

	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS15.04
		<i>Effective Date</i>	02/01/2024
		<i>Approval Date</i>	11/21/2023
	<i>Subject</i> Foot Orthotics	<i>Supersedes Date</i>	02/01/2023
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This document applies to the following Participating Organizations:

Advantage MD

EHP

Johns Hopkins Health Plan of Virginia Inc. (JHHPVA) Priority Partners

US Family Health Plan

Keywords: Foot Orthotics, Orthotics, Shoe Insert

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I. ACTION

	New Policy	
X	Revising Policy Number	CMS15.04
	Superseding Policy Number	
	Retiring Policy Number	

II. POLICY DISCLAIMER

Johns Hopkins Health Plans (JHHP) provides a full spectrum of health care products and services for Advantage MD, Employer Health Programs, Johns Hopkins Health Plan of Virginia Inc., Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract, benefits, regulations, and regulators' clinical guidelines that supersede the information outlined in this policy.

III. POLICY

For Advantage MD, refer to: [Medicare Coverage Database](#)

- Local Coverage Determination (LCD) L33641 Orthopedic Footwear
- Local Coverage Determination (LCD) L33369 Therapeutic Shoes for Persons with Diabetes

For Employer Health Programs (EHP) refer to:

- Plan specific Summary Plan Descriptions (SPD's)

For Johns Hopkins Health Plan of Virginia Inc. (JHHPVA) refer to: [Medicare Coverage Database](#)

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- Local Coverage Determination (LCD) L33641 Orthopedic Footwear
- Local Coverage Determination (LCD) L33369 Therapeutic Shoes for Persons with Diabetes

For Priority Partners (PPMCO) refer to: [Code of Maryland Regulations](#)

- Code of Maryland Regulations (COMAR) 10.67.06.24 Benefits- Diabetes Prevention and Care Services

For US Family Health Plan (USFHP) refer to: [Tricare Policy Manuals](#)

- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 8, Section 3.1 Orthoses (Braces and Splints)
- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 8, Section 8.2 Therapeutic Shoes for Diabetics

IV. POLICY CRITERIA

- A. **General Considerations**: When benefits are provided under the member's contract, JHHP considers custom foot orthotics medically necessary when the following criteria are met:
1. The individual could not be fitted with a prefabricated foot orthosis, OR;
 2. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months), OR;
 3. The individual has a documented neurological, circulatory, or orthopedic problem that requires custom fabrication in order to prevent tissue injury, AND;
 4. The member meets one of the medically necessary indications in B below.
- B. **Medically Necessary Indications**: When benefits are provided under the member's contract, JHHP considers custom foot orthotics medically necessary when one of the following diagnoses is documented:
1. Diabetes
 2. Proximal Lower Extremity Pathology including:
 - a. Shin Splint Syndrome (Periosteal Myositis)
 - b. Stress fractures
 - c. Periositis
 - d. Tendonitis (Tenosynovitis)
 - e. Posterior Tibial Dysfunction
 3. Arthritis:
 - a. Inflammatory Arthritis (The degree of deformity or abnormal motion that is manifested precludes the use of over-the-counter orthotics or attempts to use over-the-counter orthotics have failed.)
 - b. Osteoarthritis (for management of lower extremity deformities and dysfunctions)
 4. Mechanically Induced Pain and Deformities:
 - a. Pes Cavus
 - b. Haglund's Deformity
 - c. Functional Hallux Limitus, Hallux Rigidus, Hallux Valgus
 - d. Plantar Fasciitis (also known as Heel Spur Syndrome) when the following conditions have been met and adherence is clearly documented:
 - i. Member has had a 3-month trial and failure using prefabricated foot orthotics, AND;
 - ii. Member has strictly followed a plantar fascia-specific stretching protocol with home stretching exercises for 3 months, AND;
 - iii. Treatment plan includes the use of supportive shoes.

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- e. Sinus Tarsi Syndrome
- f. Metatarsalgia
- g. Excessive pronation with resultant skeletal pain
- h. Morton's Neuroma (also known as Intermetatarsal Neuroma)
- i. Sesamoiditis
5. Pediatric Conditions:
 - a. Tarsal Coalition
 - b. Metatarsus Adductus
 - c. Pes planus with foot pain (flat feet)
6. Sensory Neuropathies:
 - a. Peripheral Neuropathy (also includes neuropathic ulcers)
 - b. Charcot Neuroarthropathy (also known as Charcot Foot)
7. Congenital or Traumatic Painful and Disabling Deformities
8. Some Complications of Peripheral Vascular Disease

- C. When benefits are provided under the member's contract, JHHP considers replacement of custom foot orthotics medically necessary:
1. When there is growth, OR;
 2. A documented change in the patient's condition, OR;
 3. Every 12 months due to documented wear and tear.

