CERTIFICATE OF MEDICAL NECESSITY

Diabetic Shoes and Inserts

For diabetic shoes and inserts to be covered by Medicare, the patient's medical record must contain sufficient information about the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement.

Instructions: Please complete as accurately as possible, and sign below to confirm patient's need for diabetic shoes and inserts.

Patient Name:		Date of B				
Address	s:					
			City	State	Zip Code	
Medicare/HIC#				Phone ()	Phone ()	
Second	ary Insurance					
I certify	y that the following	statements are true:				
1. 2. B	This patient has one A. □ Periphera B. □ Poor Circ C. □ History o D. □ Foot Def E. □ History o	betes mellitus. ICD-10 code: Ee or more of the following conditional Neuropathy with evidence of calculation E11.51; and/or of pre-ulceration callus L97.509; and/or of partial or complete amputation of partial or complete in the second conditions of	lus formation E11.40; and/or	::		
3.4.		(Date of Service). Their	of care for his/her diabetes and recent r stated diagnoses have been persona ded shoes) and insert(s) because of hi	ally documented by me		
Physicia	an Signature (MD or	· DO):		Date:		
Physici	an Name (<i>printed</i>):			NPI#:		
Phone:	()	F	ax ()			
		PHYSIC	CIAN'S PRESCRIPTION	N		
			abetic Shoes and Inserts	•		
Please p	provide the above n	amed patient with the following	z :			
	with three pairs cus	erapeutic non-custom depth-inlay s tom molded multi-density inserts (a stom made shoes (A5501)	shoes (A5500) with three pair of non A5513)	n-custom heat moldabl	e multi-density inserts (A5512) or	
Recomn	nended modifications A □ Toe Filler (L50 B □ Shoe Modifica	000)				
Doctor'	's comments:					
By signin	ng below, all of the infor	mation contained in this statement is tru	ue and accurate to the best of my knowled	lge.		
Physici	an Signature (MD o	or DO):		I	Date	
			NPI#		hone ()	

Note to Physician: The Comprehensive Error Rate (CERT) Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), performs medical review for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provided to Medicare Beneficiaries to determine paid claims error rates for Medicare contractors and providers. It is your responsibility as the ordering physician to determine and document the medical need for all healthcare services. The CERT contractor may request that the supplier obtain this information from you in order to verify that Medicare coverage criteria have been met.