

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Therapeutic Shoes for Diabetics

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>7/5/2007</b>	<b>Policy Last Updated:</b>	<b>5/21/2013</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

#### **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."

Note: Mandate only applies to Commercial Products.

For BlueCHiP for Medicare members, therapeutic shoes, inserts and/or modifications to therapeutic shoes are typically covered for the following:

1. When the patient has diabetes mellitus (see ICD-9 CM diagnosis codes below); and
2. The certifying physician has documented in the patient's medical record one or more of the following conditions:
  - a. Previous amputation of the other foot, or part of either foot, or
  - b. History of previous foot ulceration of either foot, or
  - c. History of pre-ulcerative calluses of either foot, or
  - d. Peripheral neuropathy with evidence of callus formation of either foot, or
  - e. Foot deformity of either foot, or
  - f. Poor circulation in either foot.

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 densities, 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.

**Medical Criteria:**

None

**Policy:****Commercial products**

Therapeutic shoes for diabetics are covered.

**BlueCHIP for Medicare**

Therapeutic shoes are covered when filed with a diagnosis code for diabetes listed below (See Coding section):

Coverage is limited to one of the following within one calendar year (January to December).<sup>1,2</sup>

- No more than **ONE** pair of custom molded shoes (A5501) or two individual shoes and two additional pairs of inserts (A5512 or A5513) per pair of shoes or one additional pair of inserts if only one shoe is dispensed; or
- No more than **ONE** pair of off-the-shelf depth inlay shoes (A5500) or two individual shoes and three pairs of inserts (A5512 or A5513) per pair of shoes, (or three inserts if only one shoe is dispensed), not including the non-customized removable inserts provided with such shoes.

Separate inserts are covered when dispensed independently of diabetic shoes and meet the following guidelines:

- The supplier must verify in writing that the shoes the patient has are the appropriate footwear into which the inserts can be placed.
- The footwear must meet the definitions for depth shoes or custom molded shoes specified above.
- The inserts must fully meet the definition of an insert specified above.

**Coverage:**

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

**Coding and Reimbursement:****The following HCPCS shoe and insert codes are covered for all BCBSRI products:**

- 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
- 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 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each

**The following HCPCS modification codes are covered for all BCBSRI products:**

**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

**The following HCPCS codes are not covered for all BCBSRI products:**

**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

**ICD-9-CM Diabetes Diagnosis Codes apply to BlueCHiP for Medicare only:**

249.00 249.01 249.10 249.11 249.20 249.21 249.30 249.31 249.40 249.41 249.50 249.51  
249.60 249.61 249.70 249.71 249.80 249.81 249.90 249.91 250.00 250.01 250.02 250.03  
250.10 250.11 250.12 250.13 250.20 250.21 250.22 250.23 250.30 250.31 250.32 250.33  
250.40 250.41 250.42 250.43 250.50 250.51 250.52 250.53 250.60 250.61 250.62 250.63  
250.70 250.71 250.72 250.73 250.80 250.81 250.82 250.83 250.90 250.91 250.92 250.93

**ICD-10 CM Diabetes Codes apply to BlueCHiP for Medicare only:**

E08.9	E09.9	E13.9	E08.65	E09.65	E08.10
E09.10	E13.10	E08.00	E08.01	E09.00	E09.01
E13.00	E13.01	E08.11	E08.641	E09.11	E09.641
E13.11	E13.641	E08.21	E08.22	E08.29	E09.21
E09.22	E09.29	E13.21	E13.22	E13.29	E08.311
E08.319	E08.321	E08.329	E08.331	E08.339	E08.341
E08.349	E08.351	E08.359	E08.36	E08.39	E09.311
E09.319	E09.321	E09.329	E09.331	E09.339	E09.341
E09.349	E09.351	E09.359	E09.36	E09.39	E13.311
E13.319	E13.321	E13.329	E13.331	E13.339	E13.341
E13.349	E13.351	E13.359	E13.36	E13.39	E08.40
E08.41	E08.42	E08.43	E08.44	E08.49	E08.610
E09.40	E09.41	E09.42	E09.43	E09.44	E09.49
E09.610	E13.40	E13.41	E13.42	E13.43	E13.44

E13.49	E13.610	E08.51	E08.52	E08.59	E09.51
E09.52	E09.59	E13.51	E13.52	E13.59	E08.618
E08.620	E08.621	E08.622	E08.628	E08.630	E09.638
E09.649	E09.69	E13.618	E13.620	E13.621	E13.622
E13.628	E13.630	E13.638	E13.649	E13.65	E13.69
E08.8	E09.8	E13.8	E11.9	E10.9	E11.65
E10.65	E11.69	E10.10	E11.00	E11.01	E10.69
E11.641	E10.11	E10.641	E11.21	E11.22	E11.29
E10.21	E10.22	E10.29	E11.311	E11.319	E11.321
E11.329	E11.331	E11.339	E11.341	E11.349	E11.351
E11.359	E11.36	E11.39	E10.311	E10.319	E10.321
E10.329	E10.331	E10.339	E10.341	E10.349	E10.351
E10.359	E10.36	E10.39	E11.40	E11.41	E11.42
E11.43	E11.44	E11.49	E11.610	E10.40	E10.41
E10.42	E10.43	E10.44	E10.49	E10.610	E11.51
E11.52	E11.59	E10.51	E10.52	E10.59	E11.618
E11.620	E11.621	E11.622	E11.628	E11.630	E11.638
E11.649	E10.618	E10.620	E10.621	E10.622	E10.628
E10.630	E10.638	E10.649	E11.8	E10.8	

**Also known as:**

- Diabetic Shoes
- Diabetes
- Custom Molded or Depth Inlay Shoes
- Multiple-density Inserts

**Related Topics:**

- Diabetes Self-Management Education Mandate

**Published:**

- Provider Update, August 2013
- Provider Update, February 2012
- Provider Update, January 2011
- Provider Update, December 2009
- Provider Update, January 2008
- Policy Update, October 2007
- Policy Update, February 2007

**References:**

- <sup>1</sup> Diabetes Self-Management, Supplies, and Other Medical Services:  
[http://www.cms.hhs.gov/DiabetesSelfManagement/Therapeutic shoes](http://www.cms.hhs.gov/DiabetesSelfManagement/Therapeutic%20shoes)
- <sup>2</sup> CWF Edits for Inserts for Therapeutic Shoes:  
<http://www.cms.hhs.gov/transmittals/downloads/R44OTN.pdf>.....

**Review History:**

- 05/21/2013: Annual review of the policy.

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