



Health & Human Services

ORTHOPEDIC SHOES AND INSERTS

Service Authorization Required: Yes

CMN: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

ORIGINAL EFFECTIVE DATE: March 2007

REVISED: November 2023

ORTHOPEDIC SHOES AND INSERTS

Definition:

"Orthopedic shoes" are shoes that are specially constructed to aid in the correction of a deformity of the muscular skeletal structure of the foot, and for the preservation and restoration of the function of the skeletal system of the foot.

"Molded shoes" are orthopedic shoes that are directly molded of leather, plastic, or a similar material, to a member model.

"Mismatched shoes" are one pair of orthopedic shoes in which one shoe is a whole size and/or width larger than the other.

"Off-the Shelf/prefabricated orthosis" is manufactured in quantity without a specific member in mind. A prefabricated orthosis may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific member (i.e., custom fitted). An orthosis that is assembled from prefabricated components is considered prefabricated. Any orthosis that does not meet the definition of a custom-fabricated orthosis is considered prefabricated.

"Custom-fabricated orthosis" is individually made for a specific member starting with basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of sheets, bars, etc. It involves substantial work such as cutting, bending, molding, sewing, etc. It may involve the incorporation of some prefabricated components. It involves more than trimming, bending, or making other modifications to a substantially prefabricated item.

Indications and limitations of coverage appropriateness:

1. Member has a diagnosed congenital orthopedic deformity or condition (except those listed as non-covered below); **or**
2. Member's shoe (extra depth only) is an integral part of a brace; **or**
3. Orthopedic shoes not attached to a brace will be considered for: **or**
 - Talipes equino varus (club foot).
 - Metatarsus adductus.



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- Femoral torsion.
- Tibial torsion.
- Vertical talus.
- Partial foot prosthesis.

4. Member has a confirmed Down Syndrome diagnosis (Q90.0, Q90.1, Q90.2 and Q90.9).

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

Documentation Requirements:

- Practitioner prescription.
- Current practitioner exam within 90 days prior to the service authorization start date.
 - Needs to include specific foot deformity; or
 - The type of foot amputation.
 - When ordering a custom item, the practitioner medical records documentation must **clearly** indicate/justify the need of the custom fitted item **over** the off-the shelf/prefabricated orthosis item. History of past use/coverage is insufficient.



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Non-covered (whether congenital or acquired):

- Shoes, inserts and/or modifications that are provided to members who do not meet coverage criteria.
- Pes Planus or Talipes Planus (flat foot).
- Calcaneus Valgus.
- Hallux Valgus.
- Standard off-the shelf shoes and tennis shoes/high tops.

Date Revised

Revisions



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MARCH 1, 2019	Reviewed and reformatted. Separated Therapeutic Shoes/Insert policy into two separate policies: orthopedic shoes and inserts and diabetic shoes and inserts. Added the following sections: non-covered, documentation and definitions. Clarified coverage criteria for shoes and inserts. Changed developmentally delayed to Down Syndrome with acceptable diagnoses codes. Removed rheumatoid arthritis.
November 27, 2019	Added "except those listed as non-covered below" to Indications and limitations of coverage appropriateness: point 1. Added "whether congenital or acquired" to non-covered item list.
November 2, 2022	Reviewed. Documentation Equipment's section bullet 2 replaced "60" with "90". Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes.