

Subject: Foot Orthotics

Revision Date: 11/25

DESCRIPTION

Prescription orthotics are divided into two categories:

Functional orthotics are designed to control abnormal motion. They may be used to treat foot pain caused by abnormal motion; they can also be used to treat injuries such as shin splints or tendinitis. Functional orthotics are usually crafted of a semi-rigid material such as plastic or graphite.

Accommodative orthotics are softer and meant to provide additional cushioning and support. They can be used to treat diabetic foot ulcers, painful calluses on the bottom of the foot, and other uncomfortable conditions.

Podiatrists use orthotics to treat foot problems such as plantar fasciitis, bursitis, tendinitis, diabetic foot ulcers, and foot, ankle, and heel pain. Clinical research studies have shown that podiatrist-prescribed foot orthotics decrease foot pain and improve function.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

DEFINITIONS

Custom-molded shoes: Shoes that:

- Are constructed over a positive model of the patient's foot;
- Are made from leather or other suitable material of equal quality;

- Have removable inserts that can be altered or replaced as the patient's condition warrants; and
- Have some form of shoe closure.

Depth Shoes: Shoes that:

- Have a full length, heel-to-toe filler that, when removed, provides a minimum of 3/16 inch of additional depth used to accommodate custom-molded or customized inserts;
- Are made from leather or other suitable material of equal quality;
- Have some form of shoe closure; and
- Are 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 shoes according to the American standard last sizing schedule or its equivalent. (The American standard last sizing schedule is the numerical shoe sizing system used for shoes sold in the United States.)

Inserts: Total contact, multiple density, removable inlays that are directly molded to the patient's foot or a model of the patient's foot or directly carved from a patient specific, rectified electronic model and that are made of a suitable material with regard to the patient's condition.

POLICY

One of the following options is considered medically necessary per covered person per calendar year:

1. No more than 1 pair of custom-molded shoes (including inserts provided with such shoes) and 2 additional pairs of inserts; or
2. No more than 1 pair of depth shoes and 3 pairs of inserts (not including the noncustomized removable inserts provided with such shoes).

PROCEDURES

The third-party administrator will process foot orthotic claims according to the policy guidelines limitations above and the SPD.

PRIOR AUTHORIZATION

Prior authorization is not required.

The footwear must be fitted and furnished by a podiatrist or other qualified individual such as a pedorthist, an orthotist, or a prosthetist. Network restrictions may apply based on benefit plan.

EXCLUSIONS

The OSU Health Plan does not provide coverage for foot orthotic requests that exceed the quantity limits outlined in the policy.

CODES

Codes covered when the above criteria are met:

HCPCS code	Description
A5500 – A5507, A5510 – A5514	Diabetic shoes, fitting, and modifications
A9283	Foot pressure off loading/supportive device, any type, each
L3000 – L3031	Foot inserts, removable
L3040 – L3090	Foot arch supports, removable or nonremovable
L3100 – L3170	Foot abduction and rotation bars
L3201 – L3265	Orthopedic footwear (shoes, boots, depth inlays)
L3300 – L3485	Shoe modifications (lifts, wedges, heels)
L3500 – L3649	Miscellaneous shoe additions, transfers, or replacements

Excluded HCPC code.

HCPCS code	Description
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe

REFERENCES

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http://www.aetna.com/cpb/medical/data/400_499/0451.html

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[updated link: <https://www.apma.org/orthotics>]

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<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

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