

Diabetic Shoes

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<u>Coverage Policy</u>	DME 20
<u>Version</u>	4

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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

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:%257B%2522page%2522:0,%2522size%2522:50%257D,%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&ContrID=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: *

This medical policy express Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;

- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

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