# PROVIDER POLICIES & PROCEDURES

## FOOT ORTHOTICS

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for foot orthotics. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Foot orthotics are removable shoe inserts that do not extend beyond the ankle and may include heel wedges and arch supports, which are available commercially or may be custom-made. The goal of treating conditions with foot orthotics is to decrease pain and increase function by controlling foot motion, reducing shock absorption, and minimizing stress forces. Foot orthotics are placed in a shoe (shoe inserts) 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. They may also correct some foot deformities and provide shock absorption to the foot. Foot orthoses may be used to treat conditions including those involving impaired peripheral circulation and sensation, when they are attached to a prosthetic shoe or orthosis, for a neurologic or neuromuscular condition and for congenital or acquired foot conditions.

Foot orthotics may be accommodative or functional. Accommodative foot orthoses are custom or non-custom inlays fabricated for the purpose of providing relief from callosities and pressure points, and maintaining the integrity of the longitudinal arch and/or the metatarsal heads. The devices can be made of several different types of materials and can be fabricated from plaster molds of the feet or electronic (computer) imaging in a semi-weight bearing or non-weight bearing, neutral position, with corrections built in to prevent abnormal compensation during the gait cycle.

A shoe modification is a medically prescribed alteration(s) to a shoe(s) to accommodate minor foot deformities, disabilities, or leg shortening of less than 1 and ½ inches. Shoe modifications, e.g., rocker soles, shoe buildups, metatarsal bars, shoe stretching, Thomas heels, tongue pads, Velcro closures, modified lacers, etc., may be applied to shoes, upon medical determination of need, to compensate for minor foot deformities.

### CLINICAL GUIDELINE

Coverage guidelines for foot orthotics will be made in accordance with the Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Individuals without a Diagnosis of Diabetes

Pre-fabricated foot orthotics may be considered medically necessary for individuals ***who do not have diabetes*** when conservative treatment such as use of over-the counter insoles, supportive shoes or

athletic shoes, stretching and strengthening exercises, physical therapy, taping or non-steroidal anti-inflammatory drugs (NSAIDs) have failed to adequately address the condition.

Custom-fabricated foot orthoses may be considered medically necessary for individuals ***who do <u>not</u> have diabetes*** when there is a failure, contraindication, or intolerance to a prefabricated foot orthosis for congenital or acquired conditions that impair circulation, functioning, or cause pain to the lower extremities.

Inserts, arch supports and other modifications to shoes for individuals ***who do <u>not</u> have diabetes*** may be considered medically necessary when the shoe is an integral component of a lower extremity orthosis or prosthesis and is medically necessary for the proper functioning of the orthosis or prosthesis.

<u>Individuals with a Diagnosis of Diabetes</u>
Inserts and other modifications to shoes ***for individuals who have diabetes*** may be considered medically necessary when the individual is experiencing diabetes associated foot complications and diabetic inserts will not address the problem.

Other orthotic modifications will be considered on a case-by-case basis in consideration of the individual's ambulation status, sensation, skin integrity, symptoms, and orthopedic alignment.

<u>The following orthotic devices are typically not considered medically necessary; however, may be considered medically necessary based on an assessment of the individual:</u>

- Separate orthotic devices for an additional pair of shoes
- Orthoses primarily for improved athletic performance or sports participation
- Orthoses considered experimental, investigational or unproven (this list may not be all-inclusive including) including:
    1. Custom-fabricated foot orthosis for the treatment of hallux valgus or hallux rigidus foot deformity
    2. Magnetic insole (i.e., orthosis with magnetic foil)
- Foot orthotics not ordered by the treating provider

NOTE: EPSDT Special Provision
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

**PROCEDURE**
Prior authorization is required for foot orthotics including inserts, arch supports, and modifications to orthopedic shoes. Requests for coverage of foot orthotics will be reviewed in accordance with procedures in place for reviewing requests for orthotic and prosthetics. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

**The following information is needed to review requests for foot orthotics:**

1. Completed Outpatient Prior Authorization Request Form or completed on-line prior authorization request submitted via the medical prior authorization portal
2. A clinical assessment by the treating provider (performed prior to the referral for foot orthotics)

supporting the medical necessity of the requested item(s) to include:

a. Current list of ambulatory aids/orthotics with skill level for each
b. Ambulation skills with and without foot orthotics
c. Current health status, functional abilities, level of activity and comfort
d. Foot/ankle/forefoot muscle strength, range of motion, and any deformities or asymmetries
e. Vascular, skin and sensory status
f. Observational gait assessment (swing and stance phase)

3. Treatment history including effectiveness of treatments i.e., trial of NSAIDs, physical therapy, home exercise regimen, taping, use and type of supportive, athletic or orthopedic shoes, prefabricated foot orthoses with or without modifications/additions (if requesting custom-fabricated)
4. Date of purchase, condition and fit of current orthotics and shoes
5. Prescription/signed letter of medical necessity from the treating provider indicating the specific type of orthosis including any additions and modifications
6. A detailed product description and quotation including manufacturer, model/part number, product description, HCPCS code, quantity and retail price

**EFFECTIVE DATE**

This Clinical Guideline is effective for prior authorization requests for foot orthotics for individuals covered under the HUSKY A, C and D programs on or after October 1, 2012.

**LIMITATIONS**

Foot orthotics are NOT covered for individuals enrolled in the HUSKY B Program. Individuals enrolled in the HUSKY B program may be eligible for certain items under the HUSKY Plus Program. HUSKY Plus provides supplemental coverage of children with intensive physical health needs for services not covered under the HUSKY B Program. Covered items under HUSKY Plus Program include L3100 hallux-valgus night splint and L3150 foot abduction rotation bar. Call 1-800-440-5071 for more information.

**CODES:**

| Code | Description |
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| 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 |
| 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, nonremovable, attached to shoe, longitudinal, each |
| L3080 | Foot, arch support, nonremovable, attached to shoe, metatarsal, each |
| L3090 | Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each |
| L3100 | Hallux-valgus night splint |
| L3150 | Foot abduction rotation bar, without shoes |
| L3649 | Orthopedic shoe, modification, addition or transfer, not otherwise specified |

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| L5000 | Partial foot, shoe insert with longitudinal arch, toe filler |

**DEFINITIONS**

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.
9. **Custom-fabricated orthosis**: An orthosis that is specifically manufactured for an individual. Custom-fabricated devices may include custom-molded devices (e.g., molded to the individual's specific body part).
10. **Prefabricated or premolded orthosis**: An orthosis manufactured in quantity without a specific individual in mind. Prefabricated orthotic devices may include custom-fitted devices (e.g., trimmed, bent or molded for use by a specific individual) and can be modified with additions or use of heat to change the orthotic shape. An item delivered to fill a patient-specific doctor's order or healthcare prescription.
11. **Off-the-shelf insole:** An insole, arch support or insert that is sold off-the-shelf on a retail basis, which is not custom fitted or custom fabricated, and is not delivered to fill a doctor's order or healthcare prescription.
12. **Foot orthosis**: A type of shoe insert that does not extend beyond the ankle and may include heel wedges and arch supports. The goal of treating conditions with foot orthoses is to decrease pain and

increase function. They may also correct some foot deformities and provide shock absorption to the foot. Foot orthoses may be used to treat conditions such as those involving impaired peripheral circulation and sensation, when they are attached to a prosthetic shoe or brace, for a neurologic or neuromuscular condition and for congenital or acquired foot conditions. HCPCS codes representing foot orthoses provided to individuals without diabetes are L3000–L3090.

13. **Foot Orthoses Associated with Prosthetic Shoes and Braces:** Prosthetic shoes are used when all or a portion of the foot is missing. A brace may or may not be attached to the prosthetic shoe. The absence of all or a portion of the foot may be the result of a congenital deformity, illness (amputation secondary to diabetic foot ulcer) or injury (traumatic amputation). Individuals with minor distal amputations typically do not require special shoes. When all digits have been amputated, a forefoot filler orthosis may be used with a commercial shoe. For more extensive partial-foot amputations (e.g., mid-level Trans metatarsal, Chopart's amputation), a prosthetic may be needed consisting of a conventional shoe with an ankle-foot orthosis (AFO), brace and a forefoot filler. A custom-fitted or custom-molded foot orthosis may be used as a replacement or substitute for missing parts of the foot (e.g., due to amputation) and when it is necessary for the alleviation or correction of illness, injury or congenital defect.
14. **Metatarsal bars:** 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
15. **Offset heel:** 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.
16. **Rigid rocker bottoms:** Exterior elevations with apex position for 51% to 75% 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 taper off sharply to the front tip of the sole. Apex height helps to eliminate pressure at the metatarsal heads. Rigidity is ensured by the steel in the shoe. The heel of the shoe tapers off in the back in order to cause the heel to strike in the middle of the heel.
17. **Roller bottoms (sole or bar):** The same as rocker bottoms except the heel is tapered from the apex to the front tip of the sole.
18. **Wedges (posting):** Wedges are either for hind foot, fore foot, or both and may be in the middle or to the side. The function is to shift or transfer weight bearing upon standing or during ambulation to the opposite side for added support, stabilization, equalized weight distribution, or balance.

**ADDITIONAL RESOURCES AND REFERENCES:**


- CMS, Health Care Procedural Coding System Level II Manual: 2018
- Connecticut DSS' Medical ASO Contract with CHNCT, Effective 10/14/11: Part I – Scope of Services, Definitions
- Connecticut Medical Assistance Program, Medical Equipment, Devices and Supplies Regulation/Policy Chapter 7, dated July 6, 2011
- CGS Administrators, LLC. Jurisdiction C. Local Coverage Determination for Orthopedic Footwear (L11445). Revised 08/04/2011. Available at: http://www.cms.hhs.gov/mcd/index_local_alpha.asp?from2=index_local_alpha.asp&from=alphalmrp&letter=A&.
- National Government Services, Inc. Jurisdiction B. Local Coverage Determination for Orthopedic Footwear (L27220). Revised 07/30/2009. Available at: http://www.cms.hhs.gov/mcd/index_local_alpha.asp?from2=index_local_alpha.asp&from=alphalmrp&letter=A&.

- U.S. Department of Veterans Affairs, Veterans Health Administration (VHA). Foot wear and foot orthoses. Transmittal Sheet. VHA Handbook 1173.9. Washington, DC; VHA; October 6, 2004. Available at: http://www1.va.gov/VHAPUBLICATIONS/ViewPublication.asp?pub_ID=1173

**PUBLICATION HISTORY**

| Status | Date | Action Taken |
|---|---|---|
| Original publication | September 2012 | |
| Reviewed | September 2013 | Clinical Quality Sub-Committee Review.<br>References Updated.<br>Added "muscular stretching, strengthening exercises, taping, NSAIDS, over-the-counter insoles, and/or supportive shoes or athletic shoes" as additional examples of alternative medical approaches. Added statement "Custom-fabricated foot orthotics are not medically necessary unless there is clinical documentation that non-custom, prefabricated foot orthotics are not appropriate for the condition or diagnosis." These changes approved at the September 16, 2013 Clinical Quality Sub-Committee meeting. |
| Reviewed | September 2014 | Clinical Quality Subcommittee review.<br>Reference updated.<br>Added additional documentation requirements for replacement of foot orthotics.<br>These changes approved at the September 15, 2014 Clinical Quality Subcommittee meeting. |
| Reviewed | December 2014 | Medical Management review. Clarified requirement for failure of conservative management prior to ordering custom foot orthotics. These changes approved by DSS on December 29, 2014. |
| Updated | August 2015 | Updated definitions for HUSKY A, B, C and D at request of DSS. |
| Reviewed | September 2015 | Clinical Quality Subcommittee Review.<br>Reference Updated.<br>Updated Information Required for Review section to include use of prefabricated and custom orthotics as part of treatment history and changed "ambulation skills with and without orthotics" to "ambulation skills with and without foot orthotics".<br>These changes approved at the September 21, 2015 Clinical Quality Subcommittee meeting. |
| Updated | March 2016 | Updates to language in introductory paragraph pertaining to purpose of policy. Updates to Clinical Guideline section pertaining to Definition of Medical Necessity. These changes approved at the March 21, 2016 Clinical Quality Subcommittee meeting. Removed references to specific conditions in the Clinical Guideline Section. These changes approved by DSS on May 23, 2016. |

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| Updated | February 2017 | Update to reference section. This change approved at the February 22, 2017 Medical Review Policy Committee meeting. Approved by Clinical Quality Subcommittee on March 20, 2017. Approved by DSS on March 27, 2017. |
| Update | February 2018 | Medical Policy Committee Review.<br>Update to *Reference* section.<br>Update to *Limitations* section. Update to HUSKY Plus phone number.<br>Update to *Procedures* section, #4 under *The following information is needed to review requests for foot orthotics:* added *Type of footwear and effectiveness; i.e., non-supportive or supportive over the counter footwear, prescribed orthopedic above or below the ankle footwear.*<br>Update to Procedures section #6 under *The following information is needed to review requests for foot orthotics:* added word *prefabricated* to #6a. Added #6d and #6e *Ambulatory effectiveness with and without current foot orthotics* and *Type of footwear and effectiveness; i.e., non-supportive or supportive over the counter footwear, prescribed orthopedic above or below the ankle footwear*<br>Approved by CHNCT Medical Policy Review Committee on February 14, 2018. Approved by CHNCT Clinical Quality Subcommittee on March 19, 2018. Approved by DSS on April 5, 2018. |
| Update | April 2018 | Medical Policy Committee Review<br>Updated language throughout policy to improve clarity and ease of use.<br>Reorganized *Clinical Guideline* section. Separate guidelines for individuals with and without diabetes. Overall consolidation of language.<br>Updated *Limitations* section stipulating specific items covered under HUSKY Plus. Added L3100 and L3150 to *Codes* section. Updated definitions of prefabricated orthosis and off-the-shelf insole in *Definitions* section.<br>Approved at the CHNCT Medical Policy Review Committee on April 25, 2018. Approved by the CHNCT Clinical Quality Subcommittee on June 18, 2018. Approved by DSS on June 20, 2018. |