
WISCONSIN MEDICAID UPDATE

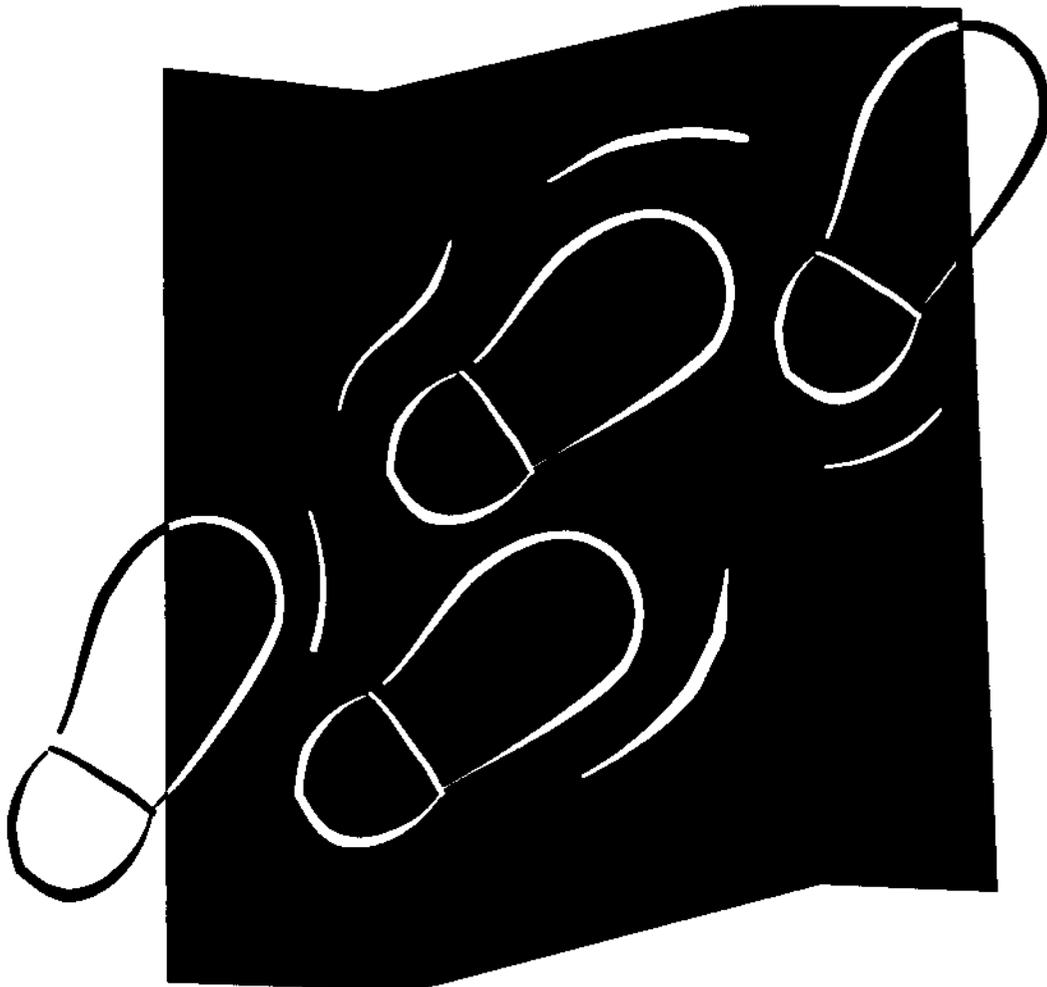
May 8, 1996

UPDATE 96-13

TO:
DME Vendors
Home Health Agencies
Occupational Therapists
Orthotists
Pharmacies
Prosthetists
Rehabilitation Agencies
Therapy Groups

**Certain Orthopedic and Mismatch Shoes:
Changes to Prior Authorization Guidelines -
Effective June 1, 1996**

Prior authorization guidelines have been revised for certain orthopedic shoes, hightop orthopedic shoes, and mismatch shoes. The guidelines are attached.