V. BACKGROUND

Foot orthotics include devices used to support, align, balance and improve the function of the foot. In addition to correcting compensatory joint motions, foot orthotics may also delay or prevent deformity. They may also eliminate the need for surgery or, in some cases, prevent the recurrence of deformities after surgery. Foot orthotics are available as off-the-shelf pre-fabricated and custom fitted shoe inserts and are used in the treatment of many conditions including plantar fasciitis.

Plantar fasciitis, a common foot condition, produces symptoms often described as burning or stabbing pain in the heel that is worse in the mornings with first steps. The pain typically will lessen with a gradual increase in activity, but then worsens after a day of prolonged weight-bearing (Buchbinder, 2023). The condition is more prevalent among individuals who are obese, lead sedentary lifestyles, runners, in the military and those with occupations requiring prolonged standing (Lewis, 2015). In a literature review conducted by Lewis in 2015, limited to randomized controlled trials and systematic reviews, it was concluded that foot orthotics reduce pain and improve function in acute plantar fasciitis and that similar relief was found with the use of either prefabricated or custom-fitted orthotics. A randomized control trial of the short and long-term effectiveness of foot orthotics in the treatment of chronic plantar fasciitis showed both the prefabricated and customized orthoses produced statistically significant improvements in function. In the short-term, pain was reduced with use of both types of orthotics as compared to a sham orthotic; however, the differences were small and not statistically significant. Long-term effects on pain and function were negligible and the effects of prefabricated and custom orthotics were similar (Landorf, 2006). In a small randomized control trial comparing pre-fabricated full-length silicone insoles to ultrasound-guided corticosterone injection in the management of plantar fasciitis, the prefabricated shoe inserts were considered to be an effective first-line treatment option for plantar fasciitis (Yucel, 2013).

The American College of Foot and Ankle Surgeons (ACFAS) in their 2018 Clinical Consensus Statement: Diagnosis and Treatment of Adult Acquired Infracalcaneal Heel Pain recommended stretching as safe and effective in the treatment of plantar fasciitis. The type of stretching, home stretching exercises, stretching with use of a night splint, or physical therapy would vary depending on severity and patient preference. All panel members agreed that an aggressive stretching protocol is preferred in the treatment of plantar fasciitis. A consensus was reached that biomechanical support is a safe and effective treatment for

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plantar fasciitis, including support through taping, strapping, over-the-counter and custom orthoses. The panel also advised avoidance of non-supportive shoes (Schneider, et al. 2018). In an UpToDate report, Buchbinder reports the general approach to therapy includes stretching exercises of the plantar fascia and calf muscles, avoidance of flat shoes and barefoot walking, and use of prefabricated, over-the-counter silicone heel shoe inserts. In addition, life-style modifications are recommended, including a decrease in physical activities that may be causative or aggravating, including excessive running, dancing, or jumping (Buchbinder, 2023).

VI. CODING DISCLAIMER

CPT® Copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.

Note: All inpatient admissions require pre-authorization.

Adherence to the provisions in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

Advantage MD: Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.

Employer Health Programs (EHP): Specific Summary Plan Descriptions (SPDs) supersedes JHHP Medical Policy. If there are no criteria in the SPD, apply the Medical Policy criteria.

Johns Hopkins Health Plan of Virginia Inc. (JHHPVA): Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.


Priority Partners (PPMCO): Regulatory guidance supersedes JHHP Medical Policy. If there are no criteria in COMAR regulations, or other State guidelines, apply the Medical Policy criteria.

US Family Health Plan (USFHP): Regulatory guidance supersedes JHHP Medical Policy. If there are no TRICARE policies, or other regulatory guidelines, apply the Medical Policy criteria.

VII. CODING INFORMATION

HCPCS CODES ARE FOR INFORMATIONAL PURPOSES ONLY

HCPCS CODE	DESCRIPTION
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

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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

VIII. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins Health Plans (JHHP) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

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X. APPROVALS

Historical Effective Dates: 06/01/2000, 10/22/2003, 10/22/2004, 10/21/2005, 10/19/2006, 06/25/2008, 06/04/2009, 04/02/2010, 04/06/2011, 05/29/2012, 03/06/2015, 03/03/2017, 05/01/2020, 02/01/2022, 02/01/2023, 02/01/2024