



PROVIDER COMPLIANCE TIPS FOR DIABETIC SHOES



UPDATES

- 2019 data replaced the previous year's throughout document

INTRODUCTION

This publication is meant to educate providers on coverage and proper billing of diabetic shoes.

PROVIDER TYPES AFFECTED

A physician who is a doctor of medicine or doctor of osteopathy who is responsible for diagnosing and treating the patient's diabetic systemic condition through a comprehensive plan of care, as well as podiatrists or other qualified physicians knowledgeable in fitting diabetic shoes.

BACKGROUND

The Medicare Fee-for-Service (FFS) improper payment rate for diabetic shoes for the 2019 reporting period was 72.6 percent, a projected improper payment amount of \$97,609,773.¹

Claims for diabetic therapeutic shoes are processed by Durable Medical Equipment Medicare Administrative Contractors (DME MACs). Therapeutic shoes for diabetics aren't DME and aren't considered DME nor orthotics; however there's a separate category of coverage under Medicare Part B.²

REASONS FOR DENIAL

For the 2019 reporting period, insufficient documentation accounted for 84.9 percent of improper payments for diabetic shoes. The remaining 15.1 percent of improper payments were due to other errors, which can include, but aren't limited to, claims with a duplicate payments, non-covered or unallowable services, or ineligible Medicare beneficiaries.¹

TO PREVENT DENIALS

This benefit provides for a pair of diabetic shoes, even if only one foot suffers from diabetic foot disease. Each shoe is equally equipped so that the affected limb, as well as the remaining limb, is protected.²

Definitions

The following items may be covered under the diabetic shoe benefit:

1. Custom-Molded Shoes

- Are constructed over a positive model of the patient's foot
- Are made from leather or other suitable material of equal quality
- Have removable inserts that can be altered or replaced as the patient's condition warrants
- Have some form of shoe closure ²

2. Depth Shoes

- Have a full length, heel-to-toe filler that, when removed, gives at least of 3/16 inch of added depth used to accommodate custom-molded or customized inserts
- Are made from leather or other suitable material of equal quality
- Have some form of shoe closure

¹ [2019 Medicare Fee-for-Service Supplemental Improper Payment Data](#)

² [Medicare Benefit Policy Manual, Chapter 15, Section 140](#)

- Are available in full and half sizes with at least three 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 or its equivalent (The American standard last sizing schedule is the numerical shoe sizing system used for shoes sold in the United States.)

3. Inserts

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 a suitable material with regard to the patient's condition.²

Coverage

Limitations:

For each individual, coverage of the footwear and inserts is limited to one of the following within one calendar year:

- No more than one pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts
- No more than one pair of depth shoes and three pairs of inserts (not including the noncustomized removable inserts provided with such shoes)²

Certification

This certifying physician must:²

- Document in the patient's medical record that the patient has diabetes
- Certify that the patient is being treated under a comprehensive plan of care for diabetes, and that the patient needs diabetic shoes
- Document in the patient's record that the patient has one or more of the following conditions:
 - Peripheral neuropathy with evidence of callus formation
 - History of pre-ulcerative calluses
 - History of previous ulceration
 - Foot deformity
 - Previous amputation of the foot or part of the foot
 - Poor circulation

Prescription

Following certification by the physician managing the patient's systemic diabetic condition, a podiatrist or other qualified physician who is knowledgeable in the fitting of diabetic shoes and inserts may prescribe the particular type of footwear necessary.²

Furnishing Footwear

The footwear must be fitted and furnished by a podiatrist or other qualified individual such as a pedorthist, an orthotist, or a prosthetist. The certifying physician may not furnish the diabetic shoes unless the certifying physician is the only qualified individual in the area. It is left to the discretion of each A/B MAC (B) to determine the meaning of "in the area."²

² [Medicare Benefit Policy Manual, Chapter 15, Section 140](#)

RESOURCES

Table 1: Diabetic Shoes Resources

RESOURCE	WEBSITE
Medicare Benefit Policy Manual, Chapter 15, Section 140 – Therapeutic Shoes for Individuals with Diabetes	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.PDF
2019 Medicare Fee-for-Service Supplemental Improper Payment Data	https://www.cms.gov/files/document/2019-medicare-fee-service-supplemental-improper-payment-data.pdf

Please [Contact your MAC](#) for any updates or changes to the Policy Article (PA) and the LCD regarding policy and general documentation requirements.

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