

## Instructions to qualify for Therapeutic Footwear through your Medicare Plan

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 quickly get you into your new shoes.

1. Take the enclosed **Diabetic Footwear Prescription Form (Page 2)** to your **health care provider** 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 the **M.D. or D.O.** who is treating you for diabetes and have them complete this form.
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 that 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. Fax completed forms to your local Evergreen Prosthetics & Orthotics clinic.
5. Once all of your paperwork is complete, contact your local Evergreen clinic for an evaluation appointment. Our practitioner will assist you with the selection of footwear and diabetic inserts prescribed by your doctor.

# Diabetic Footwear

For completion by your health care provider  
Fax completed form to Evergreen Prosthetics & Orthotics



## Diabetic Footwear Prescription Form

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Diagnosis (E08.00 - E13.0): \_\_\_\_\_

Check Prescribed Procedures:

MOST COMMON: One pair of extra depth shoes (A5500) with three pairs of custom molded multi-density inserts (A5514 OR A5513)

**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 (A5514 OR A5513)

Shoe modifications (specify): \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

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

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

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

# Diabetic Footwear

For completion by M.D. or D.O. overseeing diabetic treatment  
Fax completed form to Evergreen Prosthetics & Orthotics



## Important Note

In order for this form to be valid, it must be accompanied by **detailed clinical notes** regarding all indicated foot conditions.

## 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):
  - History of particular 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 (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 stated 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: \_\_\_\_\_

## Requirement for Clinical Notes

Dear health care provider:

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.

## Guidelines for Clinical Notes

1. Notes must explicitly certify that the patient has diabetes and assign an applicable ICD-10 code. Results of tests, exams and findings must be in the notes (i.e. blood glucose levels and A1C).
2. Notes must explicitly document a foot exam and one or more of the required conditions.

**NOTES MUST INCLUDE 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