

DIABETIC SHOE/INSERT DOCUMENTATION REQUIREMENTS FOR MEDICARE AND MEDICARE ADVANTAGE PATIENTS

Thank you for choosing Advance Orthotic Prosthetic Services, Inc. as your therapeutic footwear provider.

Medicare requires that we obtain and review several documents from the physician that has written the prescription for your diabetic shoes/inserts and from the M.D, D.O. physician that treats you for your diabetic condition, to ensure you meet their coverage criteria.

What documentation does Medicare require in order to provide therapeutic diabetic shoes to you?

- Initial prescription requesting the diabetic shoes and a detailed written prescription.
- The most recent office visit notes from the physician that wrote the prescription and the M.D. , D.O, or approved NP/PA physician group who treats your diabetic condition.
- Medicare Certification Statement signed and by the Diabetic (M.D. or D.O.)or PCF approved NP/PA physician group.

Please note: Your appointment with your referring physician and diabetic physician **cannot be more than 6 months** prior to receiving your shoes and/or inserts. Due to the time limitations that Medicare places on these required documents, it is imperative that you keep all your appointments with Advance Orthotic Prosthetic Services, Inc.

If your physician provided the prescription to you during your office visit, you **must bring that with you** at the time of your evaluation appointment with us. If we do not have a prescription at that time, we reserve the right to reschedule that appointment.

Keep in mind, even though you are diabetic, your insurance may not cover your shoes and/or orthotics.

What information is required to be in the office visit notes in order to qualify for therapeutic diabetic shoes? Quite a bit!

Referring physician-

The physician who wrote the prescription for your shoes, must mention the need for **diabetic shoes and/or orthotics** and have qualifying conditions listed in the office visit notes. If the notes do not contain this information, or are older than 6 months, the shoes will not be covered by Medicare.

Our office works diligently with your physician to obtain the required documentation. We review the notes carefully to ensure they meet coverage criteria. In some instances, we can request an addendum to the original office visit note for clarification and coverage criteria.

Diabetic physician, M.D., D.O.

We will submit a request for the most recent office visit note. These notes must also contain specific medical documentation to meet Medicare's coverage criteria and cannot be older than 6 months:

- The beneficiary has diabetes mellitus
- The beneficiary has one or more of the following conditions:
 - Amputation of the other foot, or part of either foot; **OR**
 - History of foot ulceration of either foot; **OR**
 - History of pre-ulcerative calluses of either foot; **OR**
 - Peripheral neuropathy with evidence of callus formation of either foot; **OR**
 - Foot deformity of either foot; **OR**
 - Poor circulation in either foot

Our staff will also work with this office to ensure we have the necessary paperwork. At the time of this request, we will also submit the Diabetic Certification Statement letter for their signature. The letter can be dated no more than 3 months before you receive your shoes and/or inserts.

It is our goal to move through this process as quickly and thoroughly as possible, but as you can see, Medicare's documentation requirements are quite involving and can sometimes take longer than what we would like to obtain this all to ensure your therapeutic shoes are covered by Medicare.

If you have any questions, please feel free to ask one of our friendly office staff at either (207) 786-7022 or (207) 443-5996.

Sincerely,
Your AOPS Clinical Team