

Affected Programs: BadgerCare Plus, Medicaid

To: Individual Medical Supply Providers, Medical Equipment Vendors, Physical Therapists, Podiatrists, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

Orthopedic or Corrective Shoes and Foot Orthotics Coverage and Prior Authorization Policy

ForwardHealth is combining coverage policy for orthopedic or corrective shoes and foot orthotics. This *ForwardHealth Update* provides an overview of the combined coverage and prior authorization policy, which includes both new and clarified policy.

Overview of Coverage Policy

Effective December 1, 2014, ForwardHealth is combining the coverage policy for orthopedic or corrective shoes and foot orthotics (OCSFO). This coverage policy includes both new and clarified policy. Prior authorization (PA) requirements for some OCSFO will be revised as well. ForwardHealth's OCSFO policy is to reimburse Medicaid-enrolled providers for OCSFO and shoe modifications prescribed/referred/ordered by an enrolled provider in any of the following situations, per DHS 107.24(4)(f), Wis.

Admin. Code:

- The member has a rigid gross foot deformity that does not solely include a diagnosed flat footed condition as diagnosed on the prescription.
- The requested orthopedic or corrective shoe is attached to a brace.
- The member's foot requires stabilization postoperatively.

In addition, in order for OCSFO to be covered by ForwardHealth:

- The member is required to be ambulatory and/or have the ability to perform a standing pivot transfer.

- The OCSFO being requested is required to allow the member to perform activities of daily living.

The OCSFO may be replaced only when no longer meeting the member's medical needs or when there is a change in the member's medical condition. If replacement is required before the OCSFO life expectancy is met, then PA is required.

Prescription Policy

A prescription for OCSFO and/or shoe modifications must:

- Include an *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis of gross foot deformity.
- Include an ICD-9-CM diagnosis of a condition identified as an allowable diagnosis for OCSFO and/or shoe modifications Refer to the Attachment of this *ForwardHealth Update* for a list of allowable diagnosis codes.
- Be written by a physician after both the referring and rendering providers have documented the member's diagnosis and need for OCSFO and/or shoe modifications in the member's medical records maintained by the provider.

Note: Wisconsin Medicaid does not reimburse for OCSFOs provided from a prescription from the dispensing provider indicating "refill" or "verbal order," even if the prescription includes the provider's signature.

Adult Orthopedic or Corrective Shoes and Foot Orthotics Coverage

As of December 1, 2014, ForwardHealth covers adult OCSFO to be provided once a year (within 12 months from when the OCSFO is initially provided) without PA when the conditions outlined in the Overview of Coverage Policy section of this *Update* are met.

Children's Orthopedic or Corrective Shoes and Foot Orthotics Coverage

ForwardHealth continues to cover children's size (infant, child, or junior shoe sizes) OCSFO without PA up to three times a year (within 12 months from when the OCSFO is initially provided) when the above conditions are met. The provider is required to maintain objective measurement in the member's records that the member's foot/shoe size has changed by one size or more for each new OCSFO.

Coverage for Members with a Diabetes Diagnosis

Diagnosis of Diabetes with Complications

Orthopedic and corrective shoes for members who have a diagnosis of diabetes with complications continue to be covered once a year (within 12 months from when the OCSFO is initially provided) for adult shoe sizes and three times a year for infants, children, and junior shoe sizes. For infant, children, and junior shoe sizes, there must be an objective measurement of at least one full shoe size growth.

As of December 1, 2014, foot orthotics for members who have a diagnosis of diabetes with complications are now allowed three times a year without PA for infant, children, junior, and adult shoe sizes when medically necessary. Refer to the Attachment for a list of allowable ICD-9-CM diagnosis codes for OCSFO provided to members with a diagnosis of diabetes with complications as indicated on the member's prescription.

Diagnosis of Diabetes Without Complications

For members with a diagnosis of diabetes without complications, diabetic shoes and diabetic inserts are not considered a unique service and, therefore, follow the same coverage rules and PA guidelines as all other OCSFO.

Mismatched Shoes Coverage

ForwardHealth covers mismatched shoes (a pair of shoes of two different sizes, of a full size — length or width) when the member's feet are two different sizes. When mismatched shoes are required, providers can receive reimbursement for one pair of shoes and for an additional charge for mismatched shoes (indicated by the use of procedure code L3257 [Orthopedic footwear, additional charge for split size] on the claim). Prior authorization is required for coverage of mismatched shoes, and an objective measurement of the size discrepancy is required on the PA request.

Definition of Orthopedic or Corrective Shoes

Per DHS 107.24(2)(c)(2), Wis. Admin. Code, corrective or orthopedic shoes are considered any shoe attached to a brace, mismatched shoes involving a difference of a full size or more, or shoes that are modified to take into account a leg length discrepancy of one-half inch or more, or to accommodate a gross rigid foot deformation.

