CONNECTICUT BRACE AND LIMB

Footwear Order

131 Main Street Extension
Middletown, CT 06457
Phone: 860-740-2154 Fax: 860-421-4178

Patient Name: _____ Date: _____

Address: _____

Pt. Phone: _____ DOB: _____

NON-DIABETIC SHOE CODES	DIAGNOSIS
____ L3216 Womens Shoes	☐ M21.17_ Ankle Varus
____ L3217 Womens Hi-top Shoes	☐ M21.60 Pes Cavus
____ L3221 Mens Shoes	☐ L84 Corn and Callosities
____ L3222 Mens Hi-top Shoes	☐ M21.61_ Hallux Valgus
____ L3002 Custom Accommodative inserts	☐ M21.07 Calcaneovalgus
____ L3010 Custom corrective inserts	☐ E11.4__ Type 2 Diabetic Neuropathy
____ L3050 Over-the-counter inserts	☐ E11.610 Type 2 Diabetic Arthropathy
____ L3020 Custom inserts	☐ E10.4__ Type 1 Diabetic Neuropathy
____ L5000 Molded insert w/Toe filler	☐ E10.610 Type 1 Diabetic Arthropathy
DIABETIC SHOE CODES	☐ M20.4_ Hammer toe(s)
____ A5500 Diabetic shoes	☐ M21.75_ Leg Length Discrepancy
____ A5501 Diabetic custom-molded shoes	☐ M14.67_ Charcot foot and ankle
____ A5512 Diabetic multi-density inserts, 3 pair	☐ M72.2 Plantar Fasciitis
____ A5513 Diabetic custom inserts, 3 pair	☐ M21.4_ Pes Planus
____ A5503 Diabetic Rigid Rocker Bottom	☐ M20.2_ Hallux Rigidus
____ A5507 Diabetic Other (describe below)	
_____	☐ Other _____
	_____

Prognosis:_____ Length of Need_____

Reason for medical necessity:_____

_____

Physician Name: _____

Address_____

Ph#_____ Fax#_____ NPI:_____

Services listed above are considered medically necessary and appropriate for this patient.

Physician Signature_____Date_____

Recent clinical notes that mention the medical need for this order must be attached in order for this to be filled.