obtain certain documents from the Physician(s) which will need to be forwarded (via fax or in person) to our office for approval.

1. **PRESCRIPTION:** Obtain a valid prescription. The prescription can come from any Physician (ie: Podiatrist, Orthopedic, Internal Medicine, etc.). The prescription should include the items being prescribed along with the appropriate diagnosis listed.
 - a. Once obtained, you must be evaluated and your footwear delivered within a 3 month window in order for your insurance to consider coverage.
2. **APPOINTMENT:** Schedule an appointment with the physician who is managing your diabetes. Your physician must do a thorough foot examination and document any and all conditions related to your diabetic feet.
 - a. This appointment must be within 3 months of time of prescription date.
 - b. This must be a M.D. or D.O. physician, your Podiatrist or Orthopedic Doctor CANNOT complete this foot examination.
 - c. You must have at least 1 on the conditions listed below.
 - i. History of partial or complete amputation of the foot
 - ii. History of previous foot ulceration
 - iii. History of pre-ulcerative callus
 - iv. Peripheral neuropathy **with** evidence of callus formation
 - v. Foot deformity
 - vi. Poor circulation
 - d. Any and all of these issues must be documented in their assessment of your feet.**
3. **MEDICAL RECORDS:** We are required by your insurance to collect progress/medical notes from your referring physician and your diabetic physician.
 - a. If your treating diabetic physician writes the prescription for your diabetic shoes, then only his/her notes will be required. However, if another doctor writes the prescription we will not only need your diabetic doctor's notes, but also the physician that wrote the prescription.
 - b. Have the physician who has completed the diabetic verification form; highlight what he/she has circled on that form in his/her dictated office notes from Step 2's visit. For example, on the diabetic verification form, if the physician circles **f) Poor Circulation**, that MUST be indicated in the doctor's office notes from your appointment.

Included, is a letter to your physician that you may take with you at the time of your diabetic foot evaluation. These are the guidelines set forth by Medicare for required documentation needed from your treating physician.

Virginia Prosthetics is committed to serving your diabetic footwear needs. By obtaining these required documents we are able to work diligently in obtaining coverage with your insurance company.

Per CMS/Medicare Guidelines

Therapeutic Shoes for Diabetes-Physician Documentation Requirements

Dear Physician,

Medicare covers therapeutic shoes and inserts for a person 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:

- 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.
- That certifying physician must document that the patient has one or more of the following qualifying conditions:
 - Foot Deformity
 - Current or previous ulceration
 - Current or previous per-ulcerative calluses
 - Pervious partial amputation of one or both feet or complete amputation of one foot
 - Peripheral neuropathy with evidence of callus formation
 - Poor circulation

According to Medicare’s 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 the therapeutic shoes and inserts and must be provided by the physician to 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 at least one office visit note from your medical records that shows you are managing the patient’s diabetes and their conditions requiring necessity for diabetic shoes.** This note should be within 3 months prior to delivery of the shoes and inserts.
3. **A copy of an office visit note from your medical records that describes one of the qualifying conditions.**

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 of these conditions; or
 - The type of 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 is not by themselves sufficient.
4. A certification form stating that the coverage criteria described above have been met. This form will be provided by supplier but must be complete, signed, and dated by you after the visit described in #2 and 3. If

option 3(b) is used, that visit note must be signed prior to or at the same 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.**

5. A Comprehensive Foot Evaluation form is included to help aid in justification and necessity, however is NOT required by CMS Medicare.

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

Physicians can review the complete Local Coverage Determination and Policy Article titled Therapeutic Shoes for Persons with Diabetes on the CMS website at <http://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?Date=05/20/2013&DocID=L11525>

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.