



# THE MEDICARE THERAPEUTIC SHOE BILL

Part of the Therapeutic Shoe Course Training Series  
as presented by



The Therapeutic Shoe Bill was enacted by Congress in 1993 in order to provide proper footwear and inserts for people with diabetes who qualify under Medicare Part B benefits. According to the American Diabetes Association (ADA), there are approximately 17 million Americans with diabetes, and twenty-five percent of those people will develop foot complications as a result of their disease. The Therapeutic Shoe Program was designed to help prevent lower limb ulcers, amputation, and other complications in people who are diagnosed with diabetes. Eligible beneficiaries qualify for one pair of shoes, plus extra pairs of inserts and/or shoe modifications per calendar year.

### *Medicare Beneficiary Coverage*

Medicare covers therapeutic shoes, inserts, and/or modifications for beneficiaries only if the following criteria are met:

- 1) The beneficiary has diabetes mellitus (ICD-9 codes: 250.00-250.93) and at least one or more of the following conditions:
  - a) Previous amputation of the foot, or part of either foot, or
  - b) History of previous foot ulceration of either foot, or
  - c) History of pre-ulcerative calluses of either foot, or
  - d) Peripheral neuropathy with evidence of callus formation of either foot, or
  - e) Foot deformity of either foot, or
  - f) Poor circulation in either foot

The certifying physician (MD or DO) who is managing the beneficiary's systemic diabetes condition has certified that one or more of the above conditions are diagnosed; he or she is treating the beneficiary under a comprehensive plan of care for his or her diabetes; and the beneficiary is in need of therapeutic shoes, inserts and/or modifications.

### *Program Coverage Summary*

Medicare beneficiaries meeting the criteria, coverage is limited to one of the following:

- 1) one pair of off-the-shelf depth shoes and three additional pairs of multi-density inserts, or
- 2) one pair of off-the-shelf depth shoes including a modification, and two additional pairs of multi-density inserts, or
- 3) One pair of custom-molded shoes and two additional pair of multi-density inserts.

The reimbursement for the therapeutic shoe program includes the foot evaluation, fitting of the shoes and inserts, modifications, and follow-up sessions.

The benefits are renewed on January 1 of each year. If shoes and/or inserts are dispensed in less than one year from the last dispensing date, a documented medical reason should be noted in the beneficiary's medical file.

### *Program Documentation Requirements*

Medicare requires that the supplier for the beneficiary obtain the proper documentation prior to the furnishing of the therapeutic shoes, inserts and/or modifications.

The following documentation is required:

- 1) A certification of medical necessity from the physician (MD or DO) who manages the beneficiaries diabetes, which certifies that the beneficiary:
  - a) Has diabetes mellitus, and
  - b) Has at least one or more of the qualifying conditions, and
  - c) Is being treated under a comprehensive plan of care for his or her diabetes, and
  - d) Needs therapeutic shoes, inserts or modifications.

Medicare recommends that suppliers use the Medicare approved “Statement of Certifying Physician for Therapeutic Shoes” form to fulfill this requirement.

The Certifying Physician must be either a MD or DO and may not be a podiatrist. The Certifying Physician may not furnish the footwear unless he/she practices in a defined rural area or a defined health professional shortage area.

A new certifying statement is required for a shoe, insert or modification provided more than one year from the most recent certifying statement date on file. A copy of the certifying statement should remain in the supplier’s beneficiary file. To indicate that a valid signed statement is on file a KX modifier must be added to the claim form.

- 2) A prescription or doctor’s order must be obtained for a particular type of footwear (e.g. shoes, inserts, and/or modification) from a MD, DO or podiatrist who is knowledgeable in the fitting of therapeutic shoes and inserts. Suppliers are required to keep file copies of signed and dated prescriptions or doctors order.

If the supplier is a podiatrist, then separate documentation is not required, but documentation of medical necessity and footwear dispensing must be documented in the beneficiary’s medical file.

A new order or prescription is not needed for a replacement shoe or insert within the one year; however, the supplier’s file should document the reason for replacement. A new order or prescription is required for the shoe, or any insert or modification completed greater than one year from signed order or prescription.

