

Medical Coverage Policy | Therapeutic Shoes for Diabetics Mandate



EFFECTIVE DATE: 07|05|2007
POLICY LAST UPDATED: 03|06|2018

OVERVIEW

This is an administrative policy to document the state-mandated coverage guidelines for therapeutic shoes for diabetics (§ 27-20-30, full text below). This policy is applicable for Commercial members only.

NOTE: While this policy is not applicable to BlueCHiP for Medicare, therapeutic shoes for diabetics are covered for BlueCHiP for Medicare members according to the Centers for Medicare and Medicaid Services (CMS) guidelines.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Commercial Products

Therapeutic shoes for diabetics are covered.

BlueCHiP for Medicare

Not applicable

COVERAGE

Commercial Products

Benefits vary by groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable diabetic equipment/supplies, medical equipment, medical supplies, and prosthetic devices coverage/benefits.

BlueCHiP for Medicare

Rhode Island-mandated benefits do not apply to BlueCHiP for Medicare plans, unless noted in Policy Section. Self-funded groups may or may not choose to follow state mandates.

BACKGROUND

The Rhode Island General Law Mandate applies to commercial products only.

Rhode Island General Law (RIGL) 27-20-30 Diabetes treatment requires:

"(a) Every individual or group health insurance contract, plan, or policy delivered, issued for delivery or renewed in this state which provides medical coverage that includes coverage for physician services in a physician's office, and every policy which provides major medical or similar comprehensive-type coverage, shall include coverage for the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin treated diabetes, and gestational diabetes when medically appropriate and prescribed by a physician: blood glucose monitors and blood glucose monitors for the legally blind, test strips for glucose monitors and/or visual reading, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps, and

appurtenances to the pumps, insulin infusion devices, and oral agents for controlling blood sugar and therapeutic/ molded shoes for the prevention of amputation. Upon the approval of new or improved diabetes equipment and supplies by the Food and Drug Administration, all policies governed by this chapter shall guarantee coverage of new diabetes equipment and supplies when medically appropriate and prescribed by a physician. These policies shall also include coverage, when medically necessary, for diabetes self-management education to ensure that persons with diabetes are instructed in the self-management and treatment of their diabetes, including information on the nutritional management of diabetes. The coverage for self-management education and education relating to medical nutrition therapy shall be limited to medically necessary visits upon the diagnosis of diabetes, where a physician diagnoses a significant change in the patient's symptoms or conditions which necessitates changes in a patient's self-management, or where re-education or refresher training is necessary. This education, when medically necessary and prescribed by a physician, may be provided only by the physician or, upon his or her referral, to an appropriately licensed and certified health care provider, and may be conducted in group settings. Coverage for self-management education and education relating to medical nutrition therapy shall also include home visits when medically necessary.

(b) Benefit plans offered by a hospital service corporation may impose copayment and/ or deductibles for the benefits mandated by this chapter, however, in no instance shall the copayment or deductible amount be greater than the copayment or deductible amount imposed for other supplies, equipment, or physician office visits. Benefits for services under this chapter shall be reimbursed in accordance with the respective principles and mechanisms of reimbursement for each insurer, hospital, or medical service corporation, or health maintenance organization."

Therapeutic shoes for diabetics may consist of molded shoes or depth shoes and/or inserts and are specially fitted. They are designed to provide protection for feet with decreased sensation, and promote support for feet that are changing in shape and for which normal shoes would be inadequate.

Custom molded shoes are shoes that are constructed over a positive model of the patient's foot and have removable inserts that can be changed or replaced as the patient's condition warrants. The shoes are made of leather or other suitable material of equal quality and have some form of shoe closure.

A depth shoe has a full-length, heel-to-toe filler that, when removed, provides a minimum of 3/16" of additional depth used to accommodate custom molded or customized inserts. The shoes are made of leather or other suitable material of equal quality and have some form of shoe closure.

Inserts are a total contact, multiple density, removable inlay that is directly molded to the patient's foot or a model of the patient's foot. Generally, inserts are made from foam, polyethylene, or cork.

CODING

Commercial Products

The following HCPCS codes are covered:

- 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
- 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

- A5508** For diabetics only, deluxe feature 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
- K0903** 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 (New code effective 4/1/2018)

RELATED POLICIES

Diabetes Self-Management Education Mandate

PUBLISHED

Provider Update, May 2018
 Provider Update, October 2017
 Provider Update, July 2016
 Provider Update, November 2015
 Provider Update, November 2014
 Provider Update, August 2013
 Provider Update, February 2012

REFERENCES

Diabetes Self-Management, Supplies, and Other Medical Services:
[http://www.cms.hhs.gov/DiabetesSelfManagement/Therapeutic shoes](http://www.cms.hhs.gov/DiabetesSelfManagement/Therapeutic%20shoes)

CWF Edits for Inserts for Therapeutic
 Shoes:<http://www.cms.hhs.gov/transmittals/downloads/R44OTN.pdf>.

RIGL Mandate 27-20-30. <http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-30.HTM>

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

