

**Statement of Certifying Physician for
Diabetic/Therapeutic Shoes
(MD or DO Only)**

Patient Name: _____ DOB: _____

I certify that all of the following statements are true:

- 1) This patient has diabetes mellitus. ICD-10 Code: _____
(E08.00 – E11.9, E13.00 – E13.9)
- 2) This patient has one of the following conditions:
(check all that apply)
 - a. History of partial or complete amputation of the foot
 - b. History of previous foot ulceration
 - c. History of pre-ulcerative callus
 - d. Peripheral neuropathy with evidence of callus formation
 - e. Foot deformity
 - f. Poor circulation
- 3) Within the past 6 months, an exam has been performed and qualifying conditions have been documented.
- 4) I am treating this patient under a comprehensive plan and care for his/her diabetes.
- 5) This patient needs therapeutic shoes (depth or custom-molded) and/or inserts because of his/her diabetic condition.

Certifying Physician Information: (must be signed by a MD or DO)

Physician Name: _____

Address: _____

NPI #: _____

Signature: _____ Date: _____

***PLEASE READ INSTRUCTIONS
TO HELP YOU DOCUMENT MEDICAL NECESSITY***

**Instructions for Documenting Medical Necessity
(MD or DO Only)**

For Medicare to pay; two conditions must be documented within the past six months:

1. The Patient has to be under a comprehensive plan of care for Diabetes
2. The Patient has to have a Foot Condition.

As the Certifying Physician for diabetic shoes not only do you need to fill out the adjacent form, but you will also need to satisfy the documentation requirement to satisfy Criteria 1 listed above. The form by itself does not satisfy this requirement.

Medical Records Pertaining to Diabetes Management

1. Both the diagnosis and the management of the patient's diabetic condition have to be documented within the past six months by you for your patient to qualify for insurance coverage.
2. You are unable to co-sign, or sign off on "diabetes management" notes done by another provider. You have to be the original author of these notes, and done from a face to face visit with the patient.

For an example: Your diabetes management documentation will often include a diabetic diagnosis, the patient's A1c, review of your patient's blood glucose log, diabetes medication review, and notes on discussing diet and exercise, etc.

Co-Signing Medical Records Pertaining to Foot Conditions

The foot conditions should be documented by the provider prescribing diabetic shoes. If that is you, please refer to the instructions on Detailed Written Order Form. If it is a different provider **do not sign this form until:**

1. Rosendahl will get the documentation pertaining to the foot conditions from the other health care provider prescribing the diabetic footwear and forward to you. After you have reviewed these notes and are aware of the patient's conditions you will need to sign off in agreement on these notes.
Then you can sign this form.
- **RULE** - Documentation about foot conditions can come from a MD, DO, NP, PA, DPM or CNS. However, if it is coming from anyone other than the MD/DO that manages the diabetic care, this documentation will need to be cosigned, dated, and a note of agreement put on by the doctor managing the diabetic care.
- **RULE** - Documentation (including co-signing in agreement) about foot conditions will need to be dated on or before the day that this form is signed.