

**Policy:**

VCHCP considers an orthopedic footwear including shoes, inserts and modification to shoes for individuals who **do not have diabetes, medically necessary** only in the **limited** circumstances described below:

1. Shoes are considered **medically necessary** if they are an integral part of a covered leg brace.
2. Heel replacements, sole replacements and shoe transfers involving shoes on a covered brace are also considered **medically necessary**.
3. Inserts and other shoe modifications (such as lifts, wedges, arch supports and other additions) are considered **medically necessary** if they are on a shoe that is an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace.
4. Prosthetic shoes are considered **medically necessary** if they are an integral part of a prosthesis for individuals with a partial foot amputation.

This guideline does not address shoes, inserts and modifications for selected individuals with diabetes for the prevention or treatment of diabetic foot ulcers.

VCHCP considers the following **not medically necessary**:

1. Orthopedic footwear that does not meet the criteria above is considered **not medically necessary**.
2. A matching shoe that is not attached to a brace and items related to that shoe are considered **not medically necessary**.
3. Shoes are considered **not medically necessary** when they are put on over partial foot prosthesis or other lower extremity prosthesis that is attached to the residual limb by other mechanisms.

**Discussion/General Information**

This clinical guideline is based on Medicare criteria

**A.** Attachment : None

**B:** Author/Reviewer: Sheldon Haas MD 11-05-07  
Committee Review: UM on 11-08-07 & QA on 11-13-07  
Reviewed by Albert Reeves MD Date: 11/1/11  
Committee Review: UM on 11/10/11 & QA on 11/22/11  
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Reviewed/No Changes: Albert Reeves, MD Date: 1/28/13

Committee Review: UM on 2/14/13; QA on 2/26/13

Reviewed/ No Changes: Catherine Sanders, MD

Committee Review: UM on 2/13/14; QA on 2/25/14

## C. References

1. Orthopedic Footwear (L11456). Revised 03/01/2006. Available at: [http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd\\_id=11456&lcd\\_version=15&basket= lcd%3A11456%3A15%3AOrthopedic+Footwear%3ADME+PSC%3Aelectronic+Data+Systems+Corp%2E+%2877006%29](http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=11456&lcd_version=15&basket= lcd%3A11456%3A15%3AOrthopedic+Footwear%3ADME+PSC%3Aelectronic+Data+Systems+Corp%2E+%2877006%29). Accessed on November 7, 2006.
2. TriCenturion. Jurisdiction A/B. Local Coverage Determination for Orthopedic Footwear (L11467). Revised 03/01/2006. Available at: [http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd\\_id=11467&lcd\\_version=13&basket= lcd%3A11467%3A13%3AOrthopedic+Footwear%3ADME+PSC%3ATriCenturion+%2877011%29](http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=11467&lcd_version=13&basket= lcd%3A11467%3A13%3AOrthopedic+Footwear%3ADME+PSC%3ATriCenturion+%2877011%29). Accessed on November 8, 2006.
3. TrustSolutions. Jurisdiction C. Local Coverage Determination for Orthopedic Footwear (L11445). Revised 03/01/2006. Available at: [http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd\\_id=11445&lcd\\_version=10&basket= lcd%3A11445%3A10%3Aorthopedic+Footwear%3ADME+PSC%3ATrustSolutions+%2877012%29](http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=11445&lcd_version=10&basket= lcd%3A11445%3A10%3Aorthopedic+Footwear%3ADME+PSC%3ATrustSolutions+%2877012%29). Accessed on November 7, 2006.