



Dear Medicare patient,

Thank you for allowing Reach Orthotic & Prosthetic Services to provide you with diabetic shoes and inserts. We would like to notify you of changes that may affect your ability to receive diabetic shoes and inserts. Due to the new healthcare reform, ***you must meet the following requirements*** in order to receive diabetic shoes and inserts:

1. You must be a diabetic.
2. In addition to being diabetic, you must now have one or more of the following conditions to accompany diabetes:
 - Partial or complete foot amputation
 - Past foot ulcers
 - Calluses of either foot that could lead to ulcers
 - Nerve damage in your feet with signs of calluses on either foot
 - Deformity of either foot (for example, hammertoe or bunions)
 - Poor circulation in either foot.

If you do not have one or more of these conditions along with diabetes, Medicare (or any Medicare supplemental program such as Humana, Anthem Medicare, etc.) will not cover therapeutic shoes.

3. You must have seen your physician who is treating your diabetic condition within the past six months.
4. The written prescription you will bring in with you for diabetic shoes must come from a MD or DO. If your prescription is written by a podiatrist (DPM), Medicare will require your doctor following your diabetic condition to write you a new prescription.

We understand you may have received diabetic shoes and inserts that were covered without the above listed criteria in the past. However, Medicare guidelines have changed and you must meet all four of the above listed points in order to meet the Medicare eligibility requirements for diabetic shoes and inserts.

When you see your primary care physician, please take the following forms included in this packet for your physician to fill out and sign. Please bring these forms to your appointment with us.

Please note: We are happy to bill your insurance as a courtesy. However, there are hundreds of insurance plans and we cannot guarantee your insurance will cover your therapeutic shoes and inserts. If your insurance still denies coverage, it will be your responsibility to pay for your shoes and inserts. If you are unsure or have a question about your coverage, please contact your insurance company.

11747 Jefferson Ave. Ste. 5A • Newport News, VA 23606

PHONE: 757.595.9800 • FAX: 757.595.2722



Step 1: Fill out the *"Patient Information"* forms in this packet thoroughly and completely.

Step 2: Set an appointment to see your **primary care physician** specifically for evaluation for your diabetic condition. (Note: You must see your primary care physician, not your podiatrist in order to be compliant with your insurance company.)

Step 3: When you go see your primary care physician, take the *"Prescription and Letter of Medical Necessity"* and *"Diabetic Verification Form"* included in this packet for your doctor to fill out. (Note: If your doctor evaluates you and states you do not have any of the conditions listed on the *"Diabetic Verification Form"* your insurance will not cover therapeutic shoes and inserts for you. You can still set an appointment with us, but you will be responsible for payment of your shoes and inserts.)

Step 4: Once you have the forms from Step 1 and Step 3 filled out, call and set an appointment with us at 757-595-9800.

Step 5: Take some time to look over the flyer included in this packet to see what styles of therapeutic shoes we offer before your appointment.

Step 6: Please bring all of these completed forms along with your insurance cards and photo ID with you to your appointment with Reach.

Step 7: Once you have had your appointment with Reach, please allow at least 10 business days for your shoes and inserts to come in. We will set a delivery appointment with you on the day of your initial appointment.

Step 8: Come in for your delivery appointment. If your shoes and inserts fit you properly, you can sign for your shoes, take them home and we will process your billing information. (Note: Please adhere to the *"Break-In Instructions"* your clinician will give you during your delivery appointment. As always, if you have any questions or concerns, please contact us at 757-595-9800.)



Reach Orthotic & Prosthetic Services is proud to offer our patients a wide variety of Dr. Comfort shoes. These are extra-depth shoes that are both comfortable and stylish. Our experienced staff is here to measure you to get the best possible fit and to help you choose the right shoes for you. See you soon!

Men's

Winner X

Available in Black and White



Endurance +

Available in Black and White



Brian X

Available in Black and Acorn



Ranger

Available in Black and Chestnut



Endurance

Available in Black and White



Justin

Available in Black and Chestnut



Women

Annie-X

Available in Black and Beige



Spirit Plus

Available in Black and White



Merry-Jane

Available in Black



Victory

Available in White, Pink, or Blue



Spirit

Available in Black and White



Lindsey

Available in Black, Beige, or White



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Reach O&P Services

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Newport News, VA 23606 Fax: (757) 595-2722

Diabetic Verification

Patient Information		
Patient Name (Last, First, MI)	Patient ID	Patient DOB / /
Device Type Bilateral Diabetic Shoes	Diagnosis Code (ICD-9)	Visit Date / /

The physician listed below certifies that all of the following statements are true:
(Physician must be an MD or DO)

1. This patient has diabetes mellitus.
2. This patient has the following conditions (please check all that apply):
 - History of partial or complete amputation of the foot
 - History of previous foot ulceration
 - History of pre-ulcerative callus
 - Peripheral neuropathy with evidence of callus formation
 - Foot deformity
 - 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.
5. I have seen this patient within the past six months.

Physician Name	Physician UPIN	Physician NPI	Insurance/Medicare Info
Physician Address			

The above procedures and any repair and/or parts to maintain proper fit and function are appropriate for this patient, and are deemed medically necessary.

Signature

Date

Print Name



Reach O&P Services

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Prescription and Letter of Medical Necessity

Patient Information			
Patient Name (Last, First, MI)	Patient ID	Patient DOB / /	Device Type Bilateral Diabetic Shoes
Street Address		City, State, Zip Code	Country USA

L-Code	Qty	Description
A5500	2	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S), PER SHOE Justification: Extra depth diabetic shoes are medically necessary in this case due to one or more of the following: 1. Accommodative room is needed that is not offered by normal shoes for the use of corrective devices in the shoe and/or 2. When there are corrective features possessed by the extra depth shoes that are not found in normal shoes i.e. An outflared sole and 3. The patient is an insulin dependent diabetic as certified by qualified physician who has attested by CMN.
A5512	6	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED, EACH Justification: Multi density inserts are foot orthotics made from three different durometers of soft foam. Without this type of construction localized pressure which cannot be felt by the insensate diabetic can cause a wound. They are medically necessary in this case due to one or more of the following: 1. The patient is insulin dependent diabetic as certified by a qualified physician and proper prescription written and 2. For supporting the plantar surface of the diabetic foot and they conform over time to allow the fit to fine tune itself and/or 3. they can also be used to reverse active pathologies.

Prescription		
Projected Monthly Frequency	Estimated Length of Need	Start Date / /
Insurance/Medicare Info	Diagnosis	ICD-9
Physician Name	Physician Address	Physician UPIN
Physician Work Phone () - -	Physician Fax () - -	Physician NPI

The above procedures and any repair and/or parts to maintain proper fit and function are appropriate for this patient, and are deemed medically necessary.

Signature

Date

Print Name

This document is required by Medicare. If you have any questions, please call (757)595-9800.