

IMPORTANT NOTE:

In order for this form to be valid, it must be accompanied by DETAILED CLINICAL NOTES regarding the above indicated foot conditions!

GUIDELINE FOR CLINICAL NOTES

Dear Primary Care Doctor (or Endocrinologist):

Thank you for helping our mutual patient receive Diabetic Footwear. Medicare has for years required you to fill out and submit the Statement of Certifying Physician (SCP). However, over the last few years Medicare has increased the paperwork requirements on suppliers and referring physicians.

WE MUST HAVE RECENT CLINICAL NOTES (WITHIN SIX MONTHS OF THE DATE YOU SIGN THE SCP) FROM YOU THAT SUPPORT THE FOUR MAJOR PORTIONS OF THE STATEMENT OF CERTIFYING PHYSICIAN. IF THE CLINICAL NOTES DO NOT SUPPORT THE STATEMENT OF CERTIFYING PHYSICIAN, THE STATEMENT IS RENDERED VOID.

YOU MAY SUBSTITUTE CHART NOTES FROM THE PATIENT'S PODIATRIST, BUT YOU MUST SIGN, DATE AND INDICATE AGREEMENT WITH THEIR FINDINGS.

CLINICAL NOTES GUIDELINES:

1. Must explicitly certify that the patient has diabetes and assign an applicable ICD-10 code. Results of tests, exams, findings must be in the notes (i.e. blood glucose levels and A1c).
2. Must explicitly document a foot exam and one or more of the required conditions.

THIS INCLUDES THE DETAILS OF TESTS, EXAMS, INSPECTIONS, FINDINGS, ETC. THAT WERE USED TO CONCLUDE THE CONDITION EXISTS.

You may rely on findings of other doctors, such as the patient's Podiatrist, but you must sign, date and make a note on their document indicating your agreement with their findings and then send that document along with the Statement of Certifying Physician that you have also completed, signed and dated.

If you are noting a particular problem, such as a foot deformity, please specify which foot and the type and location of the problem (e.g. Patient has bilateral hammer toes #2-#5).

The following are commonly found foot conditions that place a diabetic patient at increased risk and thus qualify them to receive therapeutic footwear through Medicare and other payers:

Lower limb amputation, toes, foot or limb
Ulcer of foot
History of pre-ulcerative callus – specify location of callus
Polyneuropathy in diabetes and History of pre-ulcerative callus
Claw toe
Hammer toe
Hallux valgus and/or Bunion
Hallux rigidus
Deformity of toe or foot
Charcot Arthropathy
Atherosclerosis of the extremities