 <p>KMTSJ, Inc.</p>	DEPARTMENT:	Utilization Management
	SUBJECT:	Diabetic Shoes and Diabetic Shoe Inserts
	PRODUCT LINE:	All
	POLICY NUMBER:	UM101
	ORIGINAL POLICY EFFECTIVE DATE:	02/01/2019
	LAST REVISED DATE:	07/10/2024
	LAST REVIEWED DATE:	07/10/2024

SCOPE: To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers the diabetic shoe and diabetic shoe insert benefit to all members according to their policy benefits.

POLICY: It is the policy of the Cooperative to review requests for orthopedic shoes for prior authorization according to member policy and evidence-based medical criteria

PROCEDURE: Prior Authorization: YES

Commercial: Not Covered. Contract Exclusion

Medicaid and Medicare Advantage:


Diabetic shoes and diabetic shoe inserts (HCPCS procedure codes A5500-A5507, A5512-A5513) are considered medically necessary and are covered when the following criteria are met:

1. Must have a diagnosis of diabetes (other than gestational diabetes) by a physician, **AND**
2. Have a comprehensive diabetes care plan and require therapeutic shoes and/or inserts because of diabetes as documented by the physician in the member’s medical record, **AND**
3. Member must be ambulatory, **AND**
4. Shoe must be necessary to allow the member to perform activities of daily living, **AND**
5. Have at least one of the following diabetic foot complications in one or both feet:
 - a. Foot deformity
 - b. History of foot ulcers
 - c. History of calluses that could lead to foot ulcers
 - d. Nerve damage due to diabetes with signs of problems with calluses
 - e. Partial or complete foot amputation
 - f. Poor circulation

Custom molded criteria:

In addition to the above, the medical record for custom molded shoes using HCPCS procedure code 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) must include the following:

- Documentation that the member has a foot deformity that cannot be accommodated by a depth shoe.
- A detailed description of the nature of the severity of the deformity.
- Documentation from the visit that included taking impressions, making casts, or obtaining Computer Aided Design/Computer-Aided Manufacturing(CAD/CAM) images of the member’s feet to create models of the feet.

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In addition to the above, the medical record for custom molded inserts using HCPCS procedure code A5513 (For diabetics only, multiple density inserts, 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) must include the following:

- A list of materials that were used.
- A description of the custom fabrication process.

Exclusions:

- Diabetic shoes and/or inserts for members without a diagnosis of diabetes and who do not meet general coverage criteria above.
- Shoes and/or inserts that do not meet the definition of durable medical equipment (DME), per Wis. Admin. Code § DHS 101.03(50).
- Shoes and/or inserts to accommodate weather or seasonal needs.


Allowed Amounts: When Medically necessary, one pair of diabetic shoes are allowed per year and 3 diabetic shoe inserts per foot per year.

Although members may not qualify for diabetic shoes, members may qualify for orthopedic or corrective shoes and/or foot orthotics if they meet the corresponding coverage criteria outlined in the policy entitled, "Orthopedic Shoes, Shoe Inserts, and Foot Orthotics.

Documentation Requirements:

Per Wis. Admin. Code § DHS 105.02(4), providers are required to maintain medical records for no less than five years from the date of reimbursement. The billing provider is required to document and maintain the following information in the member's medical record:

- A physician's prescription for diabetic shoes and/or inserts.
- The member's ICD diagnosis (or diagnoses) and any other co-morbid conditions that support the condition for the requested services.
- The objective measurement of specific foot deformity, if applicable.
- The member's height and weight.
- The shoe brand, model number, and size(s).
- Medical records from the prescribing provider that support the request.
- The written report of the member's podiatry exam and results.
- The member's ambulatory status and/or transfer abilities.
- The member's use of any ambulation aids for mobility, if applicable.
- Information regarding the member's functional daily routine (e.g., place of residence, caregiver type, and level of assistance, if applicable).
- Specific reason for the requested service, date of initial issue of the requested service to the member, or the reason for replacement and the last DOS to member, if known.
- If mismatched shoes are requested, documentation of the foot size discrepancy.

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Definitions:

Rigid foot deformity: any contractures that cannot easily be manually reduced

References:

Local Coverage Determination (LCD)
 Therapeutic Shoes for Persons with Diabetes
 L33369
 ForwardHealth Topic #18537



APPROVED: _____

DATE: 7/10/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
02/01/2019	Michele Bauer, MD	This is a new policy that addresses diabetic shoes and inserts and has been removed from the orthopedic shoe policy.
04/24/2020	Michele Bauer, MD	Reviewed. No changes.
04/24/2021	Michele Bauer, MD	Reviewed. No changes.
04/24/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
04/30/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
10/10/2023	Michele Bauer, MD, CMO	Added Medicare Advantage product line.
07/10/2024	Michele Bauer, MD, CMO	Added References