

MEDICAL POLICY

POLICY TITLE	THERAPEUTIC SHOES FOR PERSONS WITH DIABETES
POLICY NUMBER	MP 6.061

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	7/1/2025

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I. POLICY

To be considered medically necessary, an eligible provider must prescribe all orthotics.

Diabetic shoes, supportive devices insert, and/or modifications to those shoes may be considered **medically necessary** when BOTH of the following criteria are met:

- The patient has diagnosis of diabetes mellitus **and**
- The patient has one (1) 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.

Medical necessity criteria for replacements of or modifications to existing customized shoes is based on the same criteria noted for the shoe itself. Replacement of a pair of shoes, or modifications, should be based on necessity (e.g., worn out, loss of effectiveness, change in foot size/shape, change in foot structure, or development of new skin breakdown, ulceration, or deformity etc.), not for convenience or style change. Due to wear and tear with normal use, orthotics may need refurbishing or completely replaced periodically.

If the above criteria are not met diabetic shoes and custom inserts will be denied **as experimental and investigational** as there is insufficient evidence to support a general conclusion supporting the health outcomes associated with this item.

Deluxe Shoe Feature which includes but are not limited to style color or type of leather does not contribute to the therapeutic function of the shoe; and therefore, is **investigational** as there is

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insufficient evidence to support a general conclusion supporting the health outcomes associated with this item.

Items represented by code A5510 reflect compression molding to the individuals' 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 are **investigational** as there is insufficient evidence to support a general conclusion supporting the health outcomes associated with this item.

The provider requesting/ordering the DME should be a provider with whom the member has established a relationship and is involved in the ongoing care of the member and the condition for which the DME/orthotic is prescribed.

Cross-Reference:

MP 6.028 Foot Orthotics and other Podiatric Appliances

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

Note: Coverage for diabetic shoes is mandated by the requirements of Pennsylvania Act 98 of 1998, "Reimbursement of Diabetes Supplies", however, coverage is subject to the terms of the member's contract and annual deductibles and coinsurance.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

III. DESCRIPTION/BACKGROUND

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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 complications resulting from diabetes. These shoes are available only by a prescription from an eligible professional provider. Therapeutic shoes are either custom-molded or depth-inlay shoes.

IV. DEFINITIONS

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INSERTS - Medically necessary inserts are those that are total contact, multiple densities, removable inlays that are directly molded to the member's foot, or a model of the member's foot and are made of a material suitable for the member's condition.

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METATARSAL BARS: These are exterior bars that 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 HEELS: This 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 hindfoot.

RIGID ROCKER BOTTOMS: These are exterior elevations with apex positions for 51 % to 75 % 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. The steel in the shoe ensures rigidity. 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): These are the same as rocker bottoms, but the heel is tapered from the apex to the front tip of the sole.

WEDGES (POSTING): Wedges are either of hindfoot, forefoot or both and maybe in the middle or to the side. The function is to shift or transfer weight upon standing or during ambulation to the opposite side for added support, stabilization equalized weight distribution, or balance.

V. DISCLAIMER

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Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as required by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These policies are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

VI. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Not Medically Necessary therefore not covered:

Procedure Codes								
A5508	A5510							

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Medically Necessary:

Procedure Codes								
A5500	A5501	A5503	A5504	A5505	A5506	A5507	A5512	A5513
A5514								

Covered for all diagnosis of diabetes for a medically necessary diabetic orthotic.

E08 – E13; O21.011 - O24.93

VII. REFERENCES

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4. Bus SA, Armstrong DG, van Deursen RW, et al. IWGDF guidance on footwear and offloading interventions to prevent and heal foot ulcers in patients with diabetes. *Diabetes Metab Res Rev*. 2016;32 Suppl 1:25-36. doi:10.1002/dmrr.2697
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9. Nickel, F. R., & Macias, D. (2023). Caring for diabetic feet. *FootCareMD*. <https://www.footcaremd.org/conditions-treatments/the-diabetic-foot/caring-for-diabetic-feet>
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MP 6.061	04/17/2020 Consensus Review. No change to policy statements. Coding reviewed. Language revised under Product Variations, Benefit Variations, and Disclaimer section.
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	09/09/2021 Consensus Review. Updated FEP language. No changes to coding. Updated references.
	02/03/2022 Consensus Review. No change to policy statement. Reviewed and updated references. No coding changes.
	08/25/2023 Minor Review. Removed language from statement regarding frequency of allotted numbers of shoes and inserts, as well as some benefit language. Updated language on shoe repair. Updated references. Updated coding tables. Coding reviewed, no changes.
	12/23/2024 Consensus Review. Updated all NMN statements to INV. Updated references. Coding reviewed, no changes.
	06/09/2025 Administrative Update. Removing the Benefit Variations and updating the Disclaimer.

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