



Emanuel · Good Samaritan · St. Vincent's · Portland Central · Portland East · Hillsboro · Oregon City ·  
Vancouver · Longview · Spokane · Tillamook · Astoria

---

## **Step-By-Step Instructions to qualify for Therapeutic Footwear through Medicare**

We are looking forward to helping you protect your feet from breakdown and/or ulceration by using properly fitted diabetic footwear. Please follow these instructions to help us speed up getting you into your new shoes.

1. Take the enclosed **Diabetic Footwear Prescription Form** (Page 2) to either your M.D., D.O., Endocrinologist or Podiatrist to complete. The prescription must be specific as to the type of footwear and inserts you require. Please remember this prescription is only valid for 90 days from the date it is signed. You must receive your new items within 90 days of the prescription date, so please don't delay in calling us for a fitting appointment.
2. Take the enclosed **Statement of Certifying Physician** (Page 3) to your Medical Doctor who is treating you for diabetes and have them complete this form. This form cannot be signed by anyone except an M.D. or D.O.
3. **PLEASE NOTE THAT YOUR DOCTOR MUST ALSO SEND US CLINICAL CHART NOTES FROM YOUR VISIT, AND THEY MUST INCLUDE KEY INFORMATION REQUIRED BY MEDICARE.** This is explained further in the Guidelines for Clinical Notes (Page 4). We must emphasize Medicare requires this additional information and without it, Medicare will deny our claim for your shoes and inserts, thereby making you responsible for the charges. Your Primary Care Doctor or Endocrinologist may not be comfortable with documenting your foot condition(s) and may require you to first obtain this detailed information from your Podiatrist. If provided by a non-M.D. or D.O., your PCP/Endocrinologist must sign, date and indicate agreement with their findings.
4. Once all of your paperwork is complete, contact one of our 12 clinics for a fitting appointment. Our Practitioner will assist you with the selection of footwear and diabetic inserts prescribed by your doctor.



Emanuel · Good Samaritan · St. Vincent's · Portland Central · Portland East · Hillsboro · Oregon City ·  
Vancouver · Longview · Spokane · Tillamook · Astoria

---

## DIABETIC FOOTWEAR PRESCRIPTION FORM

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis: (E0.8.00 - E13.0) \_\_\_\_\_ . \_\_\_\_\_

Check Prescribed Procedures:

\_\_\_\_\_ One pair of extra depth shoes (A5500) with three pairs of custom molded multi-density inserts (A5513) \* MOST COMMON

**OR**

\_\_\_\_\_ One pair of extra depth shoes (A5500) with three pairs of heat molded multi-density inserts (A5512)

**OR**

\_\_\_\_\_ One pair of custom molded shoes (A5501) with two pairs of custom molded multi-density inserts (A5513)

\_\_\_\_\_ Shoe Modification(s) Specify: \_\_\_\_\_

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Address

\_\_\_\_\_  
Physician NPI #

\_\_\_\_\_  
Physician Phone #



Emanuel · Good Samaritan · St. Vincent's · Portland Central · Portland East · Hillsboro · Oregon City ·  
Vancouver · Longview · Spokane · Tillamook · Astoria

---

## STATEMENT OF CERTIFYING PHYSICIAN FOR THERAPEUTIC FOOTWEAR

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I certify that all of the following statements are true:

1. This patient has diabetes mellitus. ICD-9 Code: \_\_\_\_\_  
(ICD-10 Diagnosis Code Required E08.00 - E13.9)

2. This patient has one or more of the following conditions (check all that apply):

- A. History of particular 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 (If checked, must also have another condition marked)

3. Not only am I treating this patient under a comprehensive plan of care for Diabetes, but I also recently saw this patient in-person on \_\_\_ / \_\_\_ / \_\_\_\_\_. Their staged diagnosis has been personally documented by me in their file.

4. This patient needs special footwear (depth or custom molded and/or inserts because of their diabetic condition.

5. The above information is documented in the patient's medical record, **as indicated in the attached clinical notes.**

Signature (M.D. or D.O.): \_\_\_\_\_ Date: \_\_\_\_\_

*\* PA-C's or ARNP's are not eligible to sign this form per Medicare guidelines for Therapeutic Shoes \**

Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## IMPORTANT NOTE:

In order for this form to be valid, it must be accompanied by DETAILED CLINICAL NOTES regarding the above indicated foot conditions!

### GUIDELINE FOR CLINICAL NOTES

Dear Primary Care Doctor (or Endocrinologist):

Thank you for helping our mutual patient receive Diabetic Footwear. Medicare has for years required you to fill out and submit the Statement of Certifying Physician (SCP). However, over the last few years Medicare has increased the paperwork requirements on suppliers and referring physicians.

**WE MUST HAVE RECENT CLINICAL NOTES (WITHIN SIX MONTHS OF THE DATE YOU SIGN THE SCP) FROM YOU THAT SUPPORT THE FOUR MAJOR PORTIONS OF THE STATEMENT OF CERTIFYING PHYSICIAN. IF THE CLINICAL NOTES DO NOT SUPPORT THE STATEMENT OF CERTIFYING PHYSICIAN, THE STATEMENT IS RENDERED VOID.**

**YOU MAY SUBSTITUTE CHART NOTES FROM THE PATIENT'S PODIATRIST, BUT YOU MUST SIGN, DATE AND INDICATE AGREEMENT WITH THEIR FINDINGS.**

### CLINICAL NOTES GUIDELINES:

1. Must explicitly certify that the patient has diabetes and assign an applicable ICD-10 code. Results of tests, exams, findings must be in the notes (i.e. blood glucose levels and A1c).
2. Must explicitly document a foot exam and one or more of the required conditions.

THIS INCLUDES THE DETAILS OF TESTS, EXAMS, INSPECTIONS, FINDINGS, ETC. THAT WERE USED TO CONCLUDE THE CONDITION EXISTS.

You may rely on findings of other doctors, such as the patient's Podiatrist, but you must sign, date and make a note on their document indicating your agreement with their findings and then send that document along with the Statement of Certifying Physician that you have also completed, signed and dated.

If you are noting a particular problem, such as a foot deformity, please specify which foot and the type and location of the problem (e.g. Patient has bilateral hammer toes #2-#5).

The following are commonly found foot conditions that place a diabetic patient at increased risk and thus qualify them to receive therapeutic footwear through Medicare and other payers:

Lower limb amputation, toes, foot or limb  
Ulcer of foot  
History of pre-ulcerative callus – specify location of callus  
Polyneuropathy in diabetes and History of pre-ulcerative callus  
Claw toe  
Hammer toe  
Hallux valgus and/or Bunion  
Hallux rigidus  
Deformity of toe or foot  
Charcot Arthropathy  
Atherosclerosis of the extremities