



PHYSICIAN, PODIATRIST AND DURABLE MEDICAL EQUIPMENT

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DIABETIC SHOES, INSERTS AND MODIFICATIONS

Effective for dates of service on or after April 1, 2008, diabetic shoes, inserts and modifications are covered if the following criteria are met:

1. The participant has diabetes mellitus (ICD-9 diagnosis codes 250.00-250.93); and
2. The patient has one or more of the following conditions:
 - 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
3. The certifying physician who is managing the patient's systemic diabetes condition has certified that indications (1) and (2) above are met and he/she is treating the participant under a comprehensive plan of care for his/her diabetes and that the participant needs diabetic shoes.

For participants meeting the coverage criteria, coverage is limited to one of the following within a 12 month period:

1. One pair of custom molded shoes (A5501) (which includes inserts provided with these shoes) and 2 additional pairs of inserts (A5512 or A5513); or
2. 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 of diabetic shoes (A5507) include, but are not limited to flared heels.

Quantities of shoes, inserts, and/or modifications greater than those listed above will be denied.

Inserts used in non-covered shoes are non-covered.

Deluxe features of diabetic shoes (A5508) will no longer be covered.

There is no separate payment for the fitting of the shoes, inserts or modifications or for the certification of need or prescription of the footwear.

The particular type of footwear (shoes, inserts, modifications) which is necessary must be prescribed by a podiatrist or physician knowledgeable in the fitting of diabetic shoes and inserts. The footwear must be fitted and furnished by a podiatrist, or other qualified individual such as a pedorthist, orthotist or prosthetist.

The certifying physician provides the medical care for and manages the beneficiary's systemic diabetic condition. The certifying physician must be an M.D. or D.O. and may not be a podiatrist, physician assistant, nurse practitioner or clinical nurse specialist.

PRE-CERTIFICATION REQUIREMENT FOR DIABETIC SHOES, INSERTS AND MODIFICATIONS

Effective for dates of service on or after April 1, 2008, diabetic shoes (A5500 and A5501), inserts (A5512 and A5513), and modifications (A5503, A5504, A5505, A5506, and A5507) will require pre-certification for all MO HealthNet Participants. Requests must meet medical criteria established by the MHD in order to be approved. These medical criteria can be referenced in the clinical edit criteria for [diabetic shoes](#), [inserts](#) and [modifications](#) posted on the MHD Web site.

CONVERSION OF APPROVED CERTIFICATES OF MEDICAL NECESSITY AND PRIOR AUTHORIZATION REQUESTS

Diabetic shoes, inserts and modifications currently require either an approved Certificate of Medical Necessity (CMN) form or prior authorization request for reimbursement of services. CMN and prior authorization requests that are submitted and approved prior to April 1, 2008, will be converted to a pre-certification effective April 1, 2008. Any new requests for diabetic shoes, inserts or modifications for dates of service after April 1, 2008, require pre-certification.

INITIATING PRE-CERTIFICATION REQUESTS FOR DME

Pre-certification of DME is a two-step process. Requests for pre-certification must be initiated by enrolled MO HealthNet providers who write prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians, podiatrists or nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the MHD.

Providers are encouraged to sign up for the new MO HealthNet Web tool – [CyberAccessSM](#) – which automates the pre-certification process. To become a CyberAccessSM user, contact the ACS-Heritage help desk at 1-888-581-9797 or 573-632-9797 or send an e-mail to MOHealthNetCyberaccess@heritage-info.com. The CyberAccessSM tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 800-392-8030. Requests for pre-certification must meet medical criteria established by the MHD in order to be approved. [Medical criteria](#) is published in [provider bulletins](#) and posted on the [MHD Web site](#)SM prior to implementation. If a pre-certification request submitted through CyberAccessSM is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging on to the [MO HealthNet Web portal](#). Diabetic shoes, inserts and modifications are covered for participants residing in a nursing facility and are not included as part of the nursing home per diem.

Please continue to monitor the [MHD Web site](#) for updates on this process.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896