Orthopedic Shoes and Corrections

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4022

Recent review date: 3/2021

Next review date: 3/2023

Policy contains: Orthopedic shoes; inserts; shoe lifts.

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Policy statement

Orthopedic shoes and corrections may be approved only when:

- Needed to protect gains from surgery or casting (qualifies as an emergency prior authorization); or
- Medically necessary to prevent clinical deterioration of the foot as with beneficiaries with severe diabetes; or
- Medically necessary to prevent clinical deterioration of the foot as with beneficiaries with severe peripheral vascular disease; or
- Attached to braces.

Diabetics

Special shoes and corrections are covered for diabetics. Coverage is provided for extra-depth or custom molded shoes, as well as inserts or modifications, when the physician:

- Documents that the beneficiary has diabetes;

- Certifies that the beneficiary is being treated under a comprehensive plan of care for his/her diabetes and that he/she needs therapeutic shoes; and
- Documents that the beneficiary has one or more of the following conditions:
- Previous amputation of the foot or part of the foot due to complications that resulted from diabetes;
- History of previous foot ulceration;
- Pre-ulcerative callus formation, or peripheral neuropathy with a history of callus formation;
- Foot deformity; or
- Poor circulation.

Shoe Lifts

Shoe lifts are covered only if the lift needed is greater than 1/2 inch. Inserts are only covered for shoes which are attached to braces, or when there is sufficient documentation from the treating physician to justify medical coverage without the attachments to braces.

Reimbursement

Because Medicare requires that the beneficiary either has diabetes with peripheral complications or the shoe must always be attached to braces, Medicaid will allow PA for consideration of payment when Medicare's criteria are not met. The provider must use a GY modifier when submitting the PA request for consideration or the claim for payment.

NOTE: Cables are not considered braces and are not covered.

Shoes for Minor Orthopedic Problems

Payment will not be made for shoes to correct minor orthopedic problems such as pes planus, metatarsus adductus, and internal tibial torsion.

References

Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Orthopedic Shoes and Corrections. Chapter 18, Section 18.2. Issued 07/29/2020.

Policy updates

Initial review date: 3/2/2021