

# **Dale's Shoes and Pedorthics**

## **Step-By-Step Instructions for Receiving Therapeutic Footwear for Diabetics from Medicare**

**Welcome to Dale's Shoes! We are pleased to help you protect your feet from breakdown and/or ulceration by using properly fitted diabetic footwear. Please follow these instructions so that we can expedite the process of getting you into your new shoes.**

- 1. Take the enclosed Diabetic Footwear Prescription form (page 2) to your MD, DO, or podiatrist (DPM) to complete – the prescription must be specific as to the exact number of inserts you and your doctor decide that you need. Please remember that 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 returning to our store.**
- 2. Take the enclosed Statement of Certifying Physician (page 3) and the Guideline for Clinical Notes (page 4) to your MD or DO that is treating you for your diabetes and have them complete both forms in their entirety. PLEASE NOTE THAT YOUR DOCTOR MUST SEND US CLINICAL NOTES FROM YOUR VISIT, AND THEY MUST INCLUDE KEY STATEMENTS REQUIRED BY MEDICARE. This is all outlined on the Guide for Clinical Notes. (page 4)**
- 3. Once all of your paperwork is complete, return to our store with your completed paperwork and all of your insurance cards (Primary and Secondary). Our pedorthist will have you complete a Patient Registration Form. Subsequent to filling out your paperwork in the store we must Verify your coverage, deductible, and co-pays with your insurance companies. We will contact you if we have any questions. Once all of your paperwork is in order, our pedorthist will provide you with your prescribed footwear.**
- 4. Once you have received your footwear and paid any co-pay or deductible, we will bill your insurance for you. Please allow approximately 45 days from the date you receive the footwear to receive notice from your primary insurance and then an additional 45 days to receive notice from any secondary insurance you may have.**
- 5. If you have any questions regarding your insurance or the billing of your claim, you may call Pro Claims Medical Billing for clarification at 386-274-5712.**
- 6. Make sure you continue to visually inspect your feet daily, or have a friend or loved-one help you. If you notice any red spots, please come see our pedorthist immediately**
- 7. Rotate your inserts throughout the year. Inserts have an average life of four months. Visually inspect them for signs of wear or breakdown. If you have any questions, please see one of the pedorthists.**
- 8. Mark your calendar! Your benefits renew each calendar year but Medicare requires a new set of paperwork for each year that the benefit is provided.**

**Patients: Please Call Ahead For an Appointment**

**Dale's Shoes – 386-252-2138**

# DIABETIC FOOTWEAR PRESCRIPTION FORM

**NOTE: FOR COVERAGE BY MEDICARE UNDER THE THERAPEUTIC SHOES FOR DIABETICS PROGRAM THIS PRESCRIPTION MUST BE ACCOMPANIED BY A SIGNED STATEMENT OF CERTIFYING PHYSICIAN (SCP). THE SCP MUST BE SIGNED BY THE M.D. OR D.O. MANAGING THE PATIENTS SYSTEMIC DIABETIC CONDITION.**

**Patient Name:** \_\_\_\_\_

## Covered Procedures:

- DEPTH SHOES (A5500)- indicate inserts below**
- Customized Inserts (heat molded pre-fab. Average life is 4 months each pair\*) (A5512) # of pair(s) 3 2 1 (Medicare allows up to 3 pair\*)**
- Custom Manufactured Inserts (Custom made from mold of the patients foot) (A5513) # of pair(s) 3 2 1 (Medicare allows up to 3 pair. Average life 4 months)**
- Custom Toe Filler (L5000) (Please circle Left or Right)**
- Custom Molded Shoes (A5501) and a total of 3 pairs of custom inserts (A5513)**
- Rigid Rocker Bottom Sole or Bar (A5503)**
- Sole/Heel Wedge (please circle one) (A5504)**
- Metatarsal Bar (A5505)**
- Other modifications (Medial Stabilizers, Lateral Stabilizers, etc.) (A5507)**

**Dx ICD-9 Code** \_\_\_\_\_

**\*Medicare allows up to 3 pair per annum of either Prefab or Custom inserts. THE AVERAGE DIABETIC INSERT LASTS ABOUT 4 Months. For 12 months protection, patients should receive no less than 3 pair of inserts per year, regardless of other items the patient may need. Medicare will not pay for extra items, they are the financial responsibility of the patient.**

