



## **Medicare Requirements for Diabetic Shoes Annually**

- Complete the attached certifying statement, exam form, and return with MD signed clinical notes.
  - Patient must have one or more of the qualifying conditions listed.
  - MD/DO has to be treating the patient under a comprehensive plan of care and produce medical records that justify the necessity.
  
- Must perform a diabetic foot exam within 6 months of shoe delivery.
  - Treating MD/DO must sign off on clinical notes from the foot exam.

**Once all necessary documentation is received, the patient will be scheduled to be measured for diabetic shoes and inlays.**

If there are any questions please call the office.

**Thank you for your cooperation,**

**Buckner Team**

# Statement of Certifying Physician

Buckner Prosthesis/Orthotics  
2089 Lakeland Dr.  
Jackson, MS. 39216  
601-944-1130 P/ 601-855-7478 F

# Prescription for Diabetic Shoes and Inserts

(TEAR OFF HERE FOR FAXING)

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

Patient D.O.B.: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

1) This patient has diabetes mellitus:

- Type II
- Type I

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) because of his/her diabetes.

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

Physician Signature: \_\_\_\_\_  
Must be an M.D. or D.O.

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

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

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

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

**FAX THIS AND YOUR PATIENT NOTES TO THE NUMBER ON THE BACK OF BROCHURE...**

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

Patient D.O.B.: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

1) Type of shoes prescribed (check):

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

2) Type of inserts prescribed (check one):

- 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 M.D., D.O., D.P.M., P.A., N.P. 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!**

# ANNUAL DIABETES FOOT EXAM FORM

This is part of a comprehensive plan to treat this patient's diabetes.

**Note placement of**

- calluses,
- pre-ulceration areas,
- ulceration areas, or
- areas lacking sensitivity.

	
<p><b>Comments:</b></p>	<p><b>Comments:</b></p>
<p><b>Right foot</b></p>	<p><b>Left foot</b></p>

<b>NAME:</b>	
<b>DOB:</b>	
<b>MR#:</b>	
<i>*Circle or check findings as they apply</i>	
Hx of amputation?	Right / Left
Hx of ulceration?	
Right: No Yes	Date: _____
Left: No Yes	Date: _____
Pt able to see bottom of feet?	No Yes
Pt wearing properly fitting shoes?	No Yes
<b>FOOT EXAM</b>	
<input type="checkbox"/> Foot exam	WNL
<input type="checkbox"/> PAD exam	WNL
<i>(If abnormal-circle which foot)</i>	
Foot ulcer?	No / Right / Left
Abnormal shape?	No / Right / Left
Charcot foot?	No / Right / Left
Toe deformity?	No / Right / Left
Thick or ingrown toenails?	No / Right / Left
Callus build-up?	No / Right / Left
Edema?	No / Right / Left
Elevated skin temp?	No / Right / Left
Decreased circulation?	No / Right / Left
Loss of sensation?	No / Right / Left
Muscle weakness?	No / Right / Left
<b>PERIPHERAL ARTERY DISEASE (PAD) SCREEN</b>	
History of claudication?	No Yes
Pedal pulses present?	No Yes
Notes:	
Ankle Brachial Index (ABI) obtained?	No Yes
Results:	
<b>NOTES:</b>	
<b>REFERRAL MADE TO:</b>	
To:	
Appt Date:	
<b>Exam Date:</b>	
<b>Signature:</b>	