

(Jan 2023; Guidelines only)

Medicare Therapeutic Shoe Bill

Footwear and inserts for people with diabetes who qualify under Medicare Part B. Eligible patients qualify for one pair of shoes and inserts, PLUS 2 extra pairs of inserts and/or shoe modification substitutions for each calendar year (i.e. 2 extras in total).

Certain paperwork needs to be maintained on file including; (a) The statement of certifying physician (the MD or DO **treating the diabetes**) and, (b) The prescription from the doctor **treating the foot condition**.

<u>Code</u>	<u>Definition</u>	<u>Allowable</u>
A5500	Off-the-shelf depth inlay shoe manufactured to accommodate multi-density inserts.	\$84.57/shoe (\$169.14/pr)
A5501	Custom molded shoe from cast of patient's foot.	\$253.63/shoe (\$507.26/pr)
A5512	Insert, multiple density, direct molded to patient foot with external heat source: PDAC approved.	\$34.49/ea (\$68.98/pr)
A5513	Insert, multiple density, custom fabricated: Direct molded to model of foot. PDAC approved.	\$51.47/ea (\$102.94/pr)
A5514	Insert, multiple density, custom fabricated: Direct carving w/CAM technology. PDAC approved.	\$51.47/ea (\$102.94/pr)

Substitutions:

A5503	Modification of shoe w/ROCKER BOTTOM	\$43.06ea (\$86.12/pr)
A5504	Modification of shoe with WEDGES	same
A5505	Modification of shoe with MET BARS	same
A5506	Modification of shoe with off-set heels (FLARES)	same
A5507	Modification, not otherwise specified	same

Suggested codes only! For further info visit <http://www.cms.gov/home/medicare.asp> . Go to "Medicare Fee-For-Service Payment" section, click on "DME, P/O & Supplies Fee Schedules", on Left menu choose "DMEPOS Fee Schedule". Full definitions of codes, and the approved manufacturer Product Classification List, can be found at www.dmepdac.com

