

Dear Patient,

Welcome to Stride Orthotic and Pedorthic Center! We are pleased that you have chosen us to assist you with your diabetic shoes and inserts. Our goal is to provide you with the highest level of care and ensure that your footwear meets your medical and comfort needs.

We understand that navigating insurance requirements can be a daunting process, especially with the recent changes to the diabetic program by Medicare and private insurance companies. Please know that we are here to guide you through every step of the process.

Included in your welcome packet, you will find detailed instruction guidelines that will help you understand the necessary steps to move forward with your care. We strongly encourage you to read these instructions carefully, as they contain important information about the documentation required by your insurance provider.

To fulfill the new requirements, we will need specific documentation from your healthcare provider. This documentation is essential for us to proceed with your care and to ensure that your insurance coverage is maximized. Our team is ready to assist you in gathering and submitting the necessary paperwork to avoid any delays in your treatment.

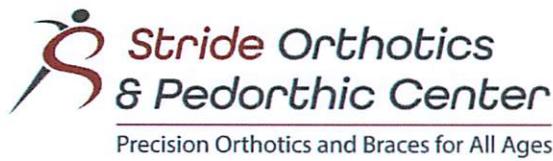
If you have any questions or need further assistance, please do not hesitate to reach out to us. We are here to support you and make this process as smooth and straightforward as possible.

Thank you for trusting Stride Orthotic and Pedorthic Center with your care. We look forward to working with you to achieve the best possible outcomes for your foot health.

Warm regards,

Your Team at Stride Orthotic & Pedorthic Center





## Diabetic Shoe and Insert Program Requirements

### Diabetic Footwear

Proper footwear is crucial for individuals with diabetes due to the risk of circulation issues, infections, foot ulcers, and nerve damage associated with the condition. Diabetic footwear is specifically designed to offer protection and support for your feet. We offer a diverse selection of styles and colors to suit your preferences. Before each purchase, we will measure your feet to ensure a perfect fit, helping to prevent various foot-related problems.

### Eligibility

Medicare and All Private Insurance companies have implemented significant changes and requirements to the diabetic program. To fulfill the requirements of these changes, certain documentation is needed to proceed with your care.

**\*\*\*Please Note All Forms Are Needed Prior To Scheduling an Appointment\*\*\***

### Patient Instructions for Diabetic Verification Forms

**STEP 1:** Please obtain a copy of your diabetic doctor's notes from the past 6 months. To receive these notes, contact your doctor's nurse or medical records department to request the information. Insurance requires detailed medical records from your diabetic doctor that document the condition of your feet. If you haven't had a recent foot examination by the doctor managing your diabetes, please schedule an appointment before we can proceed.

Your doctor's notes must confirm that you qualify for diabetic shoes and inserts. Please note that insurance will not accept qualifying documentation from a nurse practitioner (NP), physician assistant (PA), or podiatrist (DPM). The doctor managing your diabetes must be an MD or DO.

Stride will verify that the appointment occurred within the past 6 months and that the required information is included in the notes. If the notes do not meet these requirements, we will recommend that you schedule another appointment with your doctor to obtain the necessary documentation.

**Step 2:** Please obtain a signed copy of the diabetic verification form **[See Form 2 – Statement of Certifying Physician]**. You can provide this form to your physician's office for completion and signature. This form can only be signed and completed by the MD or DO who is managing your diabetes and should match the information documented in your physician's chart notes.

**Step 3:** Please obtain a signed copy of the Prescription for Therapeutic Footwear **[See Form 1]**. Insurance accepts this form when signed by an MD, DO, podiatrist (DPM), nurse practitioner (NP), physician assistant (PA), or certified nurse practitioner (CNP).



**FINAL CHECK LIST:** (Make sure you have all these items before scheduling your appointment)

- Clinical Notes from the MD or DO managing your diabetes, dates within 6 months.
- Form 1: Prescription for Therapeutic Shoes and Inserts.
- Form 2: Statement of Certifying Physician

**Document Submission Instructions:**

Once you have obtained all three signed documents, you have the following options to submit them to Stride Orthotic and Pedorthic Center:

**1. Mail:**

Send the documents to:  
Stride Orthotic and Pedorthic Center  
80 Turnpike Dr. Unit 1  
Middlebury, CT 06762

**2. Drop-off:**

You can drop off the documents directly with the Stride staff at the above address.

**3. Fax:**

Request your doctor's office to fax the documents to Stride at (203) 758-8394.

If you have any questions or need further assistance, please do not hesitate to reach out to me directly at the number below or feel free to email me at: [heatherc@stridepc.com](mailto:heatherc@stridepc.com). I look forward to assisting you.

