

# MEDICAL POLICY



<b>SUBJECT: FOOT ORTHOTICS</b>	<b>EFFECTIVE DATE: 06/26/03</b> <b>REVISED DATE: 06/24/04, 06/23/05, 04/27/06, 04/26/07, 04/24/08, 04/23/09, 08/26/10, 08/25/11</b> <b>ARCHIVED DATE: 08/23/12</b> <b>EDITED DATE: 08/22/13, 06/26/14, 06/25/15, 06/22/16, 08/25/17, 08/23/18</b>
<b>POLICY NUMBER: 1.01.41</b> <b>CATEGORY: Equipment/Supplies</b>	<b>PAGE: 1 OF: 4</b>
<ul style="list-style-type: none"><li>• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i></li><li>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i></li><li>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i></li></ul>	

## POLICY STATEMENT:

I. Based upon our criteria and review of the peer-reviewed literature, foot orthotics have been medically proven to be effective and therefore **medically appropriate** when **ALL** of the following criteria are met:

A. Patient has one or more of the following conditions:

1. Adults (skeletally mature feet):

- Plantar fasciitis;
- Calcaneal spurs (heel spurs);
- Calcaneal bursitis (acute or chronic);
- Neurologically impaired feet including neuroma, tarsal tunnel syndrome, ganglionic cyst, and neuropathies involving the feet including those associated with peripheral vascular disease, diabetes, carcinoma, drugs, toxins, and chronic renal disease;
- Inflammatory conditions (e.g., sesamoiditis, submetatarsal bursitis, synovitis, tenosynovitis, synovial cyst, osteomyelitis, and plantar fascial fibromatosis);
- Sports-related injuries including diagnoses related to inflammatory problems (e.g., bursitis, tendonitis);
- Musculoskeletal/arthropathic deformities including deformities of the joint or skeleton that impairs walking in a normal shoe (e.g., bunions, hallux valgus, talipes deformities, pes deformities, anomalies of toes);
- Vascular conditions including ulceration, poor circulation, peripheral vascular disease, Buerger's disease/thromboangitis obliterans, chronic thrombophlebitis;
- Conditions related to diabetes.

Note: Excluded from coverage are pes planus (flat feet), pronation, corns and calluses and hammertoes.

2. Children (skeletally immature feet):

- Torsional conditions (e.g., metatarsus adductus, tibial torsion, femoral torsion);
- Structural deformities (e.g., tarsal coalitions);
- Hallux valgus deformities;
- In-toe or out-toe gait; or
- Musculoskeletal weakness (e.g., pronation, pes planus). Before age three, all children have flat feet. The arch at the inside of the foot does not begin to develop until about 3 years of age. Children with flexible flat feet generally do not have foot pain.

### **AND**

B. The patient must have symptoms associated with the particular foot condition. Foot orthotics are considered **not medically necessary** when the foot condition does not cause symptoms.

### **AND**

C. The patient has failed to respond to a course of appropriate conservative treatment (e.g., physical therapy, injections, strapping, anti-inflammatory medications). Orthotics should not be considered first line therapy.

II. Over the counter orthotics are **ineligible for coverage** under any circumstance, for any condition.

*Proprietary Information of Excellus Health Plan, Inc.*

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**POLICY GUIDELINES:**

- I. Coverage for foot orthotics is contract dependent. Please contact your local Customer (Provider/Member) Service Department to determine contract coverage. Most contracts exclude coverage of foot orthotics or other supportive devices of the feet, except in the following situations:
  - A. A shoe insert may be **eligible for coverage** if the shoe is an integral part of a leg brace and the expense of the insert is included as part of the cost of the brace.
  - B. Rehabilitative foot orthotics prescribed as part of post-surgical or post traumatic casting care may be **eligible for coverage** under the patient’s medical benefits, if dispensed at the time of surgery or casting.
- II. *Orthopedic footwear is not considered a foot orthotic* (HCPCS L3140-L3265 or L3300-L3334).
- III. Due to wear and tear with normal use, orthotics may need refurbishing periodically, every one or two years. Replacement of orthotics should not be necessary more often than every two years.

**DESCRIPTION:**

Foot orthotics, or orthoses, are mechanical devices which are placed in a shoe (e.g., shoe inserts, arch supports) to assist in restoring or maintaining normal alignment of the foot, relieve stress from strained or injured soft tissues, bony prominences, deformed bones and joints, and inflamed or chronic bursae. Removable foot supports are placed inside the shoe to manage different foot symptoms and deformities. The devices can be made of several different types of materials and are usually designed to the measurement, plaster models and patterns of the foot and leg. They may be available commercially or may be custom-made.

