



ATTENTION PHYSICIANS

NOTES SUPPORTING THE QUALIFYING FOOT CONDITION **MUST BE ATTACHED TO THIS FORM AND SIGNED BY THE DOCTOR.**

See back page for more information

Diabetic Footwear Prescription Form

This prescription must be accompanied by the adjacent signed statement of certifying physician who manages the patient's systemic diabetic condition.

Patient's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Diagnosis*:

*ICD 10 Codes: E 10.10 – E 10.69 and / or E 11.00 – E 11.69

Check Prescribed Procedure:

- 1 Extra-Depth Shoes (A5500) with fitting (over-the-counter diabetic shoes)
- 2 Direct-Mold Inserts (A5512) heat molded to patient's foot: **1 2 3 pair***
- 3 Custom Inserts (A5513) made from patient's foot model: **1 2 3 pair***
- 4 Custom Molded Shoes (A5501) & a total of (3) pairs of custom inserts
- 5 Shoe Modifications – Specify: _____

*Medicare and other insurance carriers allow up to (3) pairs of diabetic inserts per year. With each pair of shoes (3) inserts will be dispensed. On average, each pair lasts about (4) months.

Physician's Name (please print) _____

Physician's Signature:

Date*

***Delivery of shoes must be within (3) months of this date.**

Physician's:

Phone: _____ NPI #: _____

Physician: Please keep a copy of this certification in patient's chart for future reference.

Statement of Certifying Physician

THIS FORM MUST BE SIGNED BY AN M.D. or a D.O. ONLY

Patient's Name: _____

Phone: _____ Date of Birth: _____

Diagnosis*:

*ICD 10 Codes: E 10.10 – E 10.69 and / or E 11.00 – E 11.69

I certify that all the following statements are true:

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

(check all that apply):

- ___ a. History of partial or complete amputation of the foot
- ___ 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

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

3 This patient needs special footwear (depth or custom molded footwear) and/or inserts because of their diabetic condition.

4 This patient's current medical record indicates management/treatment of both diabetes and one of the secondary conditions listed above.

5 I certify that I have medical records that document one or more of the above conditions.

Physician's Name (please print) _____

Physician's Signature:

Date*

***Delivery of shoes must be within (3) months of this date.**

Physician's Phone: _____ Physician's NPI #: _____

Physician's Address: _____

ATTENTION PHYSICIANS

In addition to these forms please supply your patient with a copy of clinical records within the last six (6) months that:

- ◇ Clearly documents diabetes management.
- ◇ Clearly documents the details of one the qualifying foot conditions.

The office notes documenting the qualifying condition(s), from your foot exam, must be more detailed than the general descriptions that are listed below. It must describe:

- * The specific foot deformity (ex. Bunion, hammertoe, etc.); **or**
- * The location of the foot ulcer or callus or a history of one of these conditions; **or**
- * The type of foot amputation; **or**
- * Symptoms, signs, or tests supporting a diagnosis of peripheral neuropathy and the presence of a callus; **or**

NOTE: A diagnosis of hypertension, coronary artery disease or congestive heart failure or the presence of edema are not, by themselves, sufficient.

If presented with the patient's podiatry notes, Medicare requires that you:

- * Review and indicate your agreement with the contents of the document.
- * Sign and date. The date must correspond to the date on this form.

New documentation is required yearly for Medicare to pay for replacement shoes and inserts.

MEDICARE PRESCRIPTION FORM

Hawley Lane
—SHOES—
We fit your feet® We change your life.

**CALL YOUR LOCATION
FOR AN APPOINTMENT**

SHELTON

**Shelton Square
862 Bridgeport Avenue**

**203.712.1341
203.712.1314 (fax)**

STAMFORD

**Bull's Head Plaza
73 High Ridge Road**

**203.327.7664
203.327.7646 (fax)**

NORWALK

**Hawley Lane Shoes
499 Westport Avenue**

**203.847.9400
203.845.0304 (fax)**