NO. 91420

ORTHOTICS: SHOE INSERTS AND ORTHOPEDIC SHOES

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. 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 they choose to provide.

Policy scope: This medical policy addresses medical necessity criteria for therapeutic shoes, orthopedic shoes, shoe inserts/foot orthoses, shoe lifts, and related shoe modifications when prescribed for specific medical conditions affecting the feet or lower extremities

Related policies:

- Prosthetics-External- No. 91306
- Durable Medical Equipment No. 91110

I. MEDICAL NECESSITY CRITERIA

A. Therapeutic Shoes and Inserts for Individuals with Diabetes

Inclusions

1. Priority Health may consider therapeutic shoes and inserts medically necessary for individuals with diabetes mellitus when applicable **InterQual®** criteria are met.

Limitations

1. When medical necessity criteria are met, and benefit coverage applies, coverage is limited to the following per contract year:
   a. One pair of shoes
   b. Three inserts (or pairs of inserts)
2. When criteria are met for members with a diagnosis of diabetes mellitus, coverage is limited to the A5500-A5514 code range.
3. Meeting medical necessity criteria does not guarantee benefit eligibility. Coverage, eligible device types, replacement frequency, quantity limits, and any applicable exclusions or limitations are determined by the member's benefit plan and may vary by product and line of business.

B. Therapeutic Shoes and Inserts for Individuals without Diabetes

General Position

1. Priority Health generally considers therapeutic shoes and inserts to be **not medically necessary** for individuals without diabetes.

Exceptions

Priority Health may consider therapeutic shoes and inserts medically necessary for individuals without diabetes when **ALL** of the following criteria are met:

1. The member has sensory loss in the feet and/or lower extremities due to other systemic, neurologic, or neuromuscular conditions including but not limited to:
   a. Peripheral artery disease
   b. Charcot- Marie-Tooth disease
2. The insert is custom-made
3. The insert is to be worn during all activities of daily living
4. Prior authorization requirements are met

Limitations

1. When medical necessity criteria are met and benefit coverage applies, coverage is limited to the following per contract year:
   a. One pair of shoes
   b. Three inserts (or pairs of inserts)
2. When criteria are met for members without a diagnosis of diabetes mellitus, coverage is limited to applicable HCPCS “L” codes. Refer to

the Coding section of this policy for code- specific reimbursement limitations.

3. Meeting medical necessity criteria does not guarantee benefit eligibility. Coverage, eligible device types, replacement frequency, quantity limits, and any applicable exclusions or limitations are determined by the member's benefit plan and may vary by product and line of business.

C. Pediatric Orthopedic Shoes, Inserts, and Related Modifications

1. Leg Length Discrepancy in Pediatric Members

Inclusions

Therapeutic/orthopedic shoes, inserts, shoe lifts, or modifications may be considered medically necessary for members less than 18 years of age with a documented leg length discrepancy meeting ONE of the following criteria:

- **a.** Discrepancy of **2 to 6 cm** in the absence of any congenital or neurologic abnormalities; **or**
- **b.** Discrepancy of **greater than or equal to ½ inch** associated with at least one of the following:
  - i. Developmental dysplasia of the hip (DDH)
  - ii. Other hip problems or abnormalities
  - iii. Scoliosis
  - iv. Congenital limb difference
  - v. Traumatic limb difference
  - vi. Septic limb shortening
  - vii. Amputation
  - viii. Neurologic abnormalities (e.g., cerebral palsy, myelomeningocele)

Limitations

- **a.** When medical necessity criteria are met and benefit coverage applies, coverage is limited to the following per contract year:
  - i. One pair of shoes
  - ii. One pair of inserts
  - iii. Two shoe lifts
  - iv. Two shoe modifications
- **b.** Replacement devices may be considered for pediatric members when either of the following applies:
  - i. Current device no longer fits appropriately due to normal growth and development
  - ii. Documented change in the member's medical condition that necessitates replacement of the device

c. Meeting medical necessity criteria does not guarantee benefit eligibility. Coverage, eligible device types, replacement frequency, quantity limits, and any applicable exclusions or limitations are determined by the member's benefit plan and may vary by product and line of business.

Exclusions

Therapeutic/orthopedic shoes, inserts, shoe lifts, or modifications for limb length discrepancy are considered **not** medically necessary for:

a. Members over 18 years of age.

