

Custom Diabetic Shoes

Policy REIMB-020

Origination Date: 12/02/2019

Reviewed/Revised Date: 12/04/2024

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Current Effective Date: 12/04/2024

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the “Policy” section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member’s plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**
5. Provisions and terms of the provider contract may supersede this policy.

Description:

Therapeutic shoes is the term used for shoes that are specially designed and constructed to meet the medical needs of an individual who has specific medical conditions such as club foot, diabetic neuropathy or other peripheral neuropathies. These shoes are available only by a prescription from an eligible professional provider. Therapeutic shoes are either custom-molded or depth-inlay shoes. Pedorthic insoles inside the custom shoes are generally custom made for the patient’s feet, to ensure proper fit and minimize rubbing and uneven weight distribution, thereby preventing injury.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans will cover one pair (2 units) of diabetic shoes in diabetics with diagnosed diabetes related peripheral neuropathy and/or arterial insufficiency, using any of the following HCPCS codes A5500 – A5508 per plan year.

U of U Health Plans will cover one pair (2 units) of custom inserts for diabetics with diagnosed diabetes related peripheral neuropathy and/or arterial insufficiency, using any of the following HCPCS codes A5510 – A5514 per plan year.

U of U Health Plans does NOT cover therapeutic or custom shoes or inserts in any other circumstance as current evidence is insufficient to demonstrate safety and efficacy of this therapy in other populations.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Applicable Coding

CPT Codes

No Applicable Codes

HCPCS Codes

- | | |
|--------------|---|
| A5500 | For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity 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 |
| 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

ICD-10 Codes

E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy		

E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	E11.59	Type 2 diabetes mellitus with other circulatory complications
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer	E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	E11.621	Type 2 diabetes mellitus with foot ulcer
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	E11.622	Type 2 diabetes mellitus with other skin ulcer
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E10.59	Type 1 diabetes mellitus with other circulatory complications	E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.621	Type 1 diabetes mellitus with foot ulcer	E13.59	Other specified diabetes mellitus with other circulatory complications
E10.622	Type 1 diabetes mellitus with other skin ulcer	E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy		
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy		

E13.618 Other specified diabetes mellitus with other diabetic arthropathy

E13.621 Other specified diabetes mellitus with foot ulcer

References:

1. Optum 360, LLC (2023) Optum 360 Encoder Pro for Payers Professional.
2. American Diabetes Association Diabetes Care <https://care.diabetesjournals.org/content/27/7/1774>

Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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