I. Policy: Foot Orthotics

II. Purpose/Objective:
   To provide a policy of coverage regarding Foot Orthotics

III. Responsibility:
   A. Medical Directors
   B. Medical Management

IV. Required Definitions
   1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
   2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
   3. Devised – the date the policy was implemented.
   4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
   5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
   Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:
   a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
   b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
   c. in accordance with current standards of good medical treatment practiced by the general medical community.
   d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
   e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
   Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:
   (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
   (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
   (iii) The service or benefit will assist the Member to achieve or maintain maximum functional
capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

ADDITIONAL DEFINITIONS:
A **depth shoe** is one that: 1) has a full length, heel-to-toe filler that when removed, provides a minimum of 3/16" of additional depth used to accommodate custom-molded or customized inserts; 2) is made from leather or other suitable material of equal quality; 3) has some form of shoe closure and 4) is available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoe according to the American standard last sizing schedule or its equivalent. (The American last sizing schedule is the numerical shoe sizing system used for shoes in the United States.) This includes a shoe with or without an internally seamless toe.

A **custom-molded shoe** is one that 1) is constructed over a positive model of the patient’s foot, 2) is made from leather or other suitable material of equal quality, 3) has removable inserts that can be altered or replaced as the patient’s condition warrants and 4) has some form of shoe closure. This includes a shoe with or without an internally seamless toe.

An **insert** is a total contact, multiple density, removable inlay that is directly molded to the patient’s foot or a model of the patient’s foot and that is made of a suitable material with regard to the patient’s condition.

**Rigid rocker bottoms** are exterior elevations with apex position for 51 percent to 75 percent distance measured from the back end of the heel. The apex is a narrowed or pointed end of an anatomical structure. The apex must be positioned behind the metatarsal heads and tapering off sharply to the front tip of the sole. Apex height helps to eliminate pressure at the metatarsal heads. Rigidity is ensured by the steel in the shoe. The heel of the shoe tapers off in the back in order to cause the heel to strike in the middle of the heel.

**Roller bottoms** (sole or bar) are the same as rocker bottoms, but the heel is tapered from the apex to the front tip of the sole.

**Wedges** (posting) are either of hind foot, fore foot, or both and may be in the middle or to the side. The function is to shift or transfer weight bearing upon standing or during ambulation to the opposite side for added support, stabilization, equalized weight distribution, or balance.

**Metatarsal bars** are exterior bars which are placed behind the metatarsal heads in order to remove pressure from the metatarsal heads. The bars are of various shapes, heights, and construction depending on the exact purpose.

**Offset heel** is a heel flanged at its base either in the middle, to the side, or a combination, that is then extended upward to the shoe in order to stabilize extreme positions of the hind foot.

A **deluxe feature** does not contribute to the therapeutic function of the shoe. It may include, but is not limited to style, color, or type of leather.

The **Certifying Physician** provides the medical care for the beneficiary. The certifying physician must be an M.D. or D.O., and may not be a podiatrist.

The **Prescribing Physician** actually writes the order for the therapeutic shoe, modifications and inserts. The prescribing physician may be a podiatrist, M.D, or D.O.

The **Contracted Vendor** is the participating person or entity that actually furnishes the shoe, modification, and/or insert to the beneficiary and that bills Medicare. The supplier may be a podiatrist, pedorthist, orthotist, prosthetist, or other qualified individual.

**SECTION 1**
**FOOT ORTHOTICS (Not Related to Diabetic Conditions)**

For Medicaid Line of Business, Foot Orthotics requires Prior Authorization by a Plan Medical Director or Designee

Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

**HCPCS CODING FOR FOOT ORTHOSIS:**
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

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, emovable, addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepere 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, non-removable, attached to shoe, longitudinal, each
L3080  Foot, arch support, non-removable attached to shoe, metatarsal, each
L3090  Foot, arch support, non-removable, attached to shoe longitudinal/metatarsal, each
L3100  Hallus-Valgus night dynamic splint
L3140  Foot, rotation positioning device, including shoe(s)
L3150  Foot, rotation positioning device, without shoe(s)
L3160  Foot, adjustable shoe styled positioning device
L3170  Foot, plastic heel stabilizer
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
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)
L3250  Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3251  foot, shoe molded to patient model, silicone shoe, each
L3300  Lift, elevation, heel, tapered to metatarsus, per inch
L3310  Lift, elevation, heel and sole, neoprene, per inch
L3320  Lift, elevation, heel and sole, cork, per inch
L3330  Lift, elevation, metal extension (skates)
L3332  Lift, elevation, inside shoe, tapered, up to one-half inch
L3334  Lift, elevation, heel, per inch
L3340  Heel wedge, SACH
L3350  Heel wedge
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
L3485  Heel, pad, removable for spur
L3500  Miscellaneous shoe addition, insole, leather
L3510  Miscellaneous shoe addition, insole, rubber
L3520  Miscellaneous shoe addition, insole, felt covered with leather
SECTION 2
DIABETIC FOOT ORTHOSES:
Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

For Medicaid Line of Business, Diabetic Foot Orthoses requires Prior Authorization by a Plan Medical Director or Designee

1. CRITERA FOR COVERAGE:
Diabetic shoes, inserts and/or modifications to the shoes are covered if the following criteria are met:
   a. The member has been diagnosed with diabetes mellitus; and
   b. The member has one or more of the following conditions:
      - Previous amputation of the other foot, or part of either foot, or
      - History of previous foot ulceration of either foot, or
      - History of pre-ulcerative calluses of either foot, or
      - Peripheral neuropathy with evidence of callus formation of either foot, or
      - Foot deformity of either foot, or
      - Poor circulation of either foot; and
   c. The certifying physician who is managing the member’s systemic diabetes condition has certified that indications (a) and (b) are met and that he/she is treating the member under a comprehensive plan of care for his/her diabetes and that the member requires diabetic shoes; and
   d. The footwear (shows, inserts modifications) must be prescribed by a podiatrist or other qualified physician, knowledgeable in the fitting of diabetic shoes and inserts. The footwear must be fitted and furnished by a podiatrist or other qualified individual such as but not limited to a pedorthist, orthotist or prosthetist.

2. LIMITATIONS:

   1. Separate inserts may be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed. This footwear must meet the definitions found in this policy for depth shoes or custom-molded shoes. In addition, the inserts furnished must fully meet the definition of an insert set forth in this policy. Inserts which will be used in non-covered shoes are NOT COVERED (per DME MAC L11535)

   2. A custom-molded shoe is covered when the patient has a foot deformity which cannot be accommodated by a depth shoe. The nature and severity of the deformity must be well documented. If there is insufficient justification for a custom-molded shoe but the general coverage criteria are met, payment will be based on the allowance for the least costly medically necessary alternative.

   3. Not intended as a comprehensive list, the following are the most common shoe modifications: rigid rocker bottoms, roller bottoms, wedges, metatarsal bars, or offset heels. Other modifications to diabetic shoes
include, but are not limited to flared heels and inserts for missing toes. Deluxe features of diabetic shoes are NOT COVERED (per DME MAC L11535).

4. Shoes, inserts, and/or modifications that are provided to patients who do not meet the coverage criteria are NOT COVERED (per DME MAC L11535).

5. There is no separate payment for the fitting of the shoes, inserts or modifications or for the certification of need or prescription of the footwear.

HCPCS CODING FOR DIABETIC FOOT ORTHOSES:
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

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 with metatarsal bar, per 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-inlay shoe or custom-molded shoe, per shoe
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
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 ¼
inch material of shore a 35 durometer or 3/6 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 ¼ inch material of shore a 35 durometer or 3/6 inch
material of shore a 40 durometer (or higher), prefabricated, each


Note: A complete description of the process by which a given technology or service is evaluated and determined
to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven
Services or Treatment.

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in
the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and
NCD’s will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:
The General Assembly of Pennsylvania, House Bill No. 656

Managed Care Association of Pennsylvania, Legislative Alert, Diabetic Supply Mandate Approved By The Senate, Oct, 7, 1998
This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 12/01

**Revised:** 1/04 (Coding, references); 1/05 (reformatting, Healthwise Options attachment); 2/08(wording), 3/11 (refs), 3/13 (added indication), 3/15 (added Medicaid headers)

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