

# DIABETIC VERIFICATION / STATEMENT OF CERTIFYING PHYSICIAN



Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Visit Date: \_\_\_\_\_

Device: Diabetic shoe and Diabetic Foot orthotics

The physician listed below certifies that all of the following statements are true:

*(Physician must be an MD or DO)*

1. This patient has the following conditions (please check all that apply):

**\*\*Must be documented in physician notes or patients insurance will not cover the requested items \*\***

- History of partial or complete amputation of the foot
- History of previous foot ulceration
- History of pre-ulcerative callus
- Peripheral neuropathy with evidence of callus formation
- Foot deformity
- Poor circulation

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.

4. I have seen this patient within the past 3 months.

The above procedures and any repair and/or parts to maintain proper fit and function are appropriate for this patient and are deemed medically necessary.

Physician Name: \_\_\_\_\_  
(Print)

NPI: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PRESCRIPTION FOR THERAPEUTIC SHOES



Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

## PRESCRIBED ITEMS

- Diabetic Shoes (A5500x2)
- Custom diabetic foot orthotics (A5513 x 6) *\*Patient must have Neuropathy with callus formation.*
- Off The Shelf diabetic foot orthotics (A5512 x6)
  
- Custom Shoes (A5501x2, A5513x4) *(Patient has severe foot deformities and patient can not fit into an off the shelf shoe)*  
*\*Patient may also require shoe modifications. If so We will send a detailed prescription for your consideration*
- Evaluate and Recommend  
*\*We will send a copy of our evaluation and recommendation. We will also send a detailed prescription for your consideration*

OTHER: \_\_\_\_\_

## DIAGNOSIS CODES

- Diabetes - Type II with complications E11.69
- Diabetes - Type I with complications E10.69
  
- Calluses L84
- Foot Deformity M21.969
- History of diabetic foot ulcer Z86.31

### **Type II Specific code**

- Neuropathy and Diabetes Type II E11.40
- Poor Circulation and Diabetes Type II E11.51
- Foot Ulcer and Diabetes Type II E11.621

- Amputation Toe \_\_\_\_\_
- Amputation Partial Foot \_\_\_\_\_

### **Type I Specific code**

- Neuropathy and Diabetes Type I E10.40
- Poor Circulation and Diabetes Type I E10.51
- Foot Ulcer and Diabetes Type I E10.621

*\*\*Please specify ICD-10 code*

*\*\*Please specify ICD-10 code*

Other \_\_\_\_\_

**Foot examination performed and findings are documented. The above prescribed items are medically necessary.**

Physician Name: \_\_\_\_\_  
(Print)

NPI # \_\_\_\_\_

Physician signature: \_\_\_\_\_

Date: \_\_\_\_\_