### Coverage Summary

**Shoes and Foot Orthotics**

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<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 09/20/2016</td>
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Related Medicare Advantage Policy Guideline: [Prosthetic Shoe (NCD 280.10)]

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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.

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### I. COVERAGE

**Coverage Statement:** Shoes and foot orthotics are covered when Medicare coverage criteria is met.

**Guidelines/Notes:**

1. **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**.


   Also see the DME MAC **LCDs for Orthopedic Footwear (L33641)**. Compliance with these policies is required where applicable. (Accessed May 1, 2017)

2. **Prosthetic Shoe**

   Prosthetic shoe is **covered** when used as a structural device to replace all of a foot or when a large portion of the member’s forefoot (front part) is missing.
3. **Therapeutic Shoe**

Therapeutic shoe, shoe inserts also known as foot orthotics and/or modifications to therapeutic shoes are covered for diabetics when the following criteria are met:

a. The shoes must be prescribed, fitted and furnished by a podiatrist or other qualified individual (e.g., a pedorthist, orthotist or prosthetist)

b. The shoes must meet this policy’s definition for depth or custom-molded shoes (see Section E)

c. The managing physician who is responsible for diagnosing and treating the member’s systemic condition, must do all the following:

   1) Document in the medical record that the member has diabetes
   2) Certify that the member is being treated under a comprehensive plan of care for his/her diabetes
   3) Certify that the member needs therapeutic shoes
   4) Document in the member’s record that the member has one or more of the following conditions:

      a). Peripheral neuropathy with the evidence of callus formation
      b) History of previous ulceration, pre-ulcerative calluses, foot deformity, or previous amputation of the foot or part of the foot
      c) Vascular insufficiency

**Limitations** for shoes and shoe orthotics when the above coverage criteria are met:

a. One pair of custom-molded shoes (which includes inserts provided with the shoes) and 2 additional pairs of inserts, per calendar year; or

b. One pair of depth shoes and 3 pairs of inserts (not including the non-customized removal inserts provided with such shoes), per calendar year; or

c. Separate inserts independent of the therapeutic shoes are covered when the member meets the coverage criteria above and the prescribing provider verifies in writing that the member has the appropriate footwear into which the insert can be placed.

d. Modifications of custom-molded or depth shoes (e.g., wedges, offset heels or shoe lifts, Velcro closures, inserts for missing toes, etc.) instead of obtaining a pair of inserts in any combination are covered when the member meets the above coverage criteria.

**Note:** 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).

See the *Medicare Benefit Coverage Manual (Pub. 100-2), Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes.* (Accessed August 23, 2016)

Local Coverage Determinations (LCDs) exist and compliance with these policies is required.
where applicable. See the DME MAC LCDs for Therapeutic Shoes for Persons with Diabetes (L33369). (Accessed May 1, 2017)

II. DEFINITIONS

Custom-Molded Shoes: 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. See the Medicare Benefit Coverage Manual (Pub. 100-2), Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes. (Accessed August 23, 2016)

Depth Shoes: 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). See the Medicare Benefit Coverage Manual (Pub. 100-2), Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes. (Accessed August 23, 2016)

Foot Orthotics: Shoe inserts that are intended to correct foot function and minimize stress forces that could ultimately cause foot deformity and pain by altering slightly the angles at which foot strikes a walking or running surface. See the Medicare Benefit Coverage Manual (Pub. 100-2), Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes. (Accessed August 23, 2016)

Inserts: Total contact, multiple density, removable inlays that are directly molded to the patient’s foot or a model of the patient’s foot and that are made of suitable material with regard to the patient’s condition. See the Medicare Benefit Coverage Manual (Pub. 100-2), Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes. (Accessed August 23, 2016)

Orthopedic Shoe: A shoe that prevents or corrects foot deformity. See the Medicare Benefit Coverage Manual (Pub. 100-2), Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes. (Accessed August 23, 2016)

Peripheral Neuropathy: A degenerative condition of the nervous system involving the skin of the extremities. See the Medicare Benefit Coverage Manual (Pub. 100-2), Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes. (Accessed August 23, 2016)

Prosthetic Shoe: A device used when all or a substantial portion of the forefoot (front part) is missing. NCD for Prosthetic Shoe (280.10). (Accessed August 23, 2016)

Therapeutic Shoe: A depth or custom-molded shoe for individuals with diabetes. See the Medicare Benefit Coverage Manual (Pub. 100-2), Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes. (Accessed August 23, 2016)

III. REFERENCES

See above

IV. REVISION HISTORY

09/20/2016 Annual review; no updates.
10/20/2015 Annual review; no updates.

10/21/2014 Annual review with following updates:

- Guidelines #2 (Prosthetic Shoe) – Removed reference link to the retired LCDs for Prosthetic Shoe.
- Updated the definitions of (added reference link to the Medicare Benefit Coverage Manual (Pub. 100-2), Chapter 15, Section 140 Therapeutic Shoes for Individuals with Diabetes):
  - Custom-Molded Shoes
  - Depth Shoes
  - Foot Orthotics
  - Inserts
  - Orthopedic Shoe
  - Peripheral Neuropathy
  - Therapeutic Shoe
- Updated the definition of:
  - Prosthetic Shoe: Added reference link to the NCD for Prosthetic Shoe (280.10)

10/24/2013 Annual review; no updates.

10/31/2012 Annual review; no updates.

10/13/2011 Annual review; no updates.