

THERAPEUTIC SHOES FOR DIABETICS

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I. HCPCS PROCEDURE CODES

A5500 - A5513

II. DESCRIPTION

Therapeutic shoes (also referred to as extra depth or diabetic shoes) including inserts and modifications are designed for diabetics with conditions of impaired peripheral sensation and/or altered peripheral circulation (e.g., diabetic neuropathy and peripheral vascular disease), foot deformity, and pre-ulcerative callus formation. The primary goal of therapeutic shoes is to prevent complications, such as strain, ulcers, calluses, or even amputations for patients with diabetes and poor circulation.

III. POLICY

A. Therapeutic shoes, extra-depth shoes with inserts or custom molded shoes with inserts, for individuals with diabetes are covered.

B. Separate shoes inserts shall be covered when dispensed as a separate item for an otherwise covered therapeutic/diabetic shoe.

IV. COVERAGE LIMITATION

A. For each individual, coverage of the footwear and inserts is limited to one of the following within one calendar year:

1. One pair of custom molded shoes (including inserts provided with such shoes) and two pairs of multidensity inserts, or

2. One pair of extra-depth shoes (not including inserts provided with such shoes) and three pairs of multidensity inserts.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 8, SECTION 8.2

THERAPEUTIC SHOES FOR DIABETICS

3. Modification of custom-molded or extra-depth shoes may be substituted for one pair of inserts, other than the initial pair of inserts. The most common modifications available are:

- a. Rigid rocker bottoms
- b. Roller bottoms
- c. Metatarsal bars
- d. Wedges
- e. Offset heels

B. The physician who is managing the beneficiary's systemic diabetic condition must:

1. Document that the patient has diabetes.

2. Document that the patient has one or more of the following conditions:

a. Previous amputation of the foot or part of the foot;

b. History of previous foot ulceration; or

c. Pre-ulcerative callus formation, or peripheral neuropathy with a history of callus formation, foot deformity, or poor circulation.

3. Certify that the patient is being treated under a comprehensive plan of care for his diabetes and needs therapeutic shoes.

V. EFFECTIVE DATE May 1, 1993.

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