

Comprehensive Diabetic Foot Exam & Shoe Order Form

Required to satisfy Medicare requirement of in-person visit to determine need for shoes.

Complete form for ordering shoes and inserts using "WorryFree DME" at SafeStep.net

Patient Information (Only complete if information not yet in SafeStep system):

Enter all information into "WorryFree DME" on SafeStep website to guarantee Medicare compliance.

Title: Mr. Ms. Mrs. Dr. Gender: M F

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Date of Birth: _____

Email: _____ Patient's Insurance ID #: _____

If patient has Medicare, is this the primary insurance? Yes No

If patient has diabetes and Medicare, has he/she received shoes under the Therapeutic Shoe Program this calendar year? Yes No

Which feet does patient have? Both Left Right

Certifying Physician Managing Diabetes Care (Only complete if information not yet in SafeStep system):

Enter all information into WorryFree DME. SafeStep will obtain required documentation from the Certifying Physician.

Degree: MD DO

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Fax: (_____) _____

Complete this form to create:

1. Documentation of Patient Evaluation Prior to Shoe Selection

Enter information at safestep.net. "WorryFree DME" will create:

2. Prescription for Diabetic Shoes and Inserts

SafeStep will create and fax to MD:

3. Physician Notes on Qualifying Condition(s)

4. Statement of Certifying Physician

Once signed forms received from Certifying Physician, "WorryFree DME" will create:

5. Certificate of Patient Receipt

Once shoes indicated as being dispensed, "WorryFree DME" will create:

6. In Person Dispensing Chart Notes

Podiatrist / Supplier In-Person Evaluation Prior to Shoe Selection

Performing evaluation satisfies Medicare requirement to document medical necessity for shoes.

Patient visit may be billable as 99213 if there is documented change in patient's condition.

Patient's Name: _____ Date of CDFE: _____

Estimated duration of diabetes: _____ Date of most recent CDFE: _____

Date last seen by MD/DO*: _____

**Medicare requires that for shoes to be covered, the patient must have been seen by the physician managing the diabetes no more than six months prior to when shoes fit.*

Do you examine your feet daily?: _____

Foot Complaints: _____

Review of Patient (Check all that apply)

FINDINGS MAY INDICATE THE NEED FOR FURTHER EVALUATION, OTHER SERVICES

Ortho:

- Joint aches/pains
- Deformities
- Stiffness
- Weakness
- Have you fallen in the past 6 months?
When? _____ How? _____
- Do you stumble or shuffle when you walk?
- Do you have to touch or hold onto the wall or furniture while walking?
- Do your legs or ankles feel weak or unsteady?

Vascular:

- Claudication
- Edema
- Temperature Changes

NOTE: If there is a history of falls or unsteadiness, consider fall risk assessment.

Derm:

- Skin Rash
- Pruritus (Itching)
- Nail Changes
- Scaling
- Dryness

Neuro:

- Numbness
- Tingling
- Paresthesia
- Abnormal Sensation
- High Sensitivity

NOTE: If there is evidence of neuropathy, consider nerve fiber density testing, NeuRemedy.

Physical Exam (Class Findings)

Vascular	Right		Left	
	<input type="checkbox"/> normal	<input type="checkbox"/> diminished	<input type="checkbox"/> normal	<input type="checkbox"/> diminished
Dorsalis Pedis	<input type="checkbox"/> normal	<input type="checkbox"/> diminished	<input type="checkbox"/> normal	<input type="checkbox"/> diminished
Posterior Tibial	<input type="checkbox"/> normal	<input type="checkbox"/> diminished	<input type="checkbox"/> normal	<input type="checkbox"/> diminished
Capillary Refill Time	<input type="checkbox"/> < 3 sec.	<input type="checkbox"/> > 3 sec	<input type="checkbox"/> < 3 sec.	<input type="checkbox"/> > 3 sec
Edema Present	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Other				

