

Dear Physician, (M.D. or D.O.)

Recent changes to Medicare's Therapeutic Shoe Policy (policy Article A47129) have forced us to begin requesting more extensive medical documentation. Most of you are familiar with the form titled "Statement of Certifying Physician". This form, along with your signed prescription was historically all Medicare required for documentation. However, **the new requirements stipulate that we need these forms PLUS copies of your progress notes, dated within the last 6 months, which pertain to the patients' diabetes and foot conditions.**

1. For example, on the "Statement of Certifying Physician" if you circle one of the conditions below, **there must be entries in your progress notes that support that condition.** Please refer to the documentation requirements listed below.
 - a. *History of partial or complete amputation of the foot. (Notes must indicate when the amputation occurred. Just stating a history of does not meet the documentation requirements.)*
 - b. *History of previous foot ulceration of either foot (Notes must indicate when the ulceration occurred. Just stating a history of does not meet the documentation requirements)*
 - c. *History of previous pre-ulcerative callus (Notes must indicate when the patient had pre-ulcerative calluses. Just stating a history of does not meet the documentation requirements*
 - d. *Peripheral neuropathy with evidence of callus formation of either foot (Notes must state that the patient has both peripheral neuropathy as well as callus)*
 - e. *Foot deformity of either foot (Notes must indicate the foot deformity and anatomical side)*
 - f. *Poor Circulation in either foot (Notes must indicate the issue and anatomical side)*
2. **The progress notes must also show that you are managing the patient in a comprehensive plan of care for his/her diabetes and that they've been seen by you in the past six months.**
3. If you have referred this patient to another physician such as a Podiatrist, please include their Consult Notes regarding treatments/care they're providing. **In fact, if you co-sign these Consult Notes Medicare will accept them in place of your foot screening as long as they support what you have circled on the "Statement of Certifying Physician".**

Once this documentation has been received we can begin providing care for your patient. We will send an order (a detailed written prescription) for your signature if one was not supplied to the patient.

Thank you for your time and patience as we work through these new Medicare requirements,

Scheck & Siress

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Statement of Certifying Physician for Therapeutic Shoes

Patient Name: _____

HIC #: _____

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions. (Circle 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. I am treating this patient under a comprehensive plan of care for his/her diabetes
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: _____

Date Signed: _____

Physician name (*printed- Must be an MD or DO*): _____

Physician address: _____

Physician NPI: _____

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