

# Therapeutic Shoes and Inserts for Diabetes (for Tennessee Only)

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[Instructions for Use](#)

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Commercial Policy
• <a href="#">Therapeutic Shoes and Inserts for Diabetes</a>

## Application

This Coverage Determination Guideline applies to Medicaid only plans in the state of Tennessee.

## Coverage Rationale

### Indications for Coverage

Therapeutic shoes and inserts are proven and medically necessary for members with Diabetes. For medical necessity clinical coverage criteria, refer to the InterQual® 2020, Jan. 2021 Release, Medicare: Durable Medical Equipment, Therapeutic Shoes for Persons with Diabetes.

Click [here](#) to view the InterQual® criteria.

### Coverage Limitations and Exclusions

- Routine care of the foot is an exclusion except when rendered to members with diabetes or members who are at risk of neurological or vascular disease arising from diseases such as diabetes
- Examples of routine foot care include, but are not limited to:
  - Cutting or removal of corns and calluses; nail trimming, cutting, or debriding
  - Hygienic and preventive maintenance foot care such as cleaning and soaking the feet, applying skin creams to maintain skin integrity and other services that are performed when there is not a localized illness, injury, or symptom involving the feet; this can take place in the physician office, outpatient setting, or member’s home
- The following foot care services are also excluded from coverage. These are examples, not an all-inclusive list:
  - Treatment of flat feet
  - Treatment of subluxation of the foot
- Most UnitedHealthcare plans have a specific exclusion for the following items regardless of diagnosis. However, state mandates may apply. Refer to member specific benefit plan document and state mandates.
  - Shoes (standard or custom)
  - Shoe orthotics
  - Shoe inserts

- Arch supports

## Definitions

Check the definitions within the member benefit plan document that supersede the definitions below.

**Diabetes:** A group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both.

**Diabetes Self-Management Training and Educational Services:** Instruction in an inpatient or outpatient setting which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications, when the instruction is provided in accordance with a program in compliance with the National Standards of Diabetes Self-Management Education Program as developed by the American Diabetes Association. Diabetes self-management training and educational services includes coverage for medical nutrition therapy when prescribed by a health care professional and when provided by a certified, registered or licensed health care professional. Diabetes self-management training and educational services does not include programs with the primary purpose of weight reduction.

**Medically Necessary:** Health Care Services that are all of the following as determined by us or our designee:

- In accordance with *Generally Accepted Standards of Medical Practice*
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
A5500	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
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
A5503	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
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including 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 without external heat source, multiple-density insert(s) prefabricated, per shoe

HCPCS Code	Description
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
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

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## References

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3006051/#\\_sec1title](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3006051/#_sec1title).

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

## Guideline History/Revision Information

Date	Summary of Changes
07/01/2021	<ul style="list-style-type: none"> <li>Reformatted policy; services previously addressed in the Coverage Determination Guideline titled <i>Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for Tennessee Only)</i></li> </ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.