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rosendahlshoesboise.com

This overview provides valuable information for MD's and DO's wishing to prescribe therapeutic footwear for their patients. Please visit www.rosendahlshoesboise.com/medical-professionals where you will find videos, forms and other resources to assist you.

Customers regularly buy therapeutic footwear as a self-pay item. However, for the purchase to qualify for Medicare payment two conditions must exist.

1. The patient must be diagnosed as having diabetes.
 - a. As the diabetic doctor, you have been responsible for the patient's diabetic care and have documented the diagnosis and subsequent management of the diabetes within the last six months.
 - b. Your diagnosis notes must be original and complete.
 - You must be the original author of the diabetes management notes.
 - The notes are the product of a face-to-face visit with the patient.
 - You cannot co-sign or sign off on notes recorded by another provider.
 - To be complete, your notes will often include a diabetic diagnosis, the patient's A1C test results, reviews of their blood glucose log and medication, and a record of discussions you had with the patient about diet and exercise.
2. The patient must have a documented foot condition.
 - a. You must document the condition thoroughly in the medical records.
 - b. The documentation must include at least one of the following foot conditions:
 - History of an amputation
 - History of a foot ulcer
 - History of pre-ulcerative callusing
 - Peripheral neuropathy with callusing present
 - Foot deformity, such as bunion, hallux valgus, hammertoe, claw toe, toe deviations, fungal nails, pes planus (flat feet), pes cavus (high arches), charcot foot, etc.
 - Poor circulation, such as peripheral vascular disease, peripheral arterial disease, weak foot pulses, deep venous thrombosis, varicosities, etc.

Now that you have met the face-to-face requirements and documented medical necessity in the patient's record; fax to Rosendahl Foot and Shoe Center at 208-343-6764 the following:

A "Detailed Written Order" (available on our website) or a generic prescription

1. A "Statement of Certifying Physician for Therapeutic Footwear" (available on our website)
2. The patient's medical record that shows foot condition and diabetes management notes (neither can be older than 6 months)
3. The patient demographic sheet

Once we have verified the medical records support the need of the prescribed items, we will provide two documents for your signature, if not already provided to Rosendahl:

1. Detailed Written Order
2. Statement of Certifying Physician for Therapeutic Footwear

**Thank you for your dedication to your patients
and providing them with therapeutic footwear from Rosendahl Foot and Shoe Center.**

**Detailed Written Order for Diabetic/Therapeutic Shoes
(MD, DO, DPM, NP, PA, CNS)**

Patient Name: _____ DOB: _____

Diabetes Mellitus: ICD-10: _____
(E08.00 – E11.9, E13.00 – E13.9)

This patient requires:

Diabetic Footwear, non-custom (A5500) – 2 units (unless otherwise indicated)

With:

Inserts - custom molded (A5513) – 6 units (unless otherwise indicated)

Inserts - non-custom (A5512) – 6 units (unless otherwise indicated)

Toe Filler (L5000) – 1 unit (unless otherwise indicated)

Rocker Soles (A5503) – 2 units (unless otherwise indicated)

Comments:

Prescribing Clinician Information:(may be signed by MD, DO, NP, PA, DPM, or CNS)

Physician Name: _____

Address: _____

NPI #: _____

Signature: _____ Date: _____

***PLEASE READ INSTRUCTIONS
TO HELP YOU DOCUMENT MEDICAL NECESSITY***

**Instructions for Documenting Medical Necessity
(MD, DO, DPM, NP, PA, CNS)**

For Medicare to pay; two conditions must be documented within the past six months:

1. The Patient has to be under a comprehensive plan of care for Diabetes.
2. The Patient has to have a Foot Condition.

As the Prescribing Clinician for diabetic shoes not only do you need to fill out the adjacent form, but you will also need to satisfy the documentation requirement to satisfy Criteria 2 listed above. The form by itself does not satisfy this requirement.

