CROWN CITY

Orthotics and Prosthetics

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SUBJECT:Diabetic shoes and Inserts

DIABETIC FOOT ORTHOTICS CUSTOM A5513 3LT/3RT Qty 6
DIABETIC SHOES A5500 1LT/1RT Qty 2

Note that in most cases the certifying physician and the prescribing physician will be two different individuals. Therefore there will be notes required from both offices.

Detailed Prescriptions are Mandatory

The M.D. or D.O. treating the patient for diabetes **must certify and document** that the individual:

- **1.** Has diabetes with complications.
- 2. Has one or more of the following conditions in one or both feet:
 - history of partial or complete foot amputation
 - history of previous foot ulceration
 - history of pre-ulcerative callus
 - nerve damage because of diabetes with signs of problems with calluses
 - poor circulation
 - foot deformity
- **3.** Is being treated under a comprehensive diabetes care plan and needs therapeutic shoes and/or inserts because of diabetes. Meeting Medicare Requirements.

E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	**Must have
M19.07	Primary osteoarthritis ankle and foot	
M14.679	Charcot Join Unspecified ankle and foot	
M24.573	Contracture of Ankle / foot	
M62.81	Muscle weakness, generalized	
M21.969	Unspecified deformity of ankle and foot, acquired	
M21.6X9	Foot/pronation, other acquired deformities of ankle and foot	
M21.90	Deformity of limb, site unspecified	
I67.89	Acute, but ill-defined, cerebrovascular disease (CVA)	
G90.0	Peripheral neuropathy	
G60-	Idiopathic neuropathy	
G60.9	Hereditary and idiopathic neuropathy, unspecified	
R26.81	Unsteadiness on feet	
R26.2 and R26.89 Difficulty in walking abnormality of gait.		

Thank You!