



HOW TO REFER YOU PATIENT FOR DIABETIC SHOES TO CUSTOMFIT PROLABS

Fax or Email us the following:

- ❖ Your prescription (or Detailed Written Order form) signed and dated
- ❖ Statement of Certifying Physician Form (MD or DO only)
- ❖ Diabetes progress note (Include recent foot exam)
- ❖ Patient Demographics
- ❖ Insurance referral or authorization form with correct CPT codes (if required)

CPT CODES:

- ❖ A5500 x2 UNITS (Diabetic Depth Shoes)
- ❖ A5501x2 UNITS (Custom Molded Diabetic Shoes)
- ❖ A5513x6 UNITS (Custom molded Diabetic Inserts)
- ❖ A5512x6 UNITS (Heat Molded Inserts)
- ❖ L5000 X1 unit for each side with existing amputations of great (big) toe, 2 Lesser Toes or forefoot

FAX FORMS TO CUSTOMFIT PROLABS AT 954-721-7453

QUESTIONS? CALL US AT 954-721-7301