



Dr. Sam Scott, DPM
6719 Governor GC Peery Hwy, Ste 800, Richlands, VA 24641
Phone: (276) 596-9346 Fax: (276) 596-9348

Qualification for the Coverage of Diabetic Shoes and Inserts

The patient must be covered under Medicare Part B and all four of the following conditions MUST be met:

1) Patient must have diabetes

2) Patient must have at least one of the following conditions:

- Partial or complete foot amputation
- Past foot ulcers
- Calluses of either foot that could lead to ulcers
- Nerve damage in the feet with signs of calluses on either foot
- Deformity of either foot (ex. hammertoe or bunions)
- Poor circulation in either foot

3) Physician treating the patient's diabetes (must be a D.O. or M.D.) must sign a certifying statement (provided by Clinch Valley Family Podiatry via fax or delivery by patient requesting shoes).

4) Physician treating the patient's diabetes (must be a D.O. or M.D.) must document in the patient's medical record that they have diabetes and at least one condition (listed in #2 above) that qualifies the patient for diabetic shoes and inserts. Physician must specifically note in the record that patient needs diabetic shoes and inserts. Physician's notes must be from a visit where management of the patient's diabetic condition is discussed and the visit must be within 6 months of the dispensing of shoes and inserts. Clinch Valley Family Podiatry will need a copy of the medical record in which this information is reported.

Additional Notes:

- Only an M.D. or D.O. can sign the certification statement and document the patient's need/qualifications.
- A new order is needed for the replacement of any shoes.
- A copy of the certification statement, medical record, prescription, etc. will be kept on file the supplying podiatrist (D.P.M.).
- New documentation is required for shoes, inserts or modifications each year they are purchased.
- The shoes and inserts must be prescribed by a podiatrist or other qualified doctor and provided by a podiatrist, orthotist, prosthetist, or pedorthist.
- The patient will be responsible for paying their Medicare deductible (if applicable) and the remaining 20% of the approved Medicare amount for shoes and inserts, unless the patient has a secondary insurance that will cover the balance.



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Physician Managing Patient's Diabetic Condition Please Provide:

- 1) Copy of patient's notes stating management of diabetic condition.
- 2) Above mentioned notes **MUST** contain a recommendation for diabetic shoes and inserts. This visit must be within 6 months of shoe and insert dispensing.

Example: "Recommend that patient wears diabetic shoes and inserts due to presence of diabetes and _____. Referring patient to Podiatrist for dispensing of diabetic shoes and inserts."

Please complete above blank with one of the following conditions:

- Partial or complete foot amputation
- Past foot ulcers
- Calluses of either foot that could lead to ulcers
- Nerve damage in the feet with signs of calluses on either foot
- Deformity of either foot (ex. hammertoe or bunions)
- Poor circulation in either foot

3) Sign and date certifying statement from Clinch Valley Family Podiatry, PLLC / Dr. Sam Scott.

4) Sign and date last page of medical record provided by Clinch Valley Family Podiatry, PLLC / Dr. Sam Scott.

Per Medicare guidelines, all four of the above forms of documentation must be kept on file by the dispensing podiatrist in order to receive reimbursement for diabetic shoes and inserts.