



Therapeutic Shoes and Custom-Molded Inserts

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P&P # C.11.19

I. Shoes and Inserts

A. Documentation Required:

To facilitate the authorization process referral requests must include the following:

1. For shoes: documentation from treating provider confirming diabetes mellitus or peripheral vascular disease (PVD) diagnosis and related complications.
2. For inserts or modifications: documentation of need for inserts or modifications (can be from the treating provider or from a podiatrist, orthotist, prosthetist, or other qualified individual).
3. For repairs or replacements: documentation from the vendor with specific description of needed service.
4. For all requests: documentation of DME codes.

B. Criteria for Medical Necessity:

Depth shoes (or custom-molded shoes, if the patient has a foot deformity that cannot be accommodated by a depth shoe), shoe modifications, or inserts, and repairs/ replacements are medically necessary if the following criteria are met:

1. For initial purchase of shoes, modifications or inserts **BOTH** of the following must be met:
 - a. Patient has diagnosis of diabetes or PVD; **AND**
 - b. Patient has **one or more** of the following complications (*not all-inclusive*):
 - i. Previous amputation of the other foot or part of either foot; **OR**
 - ii. History of previous foot ulceration of either foot; **OR**
 - iii. History of pre-ulcerative calluses of either foot; **OR**
 - iv. Peripheral neuropathy with evidence of callus formation of either foot; **OR**
 - v. Foot deformity of either foot; **OR**
 - vi. Poor circulation in either foot.

Approval of **a pair of shoes** is medical necessary if patient qualifies for a therapeutic shoe for one foot by the criteria above **and** has a prosthesis for toe or distal partial foot amputation on the opposite side (does not include amputations above the foot).

Approval of one pair of depth shoes (A5500) and three pairs of inserts (total 8 units), per calendar year **or** one pair of custom molded shoes (A5501, which includes one pair inserts) and two additional pairs of inserts (total 6 units).

1. For repairs or replacements **BOTH** of the following criteria must be met:
 - a. Vendor must provide description of needed repair or replacement of shoe or modification, including DME codes, and must provide information to support need for repair or replacement; **AND**
 - b. Patient must continue to meet the criteria for medical necessity for the footwear involved.

Repair is covered only when anatomical change or reasonable wear and tear renders the item nonfunctional and the repair will make the equipment usable.

Replacement is covered only when anatomical change or reasonable wear and tear renders the item nonfunctional and not repairable.

C. Indications Considered Experimental, Investigational or not Medical Necessary: (*not all inclusive*)

1. Any services, including repairs or modifications, for footwear that would not meet policy criteria for coverage.
2. Inserts that do not have total contact (A5510).
3. Diabetic shoes with deluxe features, over and above the basic, usually related to color, style, or type of leather (A5508).
4. Items used to reduce pressure on sole or heel of foot, but do not meet definition of therapeutic diabetic footwear, orthopedic footwear or walking boot) (A9283).
5. Over the counter, non-custom-made orthotics.
6. Repair or replacement if the item becomes unusable or non-functioning because of patient misuse, abuse or neglect.

II. Orthopedic Footwear

A. Documentation Required:

To facilitate the authorization process referral requests must include the following:

1. For initial purchase of shoe(s):
 - a. Documentation from medical provider confirming medical necessity for a leg brace **AND**

- b. Documentation from medical provider or vendor confirming the shoe is an integral part of the leg brace.
2. For initial purchase of custom-molded inserts or modifications for authorized shoe(s): description from prescribing provider of needed inserts or modifications (can be the treating provider or podiatrist, orthotist, prosthetist, or other qualified individual).
3. For repairs or replacements:
 - a. Documentation from the vendor with specific description of needed service.
 - b. Documentation of continued medical condition related to request.
4. For all requests: documentation of DME codes.

B. Criteria for Medical Necessity:

Orthopedic footwear including shoe, some inserts, shoe modifications and repairs is medically necessary if the following criteria are met:

1. For shoe(s) **BOTH** of the following criteria must be met:
 - a. Patient has medical condition requiring the use of a leg brace **AND**
 - b. Shoe is an integral part of the leg brace.
2. For inserts or modifications **ONE** of the following criteria must be met:
 - a. For proper functioning of the leg brace (common orthopedic footwear modifications include lifts, wedges, arch supports --not all-inclusive list); **OR**
 - b. For children with structural deformities of the feet that interfere with normal ambulation; **OR**
 - c. For use in conjunction with foot surgery in adults or children, when custom molded orthotics are integral to the success of the surgery; **OR**
 - d. For inflammatory arthropathies (e.g., rheumatoid arthritis) with fixed foot or toe deformities.
3. For repairs or replacements **BOTH** of the following (a and b) criteria must be met:
 - a. Vendor must provide description of shoe or orthotic repair or replacement, including DME codes, and must provide information to support need for repair or replacement; **AND**
 - b. Patient must continue to meet the criteria for medical necessity for the footwear involved.

Repair is covered only when anatomical change or reasonable wear and tear renders the item nonfunctional and the repair will make the equipment usable.

Replacement is covered only when anatomical change or reasonable wear and tear renders the item nonfunctional and not repairable.

C. Indications Considered Investigational or not of Medical Necessity: (Not all inclusive)

1. Purchase of shoe for the non-braced extremity.
2. Over the counter, not custom-made orthotics.

3. Repair or replacement if the item becomes unusable or non-functioning because of patient misuse, abuse or neglect.

CPT/HCPCS CODES

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| A5500 | Depth shoes |
| A5501 | Custom molded shoes |
| A5503 | Rigid rocker bottoms or roller bottoms |
| A5504 | Wedges |
| A5506 | Offset heels |
| A5507 | Repairs / flared heels |
| A5512-A5513 | Inserts |
| L3224-L3225 | Oxford shoes |
| L3649 | Other shoes, including high top, depth inlay |
| L3250 | Shoe for partial foot/ toe amputation |
| L3000-L3170; L3300-L3450; L3465-L3520; L3550-L3595 | Inserts and modifications |
| L3455-L3460 | Heel replacement |
| L3530-L3540 | Sole replacement |
| L3600-L3640 | Shoe transfers (to a different brace) |
| L4210 | Repair of orthotics |
| L3216 | Depth shoe |

REFERENCES:

CMS Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 140 Therapeutic Shoes for Individuals with Diabetes.

National Government Services, Inc. A47129 – Article for Therapeutic Shoes for Persons with Diabetes.

WI State Medicaid Forward Health Portal; Forward Health Update August 2015, No. 2015-38 New Policy Regarding Diabetic Shoes and Inserts.

WI State Medicaid Forward Health Portal; Durable Medical Equipment Topic #1732 Diagnostic Codes for Orthopedic or Corrective Shoes and Foot Orthotics.