**DIABETIC SHOE / BRACE VERIFICATIONS**

DATE:

NAME: DATE:

CHART #: REQUESTING PHYSICIAN:

INS CO: HMO/PPO/POS/EPO POLICY #:

\*\*\* MEDICARE REPLACEMENT PLAN? YES/NO

REP NAME: EFFECTIVE DATE:

DOES PLAN FOLLOW MEDICARE GUIDELINES? YES NO

BRACE CODES: RIGHT / LEFT / BILAT

WELLINGTON **L1940, L2820, L2330 $954**

STABILITY **L1940, L2820, L2330 $700**

CROW BOOT **L4631 $1,500**

PALM BEACH AFO **L1960, L2820, L2275 $700**

BOCA **L1970, L2820, L2275 $600**

\*DORSI ASSIST **L2210 (2 units x brace) $1,000**

SHOES CODES: RIGHT / LEFT / BILAT

DM/EXTRA DEPTH **A5500 (1 pair)**

CUSTOM **A5501 (1 pair)**

PRE-FAB **A5512 (3 pairs)**

CUSTOM **A5513 (3 pairs)**

TOE FILLER **L5000 (1 per insert)**

DIAGNOSIS CODES:

|  |  |
| --- | --- |
| COPAY |  |
| PAYS AT % |  |
| DEDUCTIBLE / MET |  |
| OUT OF POCKET / MET |  |
| AUTHORIZATION REQ |  |
| DM REQUIRED |  |
| REFERENCE NUMBER |  |

|  |
| --- |
| NOTES: |