



20 Parkway Blvd
Hattiesburg, MS 39401
Phone: 601-336-4687
Fax: 601-355-7476
E-mail: joe_bucknercpo@outlook.com
Web: www.bucknerprosthetics.com

Over the past several years, Medicare has become increasingly stringent about the documentation required prior to authorizing diabetic shoes and inserts. Due to these Medicare requirements, it has become necessary to implement the following process at Buckner Prosthetics so that we can continue to offer you excellent service in a timely manner.

Medicare required documentation:

- 1) The physician's prescription – for diabetic shoes and inserts
- 2) The physician's medical chart notes (see below for details)

The second of Medicare's requirements for authorization is Medical Chart notes from **the physician treating your Diabetes**. (*usually the doctor who prescribes your medications*)

These chart notes MUST specifically document:

- You have had a face to face visit with that physician within the last SIX MONTHS
- How you are being treated for your diabetic condition including medications
- Your need for and how you would benefit from diabetic shoes AND inserts (the notes must specifically address BOTH items)
- All qualifying conditions - such as a history of peripheral neuropathy, foot deformity, poor circulation, a history of ulceration, pre-ulcerative calluses, amputation, etc.
- Your doctor has recorded and discussed your diabetic PLAN OF CARE with you, and
- A foot exam was performed and the findings were recorded.

PROCESS:

We are asking our patients to obtain the prescription and physician's chart notes **PRIOR** to scheduling an appointment to be seen for diabetic shoes and inserts.

To ensure your notes meet the criteria, we would recommend sharing this letter with your physician at your next scheduled appointment so that each item mentioned above can be reviewed and addressed as needed.

Once you have obtained the necessary prescription and the chart notes, you or your physician's office may forward them to us via fax, mail, or in person. Once documentation has been received and reviewed we will contact you to schedule an appointment. If we find that additional documentation is required, we may encourage you to contact your physician for the necessary items.

This process will help Buckner Prosthetics serve you thoroughly and in a timely manner.

Please feel free to contact us with any questions at 601- 944-1130 (Jackson) / 601-336-4687 (Hattiesburg) during business hours - 8:00 am - 4:30 pm, Monday through Thursday and 8:00 am – 3:00 pm Friday

BUCKNER

Orthotic & Prosthetic Services

20 Parkway Blvd. | phone: 601-336-4687
Hattiesburg, MS 39401 | fax: 601-336-6782

Statement of Certifying Physician for Therapeutic Shoes/Inlays

The following **must be filled out completely** by the physician treating the patient's diabetes. Medicare does not accept orthopedic Podiatrist, Surgeons, Vascular Specialists, and other specialist signatures.

Patient's Name: _____ DOB: _____ ID #: _____

Address: _____

I certify that all 3 of the following statements are true (please fill in highlighted areas):

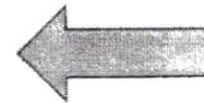
1) This patient has one or more of the following conditions:

Please circle all (a thru g) that apply below

*Conditions circled **MUST** be documented in physician's notes*

- a) History of partial or complete amputation of the foot/toe(s).
- b) History of previous foot ulceration.
- c) History of pre-ulcerative callus.
- d) Peripheral neuropathy with evidence of callus formation.
- e) Foot deformity.
- f) Poor circulation.
- g) Does NOT have any of the above listed conditions.

****Physician notes supporting condition(s) circled required****



2) I am treating this patient under a comprehensive plan of care for his/her diabetes.

3) This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Print Physician's Name: _____ NPI #: _____

Physician's Address: _____

Physician's Phone Number: _____

Physician's Signature: _____ Date: _____

Please fill out form completely in order for our office to expedite your patient's prescription. We must have this form completed and on file to begin any procedures AND to bill Medicare for the prescribed shoes and/or inlays.

NO SIGNATURE OR DATE STAMPS PLEASE.