Medicare

Therapeutic shoes, inserts and/or modifications to therapeutic shoes are covered if all of the following criteria are met:

1. The patient has diabetes mellitus (ICD-9 diagnosis codes 249.00-250.93); and

2. The certifying physician (see Definitions below) has documented in the patient's medical record one or more of the following conditions: (see Addendum below**)
   a. Previous amputation of the other foot, or part of either foot, or
   b. History of previous foot ulceration of either foot, or
   c. History of pre-ulcerative calluses of either foot, or
   d. Peripheral neuropathy with evidence of callus formation of either foot, or
   e. Foot deformity of either foot, or
   f. Poor circulation in either foot; and

   Note: The certification statement (page 5) is not sufficient to meet the requirement for documentation in the medical record.

3. The certifying physician (see definition below) has certified that indications 1) and 2) are met and that he/she is treating the patient under a comprehensive plan of care for his/her diabetes and that the patient needs diabetic shoes. For claims with dates of service on or after 1/1/2011, the certifying physician must:
   a. have an in-person visit with the patient during which diabetes management is addressed within 6 months prior to delivery of the shoes/inserts; and
   b. sign the certification statement (refer to the Documentation Requirements section of the related Local Coverage Determination) on or after the date of the in-person visit and within 3 months prior to delivery of the shoes/inserts.

DEFINITIONS:

The certifying physician is defined as a doctor of medicine (MD) or a doctor of osteopathy (DO) who is responsible for diagnosing and treating the patient's diabetic systemic condition through a comprehensive plan of care. The certifying physician may not be a podiatrist, physician assistant, nurse practitioner or clinical nurse specialist.

The prescribing physician is the person who actually writes the order for the therapeutic shoe, modifications and inserts. This physician must be knowledgeable in the fitting of diabetic shoes and inserts. The prescribing physician may be a podiatrist, MD, DO, physician assistant, nurse practitioner or clinical nurse specialist.

4. The RX for shoes and inserts (page 4) must be signed by the prescribing physician which is a Podiatrist, MD, DO, PA, or FNP which is knowledgeable in the fitting of DM shoes and inserts.

   Please contact our billing office if further clarification is needed on this qualification.

The certifying statement (page 5) must be signed by the MD or DO treating the patient for the disease state of Diabetes.

5. Prior to selecting the specific items that will be provided; the supplier must conduct and document an in-person evaluation of the patient. (Refer to the related Local Coverage Determination, Documentation Requirements section, for additional information.)

6. At the time of delivery of the items selected, the supplier must conduct and document an in-person visit with the patient.

*** ADDENDUM: In order to meet criterion 2, the certifying physician must either:
   i. Personally document one or more of criteria a-f in the medical record of an in-person visit within 6 months prior to delivery of the shoes/inserts and prior to or on the same day as signing the certification statement; or
   ii. Obtain, initial/sign, date (prior to or on the same day as signing the certification statement), and indicate agreement with information from the medical records of an in-person visit with a podiatrist, other MD or DO, physician assistant, nurse practitioner or clinical nurse specialist that is within 6 months prior to delivery of the shoes/inserts, and that documents one or more of criteria a-f.
If criteria 1-5 are not met, the therapeutic shoes, inserts and/or modifications will be denied as non-covered. For patients meeting the coverage criteria, coverage is limited to one of the following within one calendar year (January-December):

- One pair of custom molded shoes (A5501) (which includes inserts provided with these shoes) and 2 additional pairs of inserts (A5512 or A5513); or
- One pair of depth shoes (A5500) and 3 pairs of inserts (A5512 or A5513) (not including the non-customized removable inserts provided with such shoes).

A modification of a custom molded or depth shoe may be covered as a substitute for an insert.

Although not intended as a comprehensive list, the following are the most common shoe modifications: rigid rocker bottoms (A5503), roller bottoms (A5503), wedges (A5504), metatarsal bars (A5505), or offset heels (A5506). Other modifications to diabetic shoes (A5507) include, but are not limited to flared heels.

Non-Covered

Quantities of shoes, inserts, and/or modifications greater than those listed above will be denied as non-covered. Inserts used in non-covered shoes are non-covered. Deluxe features of diabetic shoes (A5508) will be denied as non-covered.

Special NOTE: The RX and the certifying statement can no longer be on the same page. Please use the documents provided below (pages 4 and 5).

Custom A5501

All the criteria for A5500 are met and the medical record documents the patient has a foot deformity that cannot be accommodated by a depth-inlay shoe.

Medicaid

DX of diabetes, any type, is required.

Pre-certification must be completed and approved prior to dispensing the shoes.

The following questions may be encountered as part of the approval and denial criteria. Depending on the patient’s history and the way previous questions may be answered, not every question may be asked for every patient and may not be encountered in the exact order below.

A5500:

1. The physician who is managing the patient's systemic diabetes condition is an MD or DO and has certified the diagnosis and medical condition, and is treating the patient under a comprehensive plan of care; and
2. Patient has diagnosis of 249.00-249.91 or 250.00-250.93; and
3. One of the following medical conditions:
   - Previous amputation of the other foot, or part of either foot; or
   - History of previous ulceration of either foot; or
   - History of pre-ulcerative calluses of either foot; or
   - Peripheral neuropathy with evidence of callus formation of either foot; or
   - Foot deformity of either foot; or
   - Poor circulation in either foot.

