



# THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112

## Diabetic Therapeutic Shoes and Inserts

March 26, 2013

**Policy:** Clients eligible for Contract Health Services (CHS) that have diabetes, and meets certain conditions (see below) will be allowed one pair of therapeutic diabetic shoes and three pairs of custom inserts annually.

### Eligibility:

- A) In order for a client to be eligible for the diabetic therapeutic shoes, the provider treating their diabetes must certify that they meet all the following conditions:
- 1) The client is diabetic
    - a) Type I
    - b) Type II
    - c) The client is being treated under a comprehensive diabetes care plan.
  - 2) The client has at least one of the following conditions in one or both feet:
    - a) Partial or complete foot amputation
    - b) Past foot ulcers
    - c) Calluses that could lead to foot ulcer
    - d) Nerve damage because of diabetes with signs of problems with calluses
    - e) Poor circulation
    - f) Foot and/or toe deformity
  - 3) The need for diabetic therapeutic shoes and inserts is due to diabetes.
  - 4) The diagnosis of diabetes and one of the above foot conditions is notated/documentated in the client's medical records.
  - 5) Certificate of Medical Necessity Form for Therapeutic Footwear completed and signed by medical provider. (Attached Form A)

### Procedure:

- A) The client must receive an annual visual and sensory foot exam by their primary care provider to assess their individual need for therapeutic diabetic footwear.
- B) The client must have a yearly diabetic foot examination by a qualified podiatrist.
- C) The client must have a Certificate of Medical Necessity Form for Therapeutic Footwear completed and signed by their primary care provider prior to shoe fitting. (Attached Form A)
- D) If the client is eligible for diabetic therapeutic shoes they must make an appointment during a DM shoe clinic to be fitted.

### Compliance:

- A) Diabetic therapeutic footwear will not be provided for clients that are not eligible for Contract Health Services.
- B) Diabetic therapeutic footwear will not be provided for clients that do not meet all the conditions found above.
- C) Diabetic therapeutic footwear will only be provided due to diabetes.
- D) Diabetic therapeutic footwear will not be provided for clients that do not obtain a Certificate of Medical Necessity Form for Therapeutic Footwear completed by their primary care provider. (Attached Form A)
- E) Clients eligible to receive diabetic therapeutic footwear may only receive one pair of shoes and three pair of custom inserts every 12 months.
- F) Clients must complete the above procedure annually to receive diabetic therapeutic footwear.

**Certificate of Medical Necessity Form**

**For Therapeutic Footwear**

Client Name: \_\_\_\_\_ IHS #: \_\_\_\_\_ DOB: \_\_\_\_\_

**I certify that all of the following statements are true:**

- 1) I am treating this client under a comprehensive plan of care for diabetes and the client requires diabetic shoes related to this diabetes diagnosis;
- 2) This client has diabetes mellitus which I have notated/documentated in client's medical records.  
ICD-9 code(s): \_\_\_\_\_ (250.00 - 250.91); and
- 3) This client has one or more of the following conditions (**as documented in the client's medical records**).
  - A. Previous amputation of the other foot, or part of either foot, or
  - B. History of previous foot ulceration of either foot, or
  - C. History of pre-ulcerative callus of either foot, or
  - D. Peripheral neuropathy and evidence of callus formation of either foot, or
  - E. Positive monofilament examination indicating diabetic neuropathy, or
  - F. Foot deformity of either foot (bunion, hammertoes, \_\_\_\_\_) or
  - G. Poor circulation in either foot  
(i.e. symptoms, signs, or diagnosis of small or large vessel arterial insufficiency in the legs)

---

Please check all that apply to this client:

- |  |  |
|--|--|
| <input type="checkbox"/> Neuroma of amputation stump, 997.61                       | <input type="checkbox"/> Traumatic amputation of toe without complication, 895.0 |
| <input type="checkbox"/> Traumatic amputation of toes(s) with complications, 895.1 | <input type="checkbox"/> Corns and Calluses, 700.0                               |
| <input type="checkbox"/> Bone Spur, 726.91   | <input type="checkbox"/> History of amputation of great toe, V49.71              |
| <input type="checkbox"/> Open wound of toe(s) with complication, 893.0             | <input type="checkbox"/> Open wound of toe(s) with complication, 893.1           |
| <input type="checkbox"/> History of amputation of other toe(s), V49.72             | <input type="checkbox"/> Great toe angles toward other toes, 735.0               |
| <input type="checkbox"/> Other acquired deformities of the toe(s), 735.8           | <input type="checkbox"/> Great toe angles away from other toes, 735.1            |
| <input type="checkbox"/> Unspecified deformity of ankle and foot acquired, 736.70  | <input type="checkbox"/> Gangrene 785.4  |
- 


Provider's Name: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

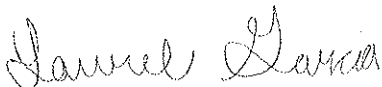
CERTIFICATION

I hereby certify that the foregoing Diabetic Therapeutic Shoes and Inserts Policy was full considered and adopted by the Health Committee at a duly called meeting in Cedar City, Utah, at which a quorum was present, and that the same was passed by a vote of 5 in favor, 0 opposed, 0 absent, and 0 abstained, this 22 day of January, 2013



Toni Pikyavit, Health Committee Chair

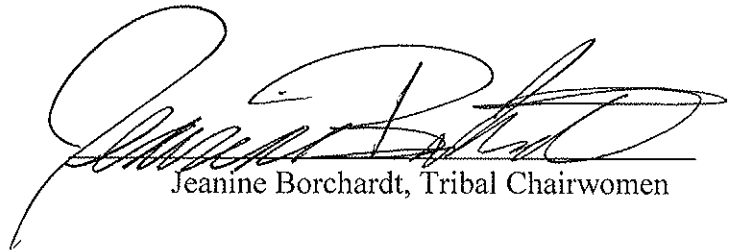
ATTEST:



Laurel Garcia, Administrative Assistant

CERTIFICATION

I hereby certify that the foregoing Diabetic Therapeutic Shoes and Inserts Policy was full considered and adopted by the Tribal Council at a duly called meeting in Cedar City, Utah, at which a quorum was present, and that the same was passed by a vote of 5 in favor, opposed, 0 absent, and 0 abstained, this 1<sup>st</sup> day of February, 2013



Jeanine Borchardt, Tribal Chairwomen

ATTEST:



Naomi Colorow, Tribal Council Secretary

