

OVERVIEW: MEDICARE DIABETIC SHOE BENEFIT

- Diabetic shoes are extra-depth shoes with inserts or custom molded shoes with inserts. For patients with diabetes, these shoes are essential as they are proven to reduce foot ulcers, avoid hospitalizations, prevent amputations, and help patients live longer.
- Nearly 30% of Americans over 65 have diabetes. (1) Up to 34% of people with diabetes will develop diabetes-related foot complications such as ulcers. (2) A main pillar of preventing these foot conditions is routine use of appropriate footwear. (3)
- Since 1987, diabetic shoes have been a covered benefit under the Medicare program. First established as a demonstration program, the benefit became permanent after it demonstrated significant cost savings and improved outcomes for beneficiaries.
- **Despite significant advances in technology, medicine, and fraud and abuse prevention, the diabetic shoe benefit has not been updated since its creation.**

KEY FEATURES OF THE DIABETES FOOT HEALTH ACCESS AND MODERNIZATION ACT

1. **Reduces outdated documentation burdens** causing significant delays in access to care.
2. **Recognizes podiatrists' expertise** in accordance with their existing scope of practice, specialization, and training.
3. **Aligns the benefit with existing fraud and abuse guardrails** for other physician services.

Reducing Documentation Burden

If a podiatrist sees a patient who requires therapeutic shoes to treat diabetic foot-related symptoms, the podiatrist must send an MD/DO paper documentation, which the MD/DO must complete and manually return before the podiatrist can prescribe diabetic shoes. This process presents significant problems, including;

1. Months-long waiting periods for Medicare patients to receive medically-necessary, preventive care.
2. Significant delays from the administrative needs to manually complete and transmit documents given competing practice demands on MD/DOs.

The Diabetes Foot Health Access and Modernization Act cuts red tape by replacing cumbersome paper documentation with a simple, attestation framework for MD/DOs and the prescribing podiatrist.

Recognizing Podiatrists' Expertise, Preserving Comprehensive Care

Podiatrists are physicians who have extensive training and expertise to evaluate and diagnose the conditions that qualify a Medicare patient to receive diabetic shoes.

Podiatrists have:

- Four years of medical school
- Three additional years of residency training
- Optional additional fellowship training
- Specific expertise in care for lower extremities

The Diabetes Foot Health Access and Modernization Act recognizes that podiatrists are qualified to diagnose and treat the foot conditions that are common in people with diabetes and to assist Medicare patients in obtaining medically necessary diabetic shoes.

The podiatrist must still ensure that the Medicare patient has a physician overseeing the patient's comprehensive diabetic care. Both the podiatrist and the physician providing diabetic care are relieved of unnecessary paperwork burden, giving them more time to devote to patient care.

Establishing Fraud and Abuse Guardrails

STARK LAW: The physician self-referral law, also called the Stark Law, prevents fraud and abuse in the Medicare program by prohibiting a physician from referring a Medicare patient to an entity in which the physician has an investment interest, unless a recognized exception applies. Created before the Stark Law, the original diabetic shoe benefit includes fraud and abuse language that is not tied to the Stark Law.

The Diabetes Foot Health Access and Modernization Act explicitly states that diabetic shoes are "designated health services" subject to the Stark Law, aligning the benefit with other types of Medicare services and ensuring proper stewardship of Medicare dollars.

UPDATES TO MEDICAL CONDITIONS: The Diabetes Foot Health Access and Modernization Act includes minor updates to clarify and accurately reflect the conditions an individual must have to qualify for diabetic shoes to ensure proper utilization. Eligible conditions include:

- Peripheral neuropathy that may include altered foot sensation, weakness, or diminished motor control of the lower extremity;
- A history of pre-ulcerative calluses or other ulceration of the foot; or
- Foot deformity, previous lower extremity amputation, or poor lower extremity circulation.

**For questions, contact the APMA
Advocacy Team at advocacy@apma.org**

1. American Diabetes Association, Statistics About Diabetes. 2. Katherine McDermott et al., Etiology, Epidemiology, and Disparities in the Burden of Diabetic Foot Ulcers, 46 Diabetes Care 209 (2022). 3. Schaper et al., Practical Guidelines on the Prevention and Management of Diabetes-Related Foot Disease, 40 Diabetes Metab. Res. Rev. 3657 (2024).