

Certifying Physician Statement for Therapeutic Shoes for Persons with Diabetes.

Patient Place of Service: _____

Address: _____

Referred By: _____

Print Name and Title

Physician Name: _____ NPI # _____

Print Name

CERTIFYING STATEMENT

Patient Name: _____

Last

First

I. Primary Diagnosis and Dr. treating under a comprehensive plan of care for diabetes:

250.00 Type II [Non-Insulin Dependent]

250.01 Type I [Insulin Dependent]

II. Secondary Diagnosis:

a. Previous 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, or

e. Foot deformity of either foot, or

f. Poor circulation in either foot

PHYSICIAN'S COMMENTS ON PATIENT'S CERTIFYING STATEMENT

I: _____

II: _____

Physician Attestation: This patient needs special shoes (deep depth or custom molded) because of his/her diabetes.

As of May 2019, under §1861(s)(12) of the Social Security Act (42 U.S.C. 1395x(s)(12), a podiatrist, physician assistant, nurse practitioner, or clinical nurse specialist are not identified as a certifying physician.

I certify that all these statements are true.

DATE OF ORDER

PHYSICIAN SIGNATURE

DETAILED ORDER FOR DIABETIC SHOES

Patient Sex: Male or Female

Patient will benefit and therapeutic shoes are reasonable and necessary.

(A5500) Diabetic Shoes

PAIR LEFT RIGHT (CIRCLE ONE)

(A5512) Inserts (directly molded)

PAIR LEFT RIGHT (CIRCLE ONE) (6)

DATE OF ORDER

PHYSICIAN SIGNATURE

Eligibility for coverage of therapeutic shoes, modifications, and inserts for persons with diabetes under Medicare requires a physician or qualified Non-Physician Practitioner (NPP) to establish that coverage criteria are met. This helps to ensure that the therapeutic shoes, modifications, and inserts provided are consistent with the practitioner's prescription and supported in the patient's medical record.