

**Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

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**Shoes and Shoe Modifications (Custom Molded/  
Corrective/Therapeutic)**

**MP9061**

**Covered Service:** Yes

**Prior Authorization  
Required:** No

**Additional  
Information:** Shoes and shoe modifications are limited to one pair per 12 months.

**Medicare Policy:** Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

**BadgerCare Plus  
Policy:** Dean Health Plan pays when BadgerCare Plus also covers the benefit.

**Dean Health Plan Medical Policy:**

1.0 Custom molded, corrective, or therapeutic shoes (e.g. depth shoes) **do not** require prior authorization and are considered medically necessary when **ONE** of the following criteria are met:

- 1.1 There is documentation that surgery would be prevented;
- 1.2 The member has a history of poorly healing foot ulcers;
- 1.3 The member has advanced polyneuropathy with high risk of ulceration or infection;
- 1.4 For children following corrective surgery for the treatment of clubfoot

2.0 Bebox corrective shoes are not considered medically necessary and therefore not covered because the condition will spontaneously correct without their use.

3.0 Shoe modifications **do not** require prior authorization, including but not limited to the following:

- Metatarsal bars
- Offset Heels
- Rigid rocker bottoms
- Roller bottoms
- Wedges

4.0 If the request for custom molded, corrective or therapeutic shoes or shoe modifications meets criteria for coverage, two (2) pair of diabetic inserts per 12 months can be supplied **without** prior authorization for members with diabetes.

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