

Foot Orthotics

Table of Content

[Purpose](#)
[Description & Definitions](#)
[Criteria](#)
[Coding](#)
[Document History](#)
[References](#)
[Special Notes](#)
[Keywords](#)

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Purpose:

This policy addresses Foot Orthotics.

Description & Definitions:

Foot orthotics are customized inserts used to correct/support the form and function of the foot.

Criteria:

Foot orthotics are considered medically necessary with **all of the** following:

- Arch, heel, or other foot pain
- Foot condition, as indicated by **1 or more** of the following:
 - Diplegic cerebral palsy
 - Juvenile idiopathic arthritis
 - Pes cavus (high arch)
 - Plantar fasciitis, with **ALL of the** following
 - Adjustment of activities failed to improve symptoms.
 - Anti-inflammatory medications failed to improve symptoms.
 - Prefabricated orthotics failed to improve symptoms
 - Failure of 6 weeks of physical therapy
 - Symptoms are present for 3 months or more.
 - Posterior tibial tendon dysfunction in adult, as indicated by **1 or more** of the following
 - Stage I disease (tenosynovitis without deformity)
 - Stage II disease (flexible and passively correctable deformity)
 - Rheumatoid arthritis

Foot orthotics are considered **not medically necessary** for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
A9283	Foot pressure off loading/supportive device, any type, each
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each
L3001	Foot, insert, removable, molded to patient model, Spenco, each
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each
L3003	Foot insert, removable, molded to patient model, silicone gel, each
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each
L3030	Foot insert, removable, formed to patient foot, each
L3031	Foot, insert/plate, removable, addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, each
L3040	Foot, arch support, removable, premolded, longitudinal, each
L3050	Foot, arch support, removable, premolded, metatarsal, each
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
L3140	Foot, abduction rotation bar, including shoes
L3150	Foot, abduction rotation bar, without shoes
L3160	Foot, adjustable shoe-styled positioning device
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant
L3202	Orthopedic shoe, Oxford with supinator or pronator, child
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior
L3204	Orthopedic shoe, hightop with supinator or pronator, infant
L3206	Orthopedic shoe, hightop with supinator or pronator, child
L3207	Orthopedic shoe, hightop with supinator or pronator, junior
L3208	Surgical boot, each, infant
L3209	Surgical boot, each, child
L3211	Surgical boot, each, junior
L3212	Benesch boot, pair, infant
L3213	Benesch boot, pair, child
L3214	Benesch boot, pair, junior
L3215	Orthopedic footwear, ladies shoe, oxford, each
L3216	Orthopedic footwear, ladies shoe, depth inlay, each
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each
L3219	Orthopedic footwear, mens shoe, oxford, each
L3221	Orthopedic footwear, mens shoe, depth inlay, each
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)

L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)
L3230	Orthopedic footwear, custom shoe, depth inlay, each
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3251	Foot, shoe molded to patient model, silicone shoe, each
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each
L3254	Nonstandard size or width
L3255	Nonstandard size or length
L3257	Orthopedic footwear, additional charge for split size
L3265	Plastazote sandal, each
L3300	Lift, elevation, heel, tapered to metatarsals, per in
L3310	Lift, elevation, heel and sole, neoprene, per in
L3320	Lift, elevation, heel and sole, cork, per in
L3330	Lift, elevation, metal extension (skate)
L3332	Lift, elevation, inside shoe, tapered, up to one-half in
L3334	Lift, elevation, heel, per in
L3340	Heel wedge, SACH
L3350	Heel wedge
L3360	Sole wedge, outside sole
L3370	Sole wedge, between sole
L3380	Clubfoot wedge
L3390	Outflare wedge
L3400	Metatarsal bar wedge, rocker
L3410	Metatarsal bar wedge, between sole
L3420	Full sole and heel wedge, between sole
L3430	Heel, counter, plastic reinforced
L3440	Heel, counter, leather reinforced
L3450	Heel, SACH cushion type
L3455	Heel, new leather, standard
L3460	Heel, new rubber, standard
L3465	Heel, Thomas with wedge
L3470	Heel, Thomas extended to ball
L3480	Heel, pad and depression for spur
L3485	Heel, pad, removable for spur
L3500	Orthopedic shoe addition, insole, leather
L3510	Orthopedic shoe addition, insole, rubber
L3520	Orthopedic shoe addition, insole, felt covered with leather
L3530	Orthopedic shoe addition, sole, half
L3540	Orthopedic shoe addition, sole, full
L3550	Orthopedic shoe addition, toe tap, standard
L3560	Orthopedic shoe addition, toe tap, horseshoe
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)
L3580	Orthopedic shoe addition, convert instep to Velcro closure
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter

L3595	Orthopedic shoe addition, March bar
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2022: October
- 2020: June
- 2016: May
- 2015: May, October
- 2014: May
- 2013: May
- 2012: September
- 2011: May
- 2009: May
- 2008: May
- 2006: October
- 2005: December
- 2002: October
- 2000: September

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- 2023: October
- 2021: November
- 2020: November
- 2019: October, November
- 2018: August
- 2017: November
- 2012: May
- 2010: May
- 2004: December
- 2003: November

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- May 1993

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

Keywords:

SHP Foot Orthotics , SHP Durable Medical Equipment 64, leg brace, inserts, lifts, wedges, arch supports, Heel replacements, sole replacements, shoe transfers, shoe modifications, prosthesis, foot pressure off loading, supportive devices