

UnitedHealthcare DME Coverage

October 19, 2022

UnitedHealthcare follows Medicare guidelines and orthotics are only covered when permanently attached to a brace.

Supportive Devices for Feet Supportive devices are not covered except for the following:

An orthotic if it is an integral part of a leg brace, and its expense is included as part of the cost of the brace; or Therapeutic shoes furnished to diabetics Refer to the Medicare Benefit Policy Manual, Chapter 15, § 290 – FootCare. (Accessed July 15, 2022)
Orthopedic Shoe Orthopedic shoe is covered only if an integral part of a covered leg brace, including shoe inserts, heel/sole replacements, or shoe modification, when medically necessary for the proper functioning of the brace. Orthopedic shoes for subluxations of the foot are not covered.

Therapeutic Shoe Therapeutic shoe, along with inserts are covered for diabetics when the following criteria are met:

The shoes (HCPCS code A5500) must be prescribed, fitted and furnished by a podiatrist or other qualified individual (e.g., a pedorthist, orthotist or prosthetist) The shoes must meet this policy's definition for depth or custom-molded shoes:

- o Custom-molded shoes are shoes that are constructed over a positive model of the member's foot; made from leather or other suitable material of equal quality, have removable inserts that can be altered or replaced as the member's condition warrants; and have some form of shoe closure.
- o Depth shoes are shoes that 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, are made of leather or other suitable material of equal quality, have some form of foot closure, and are available in full and half sizes with a minimum of 3 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 (the numerical shoe sizing system used for shoes sold in the United States or its equivalent).

The managing physician who is responsible for diagnosing and treating the member's systemic condition, must do all the following:

- o Document in the medical record that the member has diabetes
- o Certify that the member is being treated under a comprehensive plan of care for his/her diabetes
- o Certify that the member needs therapeutic shoes
- o Document in the member's record that the member has one or more of the following conditions:

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- ⇒ Peripheral neuropathy with the evidence of callus formation
- ⇒ History of previous ulceration
- ⇒ History or pre-ulcerative calluses
- ⇒ Foot deformity
- ⇒ Previous amputation of the foot or part of the foot
- ⇒ Poor Circulation

Inserts

Inserts (HCPCS codes A5512-A5514) may be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed. This footwear must meet the definitions found above for depth shoes and custom-molded shoes. Inserts are total contact, multiple density, removable inlays that are directly molded to the patient's foot or a model of the patient's foot or directly carved from a patient-specific, rectified electronic model and that are made of suitable material with regard to the patient's condition.

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