SureFit™

CHARTING CONDITIONS

Once you have determined that a patient qualifies for shoes and inserts it is recommended that medical necessity be documented in the patient's chart.

The following notes represent charting examples for the prescribing of therapeutic footwear and diabetic inserts under various circumstances, but are not a guarantee of Medicare compliance. Regardless of the source of the information, the final responsibility for correct coding and documentation of medical necessity is the sole responsibility of the provider submitting the claim.

Medical Necessity Documentation for the use of custom inserts and prefabricated inserts

The only published medical policy concerning the criteria for using prefabricated vs. custom molded inserts establishes the need of the device to achieve and maintain total contact with the plantar surface of the foot for the life of the device. However, it is recommended that all other reasons for use of custom inserts be substantiated and documented.

A partial list of conditions that place the patient at increased risk and/or may necessitate the use of custom inserts include, but are not limited to:

- Biomechanical imbalances resulting in overpronation, oversupination, and or plantar shearing.
- Foot deformities such as plantarflexed metatarsals, exostoses, pes cavus, pes planus.
- Presence or history of plantar lesions, pre-ulcerative calluses or ulcers.
- Localized increased plantar pressure as documented on Harris Mat Foot Imprint.
- Weight and activity level of patient

Medical Necessity Requirements for patients receiving custom inserts who were previously fit with prefabricated devices.

Patients who have previously been fit with prefabricated inserts may be fit with custom molded inserts when medically necessary. A partial list of conditions which may necessitate the change to custom molded inserts include, but are not limited to:

- The prefabricated inserts did not maintain total contact with the plantar aspect of the foot for the life of the device.
- The patient has developed a new lesion or a prior lesion did not resolve while using prefabricated devices.
- The patient has developed a focal area of increased pressure on the plantar aspect of the foot as documented by a Harris mat imprint or other pressure mapping device.
- The patient has a foot deformity or shape which can no longer be accommodated by a prefabricated device.
- The presence of a biomechanical imbalance which puts the patient at increased risk and cannot be controlled using a prefabricated device.

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Sample Progress note to document eligibility for depth shoes and custom molded inserts

Doe, John 07/24/08.

S: This 78 year old high risk Type II diabetic patient presents today to determine whether the patient is eligible for footwear and or inserts under the Medicare Therapeutic Shoe Bill. The patient has a history of peripheral neuropathy and runs a high risk of developing infections and or ulcerations from improperly fitting shoes.

O: Physical examination revealed that the patient has the qualifying foot conditions checked off below:

- ☐Previous amputation of the other foot, or part of either foot, or
- ☐ History of previous foot ulceration of either foot, or
- ☐ History of pre-ulcerative calluses of either foot, or
- ☐ Peripheral neuropathy with evidence of callus formation of either foot, or
- ☐ Poor circulation in either foot;

The patient has peripheral neuropathy with an absence of protective sensation confirmed by an inability to feel the 5.07 monofilament on the plantar aspect of the foot
The patient also has the following conditions which require depth-inlay shoes and custom molded inserts:

Pre-ulcerative calluses/corns in the following locations: an HD on the fifth digit on the left foot and a plantar tyloma beneath the first metatarsal head on the right foot.
There is Increased plantar pressure beneath the first metatarsal head detected by a Harris Mat foot imprint which predisposes the patient to ulceration.

A: Peripheral neuropathy. Pre-ulcerative calluses. Plantarflexed first metatarsal. Diabetes Type II.

P: Depth-inlay therapeutic footwear and custom molded inserts are medically necessary for this patient to achieve and maintain total contact with the plantar aspect of the patient's foot and to prevent infection and ulceration. A negative impression of the patient's foot will be taken using a foam box or plaster cast and the mold will be sent to an outside lab (i.e.: SureFit) for fabrication of custom molded total contact inserts. I am sending a certifying statement to the patient's physician to certify the need for footwear and a copy of these records to verify the presence of the qualifying foot conditions listed on the certifying statement. Shoes and inserts will be dispensed when the certifying letter has been signed and returned by the patient's physician.

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<Physician Name>, D.P.M.

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Sample Progress note for day of dispensing for custom molded inserts

Doe, John 07/24/08.

Dispensed one pair of depth shoes and three pairs of custom-molded total contact multidensity plastazote/EVA inserts that were made from a positive model of the patient's foot. Custom molded inserts were required to achieve and maintain total contact with the plantar aspect of the patient's foot for the life of the device and to prevent tissue damage. Three pairs of inserts are required in this patient due to bottoming out and loss of protection after 4 months of wear. The shoes fit well and the inserts achieve total contact with the plantar surface of the patient's foot. A statement of certifying physician is on file in the patient's chart that documents the medical necessity for footwear and or inserts. The patient was given a copy of the supplier standards, the return policy and new shoe break in instructions. A copy of the patient's office records were reviewed and initialed by the primary care physician prior to the signing of the certifying statement. The patient was advised to wear the shoes at home for only one hour on the first day and to check their feet for any sores or irritations. The patient will be seen for a follow-up and will call if any problems arise.

