DETAILED WRITTEN ORDER

Patient:_____ D.O.B.: _____

Date of Order: _____ HICN: _____

Quantity: (please check)	HCPCS Code:	Description:
☐ 1 Pair	A5500	Diabetic Depth Shoes, pair
☐ 3 Pair	A5512	Prefabricated inserts pairs-multiple density, direct formed, molded to foot with external heat source (i.e. heat gun). Medicare allows three pairs of inserts per year.
	OR	
☐ 3 Pair	A5513	Custom-molded inserts – multiple, density, molded to model of the patient's foot. Medicare allows up to three pairs of inserts per year.

☐ 1 Left Partial Foot Filler (L5000) ☐ 3 Right Custom Inserts

☐ 1 Right Partial Foot Filler (L5000) ☐ 3 Left Custom Inserts

Primary Diagnosis Code: ___ ___ ___ ___ ___
According to "Physician Notes on Qualifying Condition(s)

Please confirm that the entered Diagnosis Code matches your charting documentation.

E08.00 - E08.9	Diabetes mellitus due to underlying condition
E09.00 - E09.9	Drug or chemical induced diabetes mellitus
E10.00 - E10.9	Type 1 diabetes mellitus
E11.00 - E11.9	Type 2 diabetes mellitus
E13.00 - E13.9	Other specified diabetes mellitus

Duration of usage: 12 Months

Prescriber Signature:_____ Date: _____
(Stamped signature not allowable)

Prescriber NPI #:

Prescriber Name: (printed) _____ _____

Must be the MD, DO or other eligible prescriber who is actively treating patient's diabetes (e.g. PA, Licensed Nurse Practitioner, Clinical Nurse Specialist, DPM)