

## Medical Policy



### Therapeutic Shoes for Individuals with Diabetes

#### Description

Shoes made specifically for diabetic individuals.

A diabetic walking boot/shoe boot is a removable cast used to alter an individual's gait or immobilize and change the pressure point of the foot when walking and/or standing.

#### Policy

**Therapeutic shoes, inserts and/or modifications to therapeutic shoes** are reasonable and necessary for Members meeting coverage criteria.

A **diabetic walking boot/shoe** is considered reasonable and necessary when the Member has a medically documented diabetic foot ulcer as outlined below.

#### Policy Guidelines:

##### Medicare Member Coverage Criteria:

**Refer to Medicare's medical policy (L33369) and article (A52501) for coverage criteria.**

##### Non-Medicare Member Coverage Criteria: Coverage Criteria:

**Therapeutic shoes, inserts and/or modifications to therapeutic shoes** are reasonable and necessary when meeting the following coverage criteria:

1. Must be ordered by the Member's treating physician.
2. Therapeutic shoes, inserts and/or modifications to therapeutic shoes are covered if the following criteria are met:
  - a. The Member has diabetes mellitus (Reference diagnosis code section below); and
  - b. The Member has one or more of the following conditions:
    - 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; and

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- c. The certifying physician who is managing the Member's systemic diabetes condition has documented in the members medical record that indications (1) and (2) are met and that he/she is treating the Member under a comprehensive plan of care for his/her diabetes and that the Member needs therapeutic shoes.
3. If criteria a, b or c are not met, the therapeutic shoes, inserts and/or modifications to therapeutic shoes will be denied as non-covered. Codes must be billed with a KX modifier to be considered for payment, if applicable.
4. In order to meet criterion, the certifying physician must either personally document one or more of the qualifying criteria in the medical record prior to signing the certification statement.

The certification statement is not sufficient to meet the requirement for documentation in the medical record. The certifying physician must be an M.D. or D.O. and may not be a podiatrist, physician assistant, nurse practitioner, or clinical nurse specialist **(For SHP Commercial/Self-Funded Plans and HNE Commercial/Self-Funded members, the 'must be an M.D./D.O.' requirement does NOT apply).**

The "Statement of Certifying Physician for Therapeutic Shoes" is recommended. This statement must be completed, signed, and dated by the certifying physician. A new Certification statement is required for a shoe, insert or modification provided more than one year from the most recent Certification Statement on file.

There must be information in the medical records of the certifying physician that:

- a) Documents management of the member's diabetes; and
- b) Documents detailed information about the condition that qualifies the member for coverage.

The in-person evaluation of the member by the supplier at the time of selecting the items that will be provided must include at least the following:

1. An examination of the member's feet with a description of the abnormalities that will need to be accommodated by the shoes/inserts/modifications.
2. For all shoes, taking measurements of the member's feet.

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3. For custom molded shoes (A5501) and inserts (A5513, A5514), taking impressions, making casts, or obtaining CAD-CAM images of the member's feet that will be used in creating positive models of the feet.

The in-person evaluation of the member by the supplier at the time of delivery must be conducted with the member wearing the shoes and inserts and must document that the shoes/inserts/modifications fit properly.

5. For Members meeting the coverage criteria, coverage is limited to one of the following within one calendar year (January – December):
  - a. One pair of custom molded shoes (A5501) (which includes inserts provided with these shoes) and 2 additional pairs of inserts (A5512, A5513 or A5514); or
  - b. One pair of depth shoes (A5500) and 3 pairs of inserts (A5512, A5513 or A5514) (not including the non-customized removable inserts provided with such shoes).
6. Quantities of shoes and/or inserts greater than those listed above will be denied as non-covered. Deluxe features of diabetic shoes (A5508) will be denied as non-covered.
7. Items represented by code A5510 reflect compression molding to the Member's foot over time through the heat and pressure generated by wearing a shoe with the insert present. Since these inserts are not considered total contact at the time of dispensing, they do not meet the requirements of the benefit category and will be denied as non-covered.  
Inserts used in non-covered shoes are non-covered.
8. There is no separate payment for the fitting of the shoes, inserts or modifications or for the certification of need or prescription of the footwear. Unrelated evaluation and management services provided by the physician are processed by the local carrier.
9. The provider is the person or entity that actually furnishes the shoe, modification, and/or inserts to the Member and that bill the health plan. The provider may be a podiatrist, pedorthist, orthotist, prosthetist or other qualified individual. The treating physician may be the provider.
10. Separate inserts may be covered and dispensed independently of diabetic shoes if the provider of the shoes verifies in writing that the Member has appropriate

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footwear into which the insert can be placed. This footwear must meet the definitions found in this policy for depth shoes or custom-molded shoes.

