

# Get Started with Medicare Documentation

For people living with diabetes, footwear can be an important tool to help manage or prevent foot complications while adding extra comfort and support. With help from a primary doctor, Medicare benefits can be used to cover the cost of diabetic shoes. Have your doctor fill out the form below to get the discussion started. Have your doctor fill out the form below to get the discussion started.

1

Complete the Statement of the Certifying Physician confirming the patient meets Medicare's criteria - that they have diabetes and one of the six qualifying conditions listed on the statement.

2

Complete the Prescription for Diabetic Shoes and Inserts, plus any additional instructions.

3

Provide a copy of your patient notes showing the diagnosis of the qualifying condition and the treatment of the patient's diabetes.

## Statement of Certifying Physician

Patient: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

1. This patient has diabetes mellitus

Type 1     Type 2

2. QUALIFYING CONDITIONS: I have diagnosed and am including my notes showing that this patient has one or more of the following:

- Poor Circulation
- Foot deformity
- Peripheral neuropathy with evidence of callus formation
- History of pre-ulcerative callus
- History of previous foot ulceration
- History of partial or complete amputation of the foot

3. I am treating this patient under a comprehensive plan for care of his/her diabetes.

4. This patient needs special shoes (extra depth or custom molded).

5. This patient needs shoe inserts (heat molded or custom fabricated) because of his/her diabetes.

Physician Signature: \_\_\_\_\_  
Must be an MD or DO

Physician Name: \_\_\_\_\_

NPI #: \_\_\_\_\_      Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

FAX THIS AND YOUR PATIENT NOTES TO 1-800-MEDICARE (800-633-4227)

## Prescription for Diabetic Shoes & Inserts

Patient: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

1. Type of shoes prescribed:

Extra Depth (A5500) - 1 pair, unless otherwise noted

2. Type of inserts prescribed:

- Heat Moldable (A5512) - 3 pairs, unless otherwise noted
- Custom Fabricated (A5513) - 3 pairs, unless otherwise noted

ICD Notes and/or special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Must be an MD, DO, DPM, PA, NP, or Clinical Nurse Specialist

Physician Name: \_\_\_\_\_

NPI #: \_\_\_\_\_      Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

\_\_\_\_\_

OR GIVE THIS AND YOUR PATIENT NOTES BACK TO THE PATIENT. THANK YOU!

Learn more at

<https://www.diabetes.org/living-with-diabetes/complications/footcare>

Educational content provided by Dr. Comfort

