



Foot Solutions of Chesapeake
105 Coastal Lane
Chesapeake, VA, 23320
Tel: 757-549-3668 Fax: 757-549-9099
Email: chesapeake@footsolutions.com

Statement of Certifying Physician for Therapeutic Shoes and Inserts

Valid for 3 months from date of signature

This Statement of Certifying Physician is required by law under the Social Security Act.

Medicare does not consider the Statement of Certifying Physician to be part of the medical records. Descriptions of the patient's foot examination and the patient's qualifying foot condition must be contained in the medical records.

NAME _____ PHONE NUMBER _____ DATE OF BIRTH _____

HCIN _____

Date of the patient's most recent **DIABETIC EVALUATION** to include **FOOT EXAM**: _____

Must be within **3 months** of the Date the patient is provided their Diabetic Shoes and Inserts

The Medical Office Visit Note from the above Date of Service must be attached to this form

I certify that **ALL** of the following statements are true: (please check ONE or more Qualifying Condition)

1. The patient has Diabetes Mellitus.
2. I am treating this patient under a comprehensive plan of care for their Diabetes.
3. The patient has **one or more** of the following conditions that Medicare Guidelines consider **MEDICALLY NECESSARY**:
 - ☐ 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 (DO NOT CHECK IF PATIENT DOES NOT HAVE CALLUS)
 - ☐ E) FOOT DEFORMITY (Description must be in Medical Notes)
 - ☐ F) POOR CIRCULATION
4. This Patient needs specialty shoes (extra-depth **or** custom molded) for preventative health concerns associated with Diabetes.

****IF TREATING PHYSICIAN IS AN NP OR PA, A SUPERVISING MD OR DO MUST SIGN-OFF WITH THE PRACTITIONER****

-----STANDARD WRITTEN ORDER-----

THIS PATIENT REQUIRES THE FOLLOWING ITEMS:

- ☐ **A5500 DIABETIC EXTRA-DEPTH FOOTWEAR** (1 Pair / 2 UNITS) ☐ **A5501 DIABETIC FOOTWEAR, CUSTOM-MOLDED** (1 Pair / 2 UNITS)

With

- ☐ **A5513 DIABETIC PROTECTIVE CUSTOM-MOLDED OR CUSTOM MODIFIED (3 PAIR / 6 UNITS)** *UNLESS OTHERWISE NOTED*

- ☐ **L5000 TOEFILLER INSERT(S)** LEFT # UNITS _____ RIGHT # UNITS _____

- ☐ **OTHER: SPECIFY CODE AND # OF UNITS**

ICD-10 DIAGNOSIS CODE(S): _____

Treating Physician's Signature

Date

PRINTED NAME of Treating Physician

NPI

Address

Phone No.

Fax No.

RETURN COMPLETED FORM WITH OFFICE NOTES AS INSTRUCTED TO: 757-549-9099