

**GUIDE TO INSURANCE PAPERWORK FOR PEDORTHIC ITEMS (rev 11-10)**

ALL FORMS ARE AVAILABLE AT [www.richeyco.com/html/forms.html](http://www.richeyco.com/html/forms.html)

	<b><u>MEDICARE</u> ALL REGIONS</b>	<b><u>BCBS</u> FEDERAL</b>	<b>ALL OTHER BCBS/ PRIVATE INSURANCE</b>
Foot Orthoses (L3000/L3020)	Not Covered	1) Rx & LMN (either new combo or 2 forms) 2) <b><u>Clinical Notes including reference to the need for orthoses and a special ICD-9</u></b> (see FN1)	1) Rx & LMN (either new combo or 2 forms)  It is highly recommended that an ICD-9 from FN1 be indicated.
Toe Fillers (L5000) (FN2)	1) Rx & LMN (either new combo or 2 forms)	1) Rx & LMN (either new combo or 2 forms)	1) Rx & LMN (either new combo or 2 forms)
Diabetic Footwear & Inserts  (Custom or Off The Shelf) (A55xx series)	1) Diabetic Rx 2) SCP from Primary Care Physician. 3) <b><u>PCP's Actual Clinical Notes supporting the four statements in the SCP (FN3)</u></b>	1) Rx & LMN (either new combo or 2 forms)	1) Rx & LMN (either new combo or 2 forms)
AFOs	1) Rx 2) LMN <u>for AFOs</u>	1) Rx 2) LMN <u>for AFOs</u>	1) Rx 2) LMN <u>for AFOs</u>
All Other Pedorthic Items (shoes, shoe mods, etc.)	1) Rx & LMN (either new combo or 2 forms)	1) Rx & LMN (either new combo or 2 forms)	1) Rx & LMN (either new combo or 2 forms)

FN1—The required ICD-9 codes include: Tenosynovitis (727.06), neuroma/ganglioneuroma (355.6), chronic arthritic pain (716.97 or 714.0), diabetic foot disease/ulcers (250.\_\_\_\_ must include 2 digits), bunions (727.1), tendonitis/Achilles tendonitis (726.71, 726.79, 726.72 or 727.9), plantar fasciitis with or without heel spur (728.71), tarsal tunnel (355.5). We have seen other severe foot/ankle conditions be covered. **The following diagnosis codes are no longer considered medically necessary: calluses/corns (700), fallen arches/flat feet (734), and will not be covered.**

FN2—L5000 is appropriate when amputated trans-met, hallux, and/or two or more lesser toes involving gait.

FN3—The PCP's actual Clinical Notes must 1) Say the patient has Diabetes and reference the 5 digit ICD-9, 2) Say that the doctor is treating the patient under a "comprehensive plan of care", 3) Reference one of the required conditions to be eligible for the program and support that finding, and 4) Say that "the patient would benefit from Diabetic Footwear."

FN4—Medicaid in each state requires their own forms. They do not accept the traditional Rx and/or LMN.