Medical Records Pertaining to Foot Conditions

1. The specifics about your patient’s foot conditions have to be documented within the past six months by you for your patient to qualify for insurance coverage.
 2. This documentation must come from a face to face visit with the patient. Typically done in the form of an office visit note; and cannot be older than six months. Some common foot conditions that will need to be documented are:
 - a. Specifics about an amputation involving all or part of the foot
 - b. Specifics about a current foot ulcer or the history regarding one
 - c. Specifics about a pre-ulcerative callus or the history regarding one
 - d. Specifics about a callus AND peripheral neuropathy (neither neuropathy nor callusing by itself is a qualifying condition for shoes, both must be present)
 - e. The specifics about any foot deformity such as bunions, hammertoes, flat feet, charcot foot, onychomycosis, etc.
 - f. The specifics about poor circulation; which can come from one of three ways:
 1. A diagnosis of PVD, PAD, DVT, venous stasis, varicosities, etc.
 2. Document “poor circulation in feet”
 3. Documentation of signs, symptoms, or tests that indicate of poor circulation. Such as weak pedal pulses, slow capillary refill time, ischemic foot, etc. *(The diagnoses of hypertension, coronary artery disease, congestive heart failure or the presence of edema are not qualifying conditions for shoes).*
- **RULE** - Documentation about foot conditions can come from a MD, DO, NP, PA, DPM or CNS. However, if it is coming from anyone other than the MD/DO that manages the diabetic care, this documentation will need to be cosigned, dated, and a note of agreement put on by the doctor managing the diabetic care.
- **RULE** - Documentation (including co-signing in agreement) about foot conditions will need to be dated on or before the day that this form is signed.

**Statement of Certifying Physician for
Diabetic/Therapeutic Shoes
(MD or DO Only)**

Patient Name: _____ DOB: _____

I certify that all of the following statements are true:

- 1) This patient has diabetes mellitus. ICD-10 Code: _____
(E08.00 – E11.9, E13.00 – E13.9)
- 2) This patient has one of the following conditions:
(check all that apply)
 - a. History of partial 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
- 3) Within the past 6 months, an exam has been performed and qualifying conditions have been documented.
- 4) I am treating this patient under a comprehensive plan and care for his/her diabetes.
- 5) This patient needs therapeutic shoes (depth or custom-molded) and/or inserts because of his/her diabetic condition.

Certifying Physician Information: (must be signed by a MD or DO)

Physician Name: _____

Address: _____

NPI #: _____

Signature: _____ Date: _____

***PLEASE READ INSTRUCTIONS
TO HELP YOU DOCUMENT MEDICAL NECESSITY***

**Instructions for Documenting Medical Necessity
(MD or DO Only)**

For Medicare to pay; two conditions must be documented within the past six months:

1. The Patient has to be under a comprehensive plan of care for Diabetes.
2. The Patient has to have a Foot Condition.

As the Certifying Physician for diabetic shoes not only do you need to fill out the adjacent form, but you will also need to satisfy the documentation requirement to satisfy Criteria 1 listed above. The form by itself does not satisfy this requirement.

Medical Records Pertaining to Diabetes Management

1. Both the diagnosis and the management of the patient’s diabetic condition have to be documented within the past six months by you for your patient to qualify for insurance coverage.
2. You are unable to co-sign, or sign off on “diabetes management” notes done by another provider. You have to be the original author of these notes, and done from a face to face visit with the patient.

For an example: Your diabetes management documentation will often include a diabetic diagnosis, the patient’s A1c, review of your patient’s blood glucose log, diabetes medication review, and notes on discussing diet and exercise, etc.

Co-Signing Medical Records Pertaining to Foot Conditions

The foot conditions should be documented by the provider prescribing diabetic shoes. If that is you, please refer to the instructions on Detailed Written Order Form. If it is a different provider **do not sign this form until:**

1. Rosendahl will get the documentation pertaining to the foot conditions from the other health care provider prescribing the diabetic footwear and forward to you. After you have reviewed these notes and are aware of the patient’s conditions you will need to sign off in agreement on these notes. **Then you can sign this form.**
 - **RULE** - Documentation about foot conditions can come from a MD, DO, NP, PA, DPM or CNS. However, if it is coming from anyone other than the MD/DO that manages the diabetic care, this documentation will need to be cosigned, dated, and a note of agreement put on by the doctor managing the diabetic care.
 - **RULE** - Documentation (including co-signing in agreement) about foot conditions will need to be dated on or before the day that this form is signed.