Neurological (LOPS)	Right			Left		
	<input type="checkbox"/> normal	<input type="checkbox"/> diminished		<input type="checkbox"/> normal	<input type="checkbox"/> diminished	
Vibration perception (tuning fork)	<input type="checkbox"/> normal	<input type="checkbox"/> diminished		<input type="checkbox"/> normal	<input type="checkbox"/> diminished	
Loss of Protective Sensation (LOPS)	<input type="checkbox"/> toes	<input type="checkbox"/> mets	<input type="checkbox"/> heel	<input type="checkbox"/> toes	<input type="checkbox"/> mets	<input type="checkbox"/> heel
DTR	<input type="checkbox"/> normal	<input type="checkbox"/> diminished		<input type="checkbox"/> normal	<input type="checkbox"/> diminished	
Sharp/Dull	<input type="checkbox"/> normal	<input type="checkbox"/> diminished		<input type="checkbox"/> normal	<input type="checkbox"/> diminished	

If there is evidence of neuropathy, consider nerve fiber density testing and NeuRemedy.

Peripheral Arterial Disease (PAD) Review

Do you have foot, calf, buttock, hip or thigh discomfort (aching, fatigue, tingling, cramping or pain) when you walk which is relieved by rest? Yes No

Do you experience any pain at rest in your lower leg(s) or feet? Yes No

Do you experience foot or toe pain that disturbs your sleep? Yes No

Are your toes or feet pale, discolored, or bluish? Yes No

Do you have skin wounds or ulcers on your feet or toes that are slow to heal (8-12 weeks)? Yes No

Has your doctor ever told you that you have diminished or absent pedal (foot) pulses? Yes No

Have you suffered a severe injury to the leg(s) or feet? Yes No

NOTE: If there is evidence of PVD, consider non-invasive vascular testing

Dermatological	Right	Left
Hair growth (decrease or absence)	<input type="checkbox"/>	<input type="checkbox"/>
Skin texture (thin, shiny)	<input type="checkbox"/>	<input type="checkbox"/>
Pigmentary changes (discoloration)	<input type="checkbox"/>	<input type="checkbox"/>
Wounds	<input type="checkbox"/>	<input type="checkbox"/>
Infection Locations (Current, Past)	<input type="checkbox"/>	<input type="checkbox"/>
Onychomycosis	<input type="checkbox"/>	<input type="checkbox"/>
Interdigital Spaces	<input type="checkbox"/> clear <input type="checkbox"/> macerated	<input type="checkbox"/> clear <input type="checkbox"/> macerated
Keratomas (Calluses)	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Assessment	<input type="checkbox"/> inc <input type="checkbox"/> dec <input type="checkbox"/> norm	<input type="checkbox"/> inc <input type="checkbox"/> dec <input type="checkbox"/> norm
Other		

DPM Documentation of Beneficiary Qualifying Criteria Provided to Physician Treating Patient's Diabetes

Enter into "WorryFree DME" website to receive signed, dated copy of the Statement of Certifying Physician and signed agreement of physician notes on qualifying condition(s).

Diabetes

	Type I	Type II
w/o complications	<input type="checkbox"/> E10.9	<input type="checkbox"/> E11.9
w/ diabetic neuropathy, unspecified	<input type="checkbox"/> E10.40	<input type="checkbox"/> E11.40
w/ other circulatory complications	<input type="checkbox"/> E10.59	<input type="checkbox"/> E11.59
w/ diabetic mononeuropathy	<input type="checkbox"/> E10.41	<input type="checkbox"/> E11.41
w/ diabetic polyneuropathy	<input type="checkbox"/> E10.42	<input type="checkbox"/> E11.42
w/ diabetic peripheral angiopathy without gangrene	<input type="checkbox"/> E10.51	<input type="checkbox"/> E11.51
w/ diabetic neuropathic arthropathy	<input type="checkbox"/> E10.610	<input type="checkbox"/> E11.610
w/ hyperglycemia	<input type="checkbox"/> E10.65	<input type="checkbox"/> E11.65
w/ foot ulcer	<input type="checkbox"/> E10.621	<input type="checkbox"/> E11.621

Use additional code to identify site of ulcer (L89.6-, L89.8-)