In order to be covered by ForwardHealth, the corrective or orthopedic shoe (medical grade) must:

- Meet the description of an orthopedic shoe.
- Not be an athletic shoe.
- Not be solely requested to accommodate weather or work conditions.
- Not be sandals.
- Have the following features:
 - ✓ Blucher or lace-to-toe/surgical opening pattern with some form of shoe closure.
 - ✓ Leather upper or a suitable upper material of equal quality.
 - ✓ Sole attached by sewn or cement process.

- ✓ Adaptability of shoe upper and sole materials to accommodate modifications and/or modalities.
- ✓ Sole graded to the size and width of the upper, in accordance with the American standard last sizing schedule or its equivalent, unless the shoe is custom-made or custom-molded.
- ✓ Firm, extended medial heel counter unless member's condition indicates otherwise. A firm extended medial heel counter reaches at least midway through the longitudinal arch.
- ✓ Availability in full and half sizes and multiple widths, unless custom-made or custom-molded. Adult medical grade footwear must be available in a complete range of 13 or more full and half sizes and at least four widths; children's medical grade footwear must be available in two or more widths.
- ✓ Smooth, moisture/vapor-absorbent protective lining.
- ✓ Last shape that accommodates forefoot contours and deformities.
- ✓ A differential between sole thickness and heel height that does not exceed 1¼ inch.
- ✓ Capacity to address medical conditions of the foot that standard ready-made footwear cannot address.

A depth orthopedic or corrective shoe is one that, in addition to meeting criteria for an orthopedic or corrective shoe:

- Has a full-length, heel-to-toe filler that when removed provides a minimum of three-sixteenths of an inch of additional depth used to accommodate custom-molded or customized inserts.
- Is made from leather or other suitable material of equal quality.
- Has some form of shoe closure.
- Is available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoe according to the American standard last sizing schedule or its equivalent. This includes a shoe with or without an internally seamless toe.

A custom-molded shoe has the following characteristics:

- Is constructed over a positive model of the member's foot.
- Is made from leather or other suitable material of equal quality.
- Has removable inserts that can be altered or replaced as the member's condition warrants.
- Has some form of shoe closure.
- Includes a shoe with or without an internally seamless toe.

Definition of Foot Orthotics

Per DHS 107.24(2)(c)(3), Wis. Admin. Code, foot orthotics are devices that limit or assist motion of any segment of the foot and do not extend above the ankle. They are designed to stabilize a weakened part or correct a structural problem. Per DHS 107.24(2)(c)(2), Wis. Admin. Code, arch supports are not considered an orthotic and, therefore, are not covered by ForwardHealth.

Noncovered Services

Per DHS 107.24(5)(a), Wis. Admin. Code, OCSFO are noncovered for any of the following conditions:

- Flattened arches, regardless of the underlying pathology.
- Incomplete dislocation or subluxation (i.e., subtle deformity or malalignment) causing metatarsalgia (i.e., midfoot pain) with no associated deformities.
- Arthritis with no associated deformities.
- Hypoallergenic conditions.

ForwardHealth does not cover the following items:

- Those OCSFO that are prescribed for any of the conditions described in DHS 107.24(5)(a), Wis. Admin. Code.
- Shoes and orthotics that do not meet the definition of durable medical equipment (DME), per DHS 101.03(50), Wis. Admin. Code. This includes standard over-the-counter shoes, which are defined as any ready-made shoe for the general population in a variety of styles, including dress, casual, work, and athletic.

- Those OCSFO exceeding the allowable outlined amounts to accommodate weather or seasonal needs.

Note: This is not an all-inclusive list.

Member Responsibility

ForwardHealth does not cover OCSFO in any of the following situations, and, if provided, the member may be responsible for any associated costs:

- Ordered for a member without one of the allowable diagnoses documented on the prescription written by the prescribing/referring/ordering provider.
- Ordered for a member who is non-ambulatory or does not bear weight on lower extremities.
- Ordered for a member for style change or weather change.

A member may request a noncovered service, a covered service for which PA was denied (or modified), or a service that is not covered under the member's limited benefit category. The charge for the service may be collected from the member if both of the following conditions are met *prior* to the delivery of that service:

- The member accepts responsibility for payment.
- The provider and member make payment arrangements for the service.

Providers are strongly encouraged to obtain a *written* statement in advance documenting that the member has accepted responsibility for the payment of the service.

Provider Responsibility

Per DHS 105.02(4), Wis. Admin. Code, providers are required to maintain medical records for no less than five years from the date of reimbursement. Providers are required to document and maintain the following information in the member's medical record:

- The specific objective measured foot deformity.
- The shoe brand, model number, and size delivered to the member.
- Any changes that occur to the member's medical condition.

