SHOES AND FOOT ORTHOTICS

Policy Number: BIP167.J  
Effective Date: May 1, 2020

Table of Contents

A. FEDERAL/STATE MANDATED REGULATIONS…… 1
B. STATE MARKET PLAN ENHANCEMENTS……………… 2
C. COVERED BENEFITS…………………………………… 2
D. NOT COVERED………………………………………….. 3
E. DEFINITIONS…………………………………………….. 3
F. REFERENCES……………………………………………… 4
G. POLICY HISTORY/REVISION INFORMATION………. 4

Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.

Essential Health Benefits for Individual and Small Group
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

Note: The most current federal/state mandated regulations for each state can be found in the links below.

California Health and Safety Code 1367.19

On and after January 1, 1991, every health care service plan, except a specialized health care service plan, that covers hospital, medical, or surgical expenses on a group basis shall offer

Shoes and Foot Orthotics: Benefit Interpretation Policy (Effective 05/01/2020)

Proprietary Information of UnitedHealthcare. Copyright 2020 United HealthCare Services, Inc.
coverage as an option for special footwear needed by persons who suffer from foot disfigurement under such terms and conditions as may be agreed upon between the group contract holder and the plan.

As used in this section, foot disfigurement shall include, but not be limited to, disfigurement from cerebral palsy, arthritis, polio, spina bifida, diabetes, and foot disfigurement caused by accident or developmental disability.

B. STATE MARKET PLAN ENHANCEMENTS

Foot Orthotics/Footwear: Coverage for specialized footwear for foot disfigurement may be available if the Subscriber’s employer purchased a footwear supplemental benefit. If your Health Plan includes a footwear supplemental benefit, a brochure describing it will be enclosed with these materials.

C. COVERED BENEFITS

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member’s Evidence of Coverage (EOC)/Schedule of Benefit (SOB) for additional information.

**Note:** Specialized Footwear, including Foot Orthotics and custom-made or standard orthopedic shoes, is only covered for members with diabetic foot disease or when an orthopedic shoe is permanently attached to a Medically Necessary orthopedic brace.

**Shoes and Foot orthotics are covered in the following scenarios:**
(CMS 2003)

1. Prosthetic Shoe when used as a structural device to replace all of a foot or when a large portion of the member's forefoot (front part) is missing.

2. Orthopedic Shoe is covered when it is permanently attached to a Medically Necessary orthopedic brace.

3. Therapeutic Shoe
   A. One pair of Depth or one pair of Custom-Molded Therapeutic Shoes per calendar year for members diagnosed with diabetes:
      1) The shoes must be prescribed, fitted and furnished by a podiatrist or other qualified individual (e.g., a pedorthist, orthotist or prosthetist);
      2) The shoes must meet this policy's definition for Depth or Custom-Molded Shoes (see Section E);
      3) The managing Physician, who is responsible for diagnosing and treating the member’s systemic condition, must do all the following:
         - Document in the medical record that the member has diabetes;
         - Certify that the member is being treated under a comprehensive plan of care for his/her diabetes;
         - Certify that the member needs Therapeutic Shoes;
         - Document in the member’s record that the member has one or more of the following conditions:
           - Peripheral Neuropathy with the evidence of callus formation
           - History of previous ulceration
           - History of pre-ulcerative calluses
           - Foot deformity
           - Previous amputation of the foot of part of the foot
           - Poor circulation
Note: A pair of Therapeutic Shoes is covered even if only one foot suffers from diabetic foot disease (each shoe is equally equipped so that the affected limb, as well as the remaining limb, is protected).

B. Inserts
1) The member must have the appropriate footwear to accommodate the Insert.
2) Limitations:
   a) Three (pairs) Inserts per calendar year for Custom-Molded Shoes (including Inserts provided with the shoes);
   b) Four (pairs) Inserts per calendar year for depth shoes (including the non-customized removable Inserts provided with the shoes).

C. Modifications of Custom-Molded or Depth Shoes (e.g., wedges, offset heels, Velcro closures, Inserts for missing toes, etc.) instead of obtaining a pair of Inserts in any combination.

4. Replacements, repairs and adjustments to Foot Orthotics are covered when Medically Necessary and authorized by the Member's Network Medical Group or UnitedHealthcare.

5. For each individual, coverage of the footwear and inserts is limited to one of the following within one calendar year:
   - No more than one (1) pair of custom-molded shoes (which includes inserts provided with the shoes) and two (2) additional pairs of inserts
   - No more than one (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removal inserts provided with such shoes)
   - Inserts
   - Substitution of Modifications for Inserts

Also refer to the Benefit Interpretation Policies titled Foot Care and Podiatry Services, Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid, and Diabetic Management, Services and Supplies

D. NOT COVERED

1. Foot Orthotics are not a covered benefit unless the member meets the above diabetic foot disease criteria or as required by State Mandates or Market Plan Enhancement (see Sections A, B and C),

2. Therapeutic Shoes except as described above in Section C.

3. Orthopedic Shoes or other supportive devices for the feet except as described above in Section C.

4. Orthopedic Shoes for subluxations of the foot.

5. Supportive devices for the feet other than described above in Section C.

E. DEFINITIONS

1. Custom-Molded Shoes: Shoes that are constructed over a positive model of the member’s foot; made from leather or other suitable material of equal quality, have removable inserts that can be altered or replaced as the member’s condition warrants; and have some form of shoe closure.

2. Depth Shoes: 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, are made of leather or other suitable material of equal quality, have some form of foot closure, and are available in full and half sizes with a minimum of 3 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 (the numerical shoe sizing system used for shoes sold in the United States or its equivalent).

3. **Inserts**: Total contact, multiple density, removable inlays that are directly molded to the member's foot or a model of the member's foot or directly carved from a member-specific, rectified electronic model and that are made of suitable material with regard to the member's condition.

4. **Prosthetic Shoe**: A device used when all or a substantial portion of the forefoot (front part) is missing.

5. **Therapeutic Shoe**: A depth or custom-molded shoe for individuals with diabetes.

### F. REFERENCES

Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, § 290 Foot Care; Revised; Available at Medicare Benefit Policy Manual, Chapter 15, §290 – Foot Care. (Accessed March 2020)

DME MAC DME MAC LCDs for Orthopedic Footwear (L33641). (Accessed March 2020)


### G. POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
</table>
| 05/01/2020 | **Federal/State Mandated Regulations**  
  • Added notation to indicate the most current federal/state mandated regulations for each state can be found [via the reference links provided in the policy]  
  • Added reference link to California Health and Safety Code 1367.19  
**Supporting Information**  
• Archived previous policy version BIP167.1 |