11. A custom molded shoe (A5501) is covered when the Member has a foot deformity that cannot be accommodated by a depth shoe. The shoe is constructed over a positive model of the member's foot and is made of leather or other suitable material of equal quality. The shoe has removable inserts that can be altered or replaced as the member's condition warrants and has some form of shoe closure. The shoe may or may not have an internally seamless toe. The nature and severity of the deformity must be well documented and sent in with the claim. If a custom molded shoe is provided but the medical record does not document why that item is medically necessary, it will be denied as not reasonable and necessary.
12. A modification of a custom molded or depth shoe will be covered as a substitute for an insert. Although not intended as a comprehensive list, the following are the most common shoe modifications: rigid rocker bottoms (A5503), roller bottoms (A5503), wedges (A5504), metatarsal bars (A5505), or offset heels (A5506). Other modifications to diabetic shoes (A5507) include but are not limited to flared heels.

#### Limitations:

1. If the treating physician is the provider, a separate order is not required, but the item provided must be clearly noted in the Member's record.
2. A new order is not required for the replacement of an insert or modification within one year of the order on file. However, the supplier's records should document the reason for the replacement. A new order is required for the replacement of any shoe. A new order is also required for the replacement of an insert or modification more than one year from the most recent order on file. The detailed written order must be signed on or after the date of the visit with the Prescribing physician.

A **diabetic walking boot/shoe** is considered reasonable and necessary when the member meets the following coverage criteria:

1. Must be ordered by the Member's treating physician.
2. Medically documented diabetic foot ulcer.

#### Limitations:

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1. Coverage is limited to the minimal type of diabetic walking boot/shoe which would meet the Member's basic needs.
2. Repair of the diabetic walking boot/shoe will be covered for restoration to a serviceable condition which is not the result from misuse, non-intentional or intentional.
3. Replacement of the diabetic walking boot/shoe will only be covered when the cost of repair exceeds the purchase price or when necessitated by irreparable damage not due to misuse, intentional or non-intentional.

#### ICD-10 Codes that Support Medical Necessity

ICD-10 Code	Description
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
E08.329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema
E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema
E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema

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E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
E08.359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified

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	complications
E08.9	Diabetes mellitus due to underlying condition without complications
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
E09.359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications

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	with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E09.9	Drug or chemical induced diabetes mellitus without complications
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema

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E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic

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	hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer

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E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication

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E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications

#### HCPCS Level II Codes and Description

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

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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

A5514 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.

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L4360 WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

#### Coding Guidelines

Separate inserts MAY be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the member has appropriate footwear into which the insert can be placed. This footwear must meet the definitions found in this policy for depth shoes or custom-molded shoes.

#### **A depth shoe (A5500) is one that:**

1. 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; and
2. Is made from leather or other suitable material of equal quality; and
3. Has some form of shoe closure; and
4. Is available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoe according to the American standard last sizing schedule or its equivalent. (The American last sizing schedule is the numerical shoe sizing system used for shoes in the United States.)

The shoe may or may not have an internally seamless toe.

#### **A custom-molded shoe (A5501) is one that:**

1. Is constructed over a positive model of the member's foot; and
2. Is made from leather or other suitable material of equal quality; and
3. Has removable inserts that can be altered or replaced as the member's condition warrants; and
4. Has some form of shoe closure. May or may not have an internally seamless toe.

A custom molded shoe (A5501) is covered when the member has a foot deformity that cannot be accommodated by a depth shoe. The nature and severity of the deformity must be well documented in the supplier's records and available upon request. If a custom molded shoe is provided but the medical record does not document why that item is medically necessary, it will be denied as not reasonable and necessary.

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In the definitions for inserts, A5512 and A5513, the following terms are used:

- Prefabricated means that the multi-layer insert is manufactured in quantity without a specific member in mind. The insert is then trimmed, heated, and molded (i.e., custom fitted) for use by a specific member.
- Custom fabricated means that the insert is individually made for a specific member. Individual sheets of material are glued together and then trimmed, heated, and molded to form the insert.
- Total contact means that it makes and retains actual and continuous physical contact with the weight-bearing portions of the foot, including the arch, throughout the standing and walking phases of gait.
- Multiple density means that there are three or more layers of material, each having a different firmness (durometer).
- Heat moldable means that the material responsible for maintaining the shape of the insert must require application of at least 230 degrees Fahrenheit heat to soften it for molding.
- Base layer is the layer that is responsible for retaining the shape of the insert and is usually the bottom layer. It must retain this shape during use for the life of the insert.

Code A5512 describes a prefabricated, total contact, multiple density, heat moldable, removable inlay that is directly molded to the member's foot. Direct molded means it has been conformed by molding directly to match the plantar surface of the individual member's foot. The basal layer must be at least 1/4 inch of 35 Shore A or higher or at least 3/16 of 40 Shore A or higher. The specified thickness of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes.

