



## PROVIDER POLICIES & PROCEDURES

### THERAPEUTIC AND ORTHOPEDIC FOOTWEAR AND INSERTS

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 therapeutic and orthopedic footwear and inserts. 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.

Therapeutic footwear is commonly used in clinical practice for preventing and healing foot ulcers in persons with diabetes. Foot ulcerations, infections, peripheral neuropathy, and lower extremity amputations are common consequences of diabetes. Effective management (including therapeutic shoes, inserts or modifications) of these factors may assist in the prevention or delay of adverse outcomes.

Orthopedic footwear including shoes, inserts and modifications to shoes are utilized for the alignment, support, prevention, or correction of deformities or to improve the function.

**HUSKY Health uses Change Healthcare's InterQual® Criteria when reviewing prior authorization requests for coverage of certain therapeutic and orthopedic footwear and inserts. HUSKY Health will use this policy to review requests for therapeutic and orthopedic footwear and inserts for which InterQual® Criteria are not available.**

#### CLINICAL GUIDELINE

Coverage guidelines for therapeutic and orthopedic footwear and inserts will be made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their 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:

Therapeutic shoes for individuals 21 years of age and over do not require prior authorization and are limited to two (2) pairs per calendar year. If additional pairs are needed beyond the two pair benefit limitation, prior authorization is required.

Therapeutic inserts and modifications require prior authorization for members 3 years of age and older and are limited to two (2) pairs per calendar year. If additional items are needed beyond the two pair benefit limitation, prior authorization is required.\*

Deluxe features such as special or additional shoe colors, special leathers, and styles do not contribute to the accommodative or therapeutic function and therefore are generally not considered medically necessary.

\* Please refer to the Connecticut Department of Social Services (DSS) Medical Equipment, Device And Supplies (MEDS) fee schedules to determine if a specific insert or modification requires prior

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authorization.

## **Therapeutic Shoes, Inserts and Modifications for Individuals with Diabetes**

This section addresses shoes, inserts and modifications to shoes for individuals **with diabetes**.

### Shoes

Therapeutic shoes (depth or custom-molded) are typically considered **medically necessary** when:

- A. The individual has diabetes and one or more diabetes associated foot complications (previous amputation of the other foot or part of either foot, history of previous foot ulceration of either foot, history of pre-ulcerative calluses of either foot, peripheral neuropathy with evidence of callus formation of either foot, foot deformity of either foot, poor circulation in either foot); and
- B. Either **one** of the following:
  1. There is evidence of a significant change in the individual's medical condition since receiving the existing two pair of therapeutic shoes (see *Procedure* section for list of required documentation); or
  2. There is evidence of excessive wear on current shoes.
- C. If custom-molded is required, documentation supports reason why deformity cannot be accommodated by an extra-depth shoe.

### Inserts

Therapeutic shoe inserts for diabetes (HCPCS codes A5510 through A5514) do not require prior authorization. Other inserts\* may be considered **medically necessary** for individuals with diabetes when the following criteria are met:

- A. The individual has one or more diabetes associated foot complications (neuropathy, skin changes including drying, peeling or cracking skin, excessive callus formation, foot ulcerations or poor circulation);  
**AND**
- B. The clinical documentation shows that therapeutic shoe inserts for diabetes (HCPCS codes A5510 through A5514) do not address the problem.

### Modifications

A modification\* to a therapeutic custom-molded or depth shoe is typically considered **medically necessary** as a substitute for an insert. Although not intended as a comprehensive list, the following are the most common shoe modifications:

- Rigid rocker bottoms
- Roller bottoms
- Wedges
- Metatarsal bars
- Offset heels

Pre-fabricated and custom inserts\* and other shoe modifications\* may be considered medically necessary when the shoe is an integral component of a lower extremity orthosis or prosthesis and medically necessary for the proper functioning of the orthosis or prosthesis.

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## **Orthopedic Shoes, Inserts, and Modifications for Individuals who do NOT have Diabetes**

This section addresses orthopedic footwear including shoes, pre-fabricated inserts, custom-made inserts (foot orthotics) and shoe modifications for individuals **who do not have diabetes**.

### Shoes

Orthopedic shoes are typically considered medically necessary when:

- A. There is measurable/objective evidence of a significant change or worsening of a foot deformity since receiving the existing two pair of shoes (see *Procedure* section for list of required documentation); or
- B. There has been growth in foot/feet size greater than ½”, associated with a leg length discrepancy or structural foot deformity; or
- C. There is evidence of excessive wear on current shoes.

