

## **CUSTOM FUNCTIONAL AND ACCOMMODATIVE FOOT ORTHOSES**

Many insurances do not cover custom foot orthoses. Bionics Orthotics & Prosthetics works with patients to make obtaining medically necessary custom foot orthoses affordable.

Most custom foot orthoses will cost between \$500 and \$650, depending on the materials and complexity of the case. We will work with patients to provide them with payment plans if needed in order to ensure that as many people can get the quality care they deserve.

## **EXTRA-DEPTH SHOES AND CUSTOM DIABETIC FOOT ORTHOSES**

Medicare covers one pair of extra-depth shoes and three pairs of custom diabetic foot orthoses per year for qualifying patients. Due to the amount of corroborating documentation needed and the rate of non-payment, Bionics' policy for Medicare shoe patients is as follows:

- The patient is responsible for working with Bionics to collect the necessary documentation from the physician(s).
  - Standard Written Order (SWO) that must contain:
    - Beneficiary's name or Medicare Beneficiary Identifier
    - Order date
    - General description of the item(s)
    - A narrative ("Diabetic shoes and custom diabetic insoles), HCPCS codes (A5500, A5513, etc.), HCPCS code narrative, or a brand name/model number
    - Quantity to be dispensed
    - Treating practitioner's name or National Provider Identifier (NPI)
    - Treating practitioner's signature with a date
  - Certificate of Medical Necessity (CMN) from the MD or DO who is managing the patients' diabetic condition ([click here](#)). See next page for a sample/template.
- The price for shoes and one pair of custom inserts starts at \$365 (\$165 for shoes, \$200 for insoles), and can go up depending on the type of shoe.
  - A deposit of \$100 is due at the time of evaluation.
  - The remaining balance is due at the time of delivery.
- We will then bill Medicare on the patient's behalf. If Medicare covers the shoes and inserts, the patient will be reimbursed directly by Medicare.
- Additional custom inserts can be provided for \$200/pair, up to three total pairs per year if we are billing Medicare. Patients are able to purchase additional pairs out of pocket if they choose.
- We will work with patients to provide them with payment plans if needed in order to ensure that as many people can get the quality care they deserve.

Please feel free to call us with any questions or to discuss any specific cases.

**Therapeutic Shoes for Persons with Diabetes Statement of Certifying Physician Template**

Patient Information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ Gender:  M  F  Other Medicare ID: \_\_\_\_\_

I certify that all of the following statements are true:

1. This patient has diabetes mellitus

2. This patient has one or more of the following conditions (check all that apply)

History of partial or complete amputation of the foot

History of previous foot ulceration

History of pre-ulcerative calli

Peripheral neuropathy with evidence of callus formation

Foot deformity

Poor circulation

3. I am treating this patient under a comprehensive plan for his/her diabetes.

4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Signature, name, date, and NPI (must be an M.D. or D.O.)

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_ NPI: \_\_\_\_\_