2. Therapeutic Shoes and Inserts for Congenital, Neurologic, and Structural Deformities in Pediatrics

Inclusions

Orthopedic shoes and /or inserts may be considered medically necessary for **members 18 years of age or younger** when prescribed to prevent progression of a congenital, neurologic, neuromuscular, or structural deformity, including but not limited to the following:

a. Talipes calcaneovalgus
b. Cerebral palsy
c. Myelomeningocele
d. Talipes Equinovarus (clubfoot)
e. Congenital vertical talipes (rocker-bottom foot)
f. Insensate feet due to spinal cord lesions
g. Muscular Dystrophy, or
h. Traumatic amputation

Limitations

When medical necessity criteria are met, and benefit coverage applies, coverage is limited to the following per contract year:

i. One pair of shoes
ii. One pair of inserts

a. Replacement devices may be considered for pediatric members when either of the following applies:
b. Current device no longer fits appropriately due to normal growth and development
c. Documented change in the member's medical condition that necessitates replacement of the device
d. Meeting medical necessity criteria does not guarantee benefit eligibility. Coverage, eligible device types, replacement frequency,

quantity limits, and any applicable exclusions or limitations are determined by the member's benefit plan and may vary by product and line of business.

Exclusions

Orthopedic shoes and /or inserts are considered **not** medically necessary for

a. **Members 19 years of age and older.**

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None Identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	LCD - Orthopedic Footwear (L33641) LCD - Therapeutic Shoes for Persons with Diabetes (L33369)
First Coast Service Options, Inc.	None identified
Wellpoint Federal (formerly National Government Services, Inc.)	None identified
Noridian Healthcare Solutions	LCD - Orthopedic Footwear (L33641) A52481 LCD - Therapeutic Shoes for Persons with Diabetes (L33369) A52501
Novitas Solutions, Inc.	None identified

Palmetto GBA	None identified
WPS Insurance Corporation	None identified

III. BACKGROUND

Orthotic devices are externally applied devices used to support, align, prevent, or correct musculoskeletal deformities and improve function. In the lower extremities, commonly prescribed orthotic devices include orthopedic shoes, custom shoe inserts (foot orthoses), shoe lifts, and shoe modifications. These devices may be used to accommodate structural abnormalities, redistribute plantar pressure, improve gait mechanics, compensate for limb-length discrepancies, and reduce the risk of skin breakdown or progressive deformity. Orthotic interventions may be prescribed for a variety of congenital, neurologic, neuromuscular, vascular, traumatic, and acquired conditions affecting the feet and lower extremities.

Orthopedic shoes are designed to accommodate foot deformities, provide additional depth or width, and improve weight distribution during ambulation. Custom inserts are fabricated to conform to the individual's foot anatomy and may be used to relieve pressure, improve alignment, and provide support. Shoe lifts and modifications are commonly used to address leg-length discrepancies, gait abnormalities, and biomechanical imbalances that may contribute to pain, functional limitations, or progressive musculoskeletal deformity.

Custom Foot Orthoses and Orthopedic Footwear for Diabetes

Diabetes-related foot disease is a major cause of morbidity, hospitalization, infection, lower-extremity amputation, and healthcare utilization worldwide. Peripheral neuropathy, peripheral arterial disease (PAD), foot deformity, and loss of protective sensation are among the primary risk factors associated with foot ulceration and subsequent amputation. Individuals with diabetes who have a history of foot ulceration, lower-extremity amputation, neuropathy, PAD, pre-ulcerative callus formation, or foot deformity are at particularly high risk for recurrent ulceration and other serious complications (American Diabetes Association Professional Practice Committee [ADA PPC], 2025; Schaper et al., 2023).

Therapeutic footwear, custom inserts, and pressure-redistributing orthotic devices are intended to reduce focal plantar pressure, accommodate foot deformities, minimize repetitive trauma, and protect insensate feet from injury. The ADA Standards of Care recommend annual foot assessment, risk stratification, and identification of loss of protective sensation through monofilament testing and other neurologic assessments. Individuals with diabetic peripheral neuropathy are at increased risk for unrecognized trauma and foot ulceration, supporting the importance of preventive foot care interventions in appropriately selected patients (ADA PPC, 2025).

