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Blue Cross Blue Shield of Michigan Medical Policy

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Enterprise: Blue Cross Blue Shield of Michigan
Department: Medical Affairs
Effective Date: 1/1/2017
Next Review Date: 1st Quarter 2024

Topic: Therapeutic Shoes for Diabetic Patients

Procedure codes: A5500- A5514

Background:

Blue Cross Blue Shield of Michigan has generally followed Medicare in establishing benefit coverage policy for Durable Medical Equipment. However, BCBSM may diverge or expand this policy to appropriately reflect local standards of care or to meet the Plan's strategic goals.

This document clarifies BCBSM's policy on the coverage of therapeutic shoes and shoe inserts for patients with diabetes mellitus only. A separate policy addresses orthopedic footwear.

Current Medicare Coverage:

- a) Therapeutic shoes not attached to braces for patients with diabetes mellitus
- b) Shoe inserts with or without therapeutic shoes for patients with diabetes. Shoe inserts may be covered and dispensed independent of therapeutic shoes if it is documented that the patient has appropriate footwear into which the inserts can be placed. These shoes must meet Medicare's definition of depth or custom-molded shoes
- c) A custom-molded shoe (A5501) is covered when the beneficiary has a foot deformity that cannot be accommodated by a depth shoe. The nature and severity must be well-documented in the supplier's records and available upon request. If a custom-molded shoe is provided but the medical records does not document why that item is medically necessary, it will be denied as not reasonable and necessary.

Medical Policy Statement:

BCBSM will cover medically necessary therapeutic shoe inserts and shoe modifications for diabetic patients. Medical documentation should certify that the patient is being treated for diabetes, and meets the following medical necessity criteria:

1. Therapeutic shoes, inserts or modifications to therapeutic shoes are considered **medically necessary** if the following criteria are met:
 - A. The individual has diabetes mellitus; **and**
 - B. The individual has one or more of the following conditions:
 - previous amputation of the other foot or part of either foot, **or**
 - history of previous foot ulceration of either foot, **or**
 - history of pre-ulcerative calluses of either foot, **or**
 - peripheral neuropathy with evidence of callus formation of either foot, **or**
 - foot deformity of either foot, **or**
 - poor circulation in either foot; **and**

The physician who is managing the individual's systemic diabetes condition has certified that indications (A) and (B) above are met and that he/she is treating the individual under a comprehensive plan of care for his/her diabetes and that the individual needs therapeutic shoes, inserts or modifications to therapeutic shoes. Consequent to the M.D. or D.O. restriction, a nurse practitioner (NP) and a physician assistant (PA) may not serve in the role of the certifying physician, unless practicing "incident to" the supervising physician's authority.

2. A custom-molded shoe is considered **medically necessary** when the individual has a foot deformity that cannot be accommodated by a depth shoe.

3. A modification of a custom-molded or depth shoe is considered **medically necessary** as a substitute for an insert. Although not intended as a comprehensive list, the following are the most common shoe modifications:

- rigid rocker bottoms
- roller bottoms
- wedges
- metatarsal bars
- offset heels

Note: Shoe modifications are adjustments to therapeutic shoes that require specific orthoses identified with HCPCS codes.

Any shoes, shoe inserts or modifications that do not meet the above criteria are considered **not medically necessary** and are not a covered benefit.

Claims Submission Information:

A diabetes-related diagnosis must be submitted with each claim. (Applicable diagnoses based on date of service, and quantity/frequency restrictions can be located by entering the procedure code in the "*Benefit Policy for a Code*" section on Web DENIS).

HCPCS Codes:

- 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 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 (Not covered)
- A5510 - For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe (**not covered as of 5/1/2017**)
- 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

Modifiers:

- KX - Requirements specified in the medical policy have been met (required)
- LT - Left Side
- RT - Right Side

Scope:

This policy applies to all underwritten contracts and to self-funded contracts, pending customer sign-off.

References:

CGS Administrators, LLC Local coverage article Therapeutic Shoes for Persons with Diabetes-Policy Article (A52501) Revision Effective Date 11/05/2020, Retrieved 01/23/2023 <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52501&ver=30&LCDId=33369&ContrID=140&bc=AAAAAAAAIAAA&>

AOPA Home / 2020 / November / Medicare to Allow Nurse Practitioners and Physician Assistants to Certify the Medical Need for Diabetic Shoes in Limited Circumstances Retrieved 2/23/2023 <https://www.aopanet.org/2020/11/medicare-to-allow-nurse-practitioners-and-physician-assistants-to-certify-the-medical-need-for-diabetic-shoes-in-limited-circumstances/>

CGS Administrators, LLC- LCD. L33369 Therapeutic Shoes for Persons with Diabetes. Revision effective date 1/1/2020, retrieved 1/23/2023. [LCD - Therapeutic Shoes for Persons with Diabetes \(L33369\) \(cms.gov\)](#)

BCBSM Policy History

	BCBSM Signature/Review Date	Comments
1/1/2017	6/21/2017	Established as separate BCBSM Only Policy- combination <i>Therapeutic/</i>

		<i>Orthopedic Shoes and Shoe Inserts</i> policy was retired
1/1/2017	5/7/2018	Routine review
1/1/2017	3/19/2019	Routine review, codes verified
1/1/2017	3/12/2020	Routine review, added CMS link
1/1/2017	3/11/2021	Routine review, codes updated, reference added related to expanded ability for NP/PA's to certify medical need for diabetic shoes through "incident to" provisions.
1/1/2017	3/10/2022	Routine review
1/1/2017	3/9/2023	Routine review
1/1/2017	3/9/2024	Routine review