

Fax: 210-892-3295

Diabetic Shoe Requirements

Per the Centers for Medicare and Medicaid Services (CMS) the following items must be provided to our clinic prior to diabetic shoes being ordered / dispensed.

✓ ***Prescription (Rx)***

This can be written by an MD, DO, DPM. The prescription has to be signed and dated.

✓ ***Statement of Certifying Physician for Therapeutic Shoes*** This form must be signed and dated by the certifying physician (MD or DO) who is treating the patient under a comprehensive plan for diabetes. This cannot be completed by anyone other than the certifying MD or DO. This form must be dated within **3 months** prior to delivery of diabetic shoes.

✓ ***Diabetic Exam Notes***

A copy of the *face-to-face* diabetic exam by the certifying physician (the MD or DO who is treating the patient's diabetes) within **6 months** prior to delivery of the diabetic shoes. **Has to be done by M.D or D.O**

✓ ***Foot Exam Notes***

A copy of the foot exam by the certifying physician (the MD or DO who is treating the patient's diabetes) which must support and match all conditions indicated on the Statement of Certifying Physician for Therapeutic Shoes form within **6 months** prior to delivery of the diabetic shoes. ****An exam and notes from another physician (e.g., podiatrist) is acceptable as long as the certifying physician agrees with, signs, dates and makes the exam and notes part of the M.D or D.O.'s patient's medical record.**



Statement of Certifying Physician for Therapeutic Shoes

Patient Name: _____ DOB: _____

Comprehensive Diabetes Exam Date: _____

I certify that all of the following statements are true:

- 1. This patient has diabetes mellitus.
- 2. This patient has one or more of the following conditions. (Circle 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 (specify: _____)
 - f) Poor circulation
- 3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
- 4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: _____

Date Signed: _____

Physician name (printed - **MUST BE AN M.D. OR D.O.**):

Physician address: _____

Physician NPI: _____

Prescription

This patient requires: _____ Start Date: _____

Base DX code: _____ Description: _____

Justifying DX code: _____ Description: _____

- Diabetic Shoes (A5500) Qty 2 (1pair) & Custom inserts (A5513) Qty 6 (3pair)
- Diabetic Shoes (A5500) Qty 2 (1pair) & Heat molded inserts (A5512) Qty 6 (3pair)
- Diabetic Shoes, Custom (A5501) Qty 2 (1 pair) & Custom inserts (A5513) Qty 6 (3pair)
- Toe Filler (L5000) (____RT____LT) **For great toe or TMA only**

Duration of use: _____

 Physician Name Physician Signature NPI Date
(Must be signed by MD, DO or DPM)

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Clinic Name: _____
Measured By _____
Date / /

DIABETIC SHOE ORDER FORM

Patient Name: _____ DOB: _____

Men's			Women's		
Size: <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input type="checkbox"/> 8.5 <input type="checkbox"/> 9 <input type="checkbox"/> 9.5 <input type="checkbox"/> 10 <input type="checkbox"/> 10.5 <input type="checkbox"/> 11 <input type="checkbox"/> 11.5 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 Width: <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> XW			Size: <input type="checkbox"/> 5.5 <input type="checkbox"/> 6 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input type="checkbox"/> 8.5 <input type="checkbox"/> 9 <input type="checkbox"/> 9.5 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Width: <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> XW		
Style No.	Description	Color	Style No.	Description	Color
<input type="checkbox"/> 22	Sport Runner	Black	<input type="checkbox"/> 19	Casual Mary Jane	Black
<input type="checkbox"/> 22	Sport Runner	Grey	<input type="checkbox"/> 19	Casual Mary Jane	Cognac
<input type="checkbox"/> 22	Sport Runner	Blue	<input type="checkbox"/> 23	Sport Runner	Black
<input type="checkbox"/> 30	Casual Dress	Black	<input type="checkbox"/> 23	Sport Runner	Grey
<input type="checkbox"/> 30	Casual Dress	Whiskey	<input type="checkbox"/> 23	Sport Runner	Teal
<input type="checkbox"/> 38	Sport Walker	White	<input type="checkbox"/> 31	Sport Walker	White
<input type="checkbox"/> 38	Sport Walker	Black	<input type="checkbox"/> 31	Sport Walker	Black
<input type="checkbox"/> 44	Trail Walker	Dark Grey	<input type="checkbox"/> 33	Casual Mary Jane	Black Stretch
<input type="checkbox"/> 44	Trail Walker	Stone	<input type="checkbox"/> 45	Sport Jogger	Black
<input type="checkbox"/> 46	Sport Jogger	Black	<input type="checkbox"/> 45	Sport Jogger	Grey
<input type="checkbox"/> 46	Sport Jogger	Grey	<input type="checkbox"/> 45	Sport Jogger	Purple
<input type="checkbox"/> 46	Sport Jogger	Blue	<input type="checkbox"/> 49	Trail Walker	Dark Grey
<input type="checkbox"/> 52	Casual Dress	Black	<input type="checkbox"/> 49	Trail Walker	Stone
<input type="checkbox"/> 52	Casual Dress	Whiskey	<input type="checkbox"/> 51	Casual Dress	Black
<input type="checkbox"/> 56	Trail Boot	Oil Black	<input type="checkbox"/> 51	Casual Dress	Cognac
<input type="checkbox"/> 56	Trail Boot	Whiskey	<input type="checkbox"/> 55	Trail Boot	Oil Black
<input type="checkbox"/> 64	Casual Comfort	Black	<input type="checkbox"/> 55	Trail Boot	Whiskey
<input type="checkbox"/> 64	Casual Comfort	Whiskey	<input type="checkbox"/> 63	Casual Comfort	Black Stretch
<input type="checkbox"/> 66	Casual Comfort	Black Stretch	<input type="checkbox"/> 67	Casual Comfort	Chocolate
<input type="checkbox"/> 72	Casual Sport	Oil Black	<input type="checkbox"/> 67	Casual Comfort	Black
<input type="checkbox"/> 72	Casual Sport	Oil Brown	<input type="checkbox"/> 75	Casual Sport	Black
<input type="checkbox"/> 74	DD - Sport Jogger	Black	<input type="checkbox"/> 75	Casual Sport	Saddle
<input type="checkbox"/> 88	DD - Casual Comfort	Black Stretch	<input type="checkbox"/> 77	DD - Sport Jogger	Black
<input type="checkbox"/> 96	Casual Sport	Oil Black	<input type="checkbox"/> 81	DD - Casual Comfort	Black Stretch
<input type="checkbox"/> 96	Casual Sport	Oil Brown	<input type="checkbox"/> 97	Casual Sport	Black
			<input type="checkbox"/> 97	Casual Sport	Saddle

Heat Molded Inserts-QTY _____

Custom Molded Inserts-QTY _____