Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic)  MP9061

Covered Service: Yes

Prior Authorization Required: Yes, as indicated in 1.0 and 3.0

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

WellFirst Health Plan Medical Policy:

1.0 Custom molded, corrective, or therapeutic shoes require prior authorization through the Health Services Division and are considered medically necessary when ONE of the following criteria are met:

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

2.0 Bebax corrective shoes are not considered medically necessary because the condition will spontaneously correct without their use.

3.0 Shoe modifications require prior authorization through the Health Services Division for, including but not limited to the following:

- Metatarsal bars
- Rocker bottoms
- Wedges

4.0 If the request for custom molded, corrective or therapeutic shoes or shoe modification meets criteria for coverage, two (2) pairs of diabetic inserts per 12 months can be supplied without prior authorization for members with diabetes.
Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

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<tr>
<th>Committee/Source</th>
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<tbody>
<tr>
<td>Document Created: Medical Policy Committee/Health Services Division</td>
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Effective: 01/01/2020