

BENEFIT COVERAGE POLICY

Title: BCP-03 Therapeutic Shoes and Inserts for Diabetic Patients

Effective Date: 01/01/2024

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact Customer Service to discuss plan benefits more specifically.

1.0 Policy:

The Health Plan covers therapeutic shoes (depth or custom-molded), inlays provided with the shoe, and shoe inserts for members with a diagnosis of diabetes.

Please refer to the member's benefit plan coverage guidelines for therapeutic shoes and inserts for diabetic patients unless otherwise stated in section 5.0. Benefit plans may include a maximum allowable benefit.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

2.0 Background:

Therapeutic footwear is commonly used in clinical practice for preventing and healing of foot ulcers in persons with diabetes. Diabetes is a chronic illness in which the body does not properly produce or use insulin. Foot ulcerations, infections, peripheral neuropathy, and lower extremity amputations are common consequences of diabetes. Effective management (including therapeutic shoes, inserts or modifications) of these factors may assist in the prevention of or delay of adverse outcomes.

- A. Therapeutic shoes and inlays are considered medically necessary when an individual is diagnosed with diabetes mellitus. The individual must have:
1. Foot deformity (e.g., hammer toe deformity, mallet toe deformity, Charcot arthropathy) or previous amputation of the foot or part of the foot.
 2. Been evaluated by a provider with appropriate expertise in the patient's condition and has recommended therapeutic diabetic shoe(s).
 3. Be fitted and furnished for therapeutic shoes and inserts by a podiatrist or other qualified individual such as a pedorthist, orthotist or prosthetist. The certifying physician may not furnish the diabetic shoes unless the certifying physician is the only qualified individual in the area. It is left to the discretion of the Health Plan to determine the meaning of "in the area."
- B. Separate Inserts may be covered and dispensed independently of therapeutic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the

insert can be placed. This footwear must meet the definitions found above for depth shoes and custom-molded shoes.

3.0 Clinical Determination Guidelines:

None.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193.

COVERED CODES			
CODE	Description	Prior Approval	Benefit Plan Cost Share Reference
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	N	Durable medical equipment
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	N	Durable medical equipment
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	N	Durable medical equipment
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	N	Durable medical equipment
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	N	Durable medical equipment
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	N	Durable medical equipment
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	N	Durable medical equipment
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	N	Durable medical equipment
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	N	Durable medical equipment
A5512	For diabetics only, multiple density inserts, direct formed, molded to foot after external heat	N	Durable medical equipment

COVERED CODES			
CODE	Description	Prior Approval	Benefit Plan Cost Share Reference
	source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ 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 inserts, 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	N	Durable medical equipment
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	N	Durable medical equipment

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
A9283	Foot pressure off loading/supportive device, any type, each	Unproven

5.0 Unique Configuration/Prior Approval/Coverage Details:

ASO group L0002184: Covered services are limited to 1 pair of diabetic shoes per calendar year and 4 pairs of diabetic shoe inserts per calendar year.

6.0 Terms & Definitions:

Custom-molded shoes:

1. Are constructed over a positive model of the patient's foot;
2. Are made from leather or other suitable material of equal quality;
3. Have removable inserts that can be altered or replaced as the patient's condition warrants; and
4. Have some form of shoe closure.
5. Have a full-length, heel-to-toe filler that, when removed, provides a minimum of 3/16 inch of additional depth used to accommodate custom-molded or customized inserts;
6. Are made from leather or other suitable material of equal quality;

7. Have some form of shoe closure; and
8. Are available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoes according to the American standard last sizing schedule or its equivalent. (The American standard last sizing schedule is the numerical shoe sizing system used for shoes sold in the United States.)

Inserts. Total contact, multiple density, removable inlays that are directly molded to the patient's foot or a model of the patient's foot and that are made of a suitable material with regard to the patient's condition.

7.0 References & Citations:

Medicare Benefit Coverage Manual, Chapter 15 Therapeutic Shoes for Individuals with Diabetes. Found here: <https://www.cms.gov/medicare/prevention/prevntiongeninfo/downloads/bp102c15.pdf>

8.0 Associated Documents:

[MMP-02 Transition and Continuity of Care](#)

[MMP-09 Benefit Determinations](#)

[MMS-03 Algorithm for Use of Criteria for Benefit Determinations](#)

[MMS-45 UM Nurse Review](#)

[MMS-52 Inpatient Case Process in CCA](#)

[MMS-53 Outpatient Case Process in CCA](#)

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter; Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization.

9.0 Revision History:

Original Effective Date: 10/01/2018

Next Revision Date: 01/01/2025

Revision Date	Reason for Revision
2/18	Policy created
3/19	Annual review; new code A5514 added effective retro to 1/1/19; added note that code K0903 is deleted effective 1/1/19
6/20	Annual review; diagnosis code table removed
9/21	Annual review; updated cost share references, deleted code that termed 1/1/19
10/22	Annual review, added ASO groups L0002237 and L0002193.
10/23	Annual review; Updated Effective Date to 01/01/2024, Added website link for Medicare reference, Added Associated Documents