



**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 summary plan description (SPD) and to applicable state and/or federal laws.**

---

**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.

**WellFirst 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.

*All WellFirst Health products and services are provided by subsidiaries of SSM Health Care Corporation, including, but not limited to, SSM Health Insurance Company and SSM Health Plan. Provider resources and communications are branded as WellFirst Health.*



**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 summary plan description (SPD) and to applicable state and/or federal laws.**

---

	Committee/Source	Date(s)
<b>Document</b>		
<b>Created:</b>	Medical Policy Committee/Health Services Division	February 20, 2019
<b>Revised:</b>	Medical Policy Committee/Health Services Division	July 15, 2020
	Medical Policy Committee/Health Services Division	July 21, 2021
<b>Reviewed:</b>	Medical Policy Committee/Health Services Division	February 19, 2020
	Medical Policy Committee/Health Services Division	July 15, 2020
	Medical Policy Committee/Health Services Division	July 21 2021
	Medical Policy Committee/Health Services Division	July 20, 2022
	Medical Policy Committee/Health Services Division	July 19, 2023

Published: 08/01/2023

Effective: 08/01/2023

*All WellFirst Health products and services are provided by subsidiaries of SSM Health Care Corporation, including, but not limited to, SSM Health Insurance Company and SSM Health Plan. Provider resources and communications are branded as WellFirst Health.*