



### Medicare Required Paperwork for Diabetic Shoes & Inserts

**There are 2 pieces of paperwork Medicare REQUIRES for patients receiving diabetic shoes and inserts:**

- 1. Certification of Medical Necessity (CMN)**
- 2. Doctor clinicals / physical assessment notes that MATCH the CMN**

Please see the attached CMN. This must be completed by your Primary Care Physician (PCP) or the doctor treating you for your diabetes. This form CANNOT be completed by a podiatrist, nurse practitioner or physician assistant.

Please have your doctor make a selection between choices A – F on the CMN. Once a selection is made the doctor MUST have that choice outlined in his office visit notes / clinicals / physical assessment notes with a foot exam documented. Those clinicals MUST accompany the CMN.

(Example – Selection “F” is made on the CMN. Now the doctor must state “Poor circulation” in his office visit notes)

Most of the time we do NOT receive the correct CMN along with the clinical documentation to support the CMN....this causes a hold up for you as the patient. Because we have so many patients going through the same process with many different doctors, our office CAN NOT follow up on the pending paperwork. We CAN NOT schedule an evaluation until all correct paperwork is received. Our office will only contact you if paperwork is faxed over and complete OR if something is incorrect or missing.

Please remember these are Guidelines set by Medicare and our office is REQUIRED to follow them. For questions please call our office!

## **ASAProsthethics & Orthotics**

500 Spring Hill Drive, Suite 200

Spring, TX 77386

Phone # 832.813.5278

Fax # 832.813.8702

## 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 preulcerative 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 M.D. or D.O.**):

\_\_\_\_\_

Physician address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician NPI: \_\_\_\_\_

# EXAMPLE

## **Statement of Certifying Physician for Therapeutic Shoes**

Patient Name: Jane Smith

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.

MD must make selection from A - F  
AND  
also include office visit notes  
that contain the same  
statement / condition they chose  
from A - F

Physician signature: MD/DO Signature

Date Signed: 5/1/2015

Physician name (printed - **MUST BE AN M.D. OR D.O.**):

John Doe MD/DO

Physician address:

123 Maple Drive

Small Town, USA 12345

Physician NPI: 1234567890