



Diabetic Shoe “Fact” Sheet 2012

Helpful Hints

You must keep an order for diabetic shoes, inserts and any modifications, which have been signed and dated by you on file.

The Certificate of Medical Necessity must be from the Primary Doctor –MD or DO
Keep Certificate of Medical Necessity on file along with copy of order form for shoes and inserts and any notes about modifications.

Have patients sign and date a certificate of delivery when you dispense their shoes and inserts.
Send reminder to patients each year when it is time for a new pair of shoes/inserts.

CODES

A5500 – Diabetic Shoes

A5512 – Heat Moldable Inserts

A5513 – Custom Made Inserts

L5000- Toe Filler

*Don't forget your KX modifier
(LT & RT)*

Diabetic Shoe Procedures

1. Verify that the patient has diabetes Mellitus (ICD-9-CM) diagnosis codes (250.00-250.91)
2. Verify that the patient has one or more of the following condition:
 - a. Previous amputation of other foot or part of either foot
 - b. History of previous foot ulceration 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
 - f. Poor circulation in either foot
3. The certifying physician, who is managing the patient's systemic diabetes condition, 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. The certifying physician must be an M.D. or D.O. This policy requires that the certifying physician, providing the medical care for the diabetic condition must sign a statement that the conditions stated above are met. The prescribing physician may be a podiatrist, M.D. or D.O. and should write the order for the therapeutic shoes, modifications, and inserts.

The supplier, the person or entity furnishing the shoes, modifications, or inserts may be a podiatrist, pedorthist, orthotist, prosthetist, or other qualified individual. The supplier should bill Medicare for the service. For patients meeting these criteria, coverage is limited to one pair of extra depth shoes and 3 pairs of heat molded or custom molded inserts, within one calendar year: One pair of extra depth shoes (A5500) and 3 pair of inserts (A5512 or A5513).

Statement of Certifying Physician

A supplier must have a faxed or original signed statement of certifying physician in their records before submitting a claim to Medicare. A new certification statement is required for a shoe or insert that is provided more than one year from the most recent statement on file. The certifying physician must be an M.D. or D.O.

For questions regarding the diabetic shoe manufacturers we carry and their complete line of products including styles, colors and sizes please visit our website at www.comfortfitlabs.com or call Customer Service at 1.888.523.1600 and request our diabetic shoe starter kit which includes our sell sheets and order forms.

DS1229-11



246 COLUMBUS AVE
ROSELLE, NJ 07203
1.888.523.1600
1.908.259.9100
1.908.259.9105 (fax)
www.comfortfitlabs.com
info@comfortfitlabs.com