



Dear Physician,

Thank you for choosing our company to provide your patient Diabetic shoes and Inserts. **In order for Medicare to cover and pay for diabetic footwear, we must have ALL documentation required by Medicare BEFORE we can schedule an appointment.** This is due to the stringent documentation requirements place on us by Centers for Medicare and Medicaid Services (CMS). Per Medicare requirements, the following must be completed:

**1. Send Medical Records (must within the last 6 months) documenting the patient's diabetes care:**

- Document the patient is diabetic---Type 1 or Type 2; ICD-10 Code
- Document how the patient's diabetes is managed---medication (list them), diet or both
- Add statement "*Patient would benefit from diabetic shoes & custom inserts*"
- Document Last A1C test date & results
- Document if the patient is compliant with their diabetic plan
- If the Office Visit was conducted by Nurse Practitioner (NP) or Physician's Assistant (PA), the Supervising Physician must INITIAL, DATE & write "I AGREE" on *EACH* page of their medical notes.

**2. Send Medical Records (within the last 6 months) documenting the patient's foot conditions:**

- A Comprehensive Foot Exam must be conducted (diagnosis codes alone are not sufficient)
- State what foot conditions the patient has & identify which foot/toes
- If the patient sees a Podiatrist, you may use their medical records.
  - The Physician must INITIAL, DATE & write "I AGREE" on *EACH* page of the Podiatrist's medical notes.
  - The Nurse Practitioner (NP) or Physician's Assistant (PA) **AND** the Supervising Physician must INITIAL, DATE & write "I AGREE" on *EACH* page of the Podiatrist's medical notes.

**3. Once you have completed Steps 1 & 2, then The Statement of Certifying Physician for Therapeutic Footwear form can be filled out.**

- Medicare requires everything must be handwritten---NO STAMPS!
- The Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner (NP) or Physician's Assistant (PA) who is primarily responsible for treating/managing the patient's diabetes completes this form
- If the Nurse Practitioner (NP) or Physician's Assistant (PA) completes the form, then Supervising Physician must also SIGN, DATE & write "I AGREE" on the form.
- The Supervising Physician **CANNOT** sign on the same line AS the NP/PA signature line.
- FILL IN ALL BLANK LINES ON THE TOP SECTION OF THE FORM
- ***DO NOT SIGN & DATE this form until ALL required information listed above (section 1 & 2) is documented!***

**Please FAX the completed form and medical records to 260-484-6368 OR 260-482-2966**  
If you have any questions, please contact Angela at 260-484-4742 ext. 126.