

Kesling Home Health Care

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Coverage Guidelines for Diabetic Shoes / Inserts

Statement of Certifying Physician

- * Must be signed by an **MD or DO** within **3 months** prior to delivery
- * Must be signed on or after office visit of documented diabetes management and foot condition
- * Must certify patient has Diabetes that is being treated under a plan of care, has one or more documented foot conditions, and needs therapeutic shoes because of the Diabetes

Standard Written Order

- * Can be signed by an MD, PA, Podiatrist, or NP
- * Must be signed within **3 months** prior to delivery
- * Must be signed on or after office visit of documented diabetes management and foot condition
- * Please check therapeutic footwear box
- * Please check either heat moldable inserts box or custom inserts box (specify custom option)
- * Please check toe filler if applicable

Office Notes Including: (Management of diabetes in general)

- * Detailed documentation supporting the Management of Diabetes
- * An MD or DO must be managing the patient's diabetes under a comprehensive plan of care and must certify that the patient needs therapeutic shoes
- * Office visit must be within **6 months** prior to delivery of shoes

Office Notes Including: (Management of specific foot condition / foot exam)

- * Documented in-depth, left/right, diagnosis/description of one or more of the following qualifying foot conditions:
 - History of partial/complete amputation of the foot (specify type)
 - History of previous foot ulceration
 - History of pre-ulcerative callus
 - Peripheral Neuropathy with evidence of callus formation (must have symptoms, signs, tests to support)
 - Foot Deformity (bunion, hammer toe, etc)
 - Poor Circulation (must have specific symptoms, signs, testing to support – diagnosis of hypertension, coronary artery disease, CHF, or the presence of edema are not sufficient by themselves)
- * Office visit must be within **6 months** prior to delivery of shoes
- * This note can be from your office or an office visit from another physician, podiatrist, PA, or NP
- * If the office note is from another office, you must sign, date, & make a note on that doc indicating your agreement.
- * A separate attestation form must also be signed stating that you are in agreement with the foot exam

Certifying Physician Attestation of the Prescribing Physician's Notes:

- * A separate attestation form must also be signed stating that you are in agreement with the foot exam
- * If the office note is from another office, the certifying physician must sign, date, & make a note on that doc indicating your agreement.