The International Working Group on the Diabetic Foot (IWGDF) recommends regular foot screening, patient education, routine use of appropriately fitted footwear, and treatment of modifiable risk factors in individuals with diabetes who are at increased risk for foot ulceration. The IWGDF identifies ill-fitting footwear and abnormal plantar pressure as major contributors to ulcer development and recommends therapeutic footwear, custom-made shoes, custom insoles, and other orthotic interventions when standard footwear cannot adequately accommodate deformity or reduce high-pressure areas. Persons with loss of protective sensation, peripheral arterial disease, foot deformity, prior ulceration, amputation, or other high-risk features may require specialized footwear as part of a comprehensive foot preservation strategy (Schaper et al., 2023).

Evidence suggests that appropriately prescribed therapeutic footwear and custom orthotic devices can reduce plantar pressure and may decrease the risk of recurrent foot ulceration when incorporated into a multidisciplinary diabetic foot care program. Current clinical practice guidelines emphasize that orthotic interventions should be individualized based on the member's clinical condition, functional needs, risk factors, and anatomical characteristics, and should be used in conjunction with ongoing preventive foot care, patient education, and management of underlying disease processes (ADA PPC, 2025; Schaper et al., 2023).

Custom Foot Orthoses and Orthopedic Footwear for Non-Diabetic Foot Conditions

Custom-made foot orthoses and orthopedic footwear are commonly prescribed for a variety of non-diabetic foot conditions, including pes planus, plantar fasciitis, plantar fibromatosis, and plantar heel pain. However, the available evidence does not consistently demonstrate that custom-made orthoses provide clinically meaningful benefits beyond those achieved with prefabricated orthoses, supportive footwear, stretching, exercise therapy, physical therapy, or other conservative interventions. In many non-diabetic foot conditions, evidence is insufficient to establish the routine medical necessity of custom orthotic devices.

Pes Planus (Flat Feet)

Pes planus is characterized by a diminished or absent medial longitudinal arch and may be associated with foot pain, fatigue, altered gait mechanics, and functional limitations. Foot orthoses are frequently prescribed to support the arch and redistribute plantar pressures; however, evidence supporting their effectiveness remains limited. A systematic review by Herchenröder et al. (2021) found that available studies were generally small, heterogeneous, and of low methodological quality, concluding that evidence supporting routine orthotic use in adults with flatfoot is insufficient. Although more recent studies have reported improvements in plantar pressure distribution and short-term symptoms with arch support interventions, current evidence does not demonstrate that custom-made orthoses are superior to prefabricated orthoses,

supportive footwear, or exercise-based interventions. (Herchenröder et al., 2021; Mahmoudiyan et al., 2026; Paecharoen et al., 2025)

Plantar Heel Pain and Plantar Fasciitis

Plantar heel pain, including plantar fasciitis, is among the most common causes of foot pain and is typically managed with conservative treatment. The 2023 Academy of Orthopaedic Physical Therapy/American Physical Therapy Association Clinical Practice Guideline recommends a multimodal approach that includes plantar fascia-specific stretching, calf stretching, manual therapy, taping, and therapeutic exercise. While foot orthoses may be used as an adjunct to treatment, the guideline does not support orthoses as a stand-alone intervention and does not identify custom orthoses as superior to prefabricated devices (Koc et al., 2023).

Evidence evaluating custom orthoses for plantar heel pain has not demonstrated consistent clinical superiority over alternative conservative treatments. In the STAP randomized controlled trial, custom-made insoles did not improve pain or function compared with sham insoles and did not outperform usual care (Rasenberg et al., 2021). A systematic review and meta-analysis by Whittaker et al. (2018) found that foot orthoses may provide modest short- to medium-term pain relief; however, customized orthoses were not superior to prefabricated orthoses, and long-term clinical benefit was not established. Additionally, a randomized crossover study demonstrated that 3D-printed arch supports altered plantar pressure distribution compared with prefabricated supports, but the study was conducted in healthy volunteers and did not evaluate clinical outcomes in individuals with plantar heel pain (Channasanon et al., 2023).

Collectively, current evidence does not demonstrate clinically meaningful superiority of custom orthotic devices over prefabricated orthoses, stretching programs, exercise therapy, physical therapy, taping, supportive footwear, or other conservative treatment modalities for plantar heel pain or plantar fasciitis. Evidence is therefore insufficient to establish the routine medical necessity of custom foot orthoses for these conditions (Koc et al., 2023; Rasenberg et al., 2021; Whittaker et al., 2018; Channasanon et al., 2023).

