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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
<th>Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A5500</td>
<td>Off-the-shelf depth inlay shoe manufactured to accommodate multi-density inserts.</td>
<td>$70.78/shoe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>($141.56/pr)</td>
</tr>
<tr>
<td>A5501</td>
<td>Custom molded shoe from cast of patient’s foot.</td>
<td>$212.31/shoe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>($424.62/pr)</td>
</tr>
<tr>
<td>A5512</td>
<td>Insert, multiple density, direct molded to patient foot with external heat source: PDAC approved.</td>
<td>$28.87/ea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>($57.74/pr)</td>
</tr>
<tr>
<td>A5513</td>
<td>Insert, multiple density, custom fabricated: PDAC approved.</td>
<td>$43.09/ea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>($86.18/pr)</td>
</tr>
</tbody>
</table>

Substitutions:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A5503</td>
<td>Modification of shoe with ROCKER BOTTOM</td>
<td>$34.91/ea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>($69.82/pr)</td>
</tr>
<tr>
<td>A5504</td>
<td>Modification of shoe with WEDGES</td>
<td>same</td>
</tr>
<tr>
<td>A5505</td>
<td>Modification of shoe with MET BARS</td>
<td>same</td>
</tr>
<tr>
<td>A5506</td>
<td>Modification of shoe with off-set heels (FLARES)</td>
<td>same</td>
</tr>
<tr>
<td>A5507</td>
<td>Modification, not otherwise specified</td>
<td>same</td>
</tr>
</tbody>
</table>

Suggested codes only! For further info visit [http://www.cms.gov/home/medicare.asp](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.dmezdac.com](http://www.dmezdac.com)