

Therapeutic Shoes

If you have Medicare Part B, have diabetes, and meet certain conditions (see below), Medicare will cover therapeutic shoes if you need them. The types of shoes that are covered each year are

- one pair of depth-inlay shoes and three pairs of inserts, or
- one pair of custom-molded shoes (including inserts) if you can't wear depth-inlay shoes because of a foot deformity, and two additional pairs of inserts.

Note: In certain cases, Medicare may also cover separate inserts or shoe modifications instead of inserts.

How do I get therapeutic shoes?

In order for Medicare to pay for your therapeutic shoes, the doctor treating your diabetes must certify that you meet all of the following three conditions:

1. Have diabetes
2. Have at least one of the following conditions in one or both feet:
 - partial or complete foot amputation
 - past foot ulcers
 - calluses that could lead to foot ulcers
 - nerve damage because of diabetes with signs of problems with calluses
 - poor circulation
 - deformed foot
3. Are being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts because of diabetes Medicare also requires that
 - a podiatrist or other qualified doctor prescribe the shoes, and
 - a doctor or other qualified individual like a pedorthist, orthotist, or prosthetist fit and provide the shoes.

What are the costs for therapeutic shoes?

There are limits to the amount that Medicare will pay. In the Original Medicare Plan, you pay 20% of the Medicare-approved amount after the yearly Medicare Part B deductible (\$110 in 2005). This amount can be higher if your provider or supplier doesn't accept assignment, and you may have to pay the entire amount at the time of service. Medicare will then send you its share of the cost.

Note: The deductible amount will change each year.