Sneakers, high-top shoes/boots, and athletic shoes are typically not considered orthopedic shoes and therefore *not medically necessary*.

### Inserts

Note: please see Definitions section for a description of pre-fabricated and custom-fabricated inserts and off-the-shelf/over-the-counter insoles.

Pre-fabricated inserts\* (foot orthotics) may be considered medically necessary when the following criteria are met:

- A. The individual is 3 years of age and older;  
**AND**
- B. Has a disorder of the foot resulting in pain, gait abnormality and/or impairments with activities of daily living;  
**AND**
- C. Conservative treatment (e.g., over-the counter insoles, supportive shoes or athletic shoes, stretching and strengthening exercises, physical therapy, taping or non-steroidal anti-inflammatory drugs [NSAIDs]) has not adequately addressed the condition.

Custom-fabricated inserts\* (foot orthotics) may be considered medically necessary when the following criteria are met:

- A. The individual is 3 years of age and older;  
**AND**
- B. Has a disorder of the foot resulting in pain, gait abnormality and/or impairments with activities of daily living;  
**AND**
- C. There is a failure of, contraindication, or intolerance to non-custom foot orthotics (over the counter or pre-fabricated). **The medical justification for custom fabricated inserts must be written by the ordering or prescribing provider (MD, DO, PA, APRN, DPM). A justification provided by an orthotist alone does not meet this requirement.**

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Note: Foot orthotics for children under the age of three are typically not considered medically necessary. The arch at the inside of the foot does not typically begin to develop until that time. Children with flexible flat feet generally do not have foot pain. However, requests for foot orthotics for children under the age of 3 will be reviewed on an individual basis.

### Modifications

Modifications\* to orthopedic (depth or custom-molded) shoes are typically considered **medically necessary** as a substitute for an insert. Although not intended as a comprehensive list, the following are the most common shoe modifications:

- Rigid rocker bottoms
- Roller bottoms
- Wedges
- Metatarsal bars
- Offset heels

Pre-fabricated and custom inserts\* and other shoe modifications\* may be considered medically necessary when the shoe is an integral component of a lower extremity orthosis or prosthesis and medically necessary for the proper functioning of the orthosis or prosthesis.

\*Please refer to the Connecticut Department of Social Services (DSS) Medical Equipment, Device And Supplies (MEDS) fee schedules to determine if a specific insert or modification requires prior authorization.

### **Not Medically Necessary**

The following are typically not considered medically necessary:

- Separate inserts, arch supports etc. for an additional pair of shoes
- Shoes primarily for improved athletic performance or sports participation
- Items considered experimental, investigational, or unproven (e.g., magnetic insoles)

### 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**

Please refer to the DSS MEDS fee schedules to determine which items/codes require prior authorization. Requests for coverage of therapeutic and orthopedic footwear 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.

### **Information Required for Review**

All therapeutic and orthopedic footwear, inserts and modifications:

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- Fully completed Outpatient Prior Authorization Request Form or fully completed authorization request via on-line web portal

Therapeutic shoes, inserts and modifications:

- Documentation from the individual's treating provider (MD, DO, PA, APRN, DPM) supporting a change in the individual's condition since receiving the previous pair of therapeutic shoes. An objective and measurable change is determined by comparing the individual's status at the time of dispensing or evaluating the individual's current shoes to the individual's present status
- Documentation from the individual's treating provider (MD, DO, PA, APRN, DPM), managing the diabetic condition, certifying that the indications above are met, that he/she is treating the individual under a comprehensive plan of care, and that the individual's medical needs have changed necessitating additional therapeutic shoes during the current calendar year
- Prescription from the treating provider (MD, DO, PA, APRN, DPM) including a description of additions or modifications; e.g., padding or offloading type and location, specialized shoe materials, foam inserts, indicating the reason why an additional pair of shoes is needed within the calendar year

Orthopedic Shoes:

- A copy of a recent foot exam, biomechanical exam or gait analysis performed by the individual's treating provider (MD, DO, PA, APRN, DPM)
- Documentation from the individual's treating provider (MD, DO, PA, APRN, DPM) demonstrating an objective and measurable change in the individual's orthopedic condition, or other circumstance, since receiving the previous pair of orthopedic shoes. An objective and measurable change is determined by comparing the individual's status at the time of dispensing or evaluating the individual's current shoes to the individual's present status
- Explanation why commercially available off-the-shelf shoes will not address the person's orthopedic needs
- Prescription from the treating provider (MD, DO, PA, APRN, DPM) including a description of additions or modifications; e.g., padding or offloading type and location, rocker soles, indicating the reason why an additional pair of orthopedic shoes is needed within the calendar year

