

# Clinical Policy: Diabetic Shoes & Shoe Inserts



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Effective Date: 06/01/2007

Date of Last Revision: 02/11/2021

CPT Codes: A5500-A5501; A5503-A5508; A5510; A5512-A5514; K0903; L3000; L3030

Document: BI198:00

## Public Statement

### Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
  - b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.
- 1) Most benefit plans exclude coverage of orthopedic shoes, foot orthotics or other supportive devices of the feet, except diabetics. (Please refer to your plan documents).
  - 2) For diabetics who have the foot complications listed under the *Medical Policy Statement* section, there is a limit on the number of foot orthotics that will be covered:
    - a) Shoes: Two (2) pairs or a combined total of four (4) units per year if under 18 years of age; otherwise, one (1) pair or a combined total of two (2) units per year.
    - b) Shoe inserts: Two (2) pairs or a combined total of four (4) units of diabetic custom molded shoe inserts per year.

## Medical Statement

- 1) QualChoice considers therapeutic shoes (depth or custom-molded) along with inserts medically necessary for members with diabetes mellitus with any of the following complications involving the foot:
  - a) Peripheral neuropathy involving the feet; or
  - b) History of pre-ulcerative calluses; or
  - c) History of previous ulceration; or
  - d) Foot deformity; or
  - e) Previous amputation of the foot or part of the foot.
- 2) In general, the following services will be covered for diabetics, when meeting above medical necessity criteria:
  - a) A5500 – A5507, Diabetic shoes
  - b) A5510 – A5513, Diabetic, custom molded foot orthotics
  - c) L3000 – L3003, L3010, L3020 and L3030 – L3031 Custom Molded Orthotics

# Clinical Policy: Diabetic Shoes & Shoe Inserts



## Codes Used In This BI:

ACTIVE	
A5500	For diabetics only, fitting, custom prep & supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe
A5501	For diabetics only, fitting, custom prep & supply of shoe molded frm cast(s) of patient`s foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (incl fitting) of off-the-shelf depth-inlay shoe or custom molded shoe w/roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (incl fitting) of off-the-shelf depth-inlay shoe or custom molded shoe w/wedge(s), per shoe
A5505	For diabetics only, modification (incl fitting) of off-the-shelf depth-inlay shoe or custom molded shoe w/metatarsal bar, per shoe
A5506	For diabetics only, modification (incl fitting) of off-the-shelf depth-inlay shoe or custom molded shoe w/off-set heel(s), per shoe
A5507	For diabetics only, NOS modification (incl fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
A5508	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 w/o external heat source, mult-density insert(s), prefab, per shoe
A5512	For diabetics only, mult density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact w/patient`s foot, incl arch, base layer min of 1/4 in material of Shore A 35 durometer or 3/16 in material of Shore A 40 durometer (or higher), prefab, ea
A5513	For diabetics only, mult density insert, custom molded frm model of a patient`s foot, total contact w/patient`s foot, incl arch, base layer min of 3/16 in material of Shore A 35 durometer (or higher), incl arch filler & other shaping material, custom fab, ea (code revised 1/1/19)
A5514	DIAB ONLY MX DEN INSRT DIRECT CARV CUSTOM FAB EA (new 1/1/2019)
L3000	Foot insert, removable, molded to patient model, UCB type, Berkley shell, ea
L3001	Foot insert, removable, molded to patient model, Spenco, ea
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, ea
L3003	Foot insert, removable, molded to patient model, silicone gel, ea
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, ea
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, ea
L3030	Foot insert, removable, formed to patient foot, ea
L3031	Foot, insert/plate, removable, addtn to lower extrm orthotic, high strength, lightweight material, all hybrid lamination/prepeg composite, ea
DELETED	
K0903	Diab only MX den insert dir carv custom fab each (code deleted 1/1/19)

## Limits

- 1) Two (2) pairs or a combined total 4 units of diabetic shoes per year if under 18 years of age; otherwise, one (1) pair or a combined total 2 units per year.
- 2) Two (2) pairs or a combined total 4 units of diabetic custom molded shoe inserts per year.
- 3) For a shoe attached to a leg brace, it must be included in the cost of the brace.

## Background

Soft or flexible foot orthoses are made from soft compressible materials, such as leather, cork, rubber, soft plastics, or plastic foam (Spenco, PPT, Pelite). Many of these are commercially available and used for simple problems. Soft orthotics help to absorb shock, increase balance, and take pressure off uncomfortable or sore spots. Soft foot orthoses are worn against the sole of the foot and are usually fabricated in full length from heel to toe with increased thickness where weight bearing is indicated and relief where no or little pressure should occur. Plastic foam orthoses are available in different density and thickness and are commonly used for ischemic, insensate, ulcerated, and arthritic feet. The advantage of any soft orthotic is that it may be easily adjusted to changing weight-bearing forces. The disadvantage is that it must be replaced more often than rigid orthotics. A soft orthotic is particularly effective for diabetes. Soft orthotics is also widely used in the care of healing ulcers in the insensate foot.

## Reference

### Addendum:

1. **Effective 01/01/2017:** Specific diabetic complication codes were added related to peripheral neuropathy, peripheral vascular insufficiency, and ulcerations.
2. **Effective 07/01/2017:** Codes updated. Added L3001-L3003, L3010, L3020, and L3031.
3. **Effective 01/01/2018:** Clarified verbiage in public policy statement.

## Application to Products

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.