



THERAPEUTIC SHOE POLICY INFORMATION

Medicare covers therapeutic shoes and inserts for persons with diabetes. This statutory benefit is limited to one pair of shoes and up to 3 pairs of inserts or shoe modifications per calendar year. A shoe modification will be used in substitution of an insert. Not all 3 pair of inserts are allowed at the same time. In order for these items to be covered, certain criteria must be met and specific documentation must be obtained to qualify the beneficiary for coverage.

The following documentation is required in order for your insurance to pay for therapeutic shoes and inserts and must be provided prior to your in-person visit & evaluation at Adaptive.

1. An **original order/prescription** with proper diagnosis for diabetic footwear and inserts.
2. A completed **“statement of certifying physician for therapeutic shoes”** by the certifying physician (one who manages your diabetes). This must be completed by the certifying M.D. or D.O. at in-person visit within 3 months prior to delivery of shoes.
3. **Documentation of qualifying foot assessment.** The certifying physician’s (M.D. or D.O.) medical record documentation should include a clinical foot exam with descriptions and abnormalities as well as the need for shoes and inserts to accommodate the specific foot condition.
4. **Documentation of the qualifying criteria and diabetic management with a comprehensive plan of care.** Patient’s medical record must include the certifying physician’s clinical evaluation, verify he/she has at least one of the six qualifying conditions and discuss the diabetic management. This documentation should be from the in-person visit dated within 6 months prior to delivery of shoes.

Tips:

- The M.D. or D.O. (“certifying physician”) manages the patient’s diabetes under a comprehensive plan of care and must certify that the patient needs therapeutic shoes and inserts.
- According to the therapeutic shoe policy, it is not sufficient for a DPM, physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) to provide the necessary foot assessment or document diabetic management.
- The medical record note documenting the qualifying one or more of the six conditions (a-f), must be more detailed than the general descriptions that are listed on the certifying statement for therapeutic shoes. Only one of the conditions are necessary to qualify.

Examples are:

- The specific foot deformity – bunion, hammertoe, bunionette, *or*
- The location of foot ulcer or callus or history of one of these conditions, *or*
- The type of foot amputation, *or*
- Symptoms, signs or tests supporting a diagnosis of peripheral neuropathy **plus** the presence and location of a callus. Peripheral neuropathy alone is not sufficient, *or*
- The specifics about poor circulation in the feet; diagnosis of venous or arterial insufficiency or symptoms, signs or test documenting on of these diagnoses. A diagnosis of hypertension, coronary artery disease, or congestive heart failure or the presence of edema by themselves are not sufficient.