Issued by Bureau of Health Care Financing, Wisconsin Division of Health
If you have any questions, call EDS - Medicaid Fiscal Agent at (800) 947-9627 or (608) 221-9883
KEEP THIS UNTIL YOU GET YOUR NEXT HANDBOOK PAGES

Revisions to Prior Authorization Guidelines

Certain Orthopedic Shoes, High Top Orthopedic Shoes and Mismatch Shoes

Prior authorization documentation and clinical requirements for the purchase of non-custom adult orthopedic shoes, high top orthopedic shoes, and mismatch shoes have been revised. This is a summary of the revisions to the prior authorization guideline key elements and is not all inclusive. A brief description precedes the key elements of the guidelines. These guidelines apply to procedure codes L3216, L3217, L3221, L3222 and L3257. The complete guidelines are available upon written request to the Bureau of Health Care Financing, 1 West Wilson Street, P.O. Box 309, Madison, WI 53701-0309. Refer to the DME Index for more information about this equipment.

Orthopedic Shoes, Hightop Orthopedic Shoes and Mismatch Shoes

Description: Orthopedic or corrective shoes are shoes attached to a brace or prosthesis, or shoes that are modified to take into account discrepancy in limb length or a rigid foot deformation.

Mismatch (split size) shoes are mismatched shoes involving a difference of a full size or more.

Key Elements:

1. The request must indicate at least one of the following diagnoses or clinical conditions:

- 250.0 Diabetes without complications
- 355.6 Morton's neuroma
- 700 Corns/callouses--pre-ulcerative
- 707.1 Foot ulcer
- 713.5 Charcot's joint
- 735.0 Hallux valgus $\geq 35^\circ$
- 735.2 Hallux rigidus
- 735.3 Hallux malleus with dorsal callous
- 735.4 Other hammer toe with dorsal callous
- 735.5 Claw toe
- 735.8 Other acquired toe deformity (overlapping toes)
- 736.71 Acquired equinovarus
- 736.72 Equinus deformities
- 736.73 Cavus foot
- 736.74 Claw foot, acquired
- 736.75 Cavo varus, acquired
- 736.81 Acquired leg length discrepancy $>1/2$ inch
- 754.50 Congenital talipes varus
- 754.51 Congenital talipes equinovarus
- 754.52 Congenital metatarsus primusvarus
- 754.53 Congenital metarsus varus
- 754.71 Congenital talipes cavus

- 755.30 Congenital leg length discrepancy >1/2 inch
- 895 Traumatic toe amputation
- 895.0 Traumatic toe amputation with complications
- 895.1 Traumatic toe amputation without complications
- 896 Foot amputation
- 896.0 Foot amputation, unilateral without complications
- 896.1 Foot amputation, unilateral with complications
- 896.2 Foot amputation, bilateral without complications
- 896.3 Foot amputation, bilateral with complications
- * *Other diagnosis which would require an AFO (ankle foot orthosis) or KAFO (knee ankle foot orthosis)

2. One of the following must be documented:
 - a. Orthopedic shoes are needed for ambulation and/or transfers.
 - b. Orthopedic shoes are used with orthotics. (Wisconsin Medicaid does not consider arch supports as orthotics).
 - c. Orthopedic shoes are required to accommodate a leg length discrepancy of 1/2 inch or more.
 - d. There are bony deformities of the feet and mismatched shoes of one full size or greater are required.
3. Shoes must be chosen based on medical need, activities of the recipient and recipient's environment. Documentation must reflect medical need; activity level; environmental conditions; age, condition, brand and type of current shoes. Coverage for replacement orthopedic shoes is allowed for medical reasons.
4. The request must include brand, model number and size(s).
5. Codes L3216 and L3221, for female and male respectively, are allowed when all other listed criteria are met and ankles are stable. Hightop orthopedic shoes, codes L3217 and L3222, for female and male respectively, are allowed when criteria are met and ankles are unstable. When the criteria for mismatched shoes are met, the additional charge (L3257) is allowed.
6. Shoes/orthotics to treat flat feet are not covered.