**Rx Instructions** \_\_\_\_\_

## Prescribing Physician Information:

**Physician Name (Printed)** \_\_\_\_\_

**Address** \_\_\_\_\_

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

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

**Physician NPI #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dale's Shoes and Pedorthics**  
**2595 W. International Speedway Blvd.**  
**Daytona Beach, FL 32114**  
**Phone: (386) 252-2138 Fax: (386) 252-0928**

**Statement of Certifying Physician for Therapeutic Footwear**

(The certifying physician must be the MD or DO caring for the patient's diabetic condition)

**Patient Name:** \_\_\_\_\_ **Medicare #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**I certify that all of the following statements are true:**

- 1) This patient has diabetes mellitus (ICD-9 Code): \_\_\_\_\_ (250.00~250.91)
- 2) This Patient has one or more of the following conditions (Check all that apply):
  - \_\_\_\_ History of partial or complete foot amputation
  - \_\_\_\_ History of pre-ulcerative callous
  - \_\_\_\_ Peripheral neuropathy with callous formation
  - \_\_\_\_ Foot deformity
  - \_\_\_\_ Poor Circulation
  - \_\_\_\_ Previous ulcer(s)
- 3) I am treating this patient under a comprehensive plan of care for his/her diabetes.
- 4) This patient needs special shoes and/or inserts because of their diabetic condition.

**Certifying Physician information:**

**Name (Printed):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

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

**NPI#:** \_\_\_\_\_

**By signing this form I agree that I have performed an in person evaluation of this patient within the last 6 months, and there is documentation in the patient's medical records indicating my management of the patient's diabetes, and that documentation of one or more of the conditions listed under item #2 is present in those records.**

**(Please include applicable clinical notes)**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form must be accompanied by a detailed doctor's order. (Prescription)**

# GUIDELINE FOR CLINICAL NOTES

Dear Certifying Physician,

Thank you for helping this patient receive Diabetic Footwear. Medicare has for years required you to fill out and submit the Statement of Certifying Physician. However, in June of 2010, Medicare increased the paperwork requirements on you.

NOW, WE MUST HAVE CLINICAL NOTES 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.

## CLINICAL NOTES GUIDELINES:

1. Must *explicitly* CERTIFY THAT THE PATIENT HAS DIABETES AND ASSIGN A 5 DIGIT ICD-9 (249.00 to 250.93). Results of tests, exams, findings must be in the notes (i.e. blood glucose levels and A1c), not merely the ICD-9, although the ICD-9 is also required.
2. Must *explicitly* state "I AM TREATING THE PATIENT UNDER A COMPREHENSIVE PLAN OF CARE FOR DIABETES". **The doctor must use that exact phrase.** The doctor should elaborate other portions of the plan of care (medicine, nutrition, education, other specialists).
3. Must *explicitly* state "THE PATIENT WOULD BENEFIT FROM DIABETIC FOOTWEAR TO PROTECT THEIR FEET". **The doctor must use that exact phrase.**
4. 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 COME TO THE CONCLUSION THAT THE CONDITION EXISTS. You may rely on findings of other doctors (i.e. foot doctor), but must specifically cite them and sign off on them.

Lower limb amputation, foot (V49.73 & 755.38)

Lower limb amputation, great toe (V49.71 & 755.39)

Lower limb amputation, lesser toe(s) (V49.72 & 755.39)

Ulcer of heel and midfoot (707.14)

Ulcer other part of foot (707.15)

History of pre-ulcerative callus (707.9)

Polyneuropathy in diabetes (357.2) and History of pre-ulcerative callus (707.9) **BOTH MUST BE DOCUMENTED**

Claw toe (735.5)

Hammer toe (735.4)                      Other\_

Hallux valgus (735.0)

Hallux rigidus (735.2)

Unspecified acquired deformity of toe (735.9)

Unspecified deformity of ankle and foot, acquired (736.70)

Charcot Arthropathy (713.5)

Atherosclerosis of the extremities, unspecified (440.20)

Atherosclerosis of the extremities with intermittent claudication (440.21)

Atherosclerosis of the extremities with ulceration (440.23)

Peripheral vascular disease, unspecified (443.9)

DON'T FORGET TO  
DOCUMENT THE FINDING  
**AND** THE METHOD OF HOW  
THE FINDING WAS FOUND.

We know these requirements place a burden on you and your staff. Our industry groups are lobbying Medicare to remove this ruling and we will inform all doctors when/if we are successful. In the mean time, please know that these efforts will ensure your patient gets the footwear that they need and with Medicare paying for them. Thank you for your assistance.