

Policy

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Table of Contents

Purpose.....	2
Definitions, Abbreviations, and Acronyms	2
Policy.....	2
Documentation Requirements.....	2
Coverage Criteria: L33369 Therapeutic Shoes for Persons with Diabetes.....	4
Policy Article: A52501 Therapeutic Shoes for Persons with Diabetes.....	4
Change Log.....	8



Purpose

The prevalence of diabetes in the ISNP population is high. In order to ensure the appropriate intervention for the beneficiaries, Longevity Health requires prior authorization for therapeutic shoes for diabetes. Information about those products which require prior authorization is available at the Plan Website: www.longevityhealthplan.com.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
ISNP	Institutional Special Needs Plan

Policy

Longevity Health aligns medical necessity requirements to L33369 Therapeutic Shoes for Persons with Diabetes and A52501 Therapeutic Shoes for Persons with Diabetes- Policy Article which are in effect for all states where Longevity Health operates (Colorado, Florida, Illinois, Michigan, New Jersey, New York, and North Carolina). This policy outlines the criteria noted in the LCD and Policy Article and provides context for documentation required for submission by providers to appropriately apply the LCD criteria.

Documentation Requirements

Per the Social Security Act § 1862(a)(1)(A) services must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member and must meet, but does not exceed, the beneficiary's medical need. As such, member's who are bed confined are not appropriate for therapeutic shoes. Bed confined in this context is any beneficiary who does not leave his or her bed to sit elsewhere or ambulate.

In order to apply the coverage criteria outlined in L33369 and A52501, providers must include the following in their prior authorization request:

- A standard written order for therapeutic shoes (evidence of electronic order is acceptable)
- Clinical notes from an in-person visit with a certifying physician within six months prior to delivery of shoes/inserts documenting the following:
 - The member has a diagnosis of diabetes
 - The member has one or more of the following conditions:

- Amputation of the other foot, or part of either foot; or
- History of foot ulceration of either foot; or
- History of pre-ulcerative calluses of either foot; or
- Peripheral neuropathy with evidence of callus formation of either foot; or
- Foot deformity of either foot; or
- Poor circulation in either foot.
 - Diagnoses such as hypertension, coronary artery disease, or congestive heart failure or the presence of edema are not by themselves sufficient. Documentation must include objective and quantifying information such as pedal pulses or clearly indicate the condition of the foot/feet.
- Qualifying professionals to serve as a certifying physician:
 - The Certifying Physician is defined as a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.) who is responsible for diagnosing and treating the beneficiary's diabetic systemic condition through a comprehensive plan of care.
 - The certifying physician **may not** be a podiatrist or clinical nurse specialist.
 - Consequent to the M.D. or D.O. restriction, a nurse practitioner (NP) and a physician assistant (PA) may not serve in the role of the certifying physician, unless practicing "incident to" the supervising physician's authority.
 - NPs or PAs providing ancillary services as auxiliary personnel could meet the "incident to" requirements in their provision of therapeutic shoes to beneficiaries with diabetes if all of the following criteria are met:
 - The supervising physician has documented in the medical record that the beneficiary is diabetic and has been, and continues to provide, the beneficiary follow-up under a comprehensive management program of that condition; **and**
 - The NP or PA certifies that the provision of the therapeutic shoes is part of the comprehensive treatment plan being provided to the beneficiary; **and**
 - The supervising physician must review and verify (sign and date) all of the NP or PA notes in the medical record pertaining to the provision



of the therapeutic shoes, acknowledging their agreement with the actions of the NP or PA.

Coverage Criteria: L33369 Therapeutic Shoes for Persons with Diabetes

Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and necessary” criteria based on Social Security Act § 1862(a)(1)(A) provisions.

For the items addressed in this LCD, the “reasonable and necessary” criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

The statutory coverage criteria for therapeutic shoes including the requirement for an order are specified in the related Policy Article.

Separate inserts may be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the beneficiary has appropriate footwear into which the insert can be placed. This footwear must meet the definitions found in this policy for depth shoes or custom-molded shoes.

A custom molded shoe (A5501) is covered when the beneficiary has a foot deformity that cannot be accommodated by a depth shoe. The nature and severity of the deformity must be well documented in the supplier's records and available upon request. If a custom molded shoe is provided but the medical record does not document why that item is medically necessary, it will be denied as not reasonable and necessary.

Policy Article: A52501 Therapeutic Shoes for Persons with Diabetes



NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. “reasonable and necessary”).

Therapeutic Shoes and inserts are covered under the Therapeutic Shoes for Individuals with Diabetes benefit (Social Security Act §1861(s)(12)). In order for a beneficiary’s equipment to be eligible for reimbursement the reasonable and necessary requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

For an item addressed in this policy to be covered by Medicare, a Standard Written Order (SWO) must be communicated to the supplier prior to claim submission. If the supplier bills for an item without first receiving the SWO, the item will be denied as statutorily noncovered.

