

DIABETIC FOOTWEAR PRESCRIPTION FORM

*NOTE: FOR COVERAGE BY MEDICARE UNDER THE THERAPEUTIC SHOES FOR DIABETICS PROGRAM— THIS PRESCRIPTION MUST BE ACCOMPANIED BY A SIGNED STATEMENT OF CERTIFYING PHYSICIAN (SCP). **THE SCP MUST BE SIGNED BY THE M.D. OR D.O. MANAGING THE PATIENT'S SYSTEMIC DIABETIC CONDITION.** BLANK COPIES OF THE SCP ARE AVAILABLE AT WWW.RICHEYCO.COM*

Patient Name: _____

<p style="text-align: center;"><u>Patient must have at least one of the following (CHECK ALL THAT APPLY):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Lower limb amputation, foot (V49.73 & 755.38) <input type="checkbox"/> Lower limb amputation, great toe (V49.71 & 755.39) <input type="checkbox"/> Lower limb amputation, lesser toe(s) (V49.72 & 755.39) <input type="checkbox"/> Ulcer of heel and midfoot (707.14) <input type="checkbox"/> Ulcer other part of foot (707.15) <input type="checkbox"/> History of pre-ulcerative callus (707.9) <input type="checkbox"/> Polyneuropathy in diabetes (357.2) <u>and</u> History of pre-ulcerative callus (707.9) <input type="checkbox"/> Claw toe (735.5) <input type="checkbox"/> Hammer toe (735.4) Other _____ <input type="checkbox"/> Hallux valgus (735.0) <input type="checkbox"/> Hallux rigidus (735.2) <input type="checkbox"/> Unspecified acquired deformity of toe (735.9) <input type="checkbox"/> Unspecified deformity of ankle and foot, acquired (736.70) <input type="checkbox"/> Charcot Arthropathy (713.5) <input type="checkbox"/> Atherosclerosis of the extremities, unspecified (440.20) <input type="checkbox"/> Atherosclerosis of the extremities with intermittent claudication (440.21) <input type="checkbox"/> Atherosclerosis of the extremities with ulceration (440.23) <input type="checkbox"/> Peripheral vascular disease, unspecified (443.9) <p>D_x Indicate ICD-9 Code: 2____.____ <i>(249.00-250.93 please include 2-digit ending)</i></p>	<p><u>COVERED PROCEDURES:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Depth Shoes (A5500)—indicate inserts below <input type="checkbox"/> Customized Inserts (heat molded prefab-average life is 4 months each pair*) (A5512) # of pair: 3 2 1 (<u>Medicare allows up to 3 pair*</u>) <input type="checkbox"/> Custom Orthoses (A5513) (avg. life up to 1 year*) Will not work for all foot types. # of pair: 3 2 1 (<u>Medicare allows up to 3 pair*</u>) <input type="checkbox"/> Custom Toe Filler (L5000) (Left Right) # of units per foot: 3 2 1 <input type="checkbox"/> Custom Molded Shoes (A5501) and total of 3 pairs of custom inserts (A5513) (average life 4 months). <input type="checkbox"/> Rigid Rocker Bottom Sole or Bar (A5503) <input type="checkbox"/> Sole/Heel Wedge (please circle one) (A5504) <input type="checkbox"/> Metatarsal Bar (A5505) <input type="checkbox"/> Other Modifications (Medial Stabilizers, Lateral Stabilizers, etc.) (A5507)
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**Medicare allows up to 3 pair 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 pair of prefab 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 it.*

R_x Instructions: _____

PRESCRIBING PHYSICIAN INFORMATION:

Physician Name (printed) _____

Physician Signature _____ Date _____

Physician Address _____

Physician NPI # _____

Physician Phone # _____

PATIENTS: PLEASE CALL AHEAD FOR AN APPOINTMENT

RICHEY & CO. SHOES

QUESTIONS: CALL TOLL FREE 1-8778-RICHEY • WWW.RICHEYCO.COM