



BlueCross BlueShield  
of Alabama

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**Name of Policy:**

**Foot Orthotics and Orthopedic Shoes**

Policy #: 293  
Category: DME

Latest Review Date: October 2018  
Policy Grade: **Effective October 03, 2018: Active Policy but no longer scheduled for regular literature reviews and updates.**

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**Background/Definitions:**

*As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.*

*The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:*

- 1. The technology must have final approval from the appropriate government regulatory bodies;*
- 2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
- 3. The technology must improve the net health outcome;*
- 4. The technology must be as beneficial as any established alternatives;*
- 5. The improvement must be attainable outside the investigational setting.*

*Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:*

- 1. In accordance with generally accepted standards of medical practice; and*
- 2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
- 3. Not primarily for the convenience of the patient, physician or other health care provider; and*
- 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 that patient's illness, injury or disease.*

## **Description of Procedure or Service:**

Foot orthotics are mechanical devices which are placed inside the shoe or attached to the shoe 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. The devices can be made of several different types of materials and are usually designed to the measurement, plaster models, and patterns of the foot and leg. They may be available commercially or may be custom-made.

The usual indications for foot orthotics are to relieve pressure on areas that are painful, ulcerated, or callused; to support weak or flat longitudinal or transverse foot arches; and to control foot positions and thus affect the alignment of other lower limb joints. All are concerned with improving foot function, controlling foot motion, reducing shock absorption, and minimizing stress forces that could ultimately cause foot deformity and pain.

Depth shoes are defined, per CMS, as shoes that have a 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. They are generally made from leather or other suitable material of equal quality, 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 last sizing schedule or its equivalent. Inserts are total contact, multiple density, removable inlays that are directly molded to the patient's foot and that are made of a suitable material with regard to the patient's condition.

Orthopedic shoes are over the counter footwear (non-custom made and sometimes referred to as therapeutic shoes) designed to provide support and relieve pain and discomfort associated with common foot problems such as blisters, bunions, calluses and corns, hammer toes, plantar fasciitis or heel spurs.

## **Policy:**

**Foot orthotics** (custom made) **meet** Blue Cross and Blue Shield of Alabama's medical criteria for coverage for the following indications:

1. Adults (skeletally mature feet):
  - Acute plantar fasciitis
  - Calcaneal spurs (heel spurs)
  - Calcaneal bursitis (acute or chronic)
  - Neurologically impaired feet (including neuroma; tarsal tunnel syndrome; ganglionic cyst; and neuropathies involving the feet, including those associated with peripheral vascular disease, diabetes, carcinoma, drugs, toxins, and chronic renal disease)
  - Inflammatory conditions of the foot (i.e., sesamoiditis, submetatarsal bursitis, synovitis, tenosynovitis, synovial cyst, osteomyelitis, and plantar fascial fibromatosis)

- Acute sports-related injuries (including diagnoses related to inflammatory problems, e.g., bursitis or tendonitis) of the foot
  - Musculoskeletal/arthropathic deformities (including deformities of the joint or skeleton that impair walking in a normal shoe, e.g., bunions, hallux valgus, talipes deformities, pes cavus, anomalies of toes) of the foot
  - Vascular conditions (including ulceration, poor circulation, peripheral vascular disease, Buerger's disease or thromboangiitis obliterans, chronic thrombophlebitis) of the foot
2. Children (skeletally immature feet):
- Torsional conditions (e.g., metatarsus adductus, tibial torsion, femoral torsion)
  - Structural deformities (e.g., tarsal coalitions)
  - Hallux valgus deformities
  - In-toe or out-toe gait
  - Musculoskeletal weakness (e.g., pronation, congenital pes planus, if the feet are skeletally immature)
3. The patients must have symptoms associated with the particular foot condition.

**Foot orthotics do not meet** Blue Cross and Blue Shield of Alabama's medical criteria for coverage and are considered **non-covered** for the following indications:

- Foot orthotics that are not ordered by the treating physician
- Foot orthotics for pes planus (flat feet), corns, calluses, and hammertoes
- Foot orthotics prescribed for foot conditions that do not cause symptoms
- Foot orthotics prescribed for the treatment of symptoms in areas distant from the foot (e.g., back pain)
- Foot orthotic devices such as arch supports
- Foot orthotic devices such as inserts that are available over the counter

**Orthopedic Shoes meet** Blue Cross and Blue Shield of Alabama's medical criteria for coverage for the following indications:

- Orthopedic shoes when an integral part of a covered leg brace, when medically necessary for the proper functioning of the leg brace;
- Orthopedic shoes with supinator or pronator support for infants, children and juniors.

Orthopedic shoes are not a covered benefit for all other indications. See below for diabetic shoe coverage.

**Diabetic shoes/inserts (codes A5510, A5512, A5513) meet** Blue Cross and Blue Shield of Alabama's medical criteria for coverage in individuals with diabetes. The primary diagnosis should be diabetes and the secondary diagnosis should reflect the foot deformity that is present.

**Spinal pelvic stabilizers**, specialized custom molded inserts designed to prevent foot injuries and improve foot alignment **do not meet** Blue Cross and Blue Shield of Alabama's medical criteria for coverage and are considered **investigational** due to their value in treatment of foot disease has not been proven.

Replacement of foot orthotics more than 2 pairs in a 24-month period of time is non-covered.

### **Limitations for Coverage**

Coverage of diabetic footwear and inserts is limited to one of the following within 365 days:

- One pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts; **OR**
- One pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes).

**\* NOTE: There are varying benefit plans for these services. Please verify benefits prior to applying policy criteria, as benefits will supersede this policy.**

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*Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the member's contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

### **Key Points:**

#### **Foot Orthotics**

There are several different types of foot orthotics, including soft or flexible, semi-rigid and rigid. Details of these are summarized below. Only certain types of these foot orthotics are considered for coverage. Custom made foot orthotics may be covered when ordered by a treating physician and when clinical indications are documented supporting the medical necessity of the foot orthotics.

#### **Soft or Flexible Foot Orthotics**

Soft or flexible foot orthotics are made from soft compressible materials, such as leather, cork, rubber, soft plastics or plastic foam (Spenco, PPT, Pelite). Many of these are commercially available and used for simple problems. Soft orthotics help to absorb shock, increase balance, and take pressure off uncomfortable or sore spots. They are worn against the sole of the foot and are usually fabricated in full length from heel to toe with increased thickness where weight bearing is indicated and relief where no or little pressure should occur. Plastic foam orthotics are available in different densities and thicknesses and are commonly used for ischemic, insensitive, ulcerated, and arthritic feet.

The advantage of any soft orthotic is that it may be easily adjusted to changing weight-bearing forces. The disadvantage is that it must be replaced more often than rigid orthotics. A soft orthotic is particularly effective for diabetes, the arthritides, and for grossly deformed feet where there is loss of protective fatty tissue on the side of the foot. Soft orthotics are also widely used in the care of healing ulcers in the insensitive foot.

#### Semi-rigid and Rigid Orthoses

Semi-rigid and rigid orthoses come in a variety of materials such as leather, cork and metals, but most commonly they are made of solid plastics (polymers or polymer composites), which allow minimal flexibility. These orthoses generally extend from the posterior end of the heel to the metatarsal heads (i.e., three-quarter length), and may have medial or lateral flanges. They are molded to provide support under the longitudinal arch and metatarsal area and to provide relief for painful or irritated areas.

Semi-rigid orthotics provide for dynamic balance of the foot while walking. The functional dynamic orthotic helps guide the foot through proper functions, allowing the muscles and tendons to perform more efficiently. The classic, semi-rigid orthotics constructed using laminations of leather and cork, reinforced by a material called Silastic. It may also be made of polymer composites.

#### Rigid Orthotics

Rigid orthotics are designed to control motion in 2 major foot joints, which lie directly below the ankle joint. They are made of a firm material such as plastic, leather, fiberglass or acrylic polymer. These devices are long-lasting, do not change shape, and are usually unbreakable. The most rigid orthoses (e.g., Whitman, Mayer, and Shaffer plates; Boston arch supports) are made of metal, usually steel or duralumin, and are covered with leather. The finished device normally extends along the sole of the heel to the ball or toes of the foot. It is worn mostly in closed shoes with a heel height under two inches. Strains, aches, and pains in the legs, thighs, and lower back may be due to abnormal function of the foot or a slight difference in the length of the legs. In such cases, orthoses may improve or eliminate these symptoms which at first may seem only remotely connected to foot function.

#### **Key Words:**

Foot orthotics, soft orthotics, semi-rigid orthotics, rigid orthotics, depth shoes, inserts, orthopedic shoes, therapeutic shoes, diabetic shoes

#### **Approved by Governing Bodies:**

Not applicable

#### **Benefit Application:**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply

FEP contracts: Special benefit consideration may apply. Refer to member's benefit plan. FDA does not consider investigational if FDA approved and will be reviewed for medical necessity.

**Coding:**

CPT Codes: No specific codes

HCPCS:	<b>A5500</b>	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s) per shoe
	<b>A5501</b>	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe, per shoe
	<b>A5503</b>	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
	<b>A5504</b>	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
	<b>A5505</b>	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe
	<b>A5506</b>	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe
	<b>A5507</b>	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
	<b>A5508</b>	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
	<b>A5510</b>	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
	<b>A5512</b>	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
	<b>A5513</b>	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
	<b>K0903</b>	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a

- digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each (**Effective 04/01/2018**)
- L3000** Foot insert, removable, molded to patient model, "UCB" type, Berkley 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, longitude/metatarsal supp, each
  - L3030** Foot insert, removable, formed to patient foot, each
  - L3031** Foot, insert/plate, removable, addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, 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, non-removable, attached to shoe, longitudinal, each
  - L3080** Foot, arch support, non-removable, attached to shoe, metatarsal, each
  - L3090** Foot, arch support, non-removable, attached to shoe, longitude/metatarsal, each
  - L3201** Orthopedic shoe, Oxford with supinator or pronator, infant
  - L3202** Orthopedic shoe, Oxford with supinator or pronator, child
  - L3203** Orthopedic shoe, Oxford with supinator or pronator, junior
  - L3204** Orthopedic shoe, hightop with supinator or pronator, infant
  - L3206** Orthopedic shoe, hightop with supinator or pronator, child
  - L3207** Orthopedic shoe, hightop with supinator or pronator, junior
  - L3215** Orthopedic Footwear, ladies shoe, oxford, each
  - L3216** Orthopedic footwear, ladies shoe, depth inlay, each
  - L3217** Orthopedic footwear, ladies shoe, hightop, depth inlay, each
  - L3219** Orthopedic footwear, mens shoe, oxford, each
  - L3221** Orthopedic footwear, mens shoe, depth inlay, each
  - L3222** Orthopedic footwear mens shoe, hightop, depth inlay, each
  - L3224** Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthotic)
  - L3225** Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthotic)
  - L3251** Foot, shoe molded to patient model, silicone shoe, each

**References:**

1. Ball KA, et al. Evolution of foot orthotics—Part 1: Research shapes long-standing theory. J Manipulative Physiology Therapeutics, February 2002; 25(2): 116-124.
2. Ball KA, et al. Evolution of foot orthotics—Part 2: Research shapes long-standing theory. J Manipulative Physiology Therapeutics, February 2002; 25(2): 125-134.
3. Jackson J. Pediatric foot notes: A review of common congenital foot deformities. International Pediatrics 2003; 18(3): 1333-1340.
4. Nawoczenski DA, et al. Foot orthoses in rehabilitation—What's new? Clinics in Sports Medicine. January 2004, Vol. 23, No. 1.
5. Riskowski, J, et al. Arthritis, Foot Pain and Shoe Wear: Current Musculoskeletal Research on Feet, Curr Opin Rheumatol. March 2011; 23(2):148-155.

**Policy History:**

Medical Policy Group, August 2006 (3)

Medical Policy Administration Committee, September 2006

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Medical Policy Group, November 2006 (3)

Medical Policy Administration Committee, January 2007

Available for comment December 20, 2006-February 2, 2007

Medical Policy Group, January 2008 (3)

Medical Policy Administration Committee, February 2008

Medical Policy Group, November 2008

Medical Policy Administration Committee, April 2009

Available for comment March 31-May 14, 2009

Medical Policy Group, November 2010 (1) No policy changes made at this time.

Medical Policy Group, June 2011; Updated Benefit Application

Medical Policy Administration Committee, June 2011

Medical Policy Group, May 2015 (6): Updates to Title, Description, Policy Statement, Coding and References. Added non-coverage statement for orthopedic shoes.

Medical Policy Administration Committee May 2015

Available for comment May 9 through June 22, 2015

Medical Policy Group, June 2015 (6): Added Key Word and Codes A5500, A5501-A5508 to Coding Section only, no change to policy statement.

Medical Policy Group, December 2015 (6): Clarification to policy statement regarding pes deformities; no change to policy intent.

Medical Policy Group, June 2018 (6): Updated coding section to include K0903; Removed old policy statement.

Medical Policy Group, October 2018 (6): Updates to Description and Key Points. Effective October 03, 2018: Active Policy but no longer scheduled for regular literature reviews and updates.



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*This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.*

*This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.*