

## Medical Policy Reference Manual Medical Policy

### 1.03.003 Orthotic Foot Inserts

Original MPC Approval: 06/14/2002

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#### Description

Orthotic Foot Inserts are supportive devices for the foot which:

- are primarily and customarily used to serve a therapeutic medical purpose;
- are prescribed by a qualified provider;
- are custom molded; and
- include devices necessary for post-operative healing.

**NOTE:** For *Therapeutic Shoes for Individuals with Diabetes*, see Policy 1.02.015.

#### Policy

Orthotic foot inserts are considered **medically necessary** when used for therapeutic support, protection, or restoration of function for an impaired body part, as outlined in the Policy Guidelines.

The following components are considered **medically necessary** with regard to orthotic foot inserts:

- Supplies and accessories necessary for effective functioning of allowed appliances;
- Repairs or adjustments to medically necessary orthoses that are required due to normal wear and tear, growth adjustment, or change in medical condition, during normal usage of the appliance; or
- Replacement of medically necessary orthoses when repairs or adjustments fail and/or are not possible.

All related supplies and accessories, and repairs, adjustments or replacement requests may be subject to medical review.

#### Policy Guidelines

The following are examples of conditions for which orthotic foot inserts are considered **medically necessary**:

- tenosynovitis
- neuroma, ganglioneuroma

- chronic arthritic pain
- diabetic foot disease / ulcers (see *Therapeutic Shoes for Individuals with Diabetes, Policy 1.02.015*)
- bunions
- tendonitis, achilles tendonitis
- plantar fasciitis with or without heel spur
- tarsal tunnel

The following are examples of conditions for which orthotic foot inserts are considered **not medically necessary**:

- calluses
- corns
- fallen arches
- flat feet

The following are examples of non-covered items which **are not considered** to be orthotic foot inserts:

- arch supports, over-the-counter
- external lifts, such as elevated heels which are part of a shoe
- footwear
- items required for special interest activities or employment not considered to be routine daily living activities (e.g., running shoes, braces, etc.)
- items that are primarily intended to assist in sports activities
- items usually stocked by neighborhood pharmacies
- disposable items
- vasco heel cups

Repairs, adjustments or replacements that are not due to normal wear and tear, growth adjustment, or change in medical condition, are considered to be **not medically necessary** with regard to orthotic foot inserts.

Custom molded shoe inserts/lifts used for correction of leg length discrepancies are subject to review for medical necessity.

Update 2017:

A search of the peer-reviewed literature was performed for the period of April 2010 through February 2017. Findings in the recent literature do not change the conclusions on the use of orthotic foot inserts other than those medically necessary indications listed in the Policy and Policy Guidelines sections of this document. Therefore, the policy statements are unchanged.

Update 2019:

A search of the peer-reviewed literature was performed for the period of March 2017 through March 2019. Findings in the recent literature do not change the conclusions on the use of orthotic foot inserts other than those medically

necessary indications listed in the Policy and Policy Guidelines sections of this document. Therefore, the policy statements are unchanged.

#### Update 2021:

A search of the peer-reviewed literature was performed for the period of March 2019 through March 2021. Findings in the recent literature do not change the conclusions on the use of orthotic foot inserts other than those medically necessary indications listed in the Policy and Policy Guidelines sections of this document. Therefore, the policy statements are unchanged.

### **Benefit Applications**

For those contracts that cover supportive devices for the foot, benefits **are provided** for only one pair of orthotic foot inserts, except as defined in the Policy statements.

Benefits **are not provided** for additional pairs of orthotics, (e.g. dress or sports shoes) as these are considered convenience only and therefore, are not covered.

Refer to specific contract for adjustments and repairs. Benefits for replacements are limited as stated in Member's contract. If no limits are stated, benefits for replacements are provided as necessitated by growth or change in medical condition, and are subject to medical review. Charges for the repair or adjustment of the orthotic should not exceed the reimbursement allowance for the purchase.

Additional benefits **are not provided** for handling, conveyance, and/or any other services, including follow-up care, in connection with the implementation of an order involving orthotic devices, such as designing, fitting (unless specifically covered under the member's contract), packaging, delivery, or mailing, as these services are considered *included in* the allowance for the device.

### **Provider Guidelines**

Orthotic foot inserts should be reported (These items are considered immediate needs. The appropriate documentation from the treating practitioner establishing the severity of the patient's condition and the immediate need for the durable medical equipment, and the therapeutic benefits the patient is expected to realize from its use is needed for the medical necessity determination.)

**NOTE:** HCPCS code is used for a removable foot insert of the University of California at Berkeley (UCB) type that has been molded to a model of the patient's foot (i.e., created from plaster, fiberglass, foam or electronic imaging). This type of orthotic is a functional device which has a molded heel cup with a minimum depth of 10 mm that holds the heel in a neutral position with intrinsic or extrinsic posting designed to control foot motion. This device is made of a rigid or semi rigid material. Includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.

### **Cross References to Related Policies and Procedures**

*Durable Medical Equipment with Attached Table, Policy 1.01.001*

*Orthotic Devices and Orthopedic Appliances, Policy 1.03.001*

*Therapeutic Shoes for Individuals with Diabetes, Policy 1.02.015*

### **References**

**The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and**

**conclusions of the authors of these resources are their own, and may or may not be in agreement with those of CareFirst.**

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Wallden, M. (2015, April). Don't get caught flat footed - how over-pronation may just be a dysfunctional model. *Journal of Bodywork and Movement Therapies*, Apr;19(2):357-61. doi: 10.1016/j.jbmt.2015.02.007.

**This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.**