



## DIABETIC SHOE DOCUMENTATION REQUIREMENTS FOR MEDICARE PATIENTS

To help us serve you, Medicare requires the **DOCTOR WHO TREATS YOUR DIABETES TO FILL OUT THIS FORM BEFORE YOU CAN MAKE AN APPOINTMENT WITH HANGER FOR DIABETIC SHOES AND/OR INSERTS.**

1. Please give this packet to your diabetes doctor as there are documentation recommendations to assist you in obtaining your therapeutic footwear.
2. Have the doctor who treats your diabetes **FILL AND SIGN THE ATTACHED FORM, PAGE 3** of this package, **NO MORE THAN 3 MONTHS BEFORE** you receive your shoes/inserts.
3. Include a copy of your **DOCTOR'S VISIT NOTE** from your **MOST RECENT** appointment with your diabetes doctor. In those notes, **the doctor has to write about your diabetic treatments as outlined on page 2 and 3 of this package.**
  - a. Your appointment with your diabetes doctor cannot be more than 6 MONTHS prior to receiving your shoes/inserts.
4. **PLEASE KEEP ALL OF YOUR APPOINTMENTS WITH HANGER.**
  - a. **IF THE PAPERWORK HAS BEEN COMPLETED BUT TOO MUCH TIME HAS PASSED, WE WILL NOT BE ABLE TO SEE YOU AND YOU WILL HAVE TO GO BACK TO YOUR DIABETES DOCTOR and start all over.**

In summary, the complete paperwork needed includes:

**1. Prescription 2. Page 3 of this package filled out 3. Your doctor's visit note**

Once you have all the paperwork, please fax, email, or drop off your package in person to the Hanger location where you will be receiving your shoes. Hanger Clinic will review it and schedule your appointment. **WE UNFORTUNATELY CANNOT SEE YOU WITHOUT THE PAPERWORK COMPLETED.**

Again, it is very important you keep all of your appointments with Hanger. If not, your paperwork could expire and you would have to visit your Doctor and endure this process over again.

Many thanks in advance,

Your Local Hanger Clinic Team

Dear Primary Care Doctor,

Thank you for helping your patient receive Diabetic Footwear. Medicare has for years required you to complete and submit the Statement of Certifying Physician. However, in June of 2010, Medicare revised policy requirements for coverage.

NOW, WE MUST HAVE CLINICAL NOTES FROM YOU THAT SUPPORT THE FOUR MAJOR PORTIONS OF THE STATEMENT OF CERTIFYING PHYSICIAN. IF THE CLINICAL NOTES DO NOT SUPPORT THE STATEMENT OF CERTIFYING PHYSICIAN, THE STATEMENT IS RENDERED VOID.

#### CLINICAL NOTES GUIDELINES

1. Must document that the patient has diabetes and assign a valid and supported ICD-10 code. Results of tests, exams, findings must be in the notes (i.e. blood glucose levels and A1c), not merely the ICD-10, although the ICD-10 is also required.

2. Must document that they are treating the patient under a comprehensive plan of care for his/her diabetes. The doctor should elaborate other portions of the plan of care (medicine, nutrition, education, other specialists).

3. Must document that the patient needs diabetic shoes to protect their feet.

4. Must document a foot exam and one or more of the required conditions. This includes the details of tests, exams, inspections, findings, etc. that were used to come to the conclusion that the condition exists. You may rely on information from the medical records of other doctors (i.e. foot doctor), but must obtain, initial, date, and indicate agreement with them.

History of partial or complete amputation of the foot

History of previous foot ulceration

History of pre-ulcerative callus

Peripheral neuropathy with evidence of callus formation

Foot deformity

Poor circulation

We understand these requirements place a burden on you and your staff.

Industry groups are lobbying Medicare to remove this ruling and we will inform all doctors when/if we are successful. In the meantime, please know that these efforts will ensure your patient gets the footwear that they need with Medicare coverage.

Thank you for your assistance.

Statement of Certifying Physician for Therapeutic Shoes

Patient Name:

HIC #:

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.

I certify that all of the preceding circled statements are true.

---

**Date of Last Appointment for diabetes management (must be within 6 months of delivery of shoes – attach physician notes)**

Physician Treating Diabetes Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ (must be within 3 months prior to the delivery of shoes/inserts)

Physician Treating Diabetes Name (printed-**MUST BE A M.D. OR D.O.**) \_\_\_\_\_

Physician Address & Phone # \_\_\_\_\_

Physician NPI: \_\_\_\_\_