

JOHN ALLEN SHOES

214 Owen Drive
Fayetteville, NC 28304
910-484-3161

Here at John Allen Shoes our goal is to provide the highest possible level of patient care to help prevent Diabetic foot trauma from improperly fitted footwear. For 2022, Medicare has strengthened their documentation requirement. Please follow these instructions to help us facilitate your shoes and inserts under the Medicare Diabetic Shoe Bill.

1. Take the enclosed Statement of Certifying Physician for Therapeutic Footwear (Page 2), Diabetic Footwear Prescription Form (Page 3), and the Addendum to Clinical Notes (Pages 4-5) to your Medical Doctor (MD) or Doctor of Osteopathy (DO) who is treating you for your diabetes and have them complete the four pages in their entirety as a part of your appointment.
2. All pages must be completed by a physician.
3. Whatever condition is marked under heading two on the Statement of Certifying Physician for Therapeutic Footwear must also be marked under heading four on the Addendum to Clinical Notes. Pages 2 & 4 must match.
4. In addition to the Addendum to Clinical Notes, a copy of your chart notes is also required.
5. Your paperwork is only valid for 90 days after it has been signed and dated.
6. Please drop off your completed paperwork to our facility for us to review your paperwork and schedule an appointment, or Fax to: 910-485-6296.
7. At the time of your appointment please come with your completed paperwork and all of your insurance cards (Primary and Secondary). Our staff must verify your coverage, deductible, and co-pays with your insurance companies. Once all of your paperwork is in order, our Pedorthist will service you with your prescribed footwear.
8. If you have any questions regarding the completion of your paperwork, your insurance coverage, or the billing of your claim, you may call our store at (910)-484-3161.

Pre Appointment Checklist

1. Completed Statement of Certifying Physician
2. Completed Diabetic Footwear Prescription Form
3. Completed Addendum to Clinical Notes
4. Clinical Notes
5. Photo Identification
6. Insurance Information

Statement of Certifying Physician for Therapeutic Footwear

Patient name _____ Phone Number _____

I certify that all of the following statements are true:

1. The patient has diabetes mellitus-ICD-10 code: _____ (ICD-10 Diagnosis Code required)
2. The patient has one or more of the following conditions: (Check all that apply)

History of partial or complete amputation of the foot	<input type="checkbox"/> Lower limb amputation, foot (Z89.439) <input type="checkbox"/> Lower limb amputation, great toe (Z89.419) <input type="checkbox"/> Lower limb amputation, lesser toe(s) (Z89.429)
History of previous foot ulceration	<input type="checkbox"/> Ulcer of heel and midfoot (L97-409) <input type="checkbox"/> Ulcer other part of foot (L97-509)
History of pre-ulcerative foot callus	<input type="checkbox"/> History of pre-ulcerative callus (L98-499)
Peripheral neuropathy and evidence of callus formation	<input type="checkbox"/> Polyneuropathy in diabetes (E08.42, E09.42, E10.42, E11.42 or E13.42) and History of pre-ulcerative callus formation (L98.499) BOTH MUST BE PRESENT!
Foot deformity	<input type="checkbox"/> Claw toe (M20.5X9) <input type="checkbox"/> Hammer toe (M20.40) <input type="checkbox"/> Hallux valgus (M20.10) <input type="checkbox"/> Hallux rigidus (M20.20) <input type="checkbox"/> Unspecified acquired deformity of toe (M20.60) <input type="checkbox"/> Unspecified deformity of ankle and foot, acquired (M21.969) <input type="checkbox"/> Charcot Arthropathy (M14.60)
Poor circulation in either foot	<input type="checkbox"/> Atherosclerosis of the extremities, unspecified (I70.209) <input type="checkbox"/> Atherosclerosis of the extremities with intermittent claudication (I70.219) <input type="checkbox"/> Atherosclerosis of the extremities with ulceration (I70.25) <input type="checkbox"/> Peripheral vascular disease, unspecified (I73.9)

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 records, as indicated in the attached clinical notes.

