

Prescription & Letter of Medical Necessity For Therapeutic Shoes & Inserts

Patient Name _____ Gender: Male Female
Address _____ City _____ State _____
Zip Code _____ Date of Birth _____ SS# _____
(MM / DD / YYYY)

Certification of Medical Necessity:

I certify that the following statement is true:

- The Patient listed above has Diabetes Mellitus: Yes No
 ICD-9 Diagnosis Code:
(check Dx that applies) 250.00 250.01 250.02 250.03 Other _____

*The Patient must have a **Documented Hx** of 1 or more of the following to meet Medical Necessity*

- History of previous foot ulceration of either foot, or
 History of pre-ulcerative callus of either foot, or
 Peripheral neuropathy with evidence of callus formation of either foot, or
 Foot Deformity of either foot, or
 Poor Circulation in either foot, or
 History of partial or complete amputation of either foot

Physician's Order:

- A5500** – For diabetics only. Fitting (including follow-up) custom preparation and supply of off-the shelf depth inlay shoes manufactured to accommodate multi-density inserts. **Pair shoe Qty** _____
- A5512** – For diabetics only, multi-density Pre-fabricated inserts available ONLY in whole size, medium width inserts. **Pre-fabricated each Pair Qty** _____
- A5513** – For diabetics only, multi-density inserts, custom molded from model of patient's foot. Total contact with patient's foot. **Custom fabrication each Pair Qty** _____

I am treating this patient under a comprehensive plan of care for diabetes mellitus.

This patient needs extra depth shoes with multiple density inserts because of his/hers diabetes.

I certify that all of the conditions and symptoms checked above are in my doctor's notes.

 *

(Physician Signature M.D. or D.O.)

Date

* If a CRNP or PA signs Rx, to meet Insurance Guidelines an M.D. or D.O. wet ink or stamped Signature must accompany signature.*

Physician Information: Dr. Name _____ NPI # _____

Address _____ City _____ State _____ Zip Code _____

Office Phone _____ Office Fax _____

PLEASE FAX BACK TO: