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Send To:	From: <b>REBEKAH JENSEN</b>
Attention: NURSE	Date:
Fax Number:	Phone Number:

- Urgent
- For Review
- Please Comment
- Please Reply
- For your Information

Total pages, including cover: **(4)**

**Comments:**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*INSURANCE REQUIRES ALL #1-9 ON THE NEXT PAGE TO BE OBTAINED FOR DIABETIC SHOES/CUSTOM INSERTS\*\***

\*\*\*Signature and date stamps are not allowed. Signatures must comply with the CMS signature requirements outlined in PIM 3.3.2.4.

\*\*After all documents are received then I can schedule an initial shoe fitting for your client. It then takes a minimum of 3 weeks for supplies to arrive before the final fitting can be scheduled. The Detailed Written Order & Medical records are good for 6 months. The Statement of Certifying Physician Form is only good for 3 months. If you have any question(s) please call me at 952-854-1190 (Mon-Friday 9am-5:30pm)

- 1) PRESCRIPTION FORM **\*\*Different from statement of certifying physician form.**  
**(form is provided in this fax & must have all empty lines completed).**  
\*\*The M.D. or D.O. must complete this form **on or after** the date of the in-person examination that the medical records are being provided from (#4-9 on this page) & within 6 months prior to delivery of the shoes/inserts.
  
- 2) STATEMENT OF CERTIFYING PHYSICIAN FORM **\*\*Different from prescription form.**  
**(form is provided in this fax & must have all empty lines completed).**  
\*\*The M.D. or D.O. must complete this form **on or after** the date of the in-person examination that the medical records are being provided from for #4-9 on this page & within 3 months prior to delivery of the shoes/inserts.
  
- 3) The Medical Records need to be records of a face-to-face visit that is within 6 months prior to delivery of the shoes/inserts. Sometimes to provide all required medical records for #4-9 on this page a new appointment may be needed. Or the M.D. or D.O. can add on the medical records/write a letter with the missing info and then sign and date.
  
- 4) We need Medical Records showing the M.D. or D.O. was in the face-to-face appointment performing the examination that #5-9 on this page are being documented.
  
- 5) Medical Records must be provided with proof of the client's diabetic systemic condition being treated under a comprehensive plan of care in the medical records. (example: blood test results, exercise, diet, medication/insulin, etc..).  
\*\*\*Please note that listing just 1 or 2 of the examples listed in the medical records is not considered enough documentation for a "Comprehensive Plan of Care".
  
- 6) Medical Records must be provided with other pertinent information included in the medical records, but not limited to, clinical course (worsening or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experiences with related items, etc.
  
- 7) Medical Records must be provided with the beneficiary's **diabetic diagnosis with ICD-10 code** and must state **how long** the client has been diagnosed with this condition in the medical records.
  
- 8) Medical Records must be provided with all the foot condition(s) that you selected on the "Statement of Certifying Physician Form" being listed **with an ICD-10 code**. Also, it must state **how long** the client has been diagnosed with this condition. Being diabetic does not alone qualify a client for diabetic shoes/inserts. The client must also have at least 1 of the foot conditions listed on the "statement of certifying physician form".  
**\*\*\*If you selected foot deformity a full description of the deformity needs to be listed.**  
**\*\*\*If you selected poor circulation there needs to be documented evidence of the condition listed.**
  
- 9) Medical Records must be provided that mentions the client needing the items below (use this wording please). Also mentioning the current state of the client's footwear.

**2 PAIRS OF DIABETIC SHOES (A5500) USED DAILY**

**3 PAIRS OF CUSTOM INSERTS (A5513) CHANGED EVERY 4 MONTHS**

## STATEMENT OF CERTIFYING PHYSICIAN FORM

BY FILLING OUT THIS FORM AND SIGNING, I AM STATING THE FOLLOWING

- \* The client needs 2 pairs of diabetic shoes because of his/her diabetes.
- \* The client needs 3 pairs of custom inserts because of his/her diabetes.
- \* I am the MD/DO responsible for diagnosing and treating this client's diabetic systemic condition under a comprehensive plan of care within the last 6 months.

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DIABETIC DIAGNOSIS ICD-10 CODE: \_\_\_\_\_

### CHECK AT LEAST ONE QUALIFYING FOOT CONDITION

\_\_\_\_\_ HISTORY OF PARTIAL 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 (**must provide description of the deformity in medical records**)

\_\_\_\_\_ POOR CIRCULATION (**must provide documented evidence in medical records**)

PHYSICIAN SIGNATURE: \_\_\_\_\_ (MUST BE MD OR DO)

DATE: \_\_\_\_\_ (THIS IS THE SIGNATURE DATE AND START DATE)

PHYSICIAN NAME (PRINTED): \_\_\_\_\_

NPI: \_\_\_\_\_

PHYSICIAN PHONE #: \_\_\_\_\_

PHYSICIAN FAX #: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

**PRESCRIPTION**

BY FILLING OUT THIS FORM AND SIGNING, I AM STATING THE FOLLOWING:  
I am knowledgeable in the fitting of diabetic shoes and inserts.

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

**ITEMS:                            2 PAIRS OF DIABETIC SHOES (A5500) USED DAILY**  
**3 PAIRS OF CUSTOM INSERTS (A5513) CHANGED EVERY 4 MONTHS**

PHYSICIAN SIGNATURE: \_\_\_\_\_ (MUST BE MD OR DO)

DATE: \_\_\_\_\_ (THIS IS THE SIGNATURE DATE AND START DATE)

PHYSICIAN NAME (PRINTED): \_\_\_\_\_

NPI: \_\_\_\_\_

PHYSICIAN PHONE #: \_\_\_\_\_

PHYSICIAN FAX #: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_