

Medicare Therapeutic Footwear Certification Form 2022

#1 Statement of Certifying Physician

Patient's Name _____ Date of Birth _____

Phone Number _____ Date of Foot Exam _____

I certify that the following statements are true and I AM ATTACHING CHART NOTES to support each diagnosis.

1. The patient has diabetes mellitus.
2. The patient has at least one of the following:
 - _____ a. Poor circulation of either foot
 - _____ b. Foot deformity (bunions, hammer toes, pes planus, pes cavus, charcot, etc.)
 - _____ c. Peripheral neuropathy **with callus formation on either foot**
 - _____ d. History of pre-ulcerative calluses
 - _____ e. History of previous foot ulceration
 - _____ f. Previous amputation of part of either foot
3. I conducted a foot evaluation on this date and noted **at least one of the above conditions in the patient's chart notes.**
****Doctor, please note that if this is not documented in the patient's chart notes Medicare will not pay.**
4. I am treating this patient under a comprehensive plan of care for his/her diabetes.
5. The patient needs special shoes (depth or custom molded with appropriate inserts) because of his/her diabetes.

Physician Name Printed _____ Credentials _____ MD/DO only _____ NPI _____

Signature _____ Date _____

Physician Address _____

#2 Detailed Written Order

_____ A5500 Extra depth footwear (1 pair) _____ A5512 Heat Molded Inserts (3 pairs)
_____ A5501 Custom Molded Shoes (1 pair) _____ A5513 Custom Inserts (3 pairs)
_____ L5000 Toe Filler R/L (1 unit per affected side) *Length of need = 12 Months

_____ Modifications or other instructions _____

Physician Name Printed _____ Credentials _____ NPI _____

Signature _____ Date _____

Physician Address _____

#3 Chart Notes

This form must be accompanied by the patient's chart notes signed by an MD or DO* documenting

- 1) The patient is being treated under a comprehensive plan of care for diabetes.
- 2) That a Diabetic Foot Exam was performed revealing at least one of the six qualifying conditions.

* If authored by PA or NP, supervising MD or DO must sign and write "I agree with this assessment."

Ralph Baker's Shoes 428 North Main St. Salisbury, NC 28144

Phone 704-636-1850

Fax 704-637-7120

Dear Doctor,

Your patient has expressed an interest in being fit for therapeutic footwear through Medicare's Diabetic Therapeutic Footwear program. They have been instructed that they will need to schedule an appointment with you to have the paper work filled out.

Please note that ***Medicare Therapeutic Footwear Certification Form 2022*** is the only form we are able to use to ensure that all of the Medicare criteria are addressed. We cannot use older forms or prescription pad scripts.

Medicare only accepts these forms when filled out by an MD or DO. We realize many diabetics are treated by physician's assistants and nurse practitioners but the supervising physician must sign this form AND chart notes for Medicare to cover.

Medicare requires chart notes from the patient's permanent record accompany the certification form. The three things Medicare is looking for are:

1. Proof that the patient has diabetes
2. Proof that you are treating the patient under a comprehensive plan of care for their diabetes.
3. The existence of at least one of 6 conditions on the certification form
 - a. Poor circulation
 - b. Foot deformity (bunions, hammer toes, pes cavus, pes planus, Charcot, etc.)
 - c. Peripheral neuropathy WITH callus formation
 - d. History of pre-ulcerative calluses
 - e. History of previous foot ulceration
 - f. Previous amputation of part of either foot

Patients with Medicaid as the primary payer will also need the NC Medicaid Prior Authorization form filled out.

Thank you very much for your help.

You may FAX certification forms and chart notes to 704-637-7120