



# Physician Documentation Requirements

## Therapeutic Shoes for Diabetic Patients

Dear Physician,

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, Medicare requires the following documentation (filled out in its entirety) from you:**

1. **A detailed written order (provided by Bedard).**
2. **A copy of an office visit note from your medical records that shows that you are managing the patient's diabetes. \* note must be within 6 months of prescription date.**
3. **Either (a) a copy of an office visit note from your medical records that describes one of the qualifying conditions (see Table 1) or (b) an office visit note from another physician (e.g., podiatrist) or from a PA, NP, or CNS that describes one of the qualifying conditions. \*if option (b) is used, you must sign, date, and make a note on that document indicating your agreement and send that to Bedard.**

<b>Table 1 (Qualifying Conditions with Specifics)</b>
The specific foot deformity (e.g., bunion, hammer toe, etc.)
The location of a foot ulcer or callus or a history of one of these conditions
The type of foot amputation
Symptoms, signs, or tests supporting a diagnosis of peripheral neuropathy plus the presence of a callus
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.) <b><i>*A diagnosis of hypertension, coronary artery disease, or congestive heart failure or the presence of edema are <u>not</u> by themselves sufficient.</i></b>

4. **A Statement of Certifying Physician (provided by Bedard) *\*certifying physician must be an M.D. or D.O., not a DPM, PA, NP, or CNS. This form is provided by the supplier but must be signed by Physician after the visits described in #2 and #3. This form is not sufficient by itself to show the coverage criteria have been met, but must be supported by other documents in your medical records – as noted in #2 and #3.***

Bedard 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.



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