Plantar Fibromatosis (Ledderhose Disease)

Plantar fibromatosis is a benign fibroproliferative disorder characterized by nodular thickening of the plantar fascia. Conservative treatment may include footwear modifications, padding, offloading, physical therapy, injections, and other symptomatic measures. However, published reviews note that evidence supporting available treatments is limited and consists largely of case reports, case series, and expert opinion (SS et al., 2019; Tomac et al., 2023). There are no high-quality randomized controlled trials, systematic reviews, or society guidelines demonstrating that custom foot orthoses or orthopedic footwear improve long-term outcomes or alter disease progression.

Evidence remains insufficient to establish the medical necessity of custom orthotic devices for plantar fibromatosis (Davis et al., 2026; Tomac et al., 2023).

Hemophilic Arthropathy

Orthoses, including custom inserts, ankle-foot orthoses, and orthopedic footwear, have been proposed as adjunctive interventions for individuals with hemophilic arthropathy experiencing pain, deformity, instability, or gait abnormalities. Although National Bleeding Disorders Foundation (NBDF) guidance acknowledges potential use in selected individuals, available evidence remains limited and consists primarily of small observational studies and nonrandomized investigations. A systematic review by Wilkins et al. found insufficient high-quality evidence to demonstrate that custom orthotic devices improve clinically meaningful outcomes or provide benefit beyond standard conservative management. Therefore, evidence is insufficient to establish the routine medical necessity of custom foot orthoses or orthopedic footwear for hemophilic arthropathy (Wilkins et al., 2022; NBDF, 2023).

Leg Length Discrepancy in Pediatric Members

Leg length discrepancy (LLD) is a condition in which the lower extremities differ in length and may arise from congenital limb deficiencies, developmental disorders, neuromuscular conditions, trauma, infection, growth plate injury, amputation, or other musculoskeletal abnormalities. Minor limb-length differences are common in the general population; however, larger discrepancies may alter gait mechanics, increase energy expenditure during ambulation, contribute to pelvic obliquity, and place abnormal stresses on the spine and lower extremities. In skeletally immature individuals, untreated discrepancies may contribute to progressive functional impairment and secondary musculoskeletal complications. Shoe lifts, orthopedic shoes, custom inserts, and shoe modifications are conservative treatment options intended to improve alignment, compensate for limb-length differences, reduce gait abnormalities, and improve function while growth remains incomplete (American Academy of Orthopaedic Surgeons [AAOS], 2025; Pediatric Orthopaedic Society of North America, POSNA, 2024).

The POSNA recognizes shoe lifts as an appropriate nonoperative treatment option for mild to moderate limb-length discrepancies, particularly in growing children. Shoe lifts may improve gait symmetry and functional mobility and may be used as definitive management for smaller discrepancies or as interim treatment while monitoring growth and planning future intervention. POSNA notes that discrepancies of approximately 2 cm or less are often managed non-surgically, whereas larger discrepancies may require surgical consideration depending on projected skeletal maturity and functional impact (POSNA, 2024). Children with congenital, developmental, traumatic, or neurologic disorders may require intervention at smaller discrepancies due to associated gait abnormalities, functional limitations, or progressive musculoskeletal deformity.

The American Academy of Orthopaedic Surgeons (AAOS) similarly recommends observation or shoe lifts for smaller discrepancies in growing children when surgical intervention is not indicated. The AAOS notes that shoe lifts may improve walking efficiency and reduce compensatory postural adaptations associated with limb-length inequality. Treatment selection is individualized and depends upon the magnitude of the discrepancy, etiology, projected growth, functional limitations, and associated musculoskeletal conditions (AAOS, 2025).

Children with developmental dysplasia of the hip, congenital limb deficiencies, scoliosis, cerebral palsy, myelomeningocele, traumatic limb shortening, amputation, or other neuromuscular disorders may develop clinically significant limb-length discrepancies requiring orthotic intervention. In these populations, shoe lifts and shoe modifications are commonly used to improve lower-extremity alignment, address compensatory gait patterns, and support functional ambulation while minimizing secondary biomechanical consequences (AAOS, 2025; POSNA, 2024).

