

**Goldsboro**

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**Wake Forest**

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Dear Physician,

For therapeutic shoes and inserts to be covered by Medicare for persons with diabetes, the physician's chart note must document and discuss the following bullet points.

Please fax the compliant chart notes to our office once the evaluation has been completed.

1. A comprehensive plan of care for managing the patients' diabetes and certify that the patient needs and will benefit from therapeutic shoes; **and**,
2. Document a foot exam and that the patient has one or more of the following qualifying conditions:
  - a. Previous amputation of the other 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.

**\*\* If you delegate the foot exam to a DPM, then you must acknowledge agreement with the DPM's documented foot exam findings and plan of care.**