

Dear Diabetic shoe patient,

Alliance Prosthetics and Orthotics will be happy to help you in the process of receiving your Diabetic shoes and Inserts. We would like to let you know the steps that need to be followed due to the Medicare Rules. Please read through this letter and follow the steps. If you have questions, please call our office at 770-679-3090.

- 1) Take the paperwork to the physician that treats your Diabetes.*
- 2) That Physician must fill out the paperwork and fax it back to our office. The nurse practitioner cannot complete the paperwork.*
- 3) There are strict guidelines per Medicare rules that the treating Physician must follow before sending paperwork back to our office. Please read through what we ask of the Physicians, so you have a better understanding of this process.*
- 4) Once paperwork is back and correct, we will call to set up an Initial Evaluation.*

*Please provide this to your PCP,
DO, or endocrinologist who has
been treating you for your
diabetes in the past 6 months*

Thank you,

Alliance Prosthetics and Orthotics Team



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Diabetic Shoe Checklist Form

Per Medicare guidelines, for your patient's diabetic shoes to be covered, please complete each of the following steps:

1. **Fill out the attached “Diabetic Certifying Statement”** and check any conditions applicable to the patient.
2. **Document in Progress Note** that *“patient needs diabetic shoes for one of the following reasons”* (state reason clearly), this needs to be the same as what you check on the Diabetic

Certifying Statement:

- a. DOCUMENTED FOOT DEFORMITY
 - b. CURRENT OR PREVIOUS FOOT ULCERATION
 - c. CURRENT OR PREVIOUS PRE-ULCERATIVE CALLUSES
 - d. PREVIOUS PARTIAL AMPUTATION OF ONE OF MORE FEET
 - e. PREVIOUS COMPLETE AMPUTATION OF ONE OR MORE FEET
 - f. PERIPHERAL NEUROPATHY WITH EVIDENCE OF CALLUS FORMATION
 - g. POOR CIRCULATION
3. Make sure Progress Notes are **signed and dated by the doctor**. NP or PA will not qualify, MD or DO must sign along with NP or PA.
 4. Diabetic Certifying Statement form **will expire 3 months from you signing**, and office notes will expire 6 months after visit date per Medicare. Because the Diabetic Certifying Statement paperwork expires after 3 months, and we cannot see patient until ALL appropriate paperwork is received, please make sure all correct documentation is sent to us with proper verbiage and signature so we can serve the patient as soon as possible to deliver before the 3 months are over.
 5. Once you have completed the Diabetic Certifying Statement Form and finished the Progress Notes, **please fax to Alliance Prosthetics and Orthotics. Fax: 770-679-3142 Ph: 770-679-3090**



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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 M.D. OR D.O.**)

Physician address:

Physician NPI: _____