

Statement of Certifying Physician for Therapeutic Footwear

Patient: _____ Date of Birth: _____

Date of Order: _____ Expected Length Of Need: _____

This patient has Diabetes Mellitus ICD-10 Code: **E** _____ (Qualifying codes are E08.00 - E13.9)

Check ALL Diagnoses Codes pertaining to their feet:

Check which items Patient needs:

PERIPHERAL NEUROPATHY WITH CORN(S)/CALLUS(ES)	ICD-10	Rx	
Type 1 diabetes mellitus with diabetic polyneuropathy	<input type="checkbox"/> E10.42	<input type="checkbox"/> Diabetic Extra Depth Shoes (A5500)--1 PAIR <input type="checkbox"/> Diabetic Custom Inserts---3 PAIRS <input type="checkbox"/> Diabetic Prefab Inserts (A5512)---3 PAIRS <input type="checkbox"/> Custom Toe Filler: LT RT BIL <small>1 unit per foot allowed per calendar year</small> <input type="checkbox"/> Custom Molded Shoes & 2 pr custom inserts <small>(CANNOT be fitted with Off-the-shelf Diabetic Shoes)</small>	
Type 2 diabetes mellitus with diabetic polyneuropathy	<input type="checkbox"/> E11.42		
Diabetic mellitus with polyneuropathy	<input type="checkbox"/> E13.42		
Corn(s)/Callus(es)	<input type="checkbox"/> L84		
HISTORY OF AMPUTATION			
	RIGHT	LEFT	BIL.
Acquired absence of great toe	<input type="checkbox"/> Z89.411	<input type="checkbox"/> Z89.412	n/a
Acquired absence of other toe(s)	<input type="checkbox"/> Z89.421	<input type="checkbox"/> Z89.422	n/a
Acquired absence of foot	<input type="checkbox"/> Z89.431	<input type="checkbox"/> Z89.432	n/a
CURRENT/PREVIOUS ULCERATION			
Pressure ulcer of heel(s)	<input type="checkbox"/> L89.619	<input type="checkbox"/> L89.629	n/a
Ulcer(s) of other site(s)	<input type="checkbox"/> L97.519	<input type="checkbox"/> L97.529	n/a
Non-pressure chronic ulcer of heel/midfoot	<input type="checkbox"/> L97.419	<input type="checkbox"/> L97.429	n/a
FOOT DEFORMITY			
Hallux valgus	<input type="checkbox"/> M20.11	<input type="checkbox"/> M20.12	n/a
Hammer toe(s)	<input type="checkbox"/> M20.41	<input type="checkbox"/> M20.42	n/a
Hallux rigidus	<input type="checkbox"/> M20.21	<input type="checkbox"/> M20.22	n/a
Pes Planus	<input type="checkbox"/> M21.41	<input type="checkbox"/> M20.32	n/a
Charcot's joint ankle and foot	<input type="checkbox"/> M14.671	<input type="checkbox"/> M14.672	n/a
POOR CIRCULATION IN EITHER FOOT			
Atherosclerosis of native arteries of			
Extremities, unspecified	<input type="checkbox"/> I70.201	<input type="checkbox"/> I70.202	<input type="checkbox"/> I70.203
Extremities with intermittent claudication	<input type="checkbox"/> I70.211	<input type="checkbox"/> I70.212	<input type="checkbox"/> I70.213
Extremities with rest pain	<input type="checkbox"/> I70.221	<input type="checkbox"/> I70.222	<input type="checkbox"/> I70.223
The leg with ulceration of heel and midfoot	<input type="checkbox"/> I70.234	<input type="checkbox"/> I70.244	
The leg with ulceration of other parts of foot	<input type="checkbox"/> I70.235	<input type="checkbox"/> I70.245	
Other specified peripheral vascular disease			<input type="checkbox"/> I73.89
Peripheral vascular disease, unspecified			<input type="checkbox"/> I73.9
Shoe Modifications			
<input type="checkbox"/> Rocker Sole		LT RT BIL	
<input type="checkbox"/> Rigid Rocker Soles		LT RT BIL	
<input type="checkbox"/> Heel & Sole Elevation		LT RT BIL	
<input type="checkbox"/> Equinus		LT RT BIL	
<input type="checkbox"/> Other: _____		LT RT BIL	

I am treating this patient under a comprehensive plan of care for his/her diabetes.

This patient needs diabetic extra depth or custom-molded shoes to prevent further complications due to his/her diabetes.

	MD or DO	
Physician or NP/PA Name (printed)	circle one	Physician or NP/PA Signature
Physician or NP/PA Address		Date
City, State & Zip		Physician or NP/PA NPI #
		Phone #
		Fax #

IF THE NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT COMPLETES THIS FORM ABOVE & CONDUCTED THE OFFICE VISITS, THEN SUPERVISING PHYSICIAN MUST SIGN & DATE & write "I AGREE" below:

Supervising Physician Signature

Date

FRED TOENGES SHOES & PEDORTHICS

FAX FORM & MEDICAL RECORDS TO: (260) 484-6368 PHONE: (260) 484-4742 EXT. 126