

DIABETIC FOOTWEAR PRESCRIPTION FORM

Patient Name: _____ ID # _____ DOB: ____/____/____

➔ Dx Indicate ICD-10 Code: E _____ . _____ (E08.9 – E10.8)
INSURANCE REQUIRES ICD-10 CODES TO BE INCLUDED IN PATIENT RECORD

<p>Patient must have at least <u>ONE</u> of the following, Chart notes must substantiate medical necessity and ICD-10 codes (PLEASE ADD ALL ICD-10 THAT APPLY):</p>	<p><u>COVERED PROCEDURES:</u></p>
<p>_____ LOWER LIMB AMPUTATION, FOOT _____ LOWER LIMB AMPUTATION, GREAT TOE _____ LOWER LIMB AMPUTATION, LESSER TOE(S)</p>	<p><input type="checkbox"/> (A5500) DEPTH SHOES:</p>
<p>_____ ULCER OF HEEL AND MIDFOOT _____ ULCER OF OTHER PART OF FOOT</p>	<p><u>For Inserts Indicate Below:</u></p>
<p>_____ HISTORY OF PRE-ULCERATIVE CALLUS</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>_____ POLYNEUROPATHY IN DIABETES <u>AND</u> HISTORY OF PRE-ULCERATIVE CALLUS <u>BOTH MUST BE PRESENT</u></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>_____ CLAW TOE _____ HAMMER TOE _____ HALLUX VALGUS _____ HALLUX RIGIDUS _____ UNSPECIFIED ACQUIRED DEFORMITY OF TOE _____ UNSPECIFIED DEFORMITY OF ANKLE AND FOOT, ACQUIRED _____ CHARCOT ARTHOPATHY</p>	<p><input type="checkbox"/> (L5000) CUSTOM TOE FILLER <u>LEFT RIGHT</u></p>
<p>_____ ARTEROSCLEROSIS OF THE EXTREMITIES, UNSPECIFIED</p>	<p><input type="checkbox"/> (A5501) CUSTOM MOLDED SHOES & (A5513 * 2 extra pair)</p>
<p>_____ ARTEROSCLEROSIS OF THE EXTREMITIES, WITH INTERMITTENT CLAUDICATION</p>	<p><input type="checkbox"/> (A5503) RIGID ROCKER BOTTOM SOLE OR BAR</p>
<p>_____ ATHEROSCLEROSIS OF THE EXTREMITIES, WITH ULCERATION</p>	<p><input type="checkbox"/> (A5504) SOLE or HEEL WEDGE (circle only one)</p>
<p>_____ PERIPHERAL VASCULAR DISEASE, UNSPECIFIED</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>

** 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 (NO STAMPS ACCEPTED)	DATE
PHYSICIAN ADDRESS	NPI #	PHONE #

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Diabetic Footwear Prescription Form 2016