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Diabetes Association (ADA)	Standards of Care in Diabetes-2026. Section 12: Retinopathy, Neuropathy, and Foot Care.
International Working Group on the Diabetic Foot (IWGDF)	Practical guidelines on the prevention and management of diabetes-related foot disease (IWGDF 2023 update) Guidelines on offloading foot ulcers in persons with diabetes (IWGDF 2023 update) Guidelines on the prevention of foot ulcers in persons with diabetes (IWGDF 2023 update)
Pediatric Orthopaedic Society of North America (POSNA)	Leg Length Discrepancy (LLD)
American Physical Therapy Association (APTA) / Journal of Orthopaedic & Sports Physical Therapy (JOSPT) Clinical Practice Guideline (2023)	Heel Pain – Plantar Fasciitis: Revision 2023

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

VI. CODING

See also:

Priority Health Prosthetics, Orthotics, and Footwear Billing Policy No. 051

Priority Health Therapeutic Shoes Diabetes Billing Policy No. 163

Modifiers:

- **KX Modifier** – Modifier should be appended to indicate that policy criteria has been met. Claims reported without KX modifier will deny as non-payable per medical policy. (Commercial, Medicaid products)

- **KX, GA, GY, GZ Modifiers** – Per CMS local coverage determinations, one of these modifiers are required for claim processing. Please review applicable LCD for additional guidelines. (Medicare)

ICD-10 Codes that may support medical necessity

A52.15	Late syphilitic neuropathy
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
E08.00 – E13.9	Diabetes mellitus
G13.0	Paraneoplastic neuromyopathy and neuropathy
G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G57.00 – G57.03	Lesion of sciatic nerve
G57.10 - G57.13	Meralgia paresthetica
G57.20 – G57.23	Lesion of femoral nerve
G57.30 – G57.43	Lesion of popliteal nerves
G57.50 – G57.53	Tarsal tunnel syndrome
G57.60 – G57.63	Lesion of plantar
G57.70 – G57.73	Causalgia of lower limb
G57.80 – G57.93	Other mononeuropathies of lower limb
G60.0 – G60.9	Hereditary motor and sensoryneuropathy
G61.0 – G61.9	Inflammatory polyneuropathy
G62.0 – G62.9	Other and unspecified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0 – G65.2	Sequelae of inflammatory and toxic polyneuropathies
G71.0	Muscular dystrophy

G71.13	Myotonic chondrodystrophy
G71.2X	Congenital myopathies
G80.0 – G80.9	Cerebral palsy
G99.0	Autonomic neuropathy in diseases classified elsewhere
I70.201 – I70.299	Atherosclerosis of native arteries of the extremities
I73.00 – I73.9	Other peripheral vascular diseases
I96	Gangrene, not elsewhere classified
L89.500 – L89.629	Pressure ulcer of foot and ankle
L97.301 – L97.529	Non-pressure chronic ulcer of foot and ankle
M21.071 – M21.179	Valgus deformity
M21.171 – M21.179	Varus deformity
M21.371 – M21.379	Foot drop
M21.541 – M21.549	Acquired clubfoot
M21.6x1 – M21.6x9	Other acquired deformities of foot
M21.751 – M21.769	Unequal limb length (acquired))
M34.83	Systemic sclerosis with polyneuropathy
M41.00 – M41.9	Scoliosis
M96.5	Postradiation scoliosis
Q05.0 – Q05.9	Spina bifida
Q07.00 – Q07.03	Arnold-Chiari syndrome
Q65.00	Congenital deformity of hip
Q66.0	Congenital talipes equinovarus
Q66.6	Other congenital valgus deformities of feet
Q66.89	Other specified congenital deformities of feet
Q72.70 – Q72.73	Split foot
Q72.811 – Q72.90	Reduction defects of lower limb
Z89.411 – Z89.429	Acquired absence of toe(s)

CPT/HCPCS Codes

A5500	For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
A5501	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
A5503	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
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe

A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
A5512	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 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	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 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each
A5514	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
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
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, 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, 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
L3170	Foot, plastic, silicone or equal, heel stabilizer, 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, men’s shoe, oxford, each
L3221	Orthopedic footwear, men’s shoe, depth inlay, each
L3222	Orthopedic footwear, men’s shoe, hightop, depth inlay, each
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)
L3230	Orthopedic footwear, custom shoe, depth inlay, each
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3251	Foot, shoe molded to patient model, silicone shoe, each
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each
L3253	Foot, molded shoe Plastazote (or similar), custom fitted, each
L3254	Nonstandard size or width
L3255	Nonstandard size or length
L3257	Orthopedic footwear, additional charge for split size
L3260	Surgical boot/shoe, each (*No auth required)*
L3265	Plastazote sandal, each
L3300	Lift, elevation, heel, tapered to metatarsals, per in.
L3310	Lift, elevation, heel and sole, neoprene, per in.
L3320	Lift, elevation, heel and sole, cork, per in.
L3330	Lift, elevation, metal extension (skate)
L3332	Lift, elevation, inside shoe, tapered, up to one-half in.
L3334	Lift, elevation, heel, per in.
L3340	Heel wedge, SACH
L3350	Heel wedge
L3360	Sole wedge, outside sole
L3370	Sole wedge, between sole
L3380	Clubfoot wedge
L3400	Metatarsal bar wedge, rocker
L3410	Metatarsal bar wedge, between sole
L3420	Full sole and heel wedge, between sole
L3430	Heel, counter, plastic reinforced