Warm regards,

Your Team at Stride Orthotic & Pedorthic Center

**FORM ONE**  
**Your Prescription (STANDARD WRITTEN ORDER)**

Patient Name:		DOB:	
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**SECTION 1: Patient Diagnosis (REQUIRED)**

1. Diabetic Diagnosis (ICD-10) Diagnosis: \_\_\_\_\_  Type I or  Type II
2. Additional Qualifying Foot Conditions (*check all that apply*):
  - Bunions  Hammer/Claw Toes  Charcot or Other Foot Deformity  Amputations
  - Ulcerations or Pre-ulcerative Callosities  Peripheral Neuropathy
  - Other \_\_\_\_\_

**SECTION 2: Select the Appropriate Shoes (check one include LEFT, RIGHT OR BILATERAL)**

<input type="checkbox"/> A5500	Diabetic Depth Inlay Shoe	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Bilateral
<input type="checkbox"/> A5501	Diabetic Custom Molded Shoe	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Bilateral

**SECTION 3: Select the Appropriate Diabetic Inserts (check one)**

- A5512 Prefabricated removable inlay that is directly molded to the patient's foot (Units\*)
- A5513 Custom fabricated, multiple density, removable inlay that is molded to a model of the patient's foot (Units\*)
- A5514 Total contact, custom fabricated, multiple density, removable inlay that is directly milled from a rectified virtual model of the patient's foot (Units\*)

**If Amputations exist**, choose partial foot fillers for affected feet (*include LEFT, RIGHT OR BILATERAL*)

<input type="checkbox"/> L5000	Partial Foot, Shoe Insert, Long Arch, Toe Filler Each Foot	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Bilateral
<input type="checkbox"/> A5513/A5514	Contralateral Foot (if not bilateral L5000 then Units*)	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Bilateral

\*All Diabetic Inserts include 6 Units unless otherwise specified here: \_\_\_\_\_

**SECTION 4: Therapeutic Objective (check one or both boxes)**

- Prevent Ulceration and other pedal complications
- Distribute weight, balance, and plantar pressure

Duration of usage: 12 months

**SECTION 5: Physician's Authorization**

Physician's Name (printed)		NPI#
Physician's Address		
Physician's Signature		Date

**Please ensure this form is completed only by a DPM, MD, DO, PA, NP or CNS**

**\*\*\*NO STAMPED SIGNATURES PERMITTED\*\*\***

**FORM TWO**  
**STATEMENT OF CERTIFYING PHYSICIAN**  
*(MD or DO only)*

Patient Name:		DOB:	
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**> I certify that all of the following statements are true:**

1. This patient has diabetes mellitus (ICD-10) Code:
   
 Type E10.9 (Type I)       Type E11.9 (Type II)
   
 Other: \_\_\_\_\_ (E08.00 – E11.9, E13.00 – E13.9)
2. This patient has one of the following conditions: *(Check all that apply)*
  - a. History of partial or complete amputation of the foot (Z89.9)
  - b. History of previous foot ulceration (Z86.31)
  - c. History of pre-ulcerative callus (L84)
  - d. Peripheral neuropathy with evidence of callus formation (E10.40 or E11.40)
  - e. Foot deformity (M21.969)
  - f. Poor circulation (E10.51 or E11.51)
3. Within the past 6 months, an exam has been performed and qualifying conditions have been documented.
   
 Date of most recent evaluation \_\_\_\_\_
4. I am treating this patient under a comprehensive plan and care for his/her diabetes.
5. This patient needs therapeutic shoes (depth or custom-molded) and/or inserts because of his/her diabetic condition, to prevent ulcers and further complications.

**> Certifying Physician Information: *(Must be signed by a MD or DO)***

Physician's Name (printed)		NPI#	
Physician's Address			
Physician's Signature	Date		

**PLEASE READ INSTRUCTIONS TO HELP DOCUMENT MEDICAL NECESSITY**

Please Fax To: Stride Orthotic & Pedorthic Center (203) 758-8394

**Instructions for Documenting Medical Necessity**  
*(MD or DO only)*

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 Certifying Physician for diabetic shoes not only do you need to fill out the adjacent form Two, but you also need to provide your clinical notes validating that criteria 1 & 2 are met. Form Two alone does not satisfy this requirement.

**> Medical Records Pertaining to Diabetes Management**

1. Both the diagnosis and the management of the patient's diabetic condition have to be documented within the past six months by you for your patient to qualify for insurance coverage.
2. You are unable to co-sign, or sign off on a "diabetes management" notes done by another provider. You have to be the original author of these notes, and done from a face to face visit with the patient.

**For example:** Your diabetes management documentation will often include a diabetic diagnosis, the patient's A1c, review of your patient's blood glucose log, diabetes medication review, and notes on discussing diet and exercise, etc.

**> Co-Signing Medical Records Pertaining to Foot Conditions**

The foot conditions should be documented by the provider prescribing the diabetic shoes and inserts.

- A. If you are an MD or DO, please refer to the instructions on the Standard Written order form One and complete.
- B. Documentation about foot conditions can come from another provider, such as a DPM, NP, or PA. However, if it comes from anyone other than the MD/DO managing the diabetic care, the documentation will need to be co-signed and dated with an attestation of agreement on that provider's clinical findings. Therefore, their documentation must be co-signed with your attestation of agreement on their findings, dated on or before the date you sign this Form Two.

Please provide Medical Records to Support Form Two