

STATEMENT OF CERTIFYING PHYSICIAN FOR THERAPEUTIC FOOTWEAR

NOTE: For coverage by Medicare under the THERAPEUTIC SHOES FOR DIABETICS PROGRAM –
**THIS DOCUMENT MUST BE SIGNED BY THE MD OR DO WHO IS MANAGING THE PATIENT'S
 SYSTEMIC DIABETIC CONDITION AND THE STATEMENTS DOCUMENTED BELOW MUST BE
 DOCUMENTED IN THE PATIENT'S MEDICAL RECORD**

Patient Name: _____

I certify that all of the following statements are true:

- 1) This patient has diabetic mellitus – ICD-10 code: _____
 a. (ICD-10 Diagnosis Code Required New Dx E11.9 – E10.8 (old dx 250.00– 250.93))
- 2) This patient has **one or more** of the following conditions (**check all that apply**)

History of partial or complete Amputation of the foot, please see examples	<input type="checkbox"/> Lower limb amputation, foot (icd10 - Z89.439)(icd9 - V49.73) <input type="checkbox"/> Lower limb amputation, great toe (icd10 – Z89.419)(icd9 - V49.71) <input type="checkbox"/> Lower limb amputation, lesser toe(s) (icd10 Z89.429) (icd9 - V49.72)
History of previous foot ulceration.	<input type="checkbox"/> Ulcer of heel and midfoot(icd10 – L97.409) (icd9 -707.14) <input type="checkbox"/> Ulcer other part of foot (icd10 – L97.509) (icd9 - 707.15)
History of pre-ulcerative foot callus	<input type="checkbox"/> History of pre-ulcerative callus (icd10 –L98.499) (icd9 - 707.9)
Peripheral neuropathy <u>and</u> Evidence of callus formation.	<input type="checkbox"/> Polyneuropathy in diabetes (icd 10 - E08.42) (icd9 - 357.2) and History pre-ulcerative callus (icd 10 - L98.499) BOTH MUST BE PRESENT
Foot Deformity: Other ICD-10: _____	<input type="checkbox"/> Claw toe (icd10 – M20.10) (icd9 - 735.5) <input type="checkbox"/> Hammer toe (icd10 – M20.40) (icd9 - 735.4) <input type="checkbox"/> Hallux Valgus (icd 10 - M20.10) (icd9 - 735.0) <input type="checkbox"/> Hallux Rigidus (icd 10 - M20.20) (icd9 - 735.2) <input type="checkbox"/> Unspecified acquired deformity of toe (icd 10 -M20.60) (icd9 - 735.9) <input type="checkbox"/> Unspecified deformity of ankle and foot, acquired (M21.969) (736.70) <input type="checkbox"/> Charcot Arthropathy(icd 10 – M14.60) (icd9 - 713.5)
Poor circulation in either foot. Other ICD-10: _____	<input type="checkbox"/> Atherosclerosis of the extremities, unspecified (icd10- I70.209) (440.20) <input type="checkbox"/> Atherosclerosis of the extremities with intermittent claudication (icd10 I70.219) (icd9 - 440.21) <input type="checkbox"/> Atherosclerosis of the extremities with ulceration (icd10-I70.25)(440.23) <input type="checkbox"/> Peripheral vascular disease, unspecified (icd10-I73.9) (icd9 - 443.9)

- 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) and/or inserts because of his/her diabetes
- 5) With diabetic footwear, the patient's prognosis is: _____
- 6) **The above information is documented in the patient's medical record, and a copy of this form has been entered into the patient's medical record.**

Certifying Physician Name: _____

NPI #: _____ Address: _____

Telephone: _____ Date: _____

Physician Signature: _____ Physician Stamp: _____

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PLEASE FAX COMPLETED FORM TO 718-921-9777