

## FORWARDHEALTH STAT-PA ORTHOPEDIC SHOES WORKSHEET

**Instructions:** Type or print clearly. Before completing this form, read the STAT-PA Orthopedic Shoes Worksheet Instructions, F-11052A. Refer to the STAT-PA System Instructions, F-11055, for details regarding data entry through the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system.

The provider is required to enter all information for each category in the spaces provided. The STAT-PA system will ask for the following information in the order listed below.

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### SECTION I — MEMBER INFORMATION

|                                 |                           |
|---------------------------------|---------------------------|
| 1. Name — Member                | 2. Date of Birth — Member |
| 3. Member Identification Number |                           |

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### SECTION II — PROVIDER INFORMATION

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|------------------|---------------------------------|
| 4. Provider Name | 5. National Provider Identifier |
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### SECTION III — CLINICAL INFORMATION FOR ORTHOPEDIC SHOES

All information must be entered for each category, both in the STAT-PA system and on this worksheet.

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| 6. Prescription Signature Date   |  |
| 7. Has the member received orthopedic shoes in the past? If no, proceed to Element 10.   | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 8. Did the member wear orthopedic shoes to the pedorthic examination?  | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 9. Are the member's current shoes in disrepair?  | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 10. Are the requested shoes manufactured by Drew, P.W. Minor, Markell, or Apex?  | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 11. Enter the Mobility Level (MBL) that best describes the member. _____<br><b>MBL 1</b> — The member walks in the community with or without the assistance of another person or an assistive device.<br><b>MBL 2</b> — The member walks only in his or her place of residence with or without the assistance of another person or an assistive device.<br><b>MBL 3</b> — The member does not stand up to walk or transfer without maximum assistance or mechanical support.   |  |
| 12. Enter the Diagnosis Level (DXL) that best describes the member. _____<br><b>DXL 1</b> — The member has urinary incontinence or any underlying pathology that results in a flat foot.<br><b>DXL 2</b> — The member has diabetes with complications such as: gross foot deformity (excluding ICD-9-CM diagnosis code 250.0), history of foot ulcers, or loss of sensation.<br><b>DXL 3</b> — The member has gross foot deformity(ies).<br><b>DXL 4</b> — The member has a chronic disorder or disability, without gross foot deformity, such as: osteoarthritis, rheumatoid arthritis, cerebral palsy, mental retardation, cerebral vascular accident, peripheral vascular disease, cardiovascular disease, diabetes without complications, plantar fasciitis, Alzheimer's disease, senile dementia, multiple sclerosis, or Parkinson's disease. |  |
| 13. Enter the member's nine-digit Need Level (NDL) number. _____   |  |
| <b>NDL 1</b> — Are the extra depth shoes necessary for arch supports to treat flat feet?   | <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) |
| <b>NDL 2</b> — Do extra depth shoes require replacement due to soiling from urine?   | <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) |
| <b>NDL 3</b> — Are extra depth shoes necessary to accommodate shoe inserts that will support an orthopedic deformity (other than those in NDL 1)?  | <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) |
| <b>NDL 4</b> — Are extra depth shoes necessary to accommodate AFO/KAFO (other than those in NDL 1)?  | <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) |
| <b>NDL 5</b> — Does the member have a leg length discrepancy equal to or greater than ½ inch?  | <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) |
| <b>NDL 6</b> — Are extra depth shoes necessary to provide support for the member's gross foot deformity?   | <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) |
| <b>NDL 7</b> — Will the member maintain his or her MBL if orthopedic shoes are provided?   | <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) |
| <b>NDL 8</b> — Can the member improve at least one full MBL if orthopedic shoes are provided?  | <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) |
| <b>NDL 9</b> — Are mismatch shoes equal to, or greater than, one full size necessary?  | <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) |



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**SECTION IV — FOR PROVIDERS USING STAT-PA**

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|---|---------------------|--------------------|----------------------------|
| 14. Procedure Code of Product Requested |                     | 15. Diagnosis Code |                            |
| 16. Place of Service                    | 17. Date of Service |                    | 18. Total Number Requested |
| 19. Assigned Prior Authorization Number | 20. Grant Date      |                    | 21. Expiration Date        |

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**SECTION V — SIGNATURE**

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| 22. SIGNATURE — Provider |  | 23. Date Signed |  |
|--------------------------|--|-----------------|--|

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**SECTION VI — ADDITIONAL INFORMATION**

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24. Include any additional information in the space below. Submit additional information on a separate sheet if necessary.

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