

# Shoes and Foot Orthotics

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guideline
• <a href="#">Prosthetic Shoe (NCD 280.10)</a>

## Coverage Guidelines

Shoes and foot orthotics are covered when Medicare coverage criteria is met.

### Orthopedic Shoe

Orthopedic shoe is covered only if an integral part of a covered leg brace, including shoe inserts, heel/sole replacements, or shoe modification, when medically necessary for the proper functioning of the brace. Orthopedic shoes for subluxations of the foot are not covered.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §290 – Foot Care](#). (Accessed July 29, 2021)

### Prosthetic Shoe

Prosthetic shoe (a device used when all or a substantial portion of the front of the front part of the foot is missing) can be covered as a terminal device; i.e., a structural supplement replacing a totally or substantially absent hand or foot.

Refer to the:

- [National Coverage Determination \(NCD\) for Prosthetic Shoe \(280.10\)](#). (Accessed July 29, 2021)
- DME MAC [Local Coverage Determination \(LCD\) for Orthopedic Footwear \(L33641\)](#). Compliance with these policies is required where applicable. (Accessed July 29, 2021)

### Therapeutic Shoe

Therapeutic shoe, along with inserts are covered for diabetics when the following criteria are met:

- The shoes must be prescribed, fitted and furnished by a podiatrist or other qualified individual (e.g., a pedorthist, orthotist or prosthetist)
- The shoes must meet this policy’s definition for depth or custom-molded shoes:
  - Custom-molded shoes are shoes that are constructed over a positive model of the member’s foot; made from leather or other suitable material of equal quality, have removable inserts that can be altered or replaced as the member’s condition warrants; and have some form of shoe closure.
  - Depth shoes are shoes that have a full-length heel-to-toe filler that, when removed, provides a minimum of 3/16 inch of additional depth used to accommodate custom molded or customized inserts, are made of leather or other suitable material of equal quality, have some form of foot closure, and are available in full and half sizes with a minimum of 3 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 (the numerical shoe sizing system used for shoes sold in the United States or its equivalent).

- The managing physician who is responsible for diagnosing and treating the member's systemic condition, must do all the following:
  - Document in the medical record that the member has diabetes
  - Certify that the member is being treated under a comprehensive plan of care for his/her diabetes
  - Certify that the member needs therapeutic shoes
  - Document in the member's record that the member has one or more of the following conditions:
    - Peripheral neuropathy with the evidence of callus formation
    - History of previous ulceration
    - History or pre-ulcerative calluses
    - Foot deformity
    - Previous amputation of the foot or part of the foot
    - Poor Circulation

### ***Inserts***

Inserts may be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed. This footwear must meet the definitions found above for depth shoes and custom-molded shoes.

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 suitable material with regard to the patient's condition.

### ***Substitution of Modifications for Inserts***

An individual may substitute modification(s) of custom-molded or depth shoes instead of obtaining a pair of inserts in any combination. Payment for the modification(s) may not exceed the limit set for the inserts for which the individual is entitled. Examples include but are not limited to: rigid rocker bottoms, roller bottoms (sole or bar), metatarsals bars, wedges (posting), offset heels, flared heels, Velcro closures, inserts for missing toes.

### ***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 (1) pair of custom-molded shoes (which includes inserts provided with the shoes) and two (2) additional pairs of inserts
- No more than one (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removal inserts provided with such shoes)

Notes:

- A pair of therapeutic shoes is covered 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).
- Therapeutic shoes for diabetics are not durable medical equipment (DME) and are not considered DME nor orthotics, but a separate category of coverage under Part B.
- In situations in which an individual qualifies for both diabetic shoes and a leg brace, these items are covered separately.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes](#).

(Accessed July 29, 2021)

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. Refer to the DME MAC [LCD for Therapeutic Shoes for Persons with Diabetes \(L33369\)](#).

(Accessed July 29, 2021)

## Policy History/Revision Information

Date	Summary of Changes
08/17/2021	<ul style="list-style-type: none"><li data-bbox="337 216 946 243">• Routine review; no change to coverage guidelines</li><li data-bbox="337 247 886 275">• Archived previous policy version MCS084.01</li></ul>

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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