STAR DME
Medical & Surgical Supply

Star DME Inc.
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Diabetic Shoes and Inserts

HCPCS A5500 / A5512 / A5513

Standard Written Order (SWO) and documentation guide. Fax this order with the patient's most recent visit note to **844-438-5893**.

Patient Information

Name _____ **DOB** _____

Address _____

Phone _____ **Cell** _____

Primary Insurance _____ **ID#** _____

Secondary Insurance _____ **ID#** _____

Order

	CODE	ITEM	QUANTITY
☐	**A5500**	Diabetic depth-inlay shoe, off-the-shelf, fitted (per shoe)	**1 pair per calendar year**
☐	**A5512**	Multiple-density insert, direct formed, heat molded to the foot (each)	**up to 3 pairs per year**
☐	**A5513**	Multiple-density insert, custom molded from a model of the patient's foot (each)	**up to 3 pairs per year**

Length of need _____

Diagnosis / ICD-10 _____

Coverage Criteria

Check only what is documented in the chart. Medicare LCD L33369. The patient has diabetes and at least one of:

- ☐ Previous amputation of the other foot, or part of either foot
- ☐ History of previous foot ulceration of either foot
- ☐ History of pre-ulcerative calluses of either foot
- ☐ Peripheral neuropathy with evidence of callus formation of either foot
- ☐ Foot deformity of either foot
- ☐ Poor circulation in either foot

What the Visit Note Must Show

In the treating practitioner's own words, from a recent visit:

- Foot doctor: an in-person foot exam documenting which condition above the patient has
- Primary care physician (MD or DO managing the diabetes): an in-person visit within 6 months before delivery documenting diabetes management
- The physician's signed certification statement, dated on or after that visit and within 3 months before delivery

HOW THE ORDER WORKS

1. The patient sees the foot doctor (podiatrist) for a foot exam. The foot doctor completes this prescription and a visit note.
2. Fax this prescription and the visit note to Star DME at **844-438-5893**.
3. Star DME sends the primary care physician the therapeutic shoe certification and the foot exam acknowledgement to sign.

Prescribing Practitioner (Foot Doctor)

Signature _____ **Order date** _____

Printed name _____ **NPI** _____

Signature and date stamps are not acceptable. This form does not replace the practitioner's own medical record.