

## **MO HealthNet Pre-certification Criteria**

Medical Procedure Class:	DME Diabetic Shoe Modifications (A5503 NU; A5504 NU; A5505 NU; A5506 NU; A5507 NU)	
Implementation Date:	CyberAccess – April 1, 2008	

## New Criteria

Revision of Existing Criteria

# **Executive Summary**

Purpose:	To allow a consistent and streamlined authorization process for modifications for diabetic shoes.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
Procedures subject to Pre- Certification	<ul> <li>A5503: For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe</li> <li>A5504: For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe</li> <li>A5505: For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe</li> <li>A5506: For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe</li> <li>A5506: For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe</li> <li>A5507: For diabetics only, not otherwise specified modification (including fitting) of off-the shelf depth-inlay shoe or custom molded shoe or custom molded shoe with off-set heel(s), per shoe</li> </ul>	

Setting & Population:All MO HealthNet fee-for-service participants
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Data Sources:	☑ Medicare LCD	MHN Policy

## **Setting & Population**

- Procedure group for review: A5503; A5504; A5505; A5506; A5507
- Age range: All MO HealthNet fee-for-service participants

#### Approval Criteria

• Pre-certification or claim history for purchase of A5500 or A5501.

## **Denial Criteria**

- No history of pre-certification or claim for A5500 or A5501.
- History of any total combination of 3 pair of inserts and shoe modifications for A5500, or 2 pair of inserts and shoe modifications for A5501 in past 12 months.

#### **Quantity Limitations**

• Quantity limit of 2 per year.

#### Approval Period

A5503: 3 Months A5504: 3 Months A5505: 3 Months A5506: 3 Months A5507: 3 Months

## Appendix A : Possible Step 1 and Step 2 Questions

\*\*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.

Not applicable: all information needed is obtained transparently when the provider checks for approval.