A5501:

All the criteria for A5500 are met and the medical record documents the patient has a foot deformity that cannot be accommodated by a depth-inlay shoe.

Approval Diagnoses Codes

<table>
<thead>
<tr>
<th>Submitted ICD-9 Diagnoses</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>250.00-250.93</td>
<td>12 months</td>
</tr>
<tr>
<td>249.00-249.91</td>
<td>12 months</td>
</tr>
</tbody>
</table>

Possible questions encountered for inserts

- Has appropriate footwear been prescribed or does the patient have appropriate footwear in which inserts can be placed?
- Does the provider record document the patient has appropriate footwear in which inserts can be placed?
BCBS/Anthem Missouri Plans

Detailed RX.
Therapeutic shoes, inserts or modifications to therapeutic shoes are considered medically necessary if the following criteria are met:

1. The individual has diabetes mellitus; and
2. The individual has one or more of the following conditions:
   - previous amputation of the other foot or part of either foot, or
   - history of previous foot ulceration of either foot, or
   - history of pre-ulcerative calluses of either foot, or
   - peripheral neuropathy with evidence of callus formation of either foot, or
   - foot deformity of either foot, or
   - poor circulation in either foot.
3. The certifying physician who is managing the individual's systemic diabetes condition has certified that indications 1) and 2) above are met and that he/she is treating the individual under a comprehensive plan of care for his/her diabetes and that the individual needs therapeutic shoes, inserts or modifications to therapeutic shoes.

A custom-molded shoe is considered medically necessary when the individual has a foot deformity that cannot be accommodated by a depth shoe.

A modification of a custom-molded or depth shoe is considered medically necessary as a substitute for an insert.

Although not intended as a comprehensive list, the following are the most common shoe modifications: rigid rocker bottoms, roller bottoms, wedges, metatarsal bars, offset heels.

Medically Necessary: Shoes, inserts and modifications are considered medically necessary only in the limited circumstances described below:

- Shoes - if they are an integral part of a leg brace that is medically necessary.
- Heel replacements, sole replacements and shoe transfers involving shoes on a medically necessary leg brace.
- Inserts and other shoe modifications (such as lifts, wedges, arch supports and other additions) - if they are on a shoe that is an integral part of a medically necessary leg brace, if they are medically necessary for the proper functioning of the brace.
- Prosthetic shoes - if they are an integral part of a prosthesis for individuals with a partial foot amputation.

Not Medically Necessary: Orthopedic footwear that does not meet the criteria above is considered not medically necessary. A matching shoe that is not attached to a brace and items related to that shoe are considered not medically necessary.

Shoes are considered not medically necessary when they are put on over partial foot prosthesis or other lower extremity prosthesis that is attached to the residual limb by mechanisms other than being an integral part of the prosthesis.

UHC

DX of diabetes, any type, is required.
Detailed RX.

CoxHealth

DX of diabetes, any type, is required.
Detailed RX.
Diabetic Footwear Prescription

RX

Patient: ____________________________

DOB: ____ / ____ / ____  Phone: ____________________________

Ordering Physician (Please print.): ____________________________

Phone: ____________________________  Fax: ____________________________

Please specify diagnosis: Diabetes Mellitus (ICD-9 codes 250.00-250.93): ____________________________

Other: ____________________________

May dispense therapeutic shoes, inserts and/or foot assessment.

- Standard footwear (1 pair) or Extra Depth footwear (1 pair): A5500
- Custom inserts (3 pairs): A5513 or Multi-Density Insert Foam (3 pairs): A5512
- Foot assessment by a Certified Pedorthist
- Shoe modification

Special instructions: ____________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Length of need (99-lifetime): ______________

Start of care date: ______________________

Physician’s signature**  Date

**MUST BE SIGNED BY A PODIATRIST OR ORTHOPEDIC PHYSICIAN.

Medicaid requires pre-certification thru cyberaccesssonline.com or by calling 800/392-8030.
Diabetic Footwear Certification

Patient: ________________________________________________________________

DOB: ______ / ______ / ______  Phone: ______________________________________

Ordering Physician (Please print.): _________________________________________

Phone: ___________________________  Fax: ________________________________

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.

2. This patient has one or more of the following conditions (Check all that apply):
   ☐ History of partial or complete amputation of the foot
   ☐ History of previous foot ulceration
   ☐ History of pre-ulcerative callus
   ☐ Peripheral neuropathy with evidence of callus formation
   ☐ Foot deformity
   ☐ Poor circulation

3. I am treating this patient under a comprehensive plan of care for his/her diabetes.

4. This patient needs special shoes (depth or custom-molded) because of his/her diabetes.

Medicare NOTE: The certification statement is not sufficient to meet the requirement for documentation in the medical record. The above statements must be documented in the patient’s medical record.

Length of need (99-lifetime): _____________

Start of care date: ______________

______________________________  __________________________
Physician’s signature**  Date

**MUST BE A MD OR DO TREATING THE DISEASE STATE OF DIABETES.

Medicaid does not require a certifying statement. For coverage of diabetic footwear, a pre-certification must be completed thru cyberaccesssonline.com or by calling 800/392-8030.