Foot Deformity

	Right	Left
Hallux valgus	<input type="checkbox"/> M20.11	<input type="checkbox"/> M20.12
Hammer toe(s)	<input type="checkbox"/> M20.41	<input type="checkbox"/> M20.42
Hallux rigidus	<input type="checkbox"/> M20.21	<input type="checkbox"/> M20.22
Hallux varus	<input type="checkbox"/> M20.31	<input type="checkbox"/> M20.32
Flat foot [pes planus]	<input type="checkbox"/> M21.41	<input type="checkbox"/> M21.42
Charcot's joint ankle and foot	<input type="checkbox"/> M14.671	<input type="checkbox"/> M14.672
Other acquired deformities of foot	<input type="checkbox"/> M21.6X1	<input type="checkbox"/> M21.6X2

Foot ulceration

	Right	Left
pressure ulcer of heel	<input type="checkbox"/> L89.61	<input type="checkbox"/> L89.62
ulcer of other site	<input type="checkbox"/> L89.899	<input type="checkbox"/> L89.899
midfoot	<input type="checkbox"/>	<input type="checkbox"/>
sub metatarsal	<input type="checkbox"/>	<input type="checkbox"/>
sub hallux	<input type="checkbox"/>	<input type="checkbox"/>
1st toe	<input type="checkbox"/>	<input type="checkbox"/>
2nd toe	<input type="checkbox"/>	<input type="checkbox"/>
3rd toe	<input type="checkbox"/>	<input type="checkbox"/>
4th toe	<input type="checkbox"/>	<input type="checkbox"/>
5th toe	<input type="checkbox"/>	<input type="checkbox"/>
heel	<input type="checkbox"/>	<input type="checkbox"/>
styloid	<input type="checkbox"/>	<input type="checkbox"/>
medial longitudinal arch	<input type="checkbox"/>	<input type="checkbox"/>

Poor circulation

Unspecified atherosclerosis of native arteries of the extremities	<input type="checkbox"/> I70.201	<input type="checkbox"/> I70.202	<input type="checkbox"/> I70.203
Atherosclerosis of native arteries of extremities with intermittent claudication	<input type="checkbox"/> I70.211	<input type="checkbox"/> I70.212	<input type="checkbox"/> I70.213
with rest pain	<input type="checkbox"/> I70.221	<input type="checkbox"/> I70.222	<input type="checkbox"/> I70.223
diminished dorsalis pedis pulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diminished posterior tibial pulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
increased capillary refill time (> 3 sec.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atherosclerosis of native arteries of the leg with ulceration of heel and midfoot	<input type="checkbox"/> I70.234	<input type="checkbox"/> I70.244	
Atherosclerosis of native arteries of leg with ulceration of other parts of foot	<input type="checkbox"/> I70.235	<input type="checkbox"/> I70.245	

History of partial or complete amputation of the foot

	Right	Left
Acquired absence of great toe	<input type="checkbox"/> Z89.411	<input type="checkbox"/> Z89.412
Acquired absence of other toe(s)	<input type="checkbox"/> Z89.421	<input type="checkbox"/> Z89.422
Acquired absence of foot	<input type="checkbox"/> Z89.431	<input type="checkbox"/> Z89.432

Peripheral neuropathy with evidence of callus formation

(Both conditions must be present. Neuropathy alone is not enough.)

- Type I diabetes mellitus with diabetic polyneuropathy (unspecified E10.40)
- Type II diabetes mellitus with diabetic polyneuropathy (unspecified E11.40)
 - loss of vibratory sensation
 - loss of protective sensation
 - loss of deep tendon reflexes
 - loss of sharp / dull perception
- Diabetes mellitus with polyneuropathy (E13.42)

History of preulcerative callus

- Corn / Callus (L84)
 - sub metatarsal right left
 - sub hallux right left
 - 1st toe right left
 - 2nd toe right left
 - 3rd toe right left
 - 4th toe right left
 - 5th toe right left
 - heel right left
 - styloid right left
 - medial longitudinal arch right left

Order online at SafeStep.net or call 866.712.STEP (7837)