



ORTHOTICS: SHOE INSERTS, ORTHOPEDIC SHOES

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3/04, 9/04, 3/05, 2/06, 2/07, 12/07, 12/08, 2/09, 2/10

Date Of Origin: January 1, 1995

Status: Current

Summary of Changes

Clarifications:

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Deletions:

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Additions:

- Pg 1, Section I, A, 3, three inserts (or pairs) are now covered per contract year (previously one insert (or pair)).

I. POLICY/CRITERIA:

A. Orthopedic shoes, shoe modifications, shoe inserts, and other supportive devices of the feet are not a covered benefit. Exceptions to cover shoe inserts, at the orthotic benefit level, may be made for sensory loss in the legs and feet due to systemic conditions (e.g., diabetes, peripheral artery disease) or neurologic/neuromuscular conditions (e.g., Charcot-Marie-tooth) if *all* of the following apply:

1. Insert is custom-made.
2. Insert must be worn for all activities of daily living.
3. Three inserts (or pairs) are covered per contract year.
4. The orthotic is pre-authorized.

B. Orthopedic shoes and/or modifications (limit one pair annually) may be medically necessary in the following circumstances:

1. The patient has diabetes mellitus **and***
 - a.) The patient has one or more of the following conditions:
 - 1) Previous amputation of the other foot, or part of either foot, or
 - 2) History of previous foot ulceration of either foot, or
 - 3) History of pre-ulcerative calluses of either foot, or
 - 4) Peripheral neuropathy with evidence of callus formation of either foot, or
 - 5) Foot deformity of either foot, or
 - 6) Poor circulation in either foot; **and**



b.) The certifying physician who is managing the patient's systemic diabetes condition has certified that the indications above are met and that he/she is treating the *patient* under a comprehensive plan of care for his/her diabetes and that the patient needs diabetic shoes.

*If criteria a.) and b.) are not met, the therapeutic shoes and/or modifications to therapeutic shoes will be denied as non-covered.

2. Orthopedic shoes and /or inserts are covered if there is a leg length discrepancy meeting any of the following circumstances:
 - a.) 1" or greater in children w/ no other congenital or neurologic abnormalities, or
 - b.) $\geq 1/2$ " in children w/ developmental dysplasia of the hip (DDH) or other hip problems, scoliosis, limb differences due to congenital, traumatic, or septic shortening, amputations, neurologic abnormalities (cerebral palsy, myelomeningocele, etc).
3. For members age 18 or less orthopedic shoes and /or inserts are covered for the purpose of prevention of progression of deformity for individuals with moderate or severe pes planovalgus, cerebral palsy, myelomeningocele, clubfeet, congenital vertical tali, insensate feet due to spinal cord lesions, muscular dystrophy, and traumatic amputations.

C. Orthopedic shoes that are attached to a brace(s) are a covered benefit at the orthotic benefit level.

D. Shoes, modifications, inserts and lifts for all other conditions are not covered.

II. COVERAGE FOR MEDICAID MEMBERS:

Priority Health provides benefits for Medicaid members for diabetic and orthopedic shoes, inserts, and/or modifications for individuals who have medical conditions that would require such. The member must have a written prescription from a physician with the diagnosis/medical condition and the reason for the specific shoe type and/or modification.

MEDICAID BENEFIT LANGUAGE:

Diabetic shoes, inserts, and/or modifications may be covered for Medicaid individuals who have, due to complications with diabetes, *one* of the following conditions:

- History of previous foot ulcerations or pre-ulcerative calluses.
- Established peripheral neuropathy or sensory impairment.
- Peripheral Vascular Disease with an ankle brachial index at rest of 0.5 or less following exercise.



- Loss of a toe or portion of the foot due to amputation arising from diabetes.

Orthopedic shoes and inserts may be covered if *any* of the following applies:

- Required to accommodate a leg length discrepancy of ¼ inch or greater or a size discrepancy between both feet of one size or greater.
- Required to accommodate needs related to a partial foot prosthesis, clubfoot, or plantar fasciitis.
- Required to accommodate a brace (extra depth only are covered)

Surgical Boots or Shoes may be covered to facilitate healing following foot surgery, trauma or a fracture.

Prior authorization is required for the above items. The following information must be submitted with the request:

- Diagnosis/medical condition related to service requested.
- Medical reasons for specific shoe type and/or modification.
- Quantity beyond established limits.

COVERED MEDICAID SERVICES

Custom-molded diabetic shoe is covered only if the depth shoe cannot accommodate a foot anomaly.

Inserts are covered if the beneficiary requires a depth shoe or custom-molded diabetic shoe. For a depth shoe, two inserts would be separately reimbursable in addition to the non-customized one included with the shoe. For a custom-molded shoe, two inserts would be separately reimbursable. Modifications to custom-molded or depth shoe may be covered instead of an additional insert.

NON-COVERED MEDICAID SERVICES

Shoes and inserts are non-covered for the conditions of:

- Pes Planus or Talipes Planus (flat feet)
- Adductus metatarsus
- Calcaneus Valgus
- Hallux Valgus

Standard shoes are not covered even when accompanied by a prescription from a physician.

III. MEDICAL NECESSITY REVIEW:

Required

Not Required

Not Applicable



IV. APPLICATION TO PRODUCTS:

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING INFORMATION:

ICD-9 Codes that may support medical necessity

249.60-249.61	Secondary diabetes mellitus with neurological manifestations
249.70-249.71	Secondary diabetes mellitus with peripheral circulatory disorders
250.60 - 250.63	Diabetes with neurological manifestations
250.70 - 250.73	Diabetes with peripheral circulatory disorders
250.80 - 250.83	Diabetes with other specified manifestations
250.90 - 250.93	Diabetes with unspecified complication
281.0	Pernicious Anemia
337.1	Peripheral Autonomic Neuropathy in disorders classified elsewhere
343.0 – 343.9	Cerebral palsy
355.0 - 355.5	Mononeuritis of lower limb
355.8	Mononeuritis of lower limb unspecified
356.0 - 356.9	Hereditary & idiopathic periph neuropathy
357.0 - 357.9	Inflammatory and toxic neuropathy
359.0	Congenital hereditary muscular dystrophy
359.1	Hereditary progressive muscular dystrophy
440.20 – 440.24	Atherosclerosis of native arteries of the extremities
443.1	Thromboangiitis Obliterans (Buerger's Disease)
443.81 - 443.9	Other specified peripheral vascular diseases
707.06	Decubitus Ulcer Ankle
707.07	Decubitus Ulcer Heel
707.13	Ulcer of ankle
707.14	Ulcer of heel and midfoot
707.15	Ulcer of other part of foot
707.8	Chronic ulcer of other specified sites

736.71	Acquired equinovarus deformity
736.79	Other acquired deformity of ankle and foot
736.81	Unequal leg length (acquired)
737.30	Scoliosis [and kyphoscoliosis], idiopathic
737.31	Resolving infantile idiopathic scoliosis
737.32	Progressive infantile idiopathic scoliosis
737.33	Scoliosis due to radiation
737.34	Thoracogenic scoliosis
737.39	Other
737.43	Scoliosis
741.00 – 741.93	Spina bifida
754.30	Congenital dislocation of hip, unilateral
754.51	Congenital talipes equinovarus
754.69	Other congenital valgus deformity of feet
754.70	Unspecified talipes
755.30	Unspecified reduction deformity of lower limb
755.31	Transverse deficiency of lower limb
755.38	Longitudinal deficiency, tarsals or metatarsals, complete or partial (with or without incomplete phalangeal deficiency)
755.39	Longitudinal deficiency, phalanges, complete or partial
755.63	Other congenital deformity of hip (joint)
782.0	Disturbance of skin sensation
785.4	Gangrene
893.0 - 893.2	Open wound of toe(s)
895.0	Traumatic amputation of toe(s) (complete) (partial) toe(s) of one or both feet, Without mention of complication
895.1	Traumatic amputation of toe(s) (complete) (partial) toe(s) of one or both feet, Complicated
896.0	Traumatic amputation of foot (complete) (partial) Unilateral, without mention of complication
896.1	Traumatic amputation of foot (complete) (partial) Unilateral, complicated
896.2	Traumatic amputation of foot (complete) (partial) Bilateral, without mention of complication
896.3	Traumatic amputation of foot (complete) (partial) Bilateral, complicated
917.0 - 917.9	Superficial injury of foot and toe(s)
956.0 - 956.9	Injury to peripheral nerve(s) of pelvic girdle and lower limb
959.7	Injury, other and unspecified Knee, leg, ankle, and foot
V12.50-V12.59	Diseases of circulatory system
V49.3	Sensory problems with limbs
V49.70-V49.77	Lower limb amputation status

CPT/HCPCS Codes

**Code not covered for all products. See reference at end of list.*

A5500	For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe

A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-
A5510*	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, 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 orthosis, 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
L3170*	Foot, plastic, silicone or equal, heel stabilizer, 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
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
L3260*	Surgical boot/shoe, each (<i>No auth required</i>)
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
L3400	Metatarsal bar wedge, rocker
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 (<i>No auth required</i>)
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new (<i>No auth required</i>)
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing (<i>No auth required</i>)
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new (<i>No auth required</i>)
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes (<i>No auth required</i>)
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified <i>Explanatory notes must accompany claim</i>

*Not Covered for Commercial and Self-funded Products

A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A9283	Foot pressure off loading/supportive device, any type, 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
L3170	Foot, plastic, silicone or equal, heel stabilizer, each
L3480	Heel, pad and depression for spur
L3485	Heel, pad, removable for spur

*Not Covered for Medicaid*Consult current Medicaid fee schedule for most up to date information*

A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A9283	Foot pressure off loading/supportive device, any type, each
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
L3480	Heel, pad and depression for spur



L3485 Heel, pad, removable for spur

*Not Covered for Medicare

Consult relevant LCD for most up to date information

- A5508 For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
- A5510 For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
- A9283 Foot pressure off loading/supportive device, any type, each
- L3031 Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, 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
- L3216 Orthopedic footwear, ladies shoe, depth inlay, each
- L3217 Orthopedic footwear, ladies shoe, hightop, depth inlay, each
- L3221 Orthopedic footwear, mens shoe, depth inlay, each
- L3222 Orthopedic footwear, mens shoe, hightop, depth inlay, each
- L3260 Surgical boot/shoe, each
- L3265 Plastazote sandal, each
- L3485 Heel, pad, removable for spur

VI. REFERENCES

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