

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Therapeutic Shoes for Diabetics Mandate

Device/Equipment    Drug    Medical    Surgery    Test    Other

Effective Date:	7/5/2007	Policy Last Updated:	3/6/2012
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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."*

Therapeutic shoes, inserts and/or modifications to therapeutic shoes are typically covered for the following:

1. When the patient has diabetes mellitus (ICD-9 diagnosis codes 249.00-250.93); 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:**

Therapeutic shoes for diabetic members are covered with an evaluation by a licensed podiatrist, who is responsible for the prescription and any certification of necessity for the therapeutic shoes when filed with one of the **diabetic diagnosis codes** listed in the "Coding" are below.

#### **Policy:**

Therapeutic shoes for diabetic members are covered with an evaluation by a licensed podiatrist, who is responsible for the prescription and any certification of necessity for the therapeutic shoes when filed with one of the **diabetic diagnosis codes** listed in the "Coding" are below.

**Preauthorization is not needed.**

## 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.

### Coverage limits for BlueCHiP for Medicare members only:<sup>1,2</sup>

- No more than **ONE** pair of custom-molded shoes (or two individual shoes) and two additional pairs of inserts per pair of shoes; (or one additional pair of inserts if only one shoe is dispensed.)
- No more than **ONE** pair of off-the-shelf depth-inlay shoes (or two individual shoes) and three pairs of inserts 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 for all other BCBSRI products:

According to the RIGL 27-20-30-Diabetes treatment, therapeutic shoes for diabetics are a covered benefit.

## Coding:

### HPCS Codes for Diabetic Shoes, Fitting, and Modifications:

**The following codes have calendar year limits, (described above) for BlueCHiP for Medicare members only and are a covered benefit, with no limits, for all other 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

**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 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 codes are modification/deluxe feature codes only:**

**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

**Diagnosis Codes:**

**Therapeutic shoes for diabetics will be covered for the following diagnoses:**

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

**Also known as:**

Diabetic Shoes

**Related Topics:**

Diabetes

Custom Molded or Depth Inlay Shoes

Multiple-density Inserts

**Published:**

Policy Update, February 2007

Policy Update, October 2007

Provider Update, January 2008

Provider Update, December 2009

Provider Update, January 2011

Provider Update, February 2012

**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>

Public Policy Description

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