

Guidelines for Therapeutic Shoe and Orthotic Coverage

I. Definitions

A. Custom-Molded Shoes

Custom-molded shoes are shoes that:

1. Are constructed over a positive model of the patient's foot;
2. Are made from leather or other suitable material of equal quality;
3. Have removable inserts that can be altered or replaced as the patient's condition warrants; and
4. Have some form of shoe closure.

B. Depth Shoes

Depth shoes are shoes that:

1. Have a full length, heel-to-toe filler that, when removed, provides a minimum of 3/16 inch of additional depth used to accommodate custom-molded or customized inserts;
2. Are made from leather or other suitable material of equal quality;
3. Have some form of shoe closure; and
4. Are available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoes according to the American standard last sizing schedule or its equivalent. (The American standard last sizing schedule is the numerical shoe sizing system used for shoes sold in the United States.)

C. Inserts/Orthotics

Inserts/Orthotics are total contact, multiple density, removable inlays that are directly molded to the patient's foot or a model of the patient's foot and that are made of a suitable material with regard to the patient's condition.

II. Criteria for Approval

1. Must be prescribed, fitted and furnished by a podiatrist, pedorthist, orthotist or prosthetist,
2. Must meet the definitions of depth or custom molded shoes listed below,
3. Must be diabetic, and
4. A pair of shoes is provided even if only one foot suffers from diabetic foot disease. Each shoe is equally equipped so that the affected limb, as well as the remaining limb, is protected.
5. A prior authorization is required for all requests for therapeutic shoes and orthotics for members with diabetes. Providers must be an In-Plan DME provider or provider office. If the provider is a physician supplying the item, they must bill MHI with an invoice.
6. For each individual, coverage of the footwear and inserts is limited to one of the following within one calendar year:
 - a) No more than one pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts; or
 - b) No more than one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes).

III. What is Not Covered

- A. Off-loading shoes
- B. Non-customized removable inserts

IV. References

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

Tammy Owings, DENG, Julie Woerner, BS, Jason Framptom, Peter Cavanaugh, DSC, PHD, Georgeanne Botek, DPM. Custom therapeutic insoles based on both foot shape and plantar pressure measurement provide enhanced pressure relief. American Diabetes Association, Diabetes Care May 2008 vol 31 no.5 839-844
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Sicco A. Bus, PHD, Rob Haspels, MD, Tessa E Busch-Westbroek, MD, Evaluation and optimization of therapeutic footwear for neuropathic diabetic foot patients using in-shoe plantar pressure analysis. American Diabetes Association, Diabetes Care, July 2011 Vol34 no.7 pg 1595-1600
<http://care.diabetesjournals.org/content/34/7/1595.full?sid=891a2c0a-2cae-4d63-b780-8bcc6e458b3f>
(Last Accessed 2/1/17)

V. Summary of Changes

04/13/2017

- Updated last Accessed date

VI. Review Dates

HNE Review Dates: 4/9/13, 4/8/14, 4/14/15, 4/12/16, 3/14/17, 04/04/2017

MHI Review Dates: 01/01/2014, 10/23/2014, 07/02/2015, 4/21/2016, 04/13/2017