Therapeutic Shoe Bill Instructions for Physicians

According to Medicare, the Therapeutic Shoe Bill form alone is no longer sufficient. **Medicare requires the M.D. or D.O. treating the patient's diabetes MUST provide office visit notes to show the patient meets Medicare guidelines & medical need for the diabetic footwear to the DME supplier**. Please provide us the following information from the patient's chart:

1) Showing that the patient is under a comprehensive diabetic care plan

2) Dictation you are recommending diabetic shoes & 3 pair of custom inserts, and/or custom toe filler, custom shoes, shoe modification.

3) The patient has the presence of one or more of the following foot conditions:
    a) Partial or complete foot amputation
    b) Past of current foot ulcers
    c) Calluses on either foot that could lead to ulcers
    d) Nerve damage in on feet with signs of calluses on either foot
    e) Deformity of either foot (example: hammertoe, clawtoe, etc)
    f) Poor circulation in either foot (example:, peripheral vascular disease)

4) If the patient is seeing a Podiatrist, you must obtain their office visit notes. You must review the notes from the Podiatrist, INITIAL, DATE & state "I AGREE" on each page.

5) All the above information must be **written in the patient's chart**. BEFORE completing the Medicare Therapeutic Shoe Bill form.

If you have not seen the patient within the past six (6) months, the patient must have a Face-to Face Office Visit with you.

Per Medicare guidelines, all office notes & Doctor's signature MUST be LEGIBLE!!!

Should you have questions, please contact Angela at (260) 484-4742 ext. 26