#### Code A5513 describes two different types of products:

- A prefabricated, total contact, multiple density, heat moldable, removable inlay that is molded to a model of the member's foot. The basal layer must be at least 1/4 inch of 35 Shore A or higher. The specified thickness of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes.
- A custom fabricated, total contact, multiple density, heat moldable, removable inlay that is molded to a model of the member's foot. It is individually made for a specific member starting with multiple sheets of single density material which are glued together and then trimmed, heated, and molded to form the insert. The base layer must be at least 3/16 inch of 35 Shore A or higher material. The base layer is allowed to be thinner in the custom fabricated device because appropriate arch fill or other additional material will be layered up individually to maintain shape and achieve total contact and accommodate each member's

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specific needs. The central portion of the base layer of the heel may be thinner (but at least 1/16 inch) to allow for greater pressure reduction. The specified thickness of the lateral portions of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes. The top layer of the device may be of a lower durometer and must also be heat moldable.

Code A5514 describes a total contact, custom fabricated, multiple density, removable inlay that is directly milled from a rectified virtual model of the beneficiary's foot so that it conforms to the plantar surface and makes total contact with the foot, including the arch. A custom fabricated device is made from materials that do not have predefined trim lines for heel cup height, arch height and length, or toe shape.

The A5514 insert must retain its shape during use for the life of the insert. The base layer of the device must be at least 3/16 inch of 35 Shore A or higher material. The base layer is allowed to be thinner in the custom fabricated device because appropriate arch fill or other additional material will be layered up individually to maintain shape and achieve total contact and accommodate each beneficiary's specific needs. The central portion of the base layer of the heel may be thinner (but at least 1/16 inch) to allow for greater pressure reduction. The specified thickness of the lateral portions of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes. The top layer of the device may be of a lower durometer and must also be heat moldable. The materials used should be suitable with regards to the beneficiary's condition.

Rigid rocker bottoms (A5503) are exterior elevations with apex position for 51 percent to 75 percent distance measured from the back end of the heel. The apex is a narrowed or pointed end of an anatomical structure. The apex must be positioned behind the metatarsal heads and tapering off sharply to the front tip of the sole. Apex height helps to eliminate pressure at the metatarsal heads. Rigidity is ensured by the steel in the shoe. The heel of the shoe tapers off in the back in order to cause the heel to strike in the middle of the heel.

Roller bottoms (sole or bar) (A5503) are the same as rocker bottoms, but the heel is tapered from the apex to the front tip of the sole.

Wedges (posting) (A5504) are either of hind foot, for foot, or both and may be in the middle or to the side. The function is to shift or transfer weight bearing upon standing or during ambulation to the opposite side for added support, stabilization, equalized weight distribution, or balance.

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Metatarsal bars (A5505) are exterior bars which are placed behind the metatarsal heads in order to remove pressure from the metatarsal heads. The bars are of various shapes, heights, and construction depending on the exact purpose.

Offset heel (A5506) is a heel flanged at its base either in the middle, to the side, or a combination, that is then extended upward to the shoe in order to stabilize extreme positions of the hind foot.

A deluxe feature (A5508) does not contribute to the therapeutic function of the shoe. It may include, but is not limited to style, color, or type of leather.

Code A5507 is only to be used for not otherwise specified therapeutic modifications to the shoe or for repairs to a diabetic shoe(s).

Deluxe features must be coded using code A5508.

Codes for inserts or modifications (A5503-A5508, A5510, A5512, A5513) may only be used for items related to diabetic shoes (A5500, A5501). They must not be used for items related to footwear coded with codes L3215 – L3253. Inserts and modifications used with L coded footwear must be coded using L codes (L3000-L3649).

The right (RT) and/or left (LT) modifiers must be used when billing shoes, inserts, or modifications. Effective for claims with dates of service (DOS) on or after 3/1/2019, if bilateral items are billed on the same date of service, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RTLT on the same claim line and 2 UOS, will be rejected as incorrect coding.

Inserts for missing toes or partial foot amputation should be coded L5000 or L5999, whichever is applicable.

The only products that may be billed using the following codes are those that are listed in the PDAC website:

- All inserts billed with A5512
- Prefabricated inserts billed with A5513

The only products that may be billed using codes A5514 are those that are specified in the Product Classification List on the Pricing, Data Analysis, and Coding (PDAC) contractor web site.

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The following products do not have to be listed in the DMECS:

- custom fabricated inserts billed with A5513

If an insert for a diabetic shoe does not meet the coding guidelines of A5512, A5513, or A5514, then the insert must be billed using either HCPCS code A5510 or A9270 (noncovered item).