The usual indications for foot orthotics are to relieve pressure on areas that are painful, ulcerated, scarred, or callused, to support weak or flat longitudinal or transverse foot arches, and to control foot positions and thus affect the alignment of other lower limb joints. All are concerned with improving foot function, controlling foot motion, reducing shock absorption and minimizing stress forces that could ultimately cause foot deformity and pain.

Strains, aches, and pains in the legs, thighs, and lower back may be due to abnormal function of the foot or a slight difference in the length of the legs. In such cases, orthotics may improve or eliminate these symptoms which at first may seem only remotely connected to foot function.

*Soft or flexible foot orthotics/orthoses* are made from soft compressible materials; such as leather, cork, rubber, soft plastics, or plastic foam (Spenco, PPT, pelite). Many of these are commercially available and used for simple problems.

- I. Soft orthotics help to absorb shock, increase balance, and take pressure off uncomfortable or sore spots.
- II. Soft foot orthotics are worn against the sole of the foot and are usually fabricated in full length from heel to toe with increased thickness where weight bearing is indicated and relief where no or little pressure should occur.
- III. Plastic foam orthotics are available in different densities and thicknesses and are commonly used for ischemic, insensitive, ulcerated, and arthritic feet.

The advantage of any soft orthotic is that it may be easily adjusted to changing weight-bearing forces. The disadvantage is that it must be replaced more often than rigid orthotics. A soft orthotic is particularly effective for diabetes, the arthritides and for grossly deformed feet where there is the loss of protective fatty tissue on the side of the foot. Soft orthotics are also widely used in the care of healing ulcers in the insensitive foot.

*Semirigid and rigid orthotics/orthoses* come in a variety of materials such as leather, cork, and metals, but most commonly they are made of solid plastics, which allow minimal flexibility. These orthotics generally extend from the posterior end of the heel to the metatarsal heads (e.g., three-quarter length), and may have medial or lateral flanges. They are molded to provide support under the longitudinal arch and metatarsal area and to provide relief for painful or irritated areas.

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*Semirigid orthotics* provide for dynamic balance of the foot while walking or participating in sports. Each sport has its own demand and each orthotic need to be constructed appropriately with the sport and the athlete taken into consideration.

The most *rigid foot orthotics* (e.g., Whitman, Mayer, and Shaffer plates; Boston arch supports) are made of metal, usually steel or duralumin, and are covered with leather. Rigid orthotics are designed to control function. They are made of a firm material such as plastic, leather, fiberglass or acrylic polymer. The finished device normally extends along the sole of the heel to the ball or toes of the foot. It is worn mostly in closed shoes with a heel height under two inches. Rigid orthotics are chiefly designed to control motion in two major foot joints, which lie directly below the ankle joint. These devices are long lasting, do not change shape, and are usually unbreakable.

*Molded polypropylene orthotics/orthoses* (foot/ankle/leg) are used to manage spastic and flaccid paralysis due to neurodeformities (e.g., cerebral palsy).

The *functional dynamic orthotic* helps guide the foot through proper functions, allowing the muscles and tendons to perform more efficiently. The classic, semirigid orthotics constructed using laminations of leather and cork, reinforced by a material called silastic. It may also be made of polymer composites. Strappings, paddings, and appliances may be applied directly to the foot and toes to correct deformities and protect tender areas such as corns, calluses, ulcers, nails, and bony outgrowths from excessive friction or pressure.

**CODES:**      Number      Description

*Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*

**CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

**CPT:**                      No specific codes

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<b><u>HCPCS:</u></b>	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, non-removable, attached to shoe, longitudinal, each
	L3080	Foot, arch support, non-removable, attached to shoe, metatarsal, each

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L3090 Foot, arch support, non-removable, attached to shoe, longitude /metatarsal, each  
S0395 Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic

**ICD10:** Numerous

**REFERENCES:**

BlueCross BlueShield Association. Durable Medical Equipment: Orthotics. Medical Policy Reference Manual policy #1.03.01. 2011 Dec 09. Archived

Jackson J. Pediatric foot notes: a review of common congenital foot deformities. Internat Pediatr 2003;18(3):1333-40.

**KEY WORDS:**

Arch supports, Foot orthoses, Foot orthotics, Shoe insert.

## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) and a Local Coverage Article (LCA) for Orthopedic Footwear. Please refer to the following websites for Medicare Members:

**LCD:**

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33641&ver=14&DocType=All&bc=AgIAAAAAAAAAAAAA%3d%3d&#0>

**LCA:**

<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52481&ver=6&LCDId=33641&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=Orthopedic+Footwear&KeyWordLookUp=Title&KeyWordSearchType=And&FriendlyError=NoLCDIDVersion&bc=gAAAABAAEAAAAA%3d%3d&>