

Medical Policy: Orthotics / Foot

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Definitions:

Orthotic Device: A support or brace designed for the support of a weak or ineffective joint, muscle, or to improve the function of movable body parts.

Prosthetic Device: An artificial device used to replace a body part.

VCHCP excludes coverage of orthopedic shoes, foot orthotics or other supportive devices of the feet, except under the following conditions:

1. This exclusion does not apply to such a shoe if it is an integral part of a leg brace and its expense is included as part of the cost of the brace. See section below on therapeutic shoes as integral parts of a leg brace.
2. This exclusion does not apply to therapeutic shoes furnished to selected diabetic members. See section below on therapeutic shoes for diabetes for details.
3. This exclusion does not apply to rehabilitative foot orthotics that are prescribed as part of post-surgical or post-traumatic casting care.
4. This exclusion does not apply to prosthetic shoes. See section below on prosthetic shoes for details.
5. This exclusion does not apply to coverage for special footwear for those suffering from foot disfigurement including, but not limited to, disfigurement from cerebral palsy, arthritis, polio, spina bifida, diabetes, and foot disfigurement caused by accident or developmental disability.
6. This exclusion does not apply if over the counter (OTC)/prefabricated orthotics failed to improve symptoms after 6 months of use.

Therapeutic shoes as integral parts of a leg brace:

VCHCP covers therapeutic shoes if they are an integral part of a covered leg brace and are medically necessary for the proper functioning of the brace. Oxford shoes are usually covered in these situations. Other shoes, e.g., high top, depth inlay or custom-molded for non-diabetic, etc. may also be covered if they are an integral part of a covered leg brace. Medically necessary heel replacements, sole replacements, and shoe transfers are also covered for therapeutic shoes that are an integral part of a covered leg brace. Inserts and other modifications of shoes that are an integral part of a leg brace are covered if they are medically necessary for the proper functioning of the brace. A matching shoe, which is not attached to the brace and items related to that shoe, is also covered.

Shoes that are billed separately (i.e., not as part of a brace) will not be covered even if they are later incorporated into a brace.

Therapeutic shoes for diabetes:

Note on Diabetic Shoe Benefit: Medically necessary foot orthotics may be covered for diabetic members.

VCHCP considers therapeutic shoes (depth or custom-molded) along with inserts medically necessary for members with diabetes mellitus and *any* of the following complications involving the foot:

1. Peripheral neuropathy with evidence of callus formation; or
2. History of pre-ulcerative calluses; or
3. History of previous ulceration; or
4. Foot deformity; or
5. Previous amputation of the foot or part of the foot; or
6. Poor circulation.

One of the following per member per calendar year is considered medically necessary:

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

The following items are considered medically necessary for persons with diabetes who meet the criteria for diabetic shoes listed above:

1. Depth shoes with the following characteristics are considered medically necessary when criteria are met:
 - Have a full length, heel-to-toe filler that, when removed, provides a minimum of 3/16th inch of additional depth used to accommodate custom-molded or customized inserts; *and*
 - Are made of leather or other suitable material of equal quality; *and*
 - Have some sort 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 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).

This includes a shoe with or without an internally seamless toe.

2. Custom-molded shoes with the following characteristics are considered medically necessary when the member has a foot deformity that cannot be accommodated by a depth shoe:
 - Constructed over a positive model of the member's foot; *and*
 - Made from leather or other suitable material of equal quality; *and*
 - Have removable inserts that can be altered or replaced as the member's condition warrants; *and*
 - Have some sort of shoe closure.

This includes a shoe with or without an internally seamless toe.

3. Modifications of custom-molded and depth shoes: An individual may substitute modifications of custom-molded or depth shoes instead of obtaining a pair of inserts in any combination. (Note: Payment for the modifications may not exceed the limit set for the inserts for which the individual is entitled.) The following is a list of the most common shoe modifications available, but it is not meant as an exhaustive list of the modifications available for diabetic shoes:
 - Inserts: Medically necessary inserts are those that are total contact, multiple densities, removable inlays that are directly molded to the member's foot or a model of the member's foot and are made of a material suitable for the member's condition.
 - Rigid rocker bottoms: These are exterior elevations with apex positions for 51 percent to 75 percent distance measured from the back end of the heel. The apex is a narrowed or pointed end of an anatomical structure. The apex must be positioned behind the metatarsal heads and tapering off sharply to the front tip of the sole. Apex height helps to eliminate pressure at the metatarsal heads. The steel in the shoe ensures rigidity. The heel of the shoe tapers off in the back in order to cause the heel to strike in the middle of the heel.
 - Roller bottoms (sole or bar): These are the same as rocker bottoms, but the heel is tapered from the apex to the front tip of the sole.
 - Metatarsal bars: These are exterior bars that are placed behind the metatarsal heads in order to remove pressure from the metatarsal heads. The bars are of various shapes, heights, and construction depending on the exact purpose.
 - Wedges (posting): Wedges are either of hind foot, fore foot, or both and may be in the middle or to the side. The function is to shift or transfer weight upon standing or during ambulation to the opposite side for added support, stabilization, equalized weight distribution, or balance.
 - Offset heels: This is a heel flanged at its base either in the middle, to the side, or a combination, that is then extended upward to the shoe in order to stabilize extreme positions of the hind foot.
4. Other medically necessary modifications to diabetic shoes include, but are not limited to:
 - Flared heels;
 - Velcro closures; and
 - Inserts for missing toes.

VCHCP does *not* consider deluxe features to therapeutic shoes medically necessary. A deluxe feature is defined as a feature that does not contribute to the therapeutic function of the shoe. It may include, but is not limited to style, color, or type of leather.

Note: Coverage is provided for a pair of diabetic shoes even if only one foot suffers from diabetic foot disease.

Prosthetic shoes:

A prosthetic shoe is a device used when all or a substantial portion of the front part of the foot is missing. VCHCP considers shoes that are an integral part of a prosthesis medically necessary for members with a partial foot. Note: VCHCP does *not* cover stock shoes that are put on over a partial foot or other lower extremity prosthesis.

Note: Medically necessary prosthetic shoes are covered even under VCHCP plans that exclude foot orthotics. The function of a prosthetic shoe is quite distinct from that of excluded orthopedic shoes and supportive foot devices that are used by individuals whose feet, although impaired, are essentially intact. Please check benefit plan descriptions for details.

Shoe modifications and replacements:

Medical necessity criteria for replacements of or modifications to existing customized shoes are based on the same criteria noted for the shoe itself. Replacement of a pair of shoes, or modifications, should be based on necessity (e.g., worn out, loss of effectiveness), not for convenience or style change. Replacement of orthotics is generally not necessary more often than every two years.

Other medical necessity limitations:

Only one orthotic per foot is considered medically necessary.

Separate orthotics for each pair of the member's shoes are not considered medically necessary.

A. Attachments: None

B. History:

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**VENTURA COUNTY
HEALTH CARE PLAN**

		MD	
2/17/22	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/2/23	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
8/2/23	Yes	Howard Taekman, MD; Robert Sterling, MD	1. Added below: This exclusion does not apply if over the counter (OTC)/prefabricated orthotics failed to improve symptoms after 6 months of use.
2/8/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review

C. References:

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