



Providing Superior Orthotic,  
Prosthetic and Pedorthic Services in  
Pediatric and Adult Care

oandpcenters.com

Dear Patient:

**Prior** to setting up an appointment with Orthotic and Prosthetic Centers for diabetic footwear, Medicare and/or Medicare Replacement Plans require us to obtain the following documentation:

1. **If you have obtained a prescription from your podiatrist (DPM)**, the clinic notes from that visit with your DPM must be taken to the physician who takes care of your diabetes (either your Primary Care Physician (PCP) or Endocrinologist-**neither of these can be an NP, PA or CNS**). This doctor must state on the last page of these clinic notes that they are “in agreement with the findings” and must sign and date the notes. The DPM’s notes must state that you exhibit one or more of the conditions listed in **(3)** below. In addition, we will also need clinic notes from a face to face visit within the past 6 months with your diabetes doctor stating your “diabetic plan of care”.
2. **If you have obtained a prescription from the doctor that takes care of your diabetes (PCP or Endocrinologist-neither of these can be an NP, PA or CNS)**, we will need clinic notes from a face to face visit within the last six (6) months. Besides a “diabetic plan of care”, these clinic notes must state that the patient exhibits one or more of the conditions listed in **(3)** below.
3. Patient must have one or more of the following:
  - a. **History of partial or complete amputation of the foot**
  - b. **History of previous foot ulceration**
  - c. **History of pre-ulcerative callous of feet/foot**
  - d. **Peripheral neuropathy with evidence of callous formation**
  - e. **Foot deformity (specific)**
  - f. **Poor circulation in feet/foot**
4. No matter from whom you received your prescription:
  - a. Your diabetes doctor will also need to fill out and sign the **“Statement of Certifying Physician”**
  - b. Everything will need to be **faxed to our office**. The notes will need to be reviewed to be sure they are compliant with Medicare standards.

Medicare and/or Medicare Replacement Plans will not accept a letter of medical necessity. However, they will accept an addendum to the physician’s notes.

Please note, **we are unable to obtain this documentation for you.**

**For our West Yarmouth and Plymouth offices:**

Ph: 508-775-2570

Fax: 508-775-7609

**For our Braintree, Methuen and North Smithfield, RI offices:**

Ph: 781-794-9991

Fax: 781-794-1769

Thank you,

The Orthotic and Prosthetic Centers

www.oandpcenters.com



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[oandpcenters.com](http://oandpcenters.com)

Dear Physician,

Your patient would like to set up an appointment with our office to be evaluated for diabetic shoes and diabetic inserts. If you prescribed these, Medicare guidelines require that we obtain a Statement of Certifying Physician and clinical notes documenting a face to face diabetic exam within six (6) months from you. These notes must also have documentation of a foot exam with one or more of the five conditions listed below documented. If you are not the prescribing physician, in addition to your notes documenting a face to face diabetic exam and a Statement of Certifying Physician, you will also need to obtain clinical notes from the practitioner that prescribed the diabetic shoes and inserts (podiatrist, MD, DO, PA, NP, or CNS). The clinical notes must document a foot exam with one or more of the five conditions listed below. **Each page** of these clinical notes must be initialed, dated, and indicated that you agree with the clinical notes (write "I Agree").

In order to be eligible for diabetic shoes through Medicare or a Medicare replacement plan, the patient must have diabetes and one or more of the following conditions in their feet/foot:

1. History of partial or complete amputation of the foot
2. History of previous foot ulceration
3. History of pre-ulcerative callous
4. Peripheral neuropathy with evidence of callous formation
5. Foot deformity (specific)
6. Poor circulation

**These clinical notes cannot be in the form of a letter of medical necessity, but can be added as an addendum to your current clinical notes.**

This is a Medicare/Medicare replacement plan requirement, and, therefore, we cannot deliver your patient's diabetic shoes and/or inserts until we receive the proper documentation needed. Please fax the patient's relevant clinical notes back to the numbers below in addition to any forms we have attached.

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### ***Statement of Certifying Physician for Therapeutic Shoes***

Patient Name: \_\_\_\_\_

HIC #: \_\_\_\_\_

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions. (Circle all that apply):
  - a) History of partial or complete amputation of the foot
  - b) History of previous foot ulceration
  - c) History of pre-ulcerative callus
  - d) Peripheral neuropathy with evidence of callus formation
  - e) Foot deformity
  - f) Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Physician name (printed - **MUST BE AN M.D. OR D.O.**):

\_\_\_\_\_

Physician address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician NPI: \_\_\_\_\_