#### Statement of Certifying Physician for Therapeutic Shoes

Patient Name: \_\_\_\_\_

MBI: \_\_\_\_\_

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions. (Circle all that apply):
  - a) History of partial or complete amputation of the foot
  - b) History of previous foot ulceration
  - c) History of pre-ulcerative callus
  - d) Peripheral neuropathy with evidence of callus formation
  - e) Foot deformity
  - f) Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Physician name (printed - **MUST BE AN M.D. OR D.O.**): *(For SHP Commercial/Self-Funded Plan members and HNE Commercial/Self-Funded Plan members, the **MUST BE AN M.D./D.O.** requirement does **NOT** apply)* \_\_\_\_\_

Physician address: \_\_\_\_\_

Physician NPI: \_\_\_\_\_

revised April 2018

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#### Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local coverage Determinations (LCD), as applicable.

#### References

National Government Services, Inc. Jurisdiction B DME MAC, Therapeutic Shoes for Persons with Diabetes. Local Coverage Determination No. L33369; Last accessed/revised 11-17-25.

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## Therapeutic Shoes for Individuals with Diabetes

National Heritage Insurance Company (NHIC), Therapeutic Shoes for Persons with Diabetes. Local Coverage Determination No. L33369. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Chico, CA: NHIC; revised October 1, 2015.

### SPECIAL COVERAGE INFORMATION PER PLAN:

<b>SHP Commercial/Self-Funded Plans</b>	In addition to an MD/DO, a treating practitioner e.g., Nurse Practitioner, APRN may review and prescribe items described in this policy such as diabetic walking boot/shoes, therapeutic shoes, inserts and/or modifications to therapeutic shoes.
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### Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01	12-2008	Added ICD-9 codes, added KX modifier statement and changed definition for a custom molded shoe.	Susan Glomb	Ken Fasse	n/a	
02		Annual Review – no additional changes	Susan Glomb	Ken Fasse	Dec.2008	
03	8-2009	Clarified: Documentation of qualifying conditions must be in the medical records of the certifying physician. Coding guidelines: Clarified: Definitions of A5512 and A5513. Revised billing instructions for the RT and LT modifiers. PDAC info.	Susan Glomb	Ken Fasse		
04	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
05	12-07-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
06	01-20-11	Revision effective 02-04-11. Denial statement for custom	Susan Glomb	Ken Fasse	Jan 2011	

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		fabricated shoes. Added: Statement about timing of detailed written order. Added: Clarification about documentation that must be in the certifying physician's records. Documentation required at the time of selecting the shoes/inserts. Documentation required at the time of delivery.				
07	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
09	12-07-11	Annual Review. Combined Diabetic Walking Boot/Shoe into this policy. Added References to Policy.	Susan Glomb	Dr. Almasri	Dec. 2011	
10	11-30-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
11	12-11-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri		
12	12-1-14	Annual Review. No Changes	Susan Glomb	Dr. B. Almasri		
13	12-02-15	Annual Review. Updated Medicare references and ICD-10 diagnosis codes.	Lisa Wojno	Dr. B. Almasri	December 2015	
12	11-30-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
13	11-16-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
14	4-1-18	Added K0903 code criteria per Medicare guidelines.	Carol Dimech	Dr. C. Lerchin	April 2018	
15	11-20-18	Annual review. No changes except for 4-1-18.	Carol Dimech	Dr. C. Lerchin	November 2018	
16	11-14-19	Annual review. References to K0903 cross-walked to A5514 per annual Medicare code release. Revised: RT and LT modifier billing instructions per Medicare.	Carol Dimech	Dr. C. Lerchin	November 2019	11-14-19
17	10-5-20	Per Health New England: For HNE Commercial/Self-funded members, the 'MUST BE AN M.D./D.O.' requirement does <b>NOT</b> apply.	Carol Dimech	Dr. C. Lerchin	October 2020	10-5-20

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18	11-13-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2020	
19	11-29-21	Annual Review. Added NCD/LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 2021	
20	11-17-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-17-22	11-17-22
21	06-07-23	Edited to include that SHP Commercial/Self-Funded Plans do not require M.D. or D.O. prescriber requirement.	Carol Dimech	Dr. C. Lerchin	06-07-23	06-07-23
22	11-21-23	Annual review. No other changes since 6-7-23.	Susan Glomb/Carol Dimech	Dr. C. Lerchin	11-21-23	11-21-23
23	11-14-24	Annual review. Updated references and the Statement of Certifying Physician for Therapeutic Shoes per CMS.	Carol Dimech	Dr. C. Lerchin	11-14-24	11-14-24
24	11-17-25	Annual review. Added coding guidelines clarification per LCD/Policy Article.	Carol Dimech	Dr. C. Lerchin	11-17-25	11-17-25