- The member's routine activities of daily living.
- Medical records from the prescribing provider that support the claim.
- Pedorthic exam results.
- Delivery date of the OCSFO.
- All claims and PA requests related to the OCSFO delivery and reimbursement.
- A valid prescription for the OCSFO.

For more information on documentation requirements, refer to the Documentation chapter of the Provider Enrollment and Ongoing Responsibilities section of the Durable Medical Equipment service area of the ForwardHealth Online Handbook.

Prior Authorization

ForwardHealth requires PA when service limitations noted in the DME Index are exceeded for OCSFO. ForwardHealth does not require PA for OCSFO repairs, modifications, and minor replacements that cost less than \$75.00. Verbal PA from ForwardHealth for OCSFO is not allowed. When PA is required for OCSFO, the conditions listed above are required to be documented and submitted with the PA request, along with all associated procedure code details and modifiers.

Custom Orthopedic Footwear and Custom Foot Orthotics

ForwardHealth always requires PA for custom orthopedic footwear and custom foot orthotics.

Prior Authorization Request Submission Options

Providers may submit PA requests by any of the following methods:

- ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/.
- Fax to ForwardHealth at (608) 221-8616.
- 278 Health Care Services Review — Request for Review and Response electronic transaction.
- Specialized Transmission Approval Technology-Prior Authorization (STAT-PA).

Providers are encouraged to submit PA requests for OCSFO on the Portal. Providers are required to complete the following forms as part of a PA request for OCSFO:

- Prior Authorization Request Form (PA/RF), F-11018 (05/13).
- Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (07/12).

Claims Submission

Providers are reminded that, when submitting claims for OCSFO, a pair of shoes is considered two units if the Healthcare Common Procedure Coding System procedure code being billed includes the term “each” in its definition. As of December 1, 2014, when submitting a claim for shoes, the RT (right side) or LT (left side) modifier, as appropriate, is required on separate details of the claim and the associated PA request (if PA is required). A member may need only one shoe; in this case, indicate one unit on the claim, along with the appropriate modifier (RT or LT).

Copayment

Federal law permits states to charge members a copayment for certain covered services. Providers are required to request copayments from members. Providers may not deny services to a Wisconsin Medicaid or BadgerCare Plus member who fails to make a copayment.

Section 49.45(18), Wis. Stats., requires providers to make a reasonable attempt to collect copayment from the member unless the provider determines that the cost of collecting the copayment exceeds the amount to be collected.

Reimbursement

ForwardHealth will reimburse providers for the initial purchase of OCSFO, per the service limitation in the DME Index or, if required, with PA, when one or more of the ICD-9-CM diagnosis codes included in the Attachment are indicated on the prescription and entered in the primary diagnosis field on the claim form.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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This *Update* was issued on 10/22/2014 and information contained in this *Update* was incorporated into the Online Handbook on 12/2/2014.

ATTACHMENT

Allowable Diagnosis Codes for Orthopedic or Corrective Shoes and Foot Orthotics

The following table includes ForwardHealth-allowable *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis codes for orthopedic or corrective shoes and foot orthotics.

Diagnosis Code	Description
250.5	Diabetes with ophthalmic manifestations
250.6	Diabetes with neurological manifestations
250.7	Diabetes with peripheral circulatory disorders
355.6	Morton's neuroma
700	Corns and callosities
707.1	Ulcer of lower limbs, except decubitus ulcer
713.5	Charcot's joint
735.0	Hallux valgus
735.2	Hallux rigidus
735.3	Hallux malleus
735.4	Other hammer toe
735.5	Claw toe
735.8	Other acquired deformities of toe
736.71	Acquired equinovarus deformity
736.72	Equinus deformity of foot, acquired
736.73	Cavus deformity of foot, acquired
736.74	Claw foot, acquired
736.75	Cavovarus deformity of foot, acquired
736.81	Unequal leg length, acquired
754.50	Congenital talipes varus
754.51	Congenital talipes equinovarus
754.52	Congenital metatarsus primus varus
754.53	Congenital metatarsus varus
754.71	Congenital talipes cavus
755.30	Unspecified reduction of deformity of lower limb
895	Traumatic amputation of toe(s) (complete) (partial)
895.0	Traumatic amputation of toe(s) (complete) (partial), without mention of complication
895.1	Traumatic amputation of toe(s) (complete) (partial), complicated
896	Traumatic amputation of foot (complete) (partial)
896.0	Traumatic amputation of foot (complete) (partial), unilateral, without mention of complication

Diagnosis Code	Description
896.1	Traumatic amputation of foot (complete) (partial), unilateral, complicated
896.2	Traumatic amputation of foot (complete) (partial), bilateral, without mention of complication
896.3	Traumatic amputation of foot (complete) (partial), bilateral, complicated