***Products and Services Covered by the Program:***

Medicare will reimburse up to 80% of the maximum allowable for the therapeutic shoes, inserts and modifications. The beneficiaries' secondary medical insurance will customarily cover the remaining 20%. If the beneficiary does not have secondary insurance, they will be responsible for the remaining 20%.

*Shoe requirements:*

- 1) A depth shoe must meet the following definition to qualify for the benefit category (A5500):
  - a) Has a full length, heel-to-toe filler that when removed provides a minimum of 3/16 inch of additional depth used to accommodate a pre-fabricated or custom-molded insert, and
  - b) Is made from leather or other suitable material of equal quality, and
  - c) Has some form a shoe closure, and
  - d) Is available in a full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoe according to the American standard last sizing schedule or its equivalent.
- 2) A custom-molded shoe must meet the following definition to qualify for the benefit category (A5501):
  - a) Is constructed over a positive model of the beneficiary's foot, and
  - b) Is made from leather or other suitable material of equal quality, and
  - c) Has removable inserts that can be altered or replaced as the beneficiary's conditions warrants, and
  - d) Has some form of shoe closure.

Custom molded shoes (A5501) are covered when the patient has a foot deformity, which cannot be accommodated by an off-the-shelf depth shoe. The nature and severity of the deformity must be well documented in the supplier's file.

*Inserts requirements:*

For the inserts to be covered under the Medicare Program, it must be multi-density and molded directly to the foot or the model of the foot, to the degree necessary to achieve total contact of the beneficiary's foot. To be considered total contact, the position, length and height of the arch of the device must match that of the beneficiary's uncompensated arch to achieve the clinical benefits.

- 1) Direct Molded multi-density inserts (K0628) covers pre-fabricated molded directly to the beneficiary's foot. The device must be heat molded with an external heat source (e.g. oven or heat gun) that can produce heat at temperatures of 230 degrees or greater. The molding process and any other additional modifications must achieve total contact at the time of dispensing to meet the requirements of the benefit category.
- 2) Compression molded multi-density inserts (A5510) reflects compression molding to the beneficiary's foot over time through the heat and pressure generated by wearing a shoe with the insert present. Since these inserts are not considered total contact at the time of dispensing, they do not meet the requirements of the benefit category and will be denied as non-covered.
- 3) Custom molded multi-density inserts (K0629) covers a custom fabricated device molded to a model of the beneficiary's foot. A sanding process to vary its thickness to match the contour of the uncompensated foot then further modifies the molded device. The final device must achieve total contact at the time of dispensing to meet the requirements of the benefit category.

*Modifications:*

- 1) Rigid rocker bottoms (A5503) are exterior elevations with apex position for 51-75% distance measured from the back end of the heel. The apex is a narrowed or pointed end of an anatomical structure. The apex must be positioned behind the metatarsal heads and tapering off sharply to the front tip of the sole. Apex height helps eliminate pressure at the metatarsal heads. The steel in the shoe ensures rigidity. The heel of the shoe tapers off in the back in order to cause the heel to strike in the middle of the heel.
- 2) Roller bottoms (A5503) are the same as rocker bottoms, but the heel is tapered from the apex to the front tip of the sole.
- 3) Wedges (A5504) are either of hind foot, fore foot, or both and may be in the middle or to the sides. The function is to shift or transfer weight bearing upon standing or during ambulating to the opposite side for added support, stabilization, equalized weight distribution or balance.
- 4) Metatarsal bars (A5505) are exterior bars, which are placed behind the metatarsal heads in order to remove pressure from the metatarsals heads. The bars are of various shapes, heights, and construction depending on the exact purpose.
- 5) Offset heel (A5506) is a heel flanged at its base either in the middle, to the side, or a combination, that is then extended upward to the shoe in order to stabilize extreme positions of the hind foot.



