

Medical Coverage Policy | Therapeutic Shoes for Diabetics Mandate



EFFECTIVE DATE: 07|05|2007

POLICY LAST UPDATED: 09|16|2014

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. CMS guidelines are followed for coverage for Medicare members.

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Commercial

Therapeutic shoes for diabetics are covered.

BlueCHiP for Medicare

Not applicable.

MEDICAL CRITERIA

Not applicable.

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.

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

Commercial

The following HCPCS codes are covered.

A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513

RELATED POLICIES

Diabetes Self-Management Education Mandate

PUBLISHED

Provider Update	Nov 2014
Provider Update	Aug 2013
Provider Update	Feb 2012
Provider Update	Jan 2011
Provider Update	Dec 2009
Provider Update	Jan 2008
Provider Update	Oct 2007

REFERENCES

1. Diabetes Self-Management, Supplies, and Other Medical Services:
[http://www.cms.hhs.gov/DiabetesSelfManagement/Therapeutic shoes](http://www.cms.hhs.gov/DiabetesSelfManagement/Therapeutic%20shoes)
2. CWF Edits for Inserts for Therapeutic Shoes:
<http://www.cms.hhs.gov/transmittals/downloads/R44OTN.pdf>
3. 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.

