



MEDICARE COVERAGE GUIDELINES

DIABETIC SHOES

Prescriber: MD or DO ONLY

- Face to Face chart notes within 6 months of dispensing shoes **ADDRESSING**:
 - Patient has Diabetes Mellitus.
 - Patient has **ONE** of the following documented conditions:
 - **Previous amputation** of the foot or part of the foot **OR**
 - History of **previous 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
 - Patient is being seen and treated by the ordering physician under a comprehensive plan for his/her diabetes
- Sign Detailed Written Order (form provided by supplier)
- Sign Statement of Certifying Physician (form provided by supplier)

Prescriber: MD or DO AND PA, ARNP, DPM

MD or DO Requirements

- Face to Face chart notes within 6 months of dispensing shoes **ADDRESSING**:
 - Patient has Diabetes Mellitus
 - Diabetes management is addressed
- Obtain Chart Notes from PA, ARNP, DPM that indicate coverage of shoes
 - Must be signed, dated, and concurrence stated.
- Sign Statement of Certifying Physician (form provided by the supplier)

PA, ARNP, DPM Requirements

- Face to Face within 6 months of dispensing shoes **ADDRESSING**:
 - Patient has **ONE** of the following documented conditions:
 - **Previous amputation** of the foot or part of the foot **OR**
 - History of **previous 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
- Provide written chart notes to the MD or DO so they can state concurrence
- Sign Detailed Written Order (form provided by supplier)



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