

# DIABETIC FOOTWEAR PRESCRIPTION FORM

Patient Name: \_\_\_\_\_ ID # \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**➔** Dx Indicate ICD-9 Code: 2 \_\_\_\_\_. \_\_\_\_\_ (249.00- 250.93 please include 2-digit ending)

<p>Patient must have at least <b><u>ONE</u></b> of the following                  Chart notes must substantiate medical necessity  <b>(PLEASE CIRCLE ALL THAT APPLY):</b></p>	<p><b><u>COVERED PROCEDURES:</u></b></p>
<p><u>(V49.73 &amp; 755.38)</u> LOWER LIMB AMPUTATION, FOOT  <u>(V49.71 &amp; 755.39)</u> LOWER LIMB AMPUTATION, GREAT TOE  <u>(V49.72 &amp; 755.39)</u> LOWER LIMB AMPUTATION, LESSER TOE(S)</p>	<p><input type="checkbox"/> (A5500) DEPTH SHOES:</p> <p><b>For Inserts Indicate Below:</b></p>
<p><u>(707.14)</u> ULCER OF HEEL AND MIDFOOT  <u>(707.15)</u> ULCER OF OTHER PART OF FOOT</p>	<p><input type="checkbox"/> (A5512) DIRECT MOLD INSERTS:                  Please check number of pair:  <input type="checkbox"/> 1 (one) <input type="checkbox"/> 2 (two) <input type="checkbox"/> 3 (three)</p> <p><input type="checkbox"/> (A5513) CUSTOM INSERTS:                  Please check number of pair:  <input type="checkbox"/> 1 (one) <input type="checkbox"/> 2 (two) <input type="checkbox"/> 3 (three)</p>
<p><u>(707.9)</u> HISTORY OF PRE-ULCERATIVE CALLUS</p>	<p><b><u>MEDICARE ALLOWS UP TO 3 PAIR inserts*</u></b>                  (average life is 4 months each pair*)</p>
<p><u>(357.2) &amp; (707.9)</u> POLYNEUROPATHY IN DIABETES <b><u>AND</u></b>                  HISTORY OF PRE-ULCERATIVE CALLUS  <b><u>BOTH MUST BE PRESENT</u></b></p>	<p><input type="checkbox"/> (L5000) CUSTOM TOE FILLER  <u>LEFT</u> <u>RIGHT</u></p> <p><input type="checkbox"/> (A5501) CUSTOM MOLDED SHOES &amp;                  (A5513 * 2 extra pair)</p> <p><input type="checkbox"/> (A5503) RIGID ROCKER BOTTOM                  SOLE OR BAR</p> <p><input type="checkbox"/> (A5504) SOLE or HEEL WEDGE                  (circle only one)</p> <p><input type="checkbox"/> (A5505) METATARSAL BAR</p> <p><input type="checkbox"/> (A5506) MEDIAL/LATERAL FLAIR</p> <p><input type="checkbox"/> (A5507) OTHER MODIFICATIONS:                  (Last modifications, bubble patch, etc.)</p>
<p><u>(735.5)</u> CLAW TOE  <u>(735.4)</u> HAMMER TOE  <u>(735.0)</u> HALLUX VALGUS  <u>(735.2)</u> HALLUX RIGIDUS  <u>(735.9)</u> UNSPECIFIED ACQUIRED DEFORMITY OF TOE  <u>(736.70)</u> UNSPECIFIED DEFORMITY OF ANKLE AND FOOT,                  ACQUIRED  <u>(713.5)</u> CHARCOT ARTHOPATHY</p>	
<p><u>(440.20)</u> ARTEROSCLEROSIS OF THE EXTREMITIES,                  UNSPECIFIED</p> <p><u>(440.21)</u> ARTEROSCLEROSIS OF THE EXTREMITIES, WITH                  INTERMITTENT CLAUDICATION</p> <p><u>(440.23)</u> ATHEROSCLEROSIS OF THE EXTREMITIES, WITH                  ULCERATION</p> <p><u>(443.9)</u> PERIPHERAL VASCULAR DISEASE, UNSPECIFIED</p>	

*\* Medicare allows up to 3 (three) pairs per annum of either Prefab or Custom inserts. THE AVERAGE PREFAB INSERT HAS AN AVERAGE LIFE OF 4 MONTHS. For 12 months of protection, patients should receive no less than 3 (three) pairs of prefabricated inserts per year regardless of other items the patient may need. Medicare will not pay for extra items- they are the financial responsibility of the patient. Patients are responsible for their choices of coverage level. The life of each device is determined by the materials used to make them.*

**Special Rx Instructions:** \_\_\_\_\_

**PRESCRIBING PHYSICIAN INFORMATION:**

PHYSICIAN NAME (PRINTED)	PHYSICIAN SIGNATURE <i>(NO STAMPS ACCEPTED)</i>	DATE ____/____/____
PHYSICIAN ADDRESS	NPI # _____	PHONE # _____

The Foot Performance Center, Inc.  
 3385 Brighton Henrietta T. L. Rd.  
 Rochester, NY 14823  
 Ph: 585-473-5950; F: 585-473-9596; www.footperformance.com

Diabetic Footwear  
 Prescription Form 2014