Pre-fabricated and custom-fabricated Inserts (foot orthotics):

- A clinical assessment by the treating provider (MD, DO, PA, APRN, DPM), performed prior to the referral for foot orthotics, supporting the medical necessity of the requested item(s)
- Treatment history (types of treatment, length of trial, and effectiveness)
- For custom-fabricated foot orthotics, justification written by the ordering or prescribing provider (MD, DO, PA, APRN, DPM) indicating why non-custom (over-the-counter or pre-fabricated) foot orthotics will not address the member's medical condition
- Prescription from the treating provider (MD, DO, PA, APRN, DPM) indicating the medical need for the pre-fabricated inserts or custom-fabricated inserts

**Note:**

- DSS may conduct post-payment auditing of orthopedic and therapeutic shoe claims
- Funds received for orthopedic and therapeutic shoes beyond the two pair per calendar year limit, that were not prior authorized, will be recovered from the billing provider

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## EFFECTIVE DATE

This Clinical Guideline is effective for prior authorization requests for individuals covered under the HUSKY A, C and D programs on or after May 1, 2020.

## LIMITATIONS

HUSKY B: Orthopedic shoes are not covered. Foot orthotics coverage is limited to foot rotation bars and hallux valgus splints.

## CODES:

### Reviewed Using Policy

Code	Description
A5500	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
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 with metatarsal bar, per 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-inlay shoe or custom molded shoe, per shoe
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
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

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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
L3100	Hallux-valgus night splint
L3150	Foot abduction rotation bar, without shoes
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, High-top with supinator or pronator, infant
L3206	Orthopedic shoe, High-top with supinator or pronator, child
L3207	Orthopedic shoe, High-top 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, high-top, 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, high-top, depth inlay, each.
L3224	Orthopedic footwear, women'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).
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.
L3265	Plastazote sandal, each.
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified

### Reviewed Using InterQual Criteria

Code	Description
L5000	Partial foot, shoe insert with longitudinal arch, toe filler

### DEFINITIONS

- 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).
- 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

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neuromuscular condition and for congenital or acquired foot conditions.

3. **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.
4. **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.
5. **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.
6. **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.
7. **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).
8. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
9. **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.
10. **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.
11. **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
12. **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.
13. **Off-the-shelf/over-the-counter 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.

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14. **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.
15. **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.
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:**

- Bishop C, Thewlis D, Hillier, S. Custom foot orthoses improve first-step pain in individuals with unilateral plantar fasciopathy: a pragmatic randomized controlled trial. *BMC Musculoskelet Disord*. 2018; 19, 222.
- Bus SA, Armstrong DG, van Deursen RW, et al. International Working Group on the Diabetic Foot. IWGDF guidance on footwear and offloading interventions to prevent and heal foot ulcers in patients with diabetes. *Diabetes Metab Res Rev*. 2016a; 32 Suppl 1:25-36.
- Bus SA, van Deursen RW, Armstrong DG, et al. International Working Group on the Diabetic Foot (IWGDF). Footwear and offloading interventions to prevent and heal foot ulcers and reduce plantar pressure in patients with diabetes: a systematic review. *Diabetes Metab Res Rev*. 2016b; 32 Suppl 1:99-118.
- Carr, JB 2nd, Yang S, Lather LA, Pediatric Pes Planus: A State-of-the-Art Review. *Pediatrics*. 2016; 137(3).
- Dare, DM, Dodwell E., Pediatric flatfoot: cause, epidemiology, assessment, and treatment: *Curr Opin Pediatr*. 2014 Feb;26(1):93-100.
- Gould N, Moreland M, Alvarez R et al. Development of the child's arch. *Foot Ankle* 1989;9(5):241-245.
- Janisse DJ, Janisse E. Shoe modification and the use of orthoses in the treatment of foot and ankle pathology. *J Am Acad Orthop Surg*. 2008 Mar; 16(3):152-8.
- Lewis J, Lipp A. Pressure-relieving interventions for treating diabetic foot ulcers. *Cochrane Database Syst Rev*. 2013;(1):CD002302.
- Noridian Healthcare Solutions LLC. Local Coverage Article: Therapeutic Shoes for Persons with Diabetes – Policy Article (A52501). Revised 01/01/2019.
- Noridian Healthcare Solutions LLC. Local Coverage Determination: Orthopedic Footwear (L33641). Revised 2/14/2020.
- McDermott P, Wolfe E, Lowry C, et al. Evaluating the immediate effects of wearing foot orthotics in children with joint hypermobility syndrome (JHS) by analysis of tempero-spatial parameters of gait and dynamic balance: A preliminary study. *Gait Posture*. 2018; 60:61-64.

