

**CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.**

**PHYSICIAN CERTIFICATION OF MEDICAL NECESSITY FOR THERAPEUTIC DIABETIC SHOES AND INSERTS**

Patient: \_\_\_\_\_

Provider Number: \_\_\_\_\_

I certify that all of the following statements are true:

**Required:** This patient has diabetes mellitus ICD-9-CM code: \_\_\_\_\_.  
(ICD-9-CM codes 250 – 250.91)

**(Circle all that apply)**

- Foot ulcers
- Previous amputation of the contralateral foot, or part of either foot, due to a micro-vascular disease secondary to diabetes
- History of previous ulceration of either foot
- Peripheral neuropathy with evidence of callous formation of either foot
- Deformity of either foot, that is, rocker bottom foot or Charcot foot
- Documentation of compromised vascular disease in either foot
- Positive monofilament examination indicating diabetic neuropathy

At least one of following are required for **custom orthotics (HCPCS code A5513) and/or shoes (code A5501)**. Circle all that apply:

- Diabetes mellitus with neurological manifestations
- Diabetes mellitus with peripheral circulatory disorders
- Diabetes mellitus with other specified disorders (amputations, significant deformities and/or pre-ulcerations)

I am treating this patient under a comprehensive plan of care for his/her diabetes.

This patient needs special shoes (off-the-shelf or custom-molded) and/or inserts because of his/her diabetes.

Items prescribed: \_\_\_\_\_

Physician name (printed): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Provider ID Number: \_\_\_\_\_

California Medical License Number: \_\_\_\_\_

Physician Signature (original): \_\_\_\_\_ Date: \_\_\_\_\_