HCPCS	Definition	Max. Allowable
A5500	Off-the-shelf depth shoe(s)	\$59.36 per pair
A5501	Custom-molded depth shoe(s)	\$178.04 per pair
A5503	Diabetic Shoe with roller/rocker	\$26.40 per pair
A5504	Diabetic Shoe with wedge	\$26.40 per pair
A5505	Diabetic Shoe with metatarsal bar	\$26.40 per pair
A5506	Diabetic Shoe with off-set heel	\$26.40 per pair
A5507	Modification diabetic shoe	\$26.40 per pair
K0628	Direct molded (heat) multi-density inserts	\$24.22 per pair
A5510	Compression molded multi-density inserts	Non-reimbursable
K0629	Custom-molded multi-density insert	\$36.14 per pair

***Program Benefit Period***

Medicare beneficiaries are qualified to receive the shoes, inserts, and/or modifications each calendar year. If shoes and inserts are dispensed before the end of the qualifying period, proper documentation to note the reason for the replacement of the shoes and inserts.

***Who Can Provide the Therapeutic Shoes, Inserts, and/or Modifications***

A supplier is the person or entity that actually fits and furnishes the shoes and/or inserts. The fitter may be a pedorthist, orthotist, prosthetist, podiatrist or other qualified individual.



*Sample Documentation:*

**Statement of Certifying Physician  
Therapeutic Shoes for Diabetics**

Instructions: Please make any necessary changes to reflect the patient’s status, initial any changes, and sign below to confirm the patient’s need for therapeutic shoes.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Medicare #/HIC #: \_\_\_\_\_ Account #: \_\_\_\_\_

I am providing medical care to the above named patient for their diabetic condition. I certify that the following statements are true:

- 1) This patient has diabetes mellitus ICD-9 code: \_\_\_\_\_
- 2) This patient has one or more of the following conditions:
  - a) History of partial or complete amputation of the foot
  - b) History of previous foot ulceration
  - c) History of pre-ulceration callus
  - d) Peripheral neuropathy with evidence of callus formation
  - e) Foot Deformity
  - f) Poor Circulation
- 3) I am treating this patient under a comprehensive plan of care for his/her diabetes
- 4) This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes

By signing below, I state that the patient named above has diabetes and is being treated by me under a comprehensive plan of care for the patient’s diabetes. All the information contained in this statement is true and correct to the best of my knowledge.

Physician signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Physician Name (printed): \_\_\_\_\_

UPIN: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_



**Doctor Order  
Therapeutic Shoes for Diabetics**

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Instructions: Please make any necessary changes to reflect the patient's status, initial any changes, and sign below to confirm the patient's need for therapeutic shoes.

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Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Medicare #/HIC #: \_\_\_\_\_ Account #: \_\_\_\_\_

Please provide the above named patient with the following:

- 1) One pair of therapeutic off-the-shelf depth-inlay shoes, manufactured to accommodate multi-density insert(s).
- 2) One pair of customer therapeutic shoes molded from a cast(s) of the patient's feet.
- 3) Three pair of multi-density inserts for therapeutic shoes
- 4) Modification of a pair of off-the-shelf depth-inlay shoes or one pair of custom molded shoes with roller or rigid rocker bottom.
- 5) Modification of a pair of off-the-shelf depth-inlay shoes or one pair of custom molded shoes with metatarsal bar(s).
- 6) Modification of a pair of off-the-shelf depth-inlay shoes or one pair of custom molded shoes with off-set heel(s).
- 7) Other: \_\_\_\_\_

By signing below, I state that the patient named above has diabetes and is being treated by an M.D. or D.O. under a comprehensive plan of care for the patient's diabetes. All the information contained in this statement is true and correct to the best of my knowledge.

Physician signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Physician Name (printed): \_\_\_\_\_

UPIN: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_



**ACOR's Disclaimer of Liability:**

Acor takes great care to ensure that the information we provide regarding Medicare billing and reimbursement for diabetic therapeutic shoes and inserts is accurate and correct. We provide this information as a public service only. We make no guarantee that use of the information we provide will result in Medicare reimbursement.

Please understand that reimbursement is dependant on several factors outside of our control, including provider compliance with Medicare regulations, and whether Medicare concludes that the products and the patients for whom the products are intended meet the relevant regulatory criteria.

Of course, Acor encourages its customers' continued compliance with all applicable Medicare laws and regulations. We wish you success in this and all your patient care endeavors!



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**Contact Acor via Standard Mail:** Acor, Inc.  
18530 South Miles Parkway  
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