

## Custom Diabetic Shoes

**Policy Reimb-020**

**Origination Date:** 12/02/2019

**Reviewed/Revised Date:** 12/16/2020

**Next Review Date:** 12/16/2021

**Current Effective Date:** 12/16/2020

### 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, and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.

### 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

**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

<http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)

## 3. Medicare Plans

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, U of U Health Plans' commercial policies would apply. For the most up-to-date Medicare policies and coverage, please visit their search website at:

<http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#).

## Applicable Coding

### CPT Codes

No Applicable Codes

### HCPCS Codes

- |              |   |
|--------------|---|
| <b>A5500</b> | 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 |
| <b>A5501</b> | 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                   |
| <b>A5503</b> | 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                       |
| <b>A5504</b> | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe  |
| <b>A5505</b> | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe                                      |
| <b>A5506</b> | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe                                     |
| <b>A5507</b> | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe                                  |
| <b>A5508</b> | 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**

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

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

**E13.610** Other specified diabetes mellitus with diabetic neuropathic arthropathy

**E13.618** Other specified diabetes mellitus with other diabetic arthropathy

**E13.621** Other specified diabetes mellitus with foot ulcer

## References:

1. Optum 360, LLC (2019) 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.

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