

Physician Certification for Therapeutic Footwear

PATIENT	DMEPOS SUPPLIER
Name: _____	Name: West Towne Pharmacy
DOB: _____	Address: 1619 W Market St
Address: _____	Johnson City, TN 37604-6018
Phone #: _____	Phone #: 423-926-9137
Start Date: _____	Fax #: 423-926-7321

ICD-10 code(s) that justify *Medical Necessity*

1 <input type="checkbox"/> ICD-10 CM: E11.9 <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM	2 <input type="checkbox"/> ICD-10 CM: E10.9 <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM	3 <input type="checkbox"/> Other: _____ <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM	4 <input type="checkbox"/> Other: _____ <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM
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1. **I certify that the above patient demonstrates one or more of the following:** *(Check all that apply)*
 - History of partial or complete amputation of the foot
 - History of previous foot ulceration
 - History of pre-ulcerative callus
 - Peripheral Neuropathy with evidence of callus formation
 - Foot deformity
 - Poor circulation
2. **I am treating this patient under a comprehensive plan of care for his/her diabetes.**
3. **This patient requires therapeutic shoes** (depth or custom-molded shoes) **because of his/her diabetes.**

Please ensure checked items are included in clinical notes

HCPCS Code	# Units	Prescription/Description	
A5500	RT	1	For diabetics only, fitting (including follow-up), custom preparation and supply of the off the shelf depth inlay shoe manufactured to accommodate multiple density insert(s), per shoe.
	LT	1	
A5512	RT	3	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230° Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
	LT	3	
A5513	RT	3	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
	LT	3	
A5514	RT	3	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
	LT	3	
		Additional Item	

Physicians Certification: (MD or DO only)

I certify that I am the physician identified below. I certify that the medical necessity information described above is true, accurate and complete to the best of my knowledge, and I understand that any falsification, omission or concealment of material fact on this physician certification may subject me to civil or criminal liability.

Physician Signature: _____	Date: _____
Physician Name (Printed): _____	NPI #: _____
Address: _____	Phone #: _____

THE LAW REQUIRES that a physician must document that a physician, nurse practitioner, physician assistant, or clinical nurse specialist has had a face-to-face encounter with the patient. The encounter must occur within the 6 months before the order is written for the DME item(s). **Please provide CLINICAL NOTES to support the dispensing of the DMEPOS product(s).**

Additional note: RT and LT modifiers are billed as separate claims for both shoes and inserts.