The Certifying Physician is defined as a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) who is responsible for diagnosing and treating the beneficiary’s diabetic systemic condition through a comprehensive plan of care. The certifying physician may not be a podiatrist or clinical nurse specialist. Consequent to the M.D. or D.O. restriction, a nurse practitioner (NP) and a physician assistant (PA) may not serve in the role of the certifying physician, unless practicing “incident to” the supervising physician’s authority, as described below. NPs or PAs providing ancillary services as auxiliary personnel could meet the “incident to” requirements in their provision of therapeutic shoes to beneficiaries with diabetes if all of the following criteria are met:

1. The supervising physician has documented in the medical record that the patient is diabetic and has been, and continues to provide, the patient follow-up under a comprehensive management program of that condition; and,
2. The NP or PA certifies that the provision of the therapeutic shoes is part of the comprehensive treatment plan being provided to the patient; and,
3. The supervising physician must review and verify (sign and date) all of the NP or PA notes in the medical record pertaining to the provision of the therapeutic shoes, acknowledging their agreement with the actions of the NP or PA.

In states where the NP may practice independently, the NP’s employment situation would require compliance with Medicare “incident to” rules in order to serve as the certifying physician.

The Prescribing Practitioner is the person who actually writes the order for the therapeutic shoe,



modifications and inserts. This practitioner must be knowledgeable in the fitting of diabetic shoes and inserts. The prescribing practitioner may be a podiatrist, M.D., D.O., physician assistant, nurse practitioner, or clinical nurse specialist. The prescribing practitioner may be the supplier (i.e., the one who furnishes the footwear).

The Supplier is the person or entity that actually furnishes the shoe, modification, and/or insert to the beneficiary and that bills Medicare. The supplier may be a podiatrist, pedorthist, orthotist, prosthetist or other qualified individual. The Prescribing Practitioner may be the supplier. The Certifying Physician may only be the supplier if the certifying physician is practicing in a defined rural area or a defined health professional shortage area.

Therapeutic shoes, inserts and/or modifications to therapeutic shoes are covered if all of the following criteria are met:

1. The beneficiary has diabetes mellitus (Reference diagnosis code section below); and
2. The certifying physician has documented in the beneficiary's medical record one or more of the following conditions:
 - a. Previous amputation of the other foot, or part of either foot, or
 - b. History of previous foot ulceration of either foot, or
 - c. History of pre-ulcerative calluses of either foot, or
 - d. Peripheral neuropathy with evidence of callus formation of either foot, or
 - e. Foot deformity of either foot, or
 - f. Poor circulation in either foot; and
3. The certifying physician has certified that indications (1) and (2) are met and that he/she is treating the beneficiary under a comprehensive plan of care for his/her diabetes and that the beneficiary needs diabetic shoes. For claims with dates of service on or after 01/01/2011, the certifying physician must:
 - o Have an in-person visit with the beneficiary during which diabetes management is addressed within 6 months prior to delivery of the shoes/inserts; and
 - o Sign a certification statement on or after the date of the in-person visit and within 3 months prior to delivery of the shoes/inserts.
4. Prior to selecting the specific items that will be provided, the supplier must conduct and document an in-person evaluation of the beneficiary.
5. At the time of in-person delivery to the beneficiary of the items selected, the supplier must conduct an objective assessment of the fit of the shoe and inserts and document the results. A beneficiary's subjective statements regarding fit as the sole documentation of the in-person delivery does not meet this criterion.

If criteria 1-5 are not met, the therapeutic shoes, inserts and/or modifications will be denied as noncovered.

In order to meet criterion 2, the certifying physician must either:



- i. Personally document one or more of criteria a – f in the medical record of an in-person visit within 6 months prior to delivery of the shoes/inserts and prior to or on the same day as signing the certification statement; or
- ii. Obtain, initial, date (prior to signing the certification statement), and indicate agreement with information from the medical records of an in-person visit with a podiatrist, other M.D or D.O., physician assistant, nurse practitioner, or clinical nurse specialist that is within 6 months prior to delivery of the shoes/inserts, and that documents one or more of criteria a – f.

The requirement that the in-person visit(s) be within 6 months prior to delivery of the shoes/inserts is effective for claims with dates of service on or after 1/1/2011.

Note: The certification statement is not sufficient to meet the requirement for documentation in the medical record.

For beneficiaries meeting the coverage criteria, coverage is limited to one of the following within one calendar year (January – December):

- One pair of custom molded shoes (A5501) (which includes inserts provided with these shoes) and 2 additional pairs of inserts (A5512, A5513, or A5514); or
- One pair of depth shoes (A5500) and 3 pairs of inserts (A5512, A5513, or A5514) (not including the non-customized removable inserts provided with such shoes).

A modification of a custom molded or depth shoe may be covered as a substitute for an insert. Although not intended as a comprehensive list, the following are the most common shoe modifications: rigid rocker bottoms (A5503), roller bottoms (A5503), wedges (A5504), metatarsal bars (A5505), or offset heels (A5506). Other modifications to diabetic shoes (A5507) include, but are not limited to flared heels.

Quantities of shoes, inserts, and/or modifications greater than those listed above will be denied as noncovered.

Items represented by code A5510 reflect compression molding to the beneficiary's foot over time through the heat and pressure generated by wearing a shoe with the insert present. Since these inserts are not considered total contact at the time of dispensing, they do not meet the requirements of the benefit category and will be denied as noncovered.

Inserts used in noncovered shoes are noncovered.

Deluxe features of diabetic shoes (A5508) will be denied as noncovered.

There is no separate payment for the fitting of the shoes, inserts or modifications or for the



certification of need or prescription of the footwear. Claims for unrelated evaluation and management services provided by the practitioner are processed by the local carrier.

Shoes are also covered if they are an integral part of a covered leg brace. However, different codes are used for footwear provided under this benefit. See the medical policy on Orthopedic Footwear for details.

Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
1.0	New	12/11/2025	Stefanie Caswell	New