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- Van Netten JJ, Price PE, Lavery LA, et al. International Working Group on the Diabetic Foot (IWGDF). Prevention of foot ulcers in the at-risk patient with diabetes: a systematic review. *Diabetes Metab Res Rev*. 2016; 32 Suppl 1:84-98.
- Wenger DR, Maudlin D, Speck G, et al. Corrective shoes and inserts as treatment for flexible flatfoot in infants and children. *Journal Bone Joint Surg American* 1989;71(6):800-810.
- Whitford D, Esterman A. A randomized controlled trial of two types of in-shoe orthoses in children with flexible excess pronation of the feet. *Foot Ankle Int* 2007; 28(6):715-723.
- Whittaker GA, Munteanu SE, Menz HB, et al. Foot orthoses for plantar heel pain: A systematic review and meta-analysis. *Br J Sports Med*. 2018; 52(5):322-328.

## PUBLICATION HISTORY

Status	Date	Action Taken
Original publication	April 2020	New policy. Retired <i>Foot Orthoses</i> and <i>Orthopedic and Diabetic Shoe</i> policies. Policy approved at the March 11, 2020 CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 16, 2020. Approved by DSS on April 16, 2020.
Reviewed	March 2021	Reviewed and approved without changes at the February 10, 2021 CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 15, 2021. Approved by DSS on March 22, 2021.
Updated	September 2021	Under custom-fabricated inserts, added. "A justification provided by an orthotist alone does not meet this requirement." Added "pre-fabricated" to statement regarding foot orthotics for hallux valgus and hallux rigidus are not typically medically necessary. Added definitions. Changes approved at the September 8, 2021 CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on September 20, 2021. Changes approved by DSS on September 30, 2021.
Updated	March 2022	Updated language related to HUSKY B and HUSKY Plus coverage. Changes approved by DSS on March 25, 2022.
Updated	June 2022	Updated Clinical Guideline section. Changes include: <ul style="list-style-type: none"> <li>• Rewording for improved clarity</li> <li>• Removing list of foot disorders</li> <li>• Updating criteria for custom-fabricated inserts - custom-fabricated inserts may be appropriate after failure of pre-fabricated or OTC inserts (now described as non-custom foot orthotics)</li> <li>• Removed use of foot orthotics for treatment of hallux valgus and hallux rigidus from list of not medically necessary items</li> </ul> Updated Procedure section. Changes include: <ul style="list-style-type: none"> <li>• Changed physician to treating provider. Treating provider includes: MD, DO, DPM, or APP</li> </ul>

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

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		<ul style="list-style-type: none"> <li>Removed items in the <i>Information Required for Review</i> section</li> </ul> <p>Changes approved at the June 8, 2022 Medical Reviewer Meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on June 20, 2022. Approved by DSS on July 5, 2022.</p>
Updated	June 2023	<p>Updates to Clinical Guideline section for improved clarity and ease of reading. Update to “Not Medically Necessary” section, changed <i>items primarily for athletic performance etc.</i> to <i>shoes</i> to better reflect what is not covered under this benefit. Changes approved at the June 14, 2023, CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on June 19, 2023. Approved by DSS on June 28, 2023.</p>
Updated	June 2024	<p>Introduction section updated to inform that HUSKY Health uses InterQual criteria for certain therapeutic and orthopedic footwear and inserts and will use this policy to review requests for therapeutic and orthopedic footwear and inserts for which InterQual® Criteria are not available. Clinical Guideline section updated to include a physician assistant (PA) and advanced practice registered nurse (APRN) for the assessment, documentation, and prescription requirements. Removal of APP. Code section updated to distinguish codes reviewed using the policy and the code reviewed using InterQual criteria. Changes approved at the June 12, 2024 CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on June 17, 2024. Approved by DSS on June 26, 2024.</p>

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