

Hanger Clinic – Diabetic Shoe Referral Workflow

Medicare requires specific documentation for the referral/distribution of diabetic shoes. Lack of adherence causes significant delays in patients receiving their diabetic shoes in a timely fashion. Please refer to the notes below to ensure the Medicare guidelines are met and to reduce time delays for patients.

Referrals from PCP

- Documentation for referral **must** be submitted from a MD or DO.
- Documentation includes signed diabetic statement and coressesponding medical notes.
- These **must** be completed by the **same provider** per medicare guidelines.
- Each section of the diabetic statement **must** be filled in.

Referrals from DPM (Podiatrist)

- The DPM conducts Foot Exam and sends referral back to referring PCP.
- MD/DO must cosign DPM Foot Exam Notes and write they agree with evaluation, if applicable.
- PCP team fills out the diabetic statement and has it signed by the referring MD/DO.

NOTE: The following has been identified as a frequently missed section of the diabetic statement. Medical notes supporting the chosen condition must be provided and dated within last six months (see screenshot).

3.	*CHECK* one or more of the following conditions documented in the patients medical records (Conditions selected are documented in the medical records - Medical records are from within the last 6 months)	
	History of partial or complete amputation of the foot	
	History of pre-ulcerative callus on either foot	Please Provide Medical Notes
	History of previous foot ulceration	that clearly
	Poor circulation in either foot	support criteria chosen
	Foot deformity on either foot (flat feet, hammertoes, bunions etc.)	
	Peripheral neuropathy with evidence of callus formation on either foot	

Clinical Informatics – Please share this information with **all Primary Care and Podiatry Practices** and make this a topic of discussion in upcoming rounding.

Behavioral Health: This information does not affect behavioral health caregivers.

NOTE: This mailbox is not frequently monitored. Please direct any questions to the Clinical Informatics team using this link.