



**Subject:** Foot Orthotics and Diabetic Shoes\*

**Effective Date:** October 1, 1999

**Department(s):** Utilization Management

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**Policy:** Therapeutic shoes (for individuals with diabetes) and foot (in-shoe) orthotics are reimbursable under Plans administered by QualCare, Inc.

**Objective:** To ensure proper and consistent reimbursement and to delineate medically necessary indications for foot orthotics and for therapeutic shoes for individuals with diabetes.

**Procedure:**

1. Reimbursable indications for in-shoe orthotics( **L3000-L3031**) include, but are not limited to:
  - Congenital flexible pes planus, either idiopathic or neurologic
  - Tibialis posterior tendon dysfunction or rupture, documented by clinical indicators to include:
    - “Too many toes” sign
    - Lack of heel inversion on heel raise
    - Progressive pes planus and/or positive MRI
  - Plantar fasciitis with or without calcaneal spur
  - Acquired or post-traumatic hypermobility of forefoot or hind foot as documented by biomechanical exam and/or radiographic findings
  - Insensate foot or peripheral vascular disease meeting criteria for Medicare reimbursement

Casting ( **HCPCS S0395**) of a foot for a medically necessary custom orthosis is reimbursable.

2. For the following conditions in-shoe orthotics are NOT reimbursable:

- Congenital hallux valgus
- Congenital metatarsus adductus
- Cavus foot with associated hammertoe deformity
- Chronic hyperkeratotic lesions

3. All claims for in-shoe orthotics must be accompanied by a letter of medical necessity that must include the following:

- Duration of symptoms exceeding two months
- For plantar fasciitis/heel pain syndrome, duration of medical treatment must exceed six weeks
- Trial period of strapping and/or OTC arch supports exceeding 6 weeks
- Description of previous care, which may include but is not limited to: oral anti-inflammatories, local injections, and physical therapy

4. In-shoe orthotics will be replaced only if the medical indication for their fabrication has changed or a minimum of three years has elapsed since they were dispensed.

5. For the following diagnoses for which foot orthotics are prescribed, medical review is not necessary for pre-certification:

- Tendonitis:726.90,726.71,  
[M77.9,M76.60,M76.61, M76.62, M76.811,  
M76.812, M76.819]
- Posterior tibial tendon dysfunction: 726.72  
[M76.821, M76.822, M76.829]
- Limb length discrepancy: 736.81 [ M21.751,

M21.752, M21.759, M21.761, M21.762, M21.763, M21.764, M21.769]

- Patello-femoral Syndrome: 717.7 [M22.40, M22.41, M22.42]
- Iliotibial Band Syndrome: 728.89 [M76.899]
- Functional Hallux Limitus/Rigidus: 735.2 [M20.20, M20.21, M20.22]
- Hallux Abductovalgus: 735.0 [M20.10, M20.11, M20.12]
- Plantar Fasciitis: 726.73[M77.3-, M77.31, M77.32] , 728.71[ M72.2]
- Pes Planus: 734[M21.40, M21.41, M21.42], 754.61[ Q66.50, Q66.51, Q66.52], 754.69[ Q66.6]
- Calcaneal Apophysitis: 732.5 [M92.60, M92.61, M92.62]
- Diabetic Peripheral Neuropathy: 250.6, 250.8 [ E11.40, E11.42, E11.43, E11.49, E 11.610, E13.40, E13.42, E13.43, E13.49]
- Charcot Neuropathy: 713.5[ M14.671, M14.672, M14.679]
- For individuals with foot disease related to diabetes, including but not limited to skin trophic changes (701.8, 701.9)[ L90.8, L90.9] or breakdown (707.1)[ L97.901-L97.911], current or previous ulcers (707.9)[ I70.25-I70.75;L98.941-L98.499], peripheral neuropathy (250.6, 250.8) [ E11.40, E11.42, E11.43, E11.49, E 11.610, E13.40, E13.42, E13.43, E13.49],
- previous amputation of the foot or part of the foot, peripheral vascular disease (443.8, 443.9)[I73.9], Charcot arthropathy of foot or ankle (713.5) [ M14.671, M14.672, M 14.679],

6. Therapeutic shoes are reimbursable (**not as durable medical equipment**) for systemic conditions that involve impaired circulation and/or loss of sensation, including diabetes mellitus, as follows:

- a. Custom-Molded Shoes ( **HCPCS A5501**),

when the type and/or severity of foot deformity precludes use of a depth shoe, that are-

- i. Constructed over a positive model of the patient's foot
- ii. Made from leather or other suitable material of equal quality
- iii. Have removable inserts that can be altered or replaced as the condition warrants

AND

- iv. Have some form of shoe closure

b. Depth Shoes ( **HCPCS A5500**)

- i. With full-length, heel-to-toe filler that, when removed, provides a minimum of 3/16 inch of additional depth used to accommodate custom-molded or customized inserts
- ii. Made from leather or other suitable material of equal quality
- iii. Have some form of shoe closure

AND

- iv. Are available in sizes and widths allowing the sole to be graded to the size and width of the upper portions of the shoes according to the American standard last sizing schedule or its equivalent.

c. Within a given 12-month interval, therapeutic shoes for individuals with diabetic foot disease are reimbursable with the following limitations

- i. One pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts

OR

- ii. One pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes)

d. For individuals who medically qualify for both diabetic therapeutic shoes and a leg brace that is

an integral part of the shoe, these items (shoe and brace) are both reimbursable.

- e. Modifications may be substituted for inserts, including but not limited to the following:
  - i. Rigid Rocker Bottoms (**HCPCS A5503**)
  - ii. Roller Bottoms (**HCPCS A5503**)
  - iii. Metatarsal Bars ( **HCPCS A5505**)
  - iv. Wedges (**HCPCS A5504**)
  - v. Offset Heels ( **HCPCS A5506**)
- f. Other reimbursable modifications to diabetic shoes include but are not limited to the following:
  - i. Flared Heels
  - ii. Velcro Closures
  - iii. Inserts for Missing Toes(**HCPCS A5512, A5513**)

- 7. When diabetic foot conditions are documented by the physician managing the individual's diabetes, therapeutic shoes must be prescribed by a podiatrist or other qualified physician.
- 8. Diabetic therapeutic shoes are only reimbursable if dispensed by a Medicare-certified provider of these shoes.

## References

Dars S, Uden H, Banwell HA, Kumar S. The effectiveness of non-surgical intervention (Foot Orthoses) for paediatric flexible pes planus: A systematic review: Update. PLoS One. 2018 Feb 16;13(2):e0193060

Rasenberg N, Riel H, Rathleff MS, Bierma-Zeinstra SMA, van Middelkoop M. Efficacy of foot orthoses for the treatment of plantar heel pain: a systematic review and meta-analysis. Br J Sports Med. 2018 Mar 19. pii: bjsports-2017-097892

van Netten JJ, Price PE, Lavery LA, Monteiro-Soares M, et al. Prevention of foot ulcers in the at-risk patient with diabetes: a systematic review. *Diabetes Metab Res Rev*. 2016;32 Suppl 1:84-98(Jan)

Robinson C, Major MJ, Kuffel C, Hines K, Cole P. Orthotic management of the neuropathic foot: an interdisciplinary care perspective. *Prosthet Orthot Int*. 2015;39(1):73-81(Feb)

Lewis J, Lipp A. Pressure relieving interventions for treating diabetic foot ulcers. *Cochrane Database of Syst Rev*. 2013; 1:CD002302. doi: 10.1002/14651858.CD002302.pub2

Healy A, Naemi R, Chockalingam N. The effectiveness of footwear as an intervention to prevent or to reduce biomechanical risk factors associated with diabetic foot ulceration: a systematic review. *J Diabetes Complications*. 2013; 27(4):391-400(Jul-Aug)

Spencer S. Pressure relieving interventions for preventing and treating diabetic foot ulcers. *Cochrane Database Syst Rev*. 2013; 1:CD002302

Hennessy K, Woodburn J, Steultjens MP. Custom foot orthoses for rheumatoid arthritis: A systematic review. *Arthritis Care Res (Hoboken)* 2012; 64(3):311-20(mar)

Parsons S, Naim S, Richards PJ, *et al*. Correction and prevention of deformity in type II tibialis posterior dysfunction. *Clin Orthop relat res*. 2010;468 (4):1025-1032 (Apr)

McQuire, J. Transitional off-loading: an evidence-based approach to pressure redistribution in the diabetic foot. *Adv Skin Wound Care* 2010;23(4):175-188 (Apr)

Chen YC, Lou SZ, Huang CY, *et al*. Effects of foot orthoses on gait patterns of flat feet patients. *Clin Biomech (Bristol, Avon)* 2010 Mar;25(3):265-270 (Mar).

Howard IM. The prevention of foot ulceration in diabetic patients. *Phys Med Rehabil Clin N Am* 2009;20(4):595-609 (Nov)

Hutchins S, Bowker P, Geary N, *et al*. The biomechanics and clinical efficacy of footwear adapted with rocker profiles--evidence in the literature. *Foot (Edinb)*. 2009;19(3):165-170 (Sep)

Burns J, Wegener C, Begg L, *et al*. Randomized trial of custom orthoses and footwear on foot pain and plantar pressure in diabetic peripheral arterial disease. *Diabet Med* 2009;26(9):893-899 (Sep)

Tazi O, Debure C. Preventing high-risk diabetic foot ulceration by a new method of custom-made shoes in high-risk patients. Prospective study. *J Mal Vasc* 2008;33(4-5):191-195 (Dec) [article in French; abstract in English]

McCulloch DK. Management of diabetic foot lesions. UpToDate v 16.2. June 7, 2007. Available at

<http://www.uptodate.com/online/content/topic.do?topicKey=diabetes/10771&view=print>.  
Accessed 09/16/08

Boulton AJ. The diabetic foot--an update. Foot Ankle Surg 2008;14(3):120-4. Epub 2008 Jul 14.

Center for Medicare and Medicaid Services. Medicare Benefit Policy Manual Ch. 15, Section 140 – Therapeutic Shoes for Individuals with Diabetes. Available at <http://www.cms.hhs.gov/manuals/Down-loads/bp102c15.pdf> accessed 09/16/08

The American College of Foot & Ankle Orthopedics & Medicine Prescription Custom Foot Orthoses Practice Guidelines 12/2004 Addendum with Individual References

Reiber GE, Smith DG, Wallace C. et al. Effect of therapeutic footwear on foot reulceration in patients with diabetes: A randomized controlled trial. JAMA 2002;287(19):2552-2558 (May 15)

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.