

Therapeutic Shoes for Individuals with Diabetes – Documentation needs

The patient must have an office visit with the MD or DO treating them for their diabetes within six months of ordering diabetic shoes. The medical record and clinical documentation must support the following criteria:

1. The patient has Diabetes Mellitus type I or type II. The medical record reflects the management of the patient's diabetes.
2. The patient has one or more of the following conditions:
 - a. History of amputation of the other foot or part of either foot or
 - b. History of previous foot ulceration of either foot or
 - c. History of pre-ulcerative calluses of either foot or
 - d. Peripheral neuropathy with evidence of callus formation of either foot (There must be documentation of both peripheral neuropathy of the legs and a callus in the medical record) or
 - e. Foot deformity of either foot (There must be a specific type of deformity documented in the medical record; e.g. bunion, hammer toes.) or
 - f. Poor circulation in either foot (There must be signs, symptoms or a diagnosis of small or large vessel arterial insufficiency in the legs.)
 - g. If the MD or DO has not done a lower extremity exam, they may obtain, initial, date and indicate agreement with information from the medical records of an in-person visit with a podiatrist, other MD or DO, PA, NP or CNS that is within six months prior to the delivery of the shoes/inserts and that documents one or more of criteria a-f above.
3. Signed Certifying Statement from the MD or DO documenting:
 - a. Coverage criteria 1 and 2 are met and
 - b. Treating patient under a comprehensive plan of care for diabetes and
 - c. Special shoes are needed and
 - d. Must be done on or after the office visit and is valid for three months
4. Prescription - detailed written order (DWO)
 - a. Must be done on or after the office visit
 - b. Specific items to be ordered - If ordering custom inserts versus heat moldable inserts, indicate why in the medical record (e.g. custom inserts required due to the severity of the disease and or symptoms requiring correction)

SSM Health at Home combined the Certifying Statement and Prescription into one form called Prescription for Therapeutic Shoes & Inserts and Statement of Certifying Physician. This form is available on ssmhealth.com/HomeHealthReferrals.

Our Locations

Baraboo · 1111 Eighth Street · 800-924-2273
Fond du Lac · 307 Camelot Drive · 800-732-1313
Janesville · 3700 E. Racine Street · 800-924-2273
Madison · 4639 Hammersley Road · 800-924-2773
Reedsburg · 164 Second Street · 800-924-2273

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