

**DIABETIC SHOES AND INSERTS**

Reference the [Look-Up Tool](#) to determine if a code requires a Service Authorization

**DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION CRITERIA AND POLICY

ORIGINAL EFFECTIVE DATE: March 2007

REVISED: December 2025

**DIABETIC SHOES AND INSERTS**

Diabetic shoes are designed to reduce the likelihood of blisters, sores and chaffing occurring by creating an environment within the shoe that has sufficient room for movement, while inhibiting pressure and abrasive points. Foot ulcerations, infection, peripheral neuropathy, and lower extremity amputations are some of the common consequences of diabetes. Effective management, including therapeutic “diabetic” shoes, inserts, or modifications, may assist in the prevention of or delay of adverse outcomes.

Diabetic shoes, inserts and related modifications include, but are not limited to, depth inlay shoes, multi-density inserts, roller or rocker bottoms, wedges, metatarsal bar, and offset heel.

**Indications and limitations of coverage appropriateness:**

Diabetic shoes, inserts, and/or modifications may be covered for members who have, due to complications with diabetes mellitus, one **or** more of the following conditions in one or both feet:

- Previous amputation of the foot or part of the foot arising from diabetes; **or**
- Foot deformity with a potential for ulceration; **or**
- Callus formation; **or**
- Diagnosis of peripheral neuropathy based upon a definitive lower extremity neurological examination, including examination of sensation (i.e., by touch, pin vibration, proprioception), and the Semmes-Weinstein test for Loss of Protective using a 5.07 monofilament wire; **or**
- A history of previous foot ulceration; **or**
- Poor pedal or lower extremity circulation.

**Shoes**

- A custom molded shoe (A5501) is covered when the member has a foot deformity that cannot be accommodated by a depth shoe. The nature and severity of the deformity must be well documented in the DMEPOS provider’s records and available upon request. If a custom-molded shoe is provided but the medical record does not document why it is medically necessary, it will be denied as not reasonable and necessary.

**DIABETIC SHOES AND INSERTS**

Reference the [Look-Up Tool](#) to determine if a code requires a Service Authorization

**DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION CRITERIA AND POLICY

ORIGINAL EFFECTIVE DATE: March 2007

REVISED: December 2025

**DIABETIC SHOES AND INSERTS**

**Inserts**

- Inserts are covered if the member requires a depth shoe or a custom-molded diabetic shoe. For a custom-molded shoe, two inserts would be separately reimbursable.
- **One** additional pair of inserts allowed with the non-customized inserts included with the custom molded shoes.
- **One** pair of inserts allowed with depth shoes.
- A modification of a custom molded or depth shoe will be covered as a substitute for an insert. Such changes would include such items as rigid rocker bottoms, roller bottoms, wedges, metatarsal bars, or offset heels.

**Documentation Requirements:**

- Practitioner prescription.
- Current practitioner exam within 90 days prior to the service authorization start date.
  - Documentation supports the member's diabetes diagnosis and need.
  - When ordering a custom item, the practitioner's medical records must clearly document and justify the need for a custom-fitted item over an off-the-shelf/prefabricated orthosis. The history of past use/coverage is insufficient.
- When requesting shoe(s), insert or modification the appropriate laterality modifier, right (RT), or left (LT), must be used in addition to the purchase modifier (NU).

**Non-covered:**

- Items represented by code A5510 refer to inserts that are compression molded to the member's foot over time through the heat and pressure generated by wearing a shoe with the insert present. Since these inserts are not considered total contact at the time of dispensing, they will be denied as non-covered.
- Inserts used in non-covered shoes.

**DIABETIC SHOES AND INSERTS**

Reference the [Look-Up Tool](#) to determine if a code requires a Service Authorization

**DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION CRITERIA AND POLICY

ORIGINAL EFFECTIVE DATE: March 2007

REVISED: December 2025

**DIABETIC SHOES AND INSERTS**

- Deluxe features of diabetic shoes (A5508).
- Shoes, inserts and/or modifications that are provided to members who do not meet the coverage criteria.
- Standard shoes, tennis shoes/high tops.

**DIABETIC SHOES AND INSERTS**

Reference the [Look-Up Tool](#) to determine if a code requires a Service Authorization

**DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION CRITERIA AND POLICY

ORIGINAL EFFECTIVE DATE: March 2007

REVISED: December 2025

**DIABETIC SHOES AND INSERTS**

Date Revised	Revisions
March 1, 2019	Reviewed and reformatted. Separated orthopedic shoe and inserts from diabetic shoe/insert from Therapeutic Shoes/Insert policy. Added a non-covered section, documentation, and definitions section. Clarified criteria coverage for shoes and inserts. Changed developmentally delayed to Down Syndrome with acceptable diagnosis codes. Removed rheumatoid arthritis.
November 23, 2022	Reviewed and reformatted. Documentation Equipment's section bullet 2 replaced "60" with "90". Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.
December 18, 2025	Reviewed and reformatted. Added "Reference the <a href="#">Look-Up Tool</a> to determine if a code requires a Service Authorization" to the header section. Removed "Service authorization required" from header section.