



## Review Criteria Georgia Region

|             |                                 |                 |   |
|-------------|---------------------------------|-----------------|---|
| Title:      | THERAPEUTIC SHOES FOR DIABETICS |                 |   |
| Department: | QUALITY RESOURCE MANAGEMENT     | Page:           | 1 of 3  |
| Section:    | UTILIZATION MANAGEMENT          | Policy Number:  | 03-10   |
| Type:       | ( ) New                         | Effective Date: | 11/3/2005   |
|             | (X) Reviewed / Revised          | Date:           | 3/20/2017<br>1/29/2018<br>1/29/2019<br>1/2/2020<br>1/21/2021<br>1/5/2022<br>2/21/2023 |

### Purpose

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

### DIAGNOSIS/CONDITION:

CPT-4/ HCPCS CODE AND DESCRIPTION: A5500-01; A5503-08; A5510-A5513

### 1.0 INDICATORS

- Patient has Diabetes mellitus **and** is under Diabetic Management by his PCP or endocrinologist
- **The patient has been documented to have secondary to diabetes:**
  - a. Foot ulcers
  - b. Previous amputation of a foot or partial amputation of one or both feet due to microvascular disease from diabetes
  - c. Peripheral neuropathy with callus formation on one or both feet
  - d. Foot deformity such as rocker bottom feet, Charcot foot etc
  - e. Vascular disease present in either or both feet
- For each individual, coverage of the footwear and inserts is limited to one of the following per calendar year: (per CMS)
  - No more than one pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts; or
  - No more than one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes).

### 2.0 VIEW OF THE SOUTHEAST PERMANENTE MEDICAL GROUP

- The use of diabetic shoes and /or inserts is appropriate when medically necessary, to prevent continuing compromise of the foot, in diabetic patients with microvascular foot complications. Coverage of these items based on having a diagnosis of **Diabetes**.

### 3.0 CONTRAINDICATION

- None

|  |                            |
|--|----------------------------|
| DEPARTMENT<br><b>QUALITY RESOURCE MANAGEMENT</b> | CRITERIA NUMBER<br>03-10   |
| TITLE<br><b>THERAPEUTIC SHOES FOR DIABETICS</b>  | PAGE NUMBER<br>Page 2 of 3 |

**4.0 CLINICAL SUMMARY:**

- The need for special shoes and or inserts for diabetics will be determined by a Podiatrist or other physician with like knowledge of podiatry. The needs may consist of custom molded shoes, depth shoes and/or inserts. Custom molded shoes are constructed over a positive model of the patient’s foot and have removable inserts. Therefore, the inserts can be replaced as the patient’s condition changes. Extra depth shoes have a longer toe box. They have a full length, heel to toe filler that, when removed, provides an extra 3/16 inch of additional length that can accommodate custom molded or customized inserts. There are also removable inserts that can be directly molded and custom fabricated to the patient’s foot. Multi-density shoe inserts (A5510), reflect compression molding to the patient’s foot over time through the heat and pressure generated by wearing a shoe with the insert present. These inserts are not customized to the patient’s foot at the time of fitting and are not considered therapeutic shoe inserts.
- Deluxe upgrades that involve style, color, type of leather etc are not considered medically necessary and are a personal expense of the patient.

**5.0 REFERENCES:**

- **Preventive Foot Care in People with Diabetes; ADA Position Statement. Diabetes Care 2003;26: S78-79**
- **ADA. Consensus development conference on diabetic foot wound care: 7-8, April 1999. Diabetes Care 1999; 22 (8): 1354-60**
- **ReiberGE et al. Effect of therapeutic foot care on foot reulceration in patients with diabetes; JAMA 2002; 287 (19):2552-58**
- **CMS Manual 2011**

**Expert Opinion: Dr. Howard Pike TSPMG Chief of Foot and Ankle Surgery 2/22/19**

“It is my belief that the criteria of a “Podiatrist knowledgeable in the fitting of DM shoes and inserts” needing to be the requesting (authorized) provider is unnecessary and results in unnecessary referrals and office encounters.

In my experience, the request is always for in-depth shoes and multi-density inserts. That request is then filled by a Knowledgeable ORTHOTIST. The Podiatrist doesn’t do the fitting. The ORTHOTIST does the fitting and fabrication. So, I believe if the PCP recognizes the need for shoes and inserts, they ought to be able to forward the referral to QRM to have the Orthotist evaluate and carry out the plan.”

**Approval**

\_\_\_\_\_  
**Luke Beno, MD**  
**Physician Program Director, Quality Resource**  
**Management**

\_\_\_\_\_  
**Date**

|  |                    |             |
|--|--------------------|-------------|
| DEPARTMENT<br><b>QUALITY RESOURCE MANAGEMENT</b> | CRITERIA<br>NUMBER | 03-10       |
| TITLE<br><b>THERAPEUTIC SHOES FOR DIABETICS</b>  | PAGE NUMBER        | Page 3 of 3 |

Date