

Diabetic Shoes

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Effective Date	05/1993
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Coverage Policy	DME 20
Version	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses Diabetic Shoes and accessories.

Description & Definitions:

Diabetic shoes aid in the prevention of foot ulcers by minimizing pressure points on the foot.

The Prescribing Practitioner is the person who actually writes the order for the therapeutic shoe, modifications and inserts. This practitioner must be knowledgeable in the fitting of diabetic shoes and inserts. The prescribing practitioner may be a podiatrist, M.D., D.O., physician assistant, nurse practitioner, or clinical nurse specialist. The prescribing practitioner may be the supplier (i.e., the one who furnishes the footwear).

The Supplier is the person or entity that actually furnishes the shoe, modification, and/or insert to the beneficiary and that bills Medicare. The supplier may be a podiatrist, pedorthist, orthotist, prosthetist or other qualified individual. The Prescribing Practitioner may be the supplier. The Certifying Physician may only be the supplier if the certifying physician is practicing in a defined rural area or a defined health professional shortage area.

Coverage limitations for footwear and inserts for individuals with diabetes or vascular disease are limited to one of the following in a calendar year:

- One pair of custom molded shoes (including inserts provided with shoes) and two additional pairs of inserts
- One pair of extra-depth shoes (not including inserts provided with shoes) and three pairs of inserts
- A member may substitute modification of the custom molded or extra-depth shoes instead of obtaining 1 pair of inserts. The most common modifications are: rigid rocker bottoms, roller bottoms, metatarsal bars, wedges, offset heels, or foot pressure off loading/supportive device

Criteria:

Therapeutic diabetic shoes may be indicated when **ALL of the** following conditions are present:

- Individual has diabetes mellitus
- Prevention of foot ulceration or amputation needed

- Foot condition, as indicated by **1 or more** of the following
 - Foot deformity (eg, hammer toe deformity, mallet toe deformity, Charcot arthropathy)
 - History of pre-ulcerative calluses
 - Peripheral arterial disease
 - Peripheral neuropathy with evidence of callus formation
 - Previous amputation of foot or part of foot
 - Previous diabetic foot ulcer
- Therapeutic shoe type is **1 or more** of the following:
 - Custom-molded shoes
 - Depth shoes
- Provider with appropriate expertise in individual's condition has evaluated individual and recommended therapeutic diabetic shoe.
- No active plantar foot ulcer

The following do not meet the definition of medical necessity, to include but not limited to:

- Deluxe Diabetic shoes (A5508)

Coding:

Medically necessary with criteria:

Coding	Description
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher), includes arch filler and other shaping material, custom fabricated, each

A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
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Considered Not Medically Necessary:

Coding	Description
A5508	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe

Document History:

Revised Dates:

- 2022: October
- 2020: June
- 2016: May
- 2015: May, October
- 2014: May
- 2013: May
- 2012: September
- 2011: May
- 2009: May
- 2008: May
- 2006: October
- 2005: December
- 2002: October
- 2000: September

Reviewed Dates:

- 2023: October
- 2021: November
- 2020: November
- 2019: October, November
- 2018: August
- 2017: November
- 2012: May
- 2010: May
- 2004: December
- 2003: November

Effective Date:

- May 1993

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Sept 2023, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

(2023). Retrieved Sept 20, 2023, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Therapeutic%2520Shoes%2520for%2520diabetics%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522>

Evaluation of the diabetic foot. (2021, Aug). Retrieved Sept 20, 2023, from UpToDate: https://www.uptodate.com/contents/evaluation-of-the-diabetic-foot?sectionName=Preventive%20foot%20care&search=diabetic%20shoes&topicRef=8175&anchor=H18&source=see_link#

Local Coverage Determination (LCD) - Therapeutic Shoes for Persons with Diabetes (L33369). (2021). Retrieved Sept 20, 2023, from CMS LCD: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33369&ContrlID=140>

NICE guideline Diabetic foot problems: prevention and management. (2019, Oct 11). Retrieved Sep 20, 2023, from National Institute for Health And Care Excellence (NICE) Guidelines: <https://www.nice.org.uk/guidance/ng19/chapter/Recommendations#diabetic-foot-problems>

Procedure Fee Files & CPT Codes. (2023). Retrieved Sept 2023, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/> & <https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Foot Orthotics, Diabetic Shoes, and Braces, SHP Durable Medical Equipment 20, diabetic, vascular disease, leg brace, inserts, lifts, wedges, arch supports, Heel replacements, sole replacements, shoe transfers, shoe modifications, prosthesis, foot pressure off loading, supportive devices