



125 S. Curtis Road  
Boise, Idaho 83705  
Phone: 208-343-4242  
Fax: 208-343-6764

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

This overview provides valuable information for Nurse Practitioners (NP) wishing to prescribe therapeutic footwear for their patients. Please visit [www.rosendahlshoesboise.com/medical-professionals](http://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. The patient's diabetic diagnosis and the management of this condition have to be documented within the past six months by a MD/DO for your patient to qualify for insurance coverage. (There are a few Medicare HMO/PPO plans that assign a NP or PA as the PCP. If that is the case; refer to instruction sheet "*MD/DO that would like to prescribe therapeutic footwear*" and fill the role as a MD)
  - b. The MD/DO is unable to co-sign or sign off on your "diabetes management" notes. The MD/DO has to be the original author of these notes, and done from a face to face visit.
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 requirement and documented medical necessity in the patient's record; fax to Rosendahl Foot and Shoe Center at 208-343-6764 the following:

1. A generic prescription or a "Detailed Written Order" (available on our website)
2. The patient's medical record that shows foot condition
3. The patient demographic sheet

Rosendahl will then forward your medical records to the MD/DO overseeing the diabetic management to be co-signed and a note of agreement placed on your notes.

Once we have verified the medical records support the need of the prescribed items, we will provide one document for your signature and one to the MD/DO overseeing the diabetic care, if not already provided to Rosendahl:

1. Detailed Written Order – to prescribing NP
2. Statement of Certifying Physician for Therapeutic Footwear – to diabetic management MD/DO

**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.