



### MO HealthNet PA Criteria

Medical Procedure Class:	<b>DME Diabetic Shoes (A5500NU, A5501NU)</b>
Implementation Date:	<b>Call Center – March 25, 2008 CyberAccess – April 1, 2008</b>
Prepared for:	<b>MO HealthNet</b>
Prepared by:	<b>Conduent Business Services, LLC</b>

New Criteria

Revision of Existing Criteria

### Executive Summary

<b>Purpose:</b>	To allow a more consistent and streamlined process for authorization of diabetic shoes.	
<b>Why was this Issue Selected:</b>	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.	
<b>Procedures subject to Pre-Certification</b>	<p>A5500: For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf-depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe</p> <p>A5501: For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe</p>	
<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants	
<b>Data Sources:</b>	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy

## Setting & Population

- Procedure Group for review: A5500; A5501
- Age range: All MO HealthNet fee-for-service participants

## Approval Criteria

### **A5500:**

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

Patient has Diagnosis in **Appendix A**; and 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:**

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

Patient has Diagnosis in **Appendix A**; and:

- The medical record documents the patient has a foot deformity of either foot that cannot be accommodated by a depth-inlay shoe.

## Denial Criteria

- Diagnosis criteria for diabetic shoes is not met
- Medical condition criteria (as listed under Approval Criteria) for diabetic shoes is not met
- The following criteria are not met: The physician who is managing the patient's systemic diabetes condition is an MD or DO, has certified the diagnosis and medical condition, and is treating the patient under a comprehensive plan of care.

## Quantity Limitations

- Quantity limit of one pair per year.

## Appendix A: Approval Procedure Codes and Diagnoses



Diabetic Shoes  
Appendix 9.18.17.xls

## Appendix B : 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.**

All questions are answered in Yes/No fashion.

1. An MD or DO is treating the pt's diabetes under a comprehensive plan of care and certifies the dx and med. condition
2. Patient has foot deformity of either foot
3. Medical Record documents the foot deformity cannot be accommodated by a depth-inlay shoe
4. Patient has peripheral neuropathy with evidence of callus formation of either foot
5. Patient has history of pre-ulcerative calluses of either foot
6. Patient has history of previous ulceration of either foot
7. Patient has history of amputation of other foot or part of other foot
8. Patient has poor circulation in either foot