

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



Right Foot Left Foot

Diabetic Foot Examination

PHYSICIAN'S COMMENTS _____

Vascular Findings:	(+) Present	(-) Absent
Dorsalis Pedis Pulse	_____	_____
Post Tibial Pulse	_____	_____
Foot Hair	_____	_____
Capillary Refill	_____	_____

	(if abnormal-circle which foot)
Foot ulcer?	No \ Right \ Left
Abnormal shape?	No \ Right \ Left
Toe amputation?	No \ Right \ Left
Thick or ingrown toenails?	No \ Right \ Left
Callus build up?	No \ Right \ Left
Edema?	No \ Right \ Left
Elevated Skin Temp.?	No \ Right \ Left
Decreased Circulation?	No \ Right \ Left
Loss of sensation?	No \ Right \ Left
Muscle weakness?	No \ Right \ Left

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.