Coverage Guidelines for Orthopedic and Therapeutic Shoes

Coverage and Payment Policy

Orthopedic shoes are designed to accommodate specific foot deformities and must include attachment to a brace. Diabetic shoes are designed to reduce the likelihood of blisters, sores and chafing occurring by creating an environment within the shoe that has sufficient room for movement, while inhibiting pressure and abrasive points. Custom molded shoes are covered only if the standard shoe cannot accommodate a foot anomaly.

This service requires prior authorization. Coverage is for one pair of shoes per twelve calendar months. For beneficiaries meeting the coverage criteria for therapeutic shoes, three (3) pairs of inserts are covered within the same twelve calendar months. Requests for additional shoes within the specified time frame will be reviewed for medical necessity on a case-by-case basis.

Orthopedic shoes require the following documentation:

- Prescription signed and dated by the prescribing provider; and
- Certification by the prescribing provider that shoe must be attached to a brace.

Therapeutic shoes require the following documentation:

- Diabetic shoes require a diagnosis of diabetes and a Statement of Certifying Physician for Diabetic Shoes signed and dated by the prescribing provider; and
- Certification that the beneficiary is being treated under a comprehensive plan of care for his/her diabetes and that he/she needs therapeutic shoes; and

Prescribing provider documents the beneficiary has one or more of the following conditions:

- Previous amputation of the foot or part of the foot due to complications that resulted from diabetes;
- History of previous foot ulceration;
- Pre-ulcerative callus formation, or peripheral neuropathy with a history of callus formation;
- Foot deformity;
- Poor circulation;
- Increased callus formation;
- Increased peripheral neuropathy; or
- Significant worsening or change of a foot deformity.
Custom molded shoes require the following documentation:

- Prescription signed and dated by the prescribing provider; and
- The prescribing provider documents as to why standard shoes will not be adequate and/or why the depth of standard shoes cannot accommodate a foot anomaly.

Approved by: ___________________________  Associate Medical Director

Jerry Fingerut, MD

Date: ___________________________

Reviewed: ___________________________

Revised: ___________________________