

Diabetic Shoes and Inserts

Required documentation for Diabetic Shoes and Inserts:

1. Doctor's chart notes from the practitioner that manages the patient's diabetes stating the patient needs diabetic shoes and inserts and why. This must be done during a diabetic review appointment.

One or more of the following reasons must be listed in the notes:

- Amputation of part or whole foot,
- History of foot ulcers,
- History of pre-ulcerative calluses,
- Peripheral neuropathy with callus formation,
- Foot deformity,
- Poor circulation

2. A prescription for Diabetic shoes and inserts

3. A Physician's Certification of Diabetes

Any practitioner managing the patient's diabetes may start the request for Diabetic shoes and inserts, but an MD or DO must sign off on all paperwork for insurance to cover the items.

The patient must obtain the Diabetic shoes and inserts within three months of seeing the Doctor for insurance to cover the items, or the patient must start the process over again.

Knee Braces (KOs)

Required documentation for Knee Braces:

1. Doctor's chart notes stating:
- Knee instability and
 - An objective description of joint laxity (ie: varus/valgus instability)

If the doctor wants a custom knee brace, then a description of why custom over prefabricated must be written in the notes and one of the following must also be noted:

- A deformity of the leg or knee,
 - The size of the thigh and calf,
 - Minimal muscle mass to suspend an orthosis
2. A prescription with detail (ie: Custom hinged knee brace, etc.)

A diagnosis of knee pain is NOT sufficient. There must be a primary cause of the pain to provide a knee brace.

Acceptable primary diagnoses include:

- Osteoarthritis involving the lower leg
- Rheumatoid Arthritis - Chronic Post-rheumatic Arthropathy
- Fracture of Patella, Tibia, Fibula, or Femur
- Derangement/Tear of Knee, Meniscus, or Ligament
- Sprain of Knee, Leg or Ligament (collateral or cruciate)
- Nontraumatic rupture of quadriceps or patellar tendons
- Multiple Sclerosis
- Unspecified Hemiplegia
- Paraplegia
- Unspecified Infantile Cerebral Palsy
- Genu Recurvatum

Back Braces (LSOs and TLSOs)

Required documentation for Back Braces:

1. Doctor's chart notes stating the patient needs a back brace and one or more of the following reasons why:

- To reduce pain by restricting mobility of the trunk,
- To facilitate healing following an injury or surgical procedure to the spine or related soft tissue,
- To otherwise support weak spinal muscles and/or a deformed spine

The notes must also mention if the brace is to be custom or prefabricated and why.

2. A prescription - only back braces made of non-elastic material are allowed for reimbursement. The patient must pay for any elastic garment.

Leg Braces (AFOs and KAFOs)

1. Doctor chart notes mentioning a weakness or deformity in the foot and/or ankle with a need for stabilization for ambulatory reasons. A description of either prefabricated or custom brace and why. One or more of the following must also be listed:

- Beneficiary could not fit a prefabricated AFO,
- Need for the brace will be longer than six months or permanent,
- Need to control the knee/ankle/foot on more than one plane,
- Documented neurological/circulatory/orthopedic issue that requires custom to prevent tissue injury,
- Healing fracture which lacks normal anatomical integrity or anthropometric proportions

2. A detailed prescription