	Practice Name		

PatientName:		Date of Service:	
Date of Birth:	SSN:	Place of Service:	
Payment Amount: $	CA CC CK	Insurance:	
PCP/Attending MD:		Date Last Seen *(must be w/in last 6 months)*:	

HCPCs Code	Description	QTY	Price (Each)	Total Cost
A5500	DM Shoe fitting, each			$
A5513	Custom inserts, each			$

ICD-9 Diagnosis Codes

Diabetes - circle at least one		Foot Conditions - circle at least one	
250.00	DMII No complications, controlled	V49.71	Status amputation, great toe
250.01	DMI No complications, controlled	V49.72	Status amputation, other toes
250.02	DMII No complications, uncontrolled	V49.73	Status amputation, foot
250.03	DMI No complications, uncontrolled	V49.74	Status amputation, ankle
250.60	DMII Neuropathy, controlled	707.13	Ulcer, ankle
250.61	DMI Neuropathy, controlled	707.14	Ulcer, heel and midfoot
250.62	DMII Neuropathy, uncontrolled	707.15	Ulcer, other part of foot (toes)
250.63	DMI Neuropathy, uncontrolled	707.19	Ulcer, other part of lower limb
250.70	DMII Poor Circulation, controlled	700	Pre-ulcerative callus
250.71	DMI Poor Circulation, controlled	736.7	Foot deformity
250.72	DMII Poor Circulation, uncontrolled	337.1	Peripheral Neuropathy -code first 250.6x
250.73	DMI Poor Circulation, uncontrolled		

Statement of Certifying Physician for Therapeutic Shoes Signed?   Yes   No

Notes: