 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	Orthopedic Shoes, Shoe Inserts, and Foot Orthotics
	PRODUCT LINE:	All
	POLICY NUMBER:	UM22
	ORIGINAL POLICY EFFECTIVE DATE:	01/21/2008
	LAST REVISED DATE:	02/05/2019
	LAST REVIEWED DATE:	03/07/2023

**SCOPE:** To ensure Group Health Cooperative of Eau Claire consistently and correctly administers the benefits related to orthopedic shoes, shoe inserts and foot orthotics to all members according to their policy benefits.

**POLICY:** It is the policy of Group Health Cooperative of Eau Claire to review requests for orthopedic shoes, shoe inserts, and foot orthotics for prior authorization according to member policy and evidence-based medical criteria.

**PROCEDURE: Prior Authorization: YES for shoes, shoe inserts, and foot orthotics.**

### Orthopedic Shoes


**Commercial: Not Covered. Contract exclusion.**

**Medicaid: Covered when criteria are met.**

Orthopedic shoes are considered medically necessary if they meet the definition of DME per Wis. Admin. Code DHS 101.03 (50) and in the following circumstances per Wis. Admin. Code DHS 107.24(4)(f); 107.24(2)(c)2; and 101.03(96m):

1. Member has a rigid gross foot deformity that does not solely include a diagnosed flat footed; **OR**
  2. Requested orthopedic shoe is attached to a medically necessary brace; **OR**
  3. Member's foot requires stabilization postoperatively (prescribed within 6 weeks of surgery); **OR**
  4. Mismatched shoes involving a difference of a full size (length or width) or more; **OR**
  5. Limb length discrepancy of one-half inch or more;
- AND**
6. Member must be ambulatory and/or routinely and consistently performs standing pivot transfers; **AND**
  7. Shoe must be necessary to allow the member to perform activities of daily living; **AND**
  8. Shoe must be medical grade; **AND**
  9. Shoe must **NOT** be a sandal or an athletic shoe, and **NOT** be solely to accommodate weather or work or for recreational purposes.

**Allowed Amounts:** Medically necessary orthopedic shoes are allowed one pair of shoes per year.

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**Foot Orthotics/Shoe Inserts**

Foot orthotic codes: L3100, L3140, L3150, L3160, L3170

Shoe Inserts include items such as heel pads, braces, shoe lifts, arch supports, pads, and shoe inlays.

Shoe insert codes include:


- Foot inserts: L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031
- Arch supports: L3040, L3050, L3060, L3070, L3080, L3090
- Lifts: L3300, L3310, L3320, L3330, L3332, L3334
- Wedges: L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420
- Shoe heels: L3430, L3440, L3450, L3455, L34660, L3465, L3470, L3480, L3485

Arch supports are not considered a brace or an orthotic per DHS 107.24(2)(c)(2), Wis. Admin. Code.

**Definition of Medically Necessary**

Per Wis. Admin. Code DHS 101.03(96m) medically necessary means a medical assistance service that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury or disability; **AND**
- (b) Meets the following standards:
  1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
  2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided;
  3. Is appropriate with regard to generally accepted standards of medical practice;
  4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;
  5. Is of proven medical value or usefulness and, consistent with s. DHS 107.035, is not experimental in nature;
  6. Is not duplicative with respect to other services being provided to the recipient;
  7. Is not solely for the convenience of the recipient, the recipient's family or a provider;
  8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and
  9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

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**Commercial:**

**Commercial: Not Covered. Contract exclusion.**

**State of Wisconsin: Covered when criteria are met.**

**Prefabricated orthotics:** Covered when medical necessity criteria defined above are met and the diagnosis is not flat feet (pes planus, pes planovalgus, calcaneovalgus) and the request is not for a shoe insert as defined above and the following criteria are met:

1. Member has a rigid gross foot deformity; **OR**
2. Member's foot requires stabilization postoperatively (within 6 weeks of surgery)

**Custom molded orthotics:** are considered medically necessary when the member meets criteria for a prefabricated orthotic as above and all the following criteria are met:

1. There is a deformity of the foot or affected joint that cannot be accommodated by a prefabricated orthotic; **AND**
2. There is documentation of failure, contraindication, or intolerance to a prefabricated orthotic.

**Medicaid:**

**Covered when criteria are met** and the diagnosis is not flat feet (pes planus, pes planovalgus, calcaneovalgus etc.)


Foot orthotics are a covered benefit when the medically necessary criteria defined above are met and the following criteria per Wis Admin. Code DHS 107.24(4)9f) are met:

**Prefabricated orthotics:** Covered when medical necessity criteria defined above are met and the diagnosis is not flat feet (pes planus, pes planovalgus, calcaneovalgus) in addition the following criteria per Wis Admin. Code DHS 107.24(4)9f) must be met:

1. Member must be ambulatory and/or routinely and consistently performs standing pivot transfers, **AND**
2. Member has a rigid gross foot deformity that does not solely include a diagnosed flat foot; **OR**
2. Requested orthotic is attached to a medically necessary brace; **OR**
3. Member's foot requires stabilization postoperatively (within 6 weeks of surgery).

**Custom molded orthotics:** are considered medically necessary when the member meets criteria for a prefabricated orthotic and all the following criteria are met:

1. There is a deformity of the foot or affected joint that cannot be accommodated by a prefabricated orthotic; **AND**

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2. There is documentation of failure, contraindication, or intolerance to a prefabricated orthotic.

**Allowable amounts:** one per year when it is a covered benefit and meets criteria as listed above.

**Exclusions:**

Per Wis. Admin. Code § DHS 107.24(5), ForwardHealth

does not cover orthopedic or corrective shoes or foot orthotics for the following conditions:

- Flattened arches, regardless of the underlying pathology.
- Incomplete dislocation or subluxation metatarsalgia with no associated deformities.
- Arthritis with no associated deformities
- Hypoallergenic conditions
- Services denied by Medicare for lack of medical necessity
- Delivery or set-up charges for equipment as a separate service
- Fitting, adapting, adjusting, or modifying a prosthetic or orthotic device or corrective or orthopedic shoes as a separate service

**Definitions:**


Rigid foot deformity: includes any contractures that cannot easily be manually reduced

APPROVED: 

DATE: 03/07/2023

**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
02/25/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.
06/05/2013	Carol E. Ebel, RN HM Manager	Revised to match the 4201 language
08/08/2013	Carol E. Ebel, RN HM Manager	Deleted sentence that discussed including the language related to an exception.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes

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01/23/2015	Betsy Kelly, RN	Removed references to Benchmark and Core Plan, Updated SOW reference manual pages.
04/22/2016	Betsy Kelly, RN	Reviewed with no changes.
10/28/2016	Michele Bauer, MD	Incorporated commercial and Medicaid guidelines
01/27/2017	Michele Bauer, MD	Incorporated codes
08/01/2018	Michele Bauer, MD	Added K code
02/05/2019	Michele Bauer, MD	Removed diabetic shoe and diabetic inserts criteria and created new policy. Added DHS criteria for medical necessity.
03/22/2020	Michele Bauer, MD, CMO	No changes
03/17/2021	Michele Bauer, MD, CMO	No criteria changes. Clarified custom language.
03/04/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
03/07/2023	Michele Bauer, MD, CMO	Reviewed. No changes.