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[rosendahlshoesboise.com](http://rosendahlshoesboise.com)

This overview provides valuable information for individuals that have diabetes and would like to receive therapeutic footwear. Please visit [www.rosendahlshoesboise.com/diabetic-shoes-services](http://www.rosendahlshoesboise.com/diabetic-shoes-services) 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.

- I. You must be diagnosed as having diabetes.
  - a. Rosendahl will need to review medical records from a face to face visit and verify:
    - Your diabetes must be documented within the past six months by a doctor (an MD or DO).
- II. You must have a documented foot condition.
  - a. Rosendahl will need to review medical records from a face to face visit and verify:
    - Your foot condition must be documented within the past six months by a MD, DO, PA-C, NP, DPM, or a CNS. Examples: bunion, crooked toe, flat feet, fungal nail, poor circulation, varicose veins, peripheral vascular or arterial disease, or a history of foot ulcer or amputation.

If you think that you meet the above two criteria and would like to obtain diabetic footwear, do the following:

1. Call your diabetic doctor and set up an appointment to document criteria I and II in your medical records. (There are a few Medicare HMO/PPO plans that assign a NP or PA as the PCP. If that is the case; the NP or PA can act as the MD/DO in those instances.)
  - If you typically see a PA, you will need to see the supervising MD/DO
  - If you typically see a NP, you will need to see one of his/her colleagues that is an MD/DO
2. (Optional but helpful) – print off a “Statement of Certifying Physician for Therapeutic Footwear” form from our website to have MD/DO fill and sign. This form must be signed on or after criteria I has been documented.
3. (Optional but helpful) – print off a “Detailed Written Order” form from our website to have MD/DO fill and sign. This form must be signed on or after criteria II is documented.
4. (Optional but helpful) Ask for a signed and dated copy of this appointment to bring to Rosendahl
5. If you did not do step 3 have your doctor write you a prescription for diabetic footwear.

~ **OR** ~

1. Call your podiatrist and set up an appointment to document criteria II in your medical records.
2. (Optional but helpful) – print off a “Detailed Written Order” form from our website to have podiatrist fill and sign. This form must be signed on or after criteria II is documented.
3. (Optional but helpful) Ask for a signed and dated copy of this appointment to bring to Rosendahl
4. If you did not do step 2, have your doctor write you a prescription for diabetic footwear.

**PRINT THE FORMS, GO SEE YOUR DOCTOR, SCHEDULE AN APPOINTMENT WITH ROSENDAHL!**

**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.