Diabetic Shoes and Inserts

Benefit Policy Statement:
HealthyCT considers therapeutic shoes (depth or custom-molded) along with inserts medically necessary for members with diabetes mellitus.

Benefit Policy Guidelines:
HCT considers therapeutic shoes (depth or custom-molded) along with inserts medically necessary for members with diabetes mellitus and any of the following complications involving the foot:

The types of shoes that are covered each year include one of these:
- One pair of depth-inlay shoes and 3 pairs of inserts
- One pair of custom-molded shoes (including inserts) if you can’t wear depth-inlay shoes because of a foot deformity, and 2 additional pairs of inserts).

*Deluxe features of therapeutic shoes have no proven value and therefore not a covered benefit. A deluxe feature is defined as a feature that does not contribute to the therapeutic function of the shoe. It may include, but is not limited to style, color, or type of leather.

Note: Coverage is provided for a pair of diabetic shoes even if only 1 foot suffers from diabetic foot disease.

To be eligible for payment for therapeutic shoes, the treating practitioner must certify that you meet these 3 conditions:
1. You have diabetes.
2. You have at least one of these conditions in one or both feet:
   - Partial or complete foot amputation
   - Past foot ulcers
   - Calluses that could lead to foot ulcers
   - Nerve damage because of diabetes with signs of problems with calluses
   - Poor circulation
   - A deformed foot
3. You’re being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts

Benefit Payment Guidelines are developed by HealthyCT to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Guideline may contain only a partial, general description of plan or program benefits and does not constitute a contract. This Guideline may be updated and therefore is subject to change.

>>Diabetic Shoes and Inserts: Approved at 7/16/2015 PCP committee meeting
because of diabetes.

HCT requires that:
- A podiatrist or other qualified doctor prescribes the shoes
- A doctor or other qualified individual like a pedorthist, orthotist, or prosthetist fits and provides the shoes

**LOB:**
Commercial – On exchange and off exchange
- ☒ Large group
- ☒ Small group
- ☒ Individual

**Examples of Claim Adjudication Scenarios:**
N/A

**Member Cost-Sharing: Copay/Deductible according to benefit summary**
This benefit is paid under the member’s “DME” benefit

**Provider Guidelines:**
- Prior authorization is not required
- A podiatrist or other qualified practitioner prescribes the shoes
- A doctor or other qualified individual like a pedorthist, orthotist, or prosthetist must fit and provides the shoes
- Treating practitioner must certify the need for these supplies

**Exclusions/Limitations:**
Fitting by other than described above
Non-Diabetic
Deluxe features of therapeutic shoes (A5508)

**Coding:**

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<td>FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S), PER SHOE</td>
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Proprietary and Confidential
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>>Diabetic Shoes and Inserts: Approved at 7/16/2015 PCP committee meeting
<table>
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<tr>
<th>HCPC</th>
<th>A5510</th>
<th>FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATE, PER SHOE</th>
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<td>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 OR OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH</td>
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FOR DATES OF SERVICE PRIOR TO 10/1/2015

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### References:
Member's Certificate of Coverage  
Medicare (CMS Part B)  
CT Gen Stat §38a-518d and §38a-492d

### Document History

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