



1437 Sam's Drive, Unit #122, Chesapeake, VA 23320
(Phone) 757/549-3668 / (Fax) 757/549-9099

Statement of Certifying Physician Therapeutic Shoes for Diabetes

EFFECTIVE JANUARY 1, 2011: For therapeutic shoes for persons with diabetes to be covered by Medicare, the patient's medical record must contain sufficient documentation about the patient's medical condition to substantiate the qualifications and medical necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable.)

*Instructions: Please compete as accurately as possible, and sign below to confirm the patient's need for therapeutic footwear. **When completed, please fax to 757/549-9099. Thank you.***

Patient Name: _____ DOB: _____

Address: _____ City: _____ ST _____ ZIP: _____

Medicare/HIC# _____ Phone: () _____ Associate: _____

Last Office Visit _____

I certify that the following statements are true and are clearly documented in the patient's medical file.

1. The patient has diabetes mellitus. **ICD-9 Code: 250.** _____
2. This patient has one or more of the following conditions:

(check all that apply)

- History of partial or complete amputation of the foot
- History of previous foot ulceration
- History of pre-ulceration callus
- Peripheral Neuropathy with evidence of callus formation
- Foot deformity
- Poor Circulation

3. I am treating this patient under a comprehensive plan of care for his/her diabetes. Please provide the above-named patient with one of the following: **(check one of the following)**

- One pair of therapeutic off-the-shelf depth-inlay shoes with three pairs multi-density inserts
- One pair of therapeutic off-the-shelf depth-inlay shoes with three pairs of custom multi-density inserts
- One pair of custom therapeutic shoes molded from casts of the patient's feet with two pairs multi-density inserts.

Doctor's Comments:

By signing below, all of the information contained in this statement is true and accurate to the best of my knowledge.

Must be signed by an MD or DO

Physician signature **(MD)** _____ Date: _____

Physician Name (printed) _____ NPI# _____

Phone: () _____ Fax: () _____

Note to Physician: The Comprehensive Error Rate (CERT) Contractor, under contract with the Centers for Medicare and Medicaid Services (CMS), performs review for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) provided to Medicare beneficiaries to determine paid claims error rates for Medicare contractors and providers. It is your responsibility as the ordering physician to determine and document the medical need for all healthcare services. The CERT Contractor may request that the supplier obtain this information from you in order to verify that Medicare coverage criteria have been met. The supplier must submit the documentation to CERT within 75 days from the date of the first initial request letter. Please note: we appreciate your support in meeting these new requirements effective: January 1, 2011.