CERTIFYING PHYSICIAN INFORMATION:

Physician Name (printed)	MD or DO (circle one)	Physician Signature	Date
Physician Address		Physician NPI#	
		Physician Phone	



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Diabetic Footwear Prescription Form

Patient Name: _____ Patient Date of Birth: _____

Diabetic Extra Depth Shoes (A5500)

Customized Diabetic Inserts (A5512)

Number of Pairs of inserts: _____ Pairs of Inserts

Medicare allows up to three pairs of inserts per year.

Dx ICD-10 Code: _____

Rx Instructions: _____

Prescribing Physician Information

Physician Name (Printed) _____ Physician NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician Signature: _____ Date: _____

ADDENDUM TO CLINICAL NOTES

Patient Name: _____

Patient Date of Birth: _____

Date of Last Visit: _____

1. This Patient has diabetes mellitus- ICD-10 Code: _____ (ICD-10 Diagnosis Code required)

2. I am treating this patient under a comprehensive plan of care for diabetes that includes:

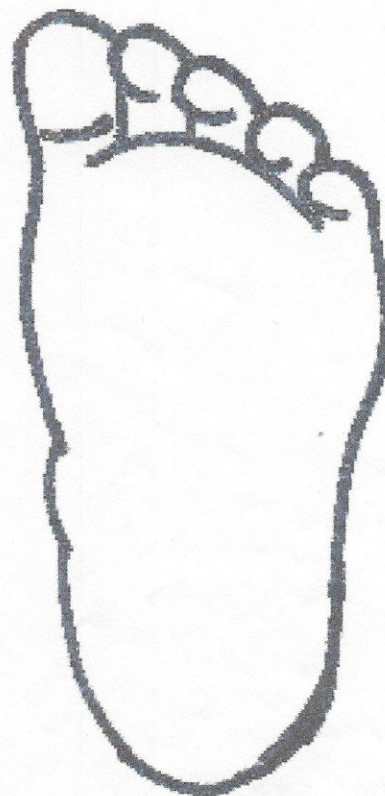
- o Medication
- o Education
- o Nutrition
- o Other

3. This patient would benefit from diabetic footwear to protect their feet.

4. Patient Conditions & Observations:

History of partial or complete amputation of the foot	<ul style="list-style-type: none"> o Lower limb amputation, foot (Z89.439) o Lower limb amputation, great toe (Z89.419) o Lower limb amputation, lesser toe(s) (Z89.429)
History of previous foot ulceration	<ul style="list-style-type: none"> o Ulcer of heel and midfoot (L97.409) o Ulcer other part of foot (L97.509)
History of pre-ulcerative foot callus	<ul style="list-style-type: none"> o History of pre-ulcerative callus (L98.499)
Peripheral neuropathy and evidence of callus formation	<ul style="list-style-type: none"> o Polyneuropathy in diabetes (E08.42, E09.42, 10.42, E11.42 OR E13.42) and History of pre-ulcerative callus formation (L98.499)
Foot deformity	<ul style="list-style-type: none"> o Claw toe (M20.5X9) o Hammer toe (M20.40) o Hallux valgus (M20.10) o Hallux rigidus (M20.20) o Unspecified acquired deformity of toe (M20.60) o Unspecified deformity of ankle and foot, acquired (M21.969) o Charcot Arthropathy (M14.60)
Poor circulation in either foot	<ul style="list-style-type: none"> o Atherosclerosis of the extremities, unspecified (170.209) o Atherosclerosis of the extremities with intermittent claudication 170.219) o Atherosclerosis of the extremities with ulceration (170.25) o Peripheral vascular disease, unspecified (173.9)

5. Observations of foot exam:



6. I am prescribing Diabetic Shoes with _____ pairs of insoles.

Additional Notes:

I CERTIFY THAT A COPY OF THIS DOCUMENT IS INCLUDED IN THE PATIENT'S CHART:

Physician Name

MD or DO
(Circle one) Physician Signature

Date