



Dear Physician,

Northern Prosthetics is happy to provide diabetic shoes and inserts to patients who are qualified through Medicare's shoe program. Following are the criterion direct from Noridian's letter to physicians explaining what is needed for coverage.

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. A 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 in one or both feet

The Social Security Act §1861(s)(12) requires that a doctor of medicine (MD) or doctor of osteopathy (DO) certify that the beneficiary receiving therapeutic shoes and inserts is under a comprehensive plan of care for their diabetes. As a result of the statutory MD or DO restriction, nurse practitioners (NPs) and physician assistants (PAs) may not serve in the role of the certifying physician

A copy of an office visit note, from the patient's medical record, that describes one of the qualifying conditions (a-f) listed above. The note documenting the qualifying condition(s) must be more detailed than the general descriptions that are listed above (a-f). It must describe (examples not all-inclusive):

- a. The specific foot deformity (such as bunion, hammer toe, etc.); or
- b. The location of a foot ulcer or callus or a history of one these conditions; or
- c. The type of foot amputation; or
- d. Symptoms, signs, or tests supporting a diagnosis of peripheral neuropathy plus the presence of a callus; or
- e. The specifics about poor circulation in the feet (such as, 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 itself sufficient.

New documentation is required yearly in order for Medicare to pay for replacement shoes and inserts. As well, a new order is required for the replacement of any shoe. A new order is also required for the replacement of an insert or modification more than one year from the most recent order on file.



Diabetic Foot Exam

Documentation of Medical Necessity for Therapeutic Shoes and Diabetic Inserts

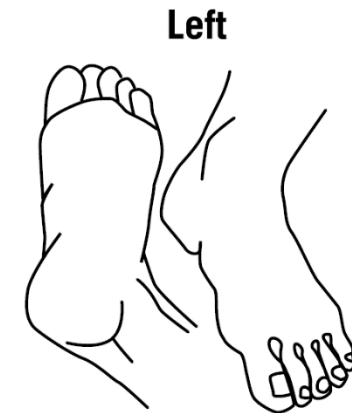
Patient Name: _____

DOB: _____ HbA1c: _____

Note deformities on the images (right) using the symbol key below:

A: Amputation B: Bunions C: Callus H: Hammer Toes

P: Plantarflexed Metatarsal R: Redness S: Swelling W: Wound/Ulcer



Vascular	Right		Left	
	Normal	Diminished	Normal	Diminished
Dorsalis Pedis	Normal	Diminished	Normal	Diminished
Posterior Tibial	Normal	Diminished	Normal	Diminished
Capillary Refill Time	Normal	Diminished	Normal	Diminished
Swelling	Yes	No	Yes	No

Neurological Check	Right		Left	
	Normal	Diminished	Normal	Diminished
Protective Sensation	Normal	Diminished	Normal	Diminished

Dermatological	Musculoskeletal	
	Right	Left
Corn/Callous		Amputation
Redness		Bunions
Wound/Ulcer		Hammer Toes
Absent Hair Growth		Prominent Metatarsal(s)
Unusual Skin Texture		

Temp Assessment	Right			Left		
	Normal	Increased	Decreased	Normal	Increased	Decreased

Other Relevant Information: _____

This form must be accompanied with the face to face visit note with the signing MD or DO

Certifying Physician Acknowledgement: I am the MD/DO supervising this patient's diabetes care. As required by Medicare for eligibility for therapeutic shoes. I will keep a copy of this exam as part of my medical records.

Physician Signature

Physician Name (printed)

NPI

Date