



NOBBE ORTHOPEDICS, INC.

Rebuilding Bodies, Restoring Lives...

www.nobbeorthopedics.com

MEDICARE COVERAGE OF THERAPEUTIC DIABETIC FOOTWEAR

Therapeutic Diabetic shoes, inserts and/or modifications to these shoes are covered only when **all four** of the following criteria are met:

1. The patient has diabetes mellitus (ICD-9 diagnosis codes 250.00-250.93); **and**
2. The patient has one or more of the following conditions:
 - a) Previous amputation of the foot, or part of either foot, or
 - b) History of previous foot ulceration of either foot, or
 - c) History of pre-ulcerative calluses of either foot, or
 - d) Peripheral neuropathy with evidence of callus formation of either foot, or
 - e) Foot deformity of either foot, or
 - f) Poor circulation in either foot; **and**
3. The CERTIFYING physician who is managing the patient's systemic diabetes condition has certified that indications (1) and (2) are met and that he/she is treating the patient under a comprehensive plan of care for his/her diabetes and that the patient needs diabetic shoes, **and**
4. The CERTIFYING Physician must have an In-person face to face evaluation with the patient in the preceding six month period with documentation in the medical record reflecting the need for the Diabetic Therapeutic Footwear. Certifications expire three months from the date of CERTIFYING physician signature.

The CERTIFYING Physician provides the medical care for the patient's diabetic condition. The CERTIFYING physician must be an M.D. or D.O. and may not be a podiatrist. The CERTIFYING physician may also act as the PRESCRIBING physician.

Effective January 1, 2011 the CERTIFYING Physician must have an In-person face to face evaluation with the patient in the preceding six month period with documentation in the medical record reflecting the need for the Diabetic Therapeutic Footwear. The CERTIFYING Physician may also obtain and indicate agreement with the PRESCRIBING Physicians information by countersigning the in-person, face to face, evaluation records of the PRESCRIBING Physician.

The PRESCRIBING Physician must actually write the order for the therapeutic shoes, modifications and inserts. The PRESCRIBING MD may be a podiatrist, M.D. or D.O. The PRESCRIBING Physician must have an In-person, face to face evaluation with the patient within the six months prior to the dispensing date.

The SUPPLIER furnishes the prescribed shoes, inserts and modifications and bills Medicare on the

patient's behalf. The SUPPLIER may be an orthotist, prosthetist, pedorthist, podiatrist or other qualified professional. The SUPPLIER is responsible to retain all documentation within the SUPPLIER's patient file. The SUPPLIER must have all documentation in place from both the PRESCRIBING and/or CERTIFYING physicians prior to submitting a claim. The SUPPLIER must also provide in-person initial evaluation and in-person dispensing visits.

Medicare specifically defines covered shoes, inserts and modifications. The SUPPLIER must certify that the footwear to be used meets these qualifying requirements. Inserts/modifications supplied for use in non-covered, non-qualifying footwear are NOT a Medicare Benefit. The SUPPLIER must meet Medicare accreditation standards for the provision of therapeutic footwear.

Nobbe Orthopedics is unable to certify footwear obtained from any other SUPPLIER for use of diabetic inserts and/or modifications. Nobbe Orthopedics only dispenses Medicare certified Therapeutic Footwear. Nobbe Orthopedics is accredited to dispense these items.

Following physician's initial referral, Nobbe Orthopedics will provide patients with a detailed prescription for completion (diagnosis, signed and dated) by the PRESCRIBING physician. We will also provide patients a "Statement of Certifying Physician for therapeutic shoes" for completion (condition circled in item 2a-2f, signed and dated) by the CERTIFYING physician. Both items must be completed by the respective physician(s) and returned to Nobbe Orthopedics prior to the patient obtaining/ordering any therapeutic diabetic footwear. Stamped signatures are not acceptable. It is the patient's responsibility to provide this original documentation prior to ordering or obtaining therapeutic footwear. Claims cannot be submitted without this documentation. Copies should be retained within the physicians record.

We strive to make this service available to your patients in a medically appropriate, efficient manner. We request your assistance in providing the requested documentation on behalf of your patients. Thank you for your prompt attention and past support. Please contact our office directly should you have any questions. Footwear cannot be dispensed under the Medicare therapeutic footwear benefit without the mandated documentation.