



Per the Medicare/CGS website, below is the explanation of required documentation for providing diabetic shoes and inserts for eligible patients.

Medicare covers therapeutic shoes and inserts for persons with diabetes. This statutory benefit is limited to one pair of shoes and up to 3 pairs of inserts or shoe modifications per calendar year. However, in order to qualify, the Medicare statute mandates that there must be specific coverage and documentation requirements.

The need for therapeutic shoes must be certified by a physician who is an M.D. or D.O. and who has the primary responsibility for treating the patient's systemic diabetes.

This physician must:

- Document in the patient's medical record that the patient has diabetes.
- Certify the patient is being treated under a comprehensive plan of care for diabetes and the patient needs diabetic shoes.
- Document in the patient's medical record the presence of one or more of the following conditions:
 - Previous amputation of the other foot, or part of either foot
 - History of previous foot ulceration of either foot
 - History of pre-ulcerative calluses of either foot
 - Peripheral neuropathy and evidence of callus formation of either foot
 - Foot deformity of either foot
 - Poor circulation (i.e., small or large vessel arterial insufficiency) in either foot.
- A new certification statement, signed and dated by the treating physician, must be provided on a yearly basis to obtain a new pair of shoes or inserts. (within 3 months prior to delivery of the shoes/inserts)
- Have an in-person visit with the beneficiary during which diabetes management is addressed within 6 months prior to delivery for the shoes and inserts.

*****If you have any questions or concerns, please contact our office at (864) 859-4709.
Thank you.**