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< Physician's Name>

Sample Progress note to document eligibility for depth shoes and prefabricated inserts

Hancock, John 08/15/2008

S: This 66 year old high risk Type II diabetic patient presents today to determine whether the patient is eligible for footwear and or inserts under the Medicare Therapeutic Shoe Bill. The patient has a history of poor circulation and runs a high risk of developing infections and or ulcerations from improperly fitting shoes.

O: Physical examination revealed that the patient has the qualifying foot conditions checked off below:

- ☐Previous amputation of the other foot, or part of either foot, or
- ☐ History of previous foot ulceration of either foot, or
- ☐ History of pre-ulcerative calluses of either foot, or
- ☐ Peripheral neuropathy with evidence of callus formation of either foot, or
- ☐ Poor circulation in either foot;

Further examination revealed the following:

- Non-palpable pedal pulses bilaterally.
- Cyanosis of both feet.
- Delayed capillary return, hallux bilaterally.
- Thin, shiny skin.
- Fat pad atrophy resulting in increased plantar pressure.

A: Peripheral vascular disease. Subcutaneaous tissue atrophy. Diabetes Type II.

P: Depth-inlay therapeutic footwear and prefabricated heat molded inserts are required in this patient to achieve and maintain total contact with the plantar aspect of the patient's foot for the life of the device. I am sending a certifying statement to the patient's physician to certify the need for footwear and a copy of these records to verify the presence of the qualifying foot conditions listed on the certifying statement. Shoes and inserts will be dispensed when the certifying letter has been signed and returned by the patient's physician.

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<Physician Name>, D.P.M.

Sample Progress note for day of dispensing for shoes and prefabricated inserts

Hancock, John 08/15/2008.

Dispensed one pair of depth shoes and three pairs of prefabricated multidensity plastazote/EVA inserts that were heat molded to the patient's foot using an external heat source to achieve total contact with the plantar aspect of the patient's foot. Three pairs of inserts are required in this patient due to bottoming out and loss of cushioning after 4 months of wear. The shoes and inserts fit well after heat molding. A copy of the patient's office records were reviewed and initialed by the primary care physician prior to the signing of the certifying statement. A statement of certifying physician is on file in the patient's chart that documents the medical necessity for footwear and or inserts. The patient was given a copy of the supplier standards, the return policy and new shoe break in instructions. The patient was advised to wear the shoes at home for only one hour on the first day and to check their feet for any sores or irritations. The patient will be seen for a follow-up and will call if any problems arise.

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<Physician Name>, D.P.M.

Sample Progress note to document eligibility for depth shoes and custom molded inserts for patients who received shoes last year

Hancock, John 08/15/2008

S: This 66 year old high risk Type II diabetic patient presents today for re-evaluation for footwear and inserts under the Medicare Therapeutic Shoe Bill. Last year the patient received one pair of off the shelf depth shoes and 3 pairs of custom molded inserts. The patient has a history of peripheral neuropathy and pre-ulcerative lesions and and has been fit with therapeutic footwear and inserts to prevent infection and ulceration.

O: Physical examination revealed that the patient has the qualifying foot conditions checked off below:

- ☐Previous amputation of the other foot, or part of either foot, or
- ☐ History of previous foot ulceration of either foot, or
- ☐ History of pre-ulcerative calluses of either foot, or
- ☐ Peripheral neuropathy with evidence of callus formation of either foot, or
- ☐ Poor circulation in either foot;

Peripheral neuropathy with an absence of protective sensation confirmed by an inability to feel the 5.07 monofilament on the plantar aspect of the foot

The patient also has the following conditions which require depth-inlay shoes and custom molded inserts:

Pre-ulcerative calluses beneath the second metatarsal head on the right foot.
Increased focal pressure beneath the second met head noted on a Harris Mat foot imprint.
Shoes are worn and require replacement.
All 3 pairs of inserts have bottomed out and require replacement.

A: Peripheral neuropathy. Pre-ulcerative callus beneath the second metatarsal head. Diabetes Type II.

P: Depth-inlay therapeutic footwear and prefabricated heat molded inserts are required in this patient to achieve and maintain total contact with the plantar aspect of the patient's foot for the life of the device. A negative impression of the patient's foot will be taken using a foam box or plaster cast and the mold will be sent to an outside lab (i.e.: SureFit) for fabrication of custom molded total contact inserts. I am sending a letter to the patient's physician to certify the need for footwear and inserts and a copy of my office records that verify the presence of the foot conditions listed on the certifying statement. Shoes and inserts will be dispensed when the certifying letter has been signed and returned by the patient's physician.

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<Physician Name>, D.P.M.