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Orthotic &  
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Centers**

Providing Superior Orthotic,  
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Pediatric and Adult Care  
[oandpcenters.com](http://oandpcenters.com)

126B MidTech Drive  
West Yarmouth, MA 02673  
Tel. 508 957 8355  
Fax. 508 778 9555

Dear Patient:

In order for Medicare/Medicaid to pay for therapeutic shoes or inserts we must follow their strict requirements. Inside this packet you will find a Medicare/Medicaid Therapeutic Shoe Bill form that must be accurately completed by the physician who is managing your diabetic condition (your primary care provider).

For your convenience, we have provided a check list to be sure all Medicare requirements have been met prior to returning this packet to our office:

- Documentation Form
- All Applicable conditions are checked off
- The diabetic diagnosis code is indicated
- The Physician's signature, printed name, address, NPI & date are completed

Office visit Notes:

- All of the office visit notes are included
- The notes document all requirements of Medicare/Medicaid Policy

If you have any questions regarding this process, please feel free to call our administrative staff.

**Shanon McNally**  
**126B Mid Tech Drive**  
**West Yarmouth, MA 02673**  
**Phone 508 957 8355**  
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Dear Physician:

Thank you for your referral.

Medicare/Medicaid requires the M.D. or D.O. treating the patient's diabetes to provide the DME supplier with office visit notes to show the patient meets Medicare/Medicaid Guidelines, and has the medical need for the diabetic footwear. In addition to the Medicare form, please provide us with the following information from the patient's chart:

- 1.) Showing that the patient is under comprehensive diabetic care plan.
- 2.) Dictating your recommendation for diabetic shoes & up to 3 pairs of custom inserts, and/or custom toe filler, custom shoes or shoe modification.
- 3.) If the patient is seeing a Podiatrist, you must obtain their office visit notes, In addition, you must review the notes from the Podiatrist, initial, date and state "I agree" on each page.
- 4.) All the above information must be written in the patient's chart prior to completing the Medicare/Medicaid Shoe Bill form.

If you have not seen the patient within the past six months, the patient must have a face-to face office visit with you.

Medicare/Medicaid requires that all office visit notes and Doctor's signature must be legible. Please return the completed form and the office visit notes to our office. Please return this information via fax, email, regular mail or by patient's hand. All documentation must be completely legible. Please see return address provided. Upon receipt of the completed requirements, we will evaluate order or fabricate the prescribed services. If the form is incomplete, notes are missing and/or do not follow Medicare/Medicaid requirements, this packet will be returned for corrections. Please see enclosed Medicare/Medicaid policy for more information.

If you have any questions regarding this process, please feel free to call our administrative staff.

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# Therapeutic Shoe Bill Instructions for Physicians

According to Medicare/Medicaid 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 diabetic footwear to the DME supplier. Please provide us the following information from the patient's chart:

- 1.) Showing that the patient is under comprehensive diabetic care
- 2.) Dictation you are recommending diabetic shoes & up to 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 or 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 of 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/Medicaid guidelines, all office notes & Doctor's signature **MUST be LEGIBLE!!**

Should you have questions, please contact:

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