Tegerstrand
ORTHOTICS & PROSTHETICS

Medicare Requirements for Coverage of Diabetic Shoes & Inserts

- **<u>Only a MD or DO</u>** can be treating the patient under a comprehensive plan of care for his/her diabetes.
- Documentation attesting that an MD or DO is treating the patient for his/her diabetic condition.
- Document symptoms from a **face-to-face** visit with the patient in regards to their feet and DM complications, i.e. (at least 1 or more to qualify). *Note:* ***<u>A diagnosis of Diabetes alone does not qualify</u>***
    - A: History of partial or complete amputation of foot or toes **or**
    - B: History/current foot ulceration **or**
    - C: History/current pre-ulcerative callus **or**
    - D: Peripheral Neuropathy with evidence of callus formation **or**
    - E: Foot deformity **or**
    - F: Poor circulation **or**
- Documentation that states the patient requires diabetic footwear and *molded inserts, **Medicare allows up to 3 pair of inserts a year. Change above *to 3pair of molded inserts which are to be rotated every 4 months.**
- A dispensing order is written for DM shoes and custom orthotics
- CMN (certificate of medical necessity) is filled out and signed by the MD or DO.

*FYI: If a DPM, FNP, NP, or PA is treating **<u>only</u>** the patient's foot conditions (not their diabetic condition) their notes can be obtained prior to the signing of the CMN, and the MD/DO states on those notes that "I have evaluated the patient and agree with the findings", sign, and date. Those clinical notes are now valid for coverage by Medicare.* If you have any further questions or would like more clarification on Medicare's diabetic shoe programs requirements, please contact our office

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