

# CROWN CITY

## Orthotics and Prosthetics

2824 E. Foothill Blvd. Pasadena, CA 91107

Tel:(626) 431-2890 Fax(626) 431-2892

**To:** \_\_\_\_\_.

**Fax:** \_\_\_\_\_

‘We at Crown City Orthotics and Prosthetics truly appreciate your business, and we’re so grateful for the trust you’ve placed in us and assisting your patients. We sincerely hope you are satisfied with our work and care we provide to your patients.

### **PHYSICIAN PROGRESS NOTES MUST INCLUDE JUSTIFICATION**

- ✓ Have the potential to benefit functionally.
- ✓ Require stabilization for medical reasons
- ✓ Signed by Physician
- ✓ specify RT, LT or Bilateral
- ✓ ICD10 Coding to justify the order

TO NOTE: We will always be happy to assist with the HCPCS coding for all orders. For Medicare patients and PPO this will be sent to your office as a DWO (Detailed Written Order) with a request for your signature prior to fitting your patient.

Sincerely ,

Ryan Molina CO  
Crown City O&P

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### Functional Longitudinal Foot Orthotics(**Arch Supports**)

Here are the covered DX codes necessary to get approvals when ordering Custom Foot Orthotics.

To Include:

Physician progress notes to show justification.

- M76.821 Posterior tibial tendinitis, right leg
- M76.822 Posterior tibial tendinitis, left leg
- Q66.52 Congenital pes planus, left foot
- Q66.51 Congenital pes planus, right foot
- M21.071 Valgus deformity, not elsewhere classified, Rt ankle
- M21.072 Valgus deformity, not elsewhere classified, Lt Ankle
- M79.67 Pain in foot and toes
- M79.673 Pain in unspecified foot
- M21.379 Foot drop, unspecified foot
- R26.9 Unspecified abnormalities of gait and mobility
- M25.371 Other instability, right ankle
- M25.374 Other instability, right foot

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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
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!