

**Prescription for Foot Neuropathy Pain / Certificate of Medical Necessity** (Form: P10001 ver. 01/15)

<b>1. Patient Information</b>	Name	Address	Phone	HIC # (Medicare)	
	Height: ____ ft ____ in	Date of Birth: ____ / ____ / ____	Wt (lb): _____	Sex: M or F	
<b>2. Clinic Information</b>	Name	Address	Phone: Fax:		
<b>3. Doctor Information</b>	Name	Address	Phone	UPIN or NPI #	
<b>4. Medical Equip Store Information</b>	Name	Address	Phone:	NSC or NPI #	
<b>5. Patient Diagnosis and Medical Condition</b>	Yes No	Does the patient have chronic and intractable pain?			
	Yes No	Is the TENS unit being prescribed to the patient for foot neuropathy pain and not for lower back pain, headache, visceral abdominal pain, pelvic pain, temporomandibular joint pain (TMJ)?			
	Yes No	Has the patient had intractable pain for over 3 months? If Yes, how long (mo): _____			
	What is the cause of the patient's foot neuropathy?		Diabetes Chemotherapy Medication Trauma Hereditary Idiopathic Other: _____		
	ICD-9 Code (s)		Please enter the ICD-9 code(s) below (see next page for a reference list): _____		
	Yes No	Is it documented in the medical record that medication and/or other appropriate treatment modalities have tried and failed?			
	Yes No	Has there being Face-to-Face examination within the last 6 months by the treatment physician?			
	Yes No	Are there specific treatment modalities that require the TENS 4 lead capability?			
	Date of Order: ____ / ____ / ____		Start Date (if different than order date): ____ / ____ / ____		
	Detailed Description of Medical Equipment Ordered		Zopec Medical Foot Neuropathy Electrotherapy System Product # 197502 HCPCS Code(s): E0730 Retail price: \$399.99 Product Content: 1. DT-1200 Electrotherapy Unit 2. Silver Coated Electrode Plates		
<b>6. Patient Instructions</b>	Instruction for Use	Use daily 30 minutes in the morning and 30 minutes at night. In addition, use as needed as pain occurs. Follow the patient manual under the foot neuropathy section for the pre-programmed clinical settings to use.			

I certify that I am the treating physician for the patient identified on this prescription and all information stated on this prescription is true, accurate and complete, to the best of my knowledge. Also, this information is supported by the patient's medical record on file.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**How to Get Products:**

- Patient:** Please get a copy of doctor's notes from your most recent visit. It needs to document your foot neuropathy conditions. Next, bring your prescription, doctor note, and insurance info to the nearest medical equipment store and ask them to contact Zopec Medical. If you have any questions, please feel free to contact us as well.
- Home Medical Equipment Store:** Please contact Zopec Medical, 763-370-6825 or [usa.sales@zopec.com](mailto:usa.sales@zopec.com) for products.

## **Prescription Instructions:**

**Section 1 – 4:** Please enter the contact information for the patient, the clinic, the physician and the DME.

### **Section 5:** Patient Diagnosis and Medical Condition:

- All answers must be Yes to qualify patient for Medicare or insurance reimbursement
- Polyneuropathy ICD-9 codes:
  - 053.13 POSTHERPETIC POLYNEUROPATHY
  - 072.72 MUMPS POLYNEUROPATHY
  - 337.00 IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY, UNSPECIFIED
  - 337.09 OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY
  - 337.1 PERIPHERAL AUTONOMIC NEUROPATHY IN DISORDERS CLASSIFIED ELSEWHERE
  - 356.0 HEREDITARY PERIPHERAL NEUROPATHY
  - 356.2 HEREDITARY SENSORY NEUROPATHY
  - 356.4 IDIOPATHIC PROGRESSIVE POLYNEUROPATHY
  - 356.8 OTHER SPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY
  - 356.9 UNSPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY
  - 357.1 POLYNEUROPATHY IN COLLAGEN VASCULAR DISEASE
  - 357.2 POLYNEUROPATHY IN DIABETES
  - 357.3 POLYNEUROPATHY IN MALIGNANT DISEASE
  - 357.4 POLYNEUROPATHY IN OTHER DISEASES CLASSIFIED ELSEWHERE
  - 357.5 ALCOHOLIC POLYNEUROPATHY
  - 357.6 POLYNEUROPATHY DUE TO DRUGS
  - 357.7 POLYNEUROPATHY DUE TO OTHER TOXIC AGENTS
  - 357.82 CRITICAL ILLNESS POLYNEUROPATHY
  - 357.89 OTHER INFLAMMATORY AND TOXIC NEUROPATHY
- All information given on this prescription must also be documented in patient's medical records from clinic visits. Medicare or insurance companies may request medical records to verify the information.
- Other methods of treatment must have been tried and failed to eliminate the chronic and intractable pain.
- This treatment requires TENS 4 lead capability as there are nerve treatments for top of foot, ankle, and lower leg to target specific areas as defined in the patient manual.
- Please enter the order date. Leave Start Date blank if you want the patient to start the treatment as soon as the order is given.

### **Section 6:**

- Must be signed by the treating physician even if patient is also under the care of physical therapists, registered nurses, and/or physician assistants at times.