L3440	Heel, counter, leather reinforced
L3450	Heel, SACH cushion type
L3455	Heel, new leather, standard
L3460	Heel, new rubber, standard
L3465	Heel, Thomas with wedge
L3470	Heel, Thomas extended to ball
L3480	Heel, pad and depression for spur
L3485	Heel, pad, removable for spur
L3500	Orthopedic shoe addition, insole, leather
L3510	Orthopedic shoe addition, insole, rubber
L3520	Orthopedic shoe addition, insole, felt covered with leather
L3530	Orthopedic shoe addition, sole, half
L3540	Orthopedic shoe addition, sole, full
L3550	Orthopedic shoe addition, toe tap, standard
L3560	Orthopedic shoe addition, toe tap, horseshoe
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)
L3580	Orthopedic shoe addition, convert instep to Velcro closure
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter
L3595	Orthopedic shoe addition, March bar
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new
L3620	Transfer of an orthosis from one shoe to another, solid stirrup,
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified

Not medically necessary for Commercial Products

A5508	For diabetic's only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A9283	Foot pressure off loading/supportive device, any type, 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
L3170	Foot, plastic, silicone or equal, heel stabilizer, each
L3480	Heel, pad and depression for spur

L3485	Heel, pad, removable for spur

Consult current Medicaid fee schedule for most up to date information

A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A9283	Foot pressure off loading/supportive device, any type, each
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
L3480	Heel, pad and depression for spur
L3485	Heel, pad, removable for spur

Consult relevant LCD for most up to date information

A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
A9283	Foot pressure off loading/supportive device, any type, each
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, men’s shoe, oxford, each
L3221	Orthopedic footwear, men’s shoe, depth inlay, each
L3222	Orthopedic footwear, men’s shoe, hightop, depth inlay, each
L3230	Orthopedic footwear, custom shoe, depth inlay, each
L3251	Foot, shoe molded to patient model, silicone shoe, each
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each
L3253	Foot, molded shoe Plastazote (or similar), custom fitted, each

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

To access InterQual guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

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

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

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SUMMARY OF CHANGES

Deletions:

- Removed outdated background and references.

Additions:

- Added relevant billing policies
- Added under limitations, I.A. Therapeutic shoes and inserts for Individuals with diabetes: benefit limitations including limitation to quantity of shoes, inserts per contract year.
- Added under limitations, I.B. Therapeutic shoes and inserts for Individuals without diabetes: benefit limitations including limitation to quantity of shoes per contract year.
- Added Criteria for pediatric replacement devices to
- Added limitation sub sections for pediatric shoes, inserts, lifts, modifications including benefit coverage limitations may apply.
- Updated background section and reference list

Changes:

- Converted policy into new template with relevant sections.
- Added new section “C” titled “Pediatric Orthopedic Shoes, Inserts, and Related Modifications”
- Relocated criteria for Shoes, inserts, shoe lifts and modifications for leg length discrepancy and Deformities in pediatrics to new section C”.
- Updated criteria for leg length discrepancy for members less than 18 years of age with no other congenital or neurologic abnormalities from 1 inch (2.54 cm) to 2-6cm per Pediatric Orthopedic Society of North America guidelines.

Clarifications:

- Updated framework of policy to be “Inclusions, Limitations, and Exclusions”
- Updated policy language for clarity
- Added exclusion sub section to pediatrics, noting age limitation

Past committee review dates: 01/1995, 10/1997, 06/1999, 12/2001, 04/2002, 04/2003, 03/2004, 09/2004, 03/2005, 02/2006, 02/2007, 12/2007, 12/2008, 02/2009, 02/2010, 02/2011, 02/2012, 02/2013, 02/2014, 02/2015, 02/2016, 02/2017, 02/2018, 02/2019, 11/2019, 02/2020, 02/2021, 08/2021, 08/2022, 08/2023, 8/2024, 08/2025, 08/2026

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