

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 13**

POLICY TITLE: DIABETIC SHOES

POLICY STATEMENT: Provide consistent criteria when determining coverage for Diabetic shoes for Health Plans' members.

NOTE: For Commercial HMO Members and Health Choice Groups – First, review contract to determine coverage and secondly, do they meet medically necessity.

DEFINITIONS:

Certifying physician: is the doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) who is responsible for diagnosing and treating the patient's diabetic systemic condition through a comprehensive plan of care.

Prescribing physician: is the person who actually writes the order. This may be a podiatrist, M.D., D.O., physician assistant, nurse practitioner or clinical nurse specialist. The prescribing physician may be the supplier.

Supplier: the person or entity that actually furnishes the shoe, modification, and/or inserts to the beneficiary and that bills Medicare.

PROCEDURE:

Diabetic shoes, orthotics and/or modifications to the shoes are medically necessary when all of the following criteria are met:

1. Member has diabetes mellitus (ICD-9 diagnosis codes 249.0-250.93) and is under the regular care of a physician/practitioner or other health care professional for diabetes management.
2. Member has one or more of the following conditions documented by the physician/practitioner or other qualified provider (i.e., pedorthist):
 - a. Current or previous history of foot ulceration of either foot.
 - b. Previous amputation of the other foot, or part of either foot.
 - c. History of pre-ulcerative calluses of either foot.
 - d. Peripheral neuropathy with evidence of callus formation of either foot.
 - e. Foot deformity of either foot, i.e., rocker bottom foot or Charcot.
 - f. Compromised vascular supply or poor circulation in either foot.

NOTE: The certifying physician certifies that #1 & #2 above are met. In order for criterion # 2 to be met, the physician must either:

- a. Personally document one or more of the 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 the signing of the certification statement; or
- b. 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

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 13**

Page 2

practitioner, or clinical nurse specialist that is within 6 months prior to delivery of the shoes/inserts, and that documents one or more of the criteria a-f.

The certifying statement is NOT sufficient to meet the requirements for documentation in the medical record.

3. The particular type of footwear (shoes, modifications) must be prescribed by a Podiatrist, M.D., D.O., N.P., or other qualified physician/practitioner knowledgeable in the fitting of diabetic shoes and inserts.
4. The footwear must be fitted and furnished by a podiatrist or other qualified individual such as a pedorthist, orthotist, or prosthetist.
5. For members meeting the above criteria, medical necessity may be established for one of the following within one calendar year:
 - a. One pair of custom molded shoes (A5501), which includes orthotics provided with these shoes, and 2 additional pairs of orthotics; or (A5512 or A5513)
 - b. One pair of depth shoes (A5500) and 3 pairs of orthotics, not including the non-customized removable orthotics provided with the shoes. (A5512 or A5513)
6. Deluxe upgrades to diabetic shoes, including but not limited to style or type of leather, are not considered medically necessary.
7. Shoes are covered if they are an integral part of a covered leg brace.
8. Precertification is required for coverage of diabetic shoes.

See attached templates: Diabetic Shoe and Diabetic

References: CMS article # A37076 & A47129
CMS Webinar "Therapeutic Shoes for Person's with Diabetes

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**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 13**

Page 3

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**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 13
Page 4**

LABS

Last HgbA1C Value: %

Last Lipid profile LDL Value mg/dl

Microalbumin: Value mg/g

Last creatinine: Value mg/dl

EYES

N Y Dilated eye exam within one year? If no, Advise patient to get one.

Last Dilated Eye Exam Or

Eye care provider: Other Eye Doctor

FOOT

Foot exam completed. Pulses and sensation present bilaterally. No sores present.

Abnormal Findings:

The patient meets the following criteria and is in need of diabetic shoes and/or orthotics.

- Current foot ulceration
- Previous foot ulceration
- Amputation of the other foot, or part of either foot.
- Foot deformity
- Peripheral neuropathy with evidence of callus formation.
- Compromised vascular supply

MISC

N Y Use of aspirin? Last Pneumovax -

Additional Comments/Referral:

Footwear Prescription:

- One pair of extra-depth shoes (per calendar year).
- 3 pair of heat molded multi-density insoles (per calendar year).
- Up to 3 pair of custom molded multi-density/orthotics (per calendar).
- One pair of accommodated insoles.

Other:

(Click all indications that apply)

Medical Indications for Footwear Prescription:

- Patient has Type II Diabetes Mellitus (250.00).
- Patient has Type I diabetes (250.01).
- Current foot ulceration (707.14).
- Previous foot ulceration (707.14).
- Partial or complete amputation of either foot (896.00).
- Peripheral neuropathy with evidence of callus formation (250.60)
- Foot deformity (736.70)
- Poor circulation/compromised vascular supply (440.20)

(Must select either A or B below)

A I am treating this patient under a comprehensive plan of care

B This patient is being treated by their primary care physician, Dr.

Other: