Adult Foot Orthotics and Orthopedic Shoes

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Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

Custom-fabricated orthopedic shoes, foot orthotics, and/or modifications/additions are considered medical necessary for an adult (skeletally mature) individual with foot pain and/or impaired mobility and **both** the following:

- There is documentation of **any** of the following:
  - The shoes are an integral part of a leg brace, and they are medically necessary for the proper functioning of the leg brace.
  - The foot orthotics and/or other shoe modifications are on a shoe that is an integral part of a leg brace, and they are medically necessary for the proper functioning of the leg brace.
  - There is documentation of **any** of the following conditions:
    - foot deformity (e.g., arthritis)
    - plantar fasciitis
    - inflammatory condition(s) of the foot (e.g., plantar fascial fibromatosis, submetarsal bursitis)
    - posterior tibial tendon dysfunction
    - neurologic or neuromuscular condition(s) resulting in neurologic impairment of the feet (e.g., neuropathy, neuroma, stroke, cerebral palsy)
    - rheumatoid arthritis

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    - vascular condition(s) (e.g., peripheral vascular disease)
- There is documentation that the individual's medical and/or functional needs cannot be met with a prefabricated device due to **any** of the following:
  - There was a failure of a trial of a prefabricated device.
  - There was an intolerance to a prefabricated device.
  - There was a contraindication to a prefabricated device.

A foot pressure off-loading device (HCPCS A9283) is considered medically necessary for pressure reduction for an existing pressure ulcer(s) on the foot.

Custom-molded shoes designed for prosthetic use (HCPCS L3250) are considered medically necessary for an individual with a toe or distal partial foot amputation.

Additional Information

- One pair of custom-made orthopedic shoes and two pairs of orthopedic inserts are considered medically necessary per calendar year (January – December).
- The right (RT) and/or left (LT) modifiers must be used with all footwear HCPCS codes.
- Therapeutic shoes, inserts, and/or modifications/additions must be prescribed by a physician, podiatrist, or other health professional who is qualified and knowledgeable in orthopedic shoes and inserts according to State law.

Note:

For individuals with diabetes, please reference the "Diabetic Shoes and Inserts" guideline for criteria related to therapeutic shoes, inserts, and modifications.

Not Medically Necessary

Custom-fabricated orthopedic shoes, foot orthotics, and/or modifications/additions are considered not medical necessary for an adult (skeletally mature) individual with any of the following condition(s):

- pes planus (flatfoot)
- knee pain
- back pain
- knee or hip osteoarthritis

Evidence Discussion

Orthopedic shoes and foot orthotics are prescribed as medically necessary by primary and orthopedic doctors for various foot conditions and pain.[1] It is a passive treatment[2] and therapeutic device inserted into footwear to support, prevent, align, and treatment foot deformities[3] or pain from an injury or systemic disease.[4] The type of foot orthotic depends on factors such as type of disease and level of customization, and a proper fitting is a key factor in maximizing therapeutic efficacy. In conditions like rheumatoid arthritis, prescribed footwear has been shown to reduce pain and disability while improving balance.[3]

Foot orthoses should be complemented by pharmacological therapy to achieve more satisfactory outcomes.[3] Orthoses, either prefabricated or custom fitted, should be combined with other treatments to reduce pain and improve function.[56] However, long-term effects and effects on disability are considered uncertain.[7]

A total of 15 studies from 13 randomized controlled trials (n=1086) found that orthopedic insoles as the sole treatment did not provide pain relief or improved functionality in patients with knee osteoarthritis.[8] However, the majority of studies had low patient numbers and individuals were not matched according to age and sex, nor were they stratified by daily wearing time.

While foot orthotics have been shown to be effective in reducing pain, their impact on reducing disability may be limited.[3] For pes planus (flatfoot), there is a lack of evidence on the efficacy of foot orthoses[1] due to factors such as the varying arc height of each individual. These unique factors affect treatment protocol and therefore

1 Herchenröder M, Wilfling D, Steinhäuser J. Evidence for foot orthoses for adults with flatfoot: a systematic review. *J Foot Ankle Res.* 2021;14(1):57. Published 2021 Nov 29. doi:10.1186/s13047-021-00499-z

2 Elsayed W, Alotaibi S, Shaheen A, Farouk M, Farrag A. The combined effect of short foot exercises and orthosis in symptomatic flexible flatfoot: a randomized controlled trial. *Eur J Phys Rehabil Med.* 2023;59(3):396-405. doi:10.23736/S1973-9087.23.07846-2

3 Cabrera-Sánchez JM, Reina-Bueno M, Palomo-Toucedo IC, Vázquez-Bautista MDC, Núñez-Baila MÁ, González-López JR. Effect of Foot Orthoses and Footwear in People with Rheumatoid Arthritis: An Updated Systematic Review. *Healthcare (Basel)*. 2024;12(20):2017. Published 2024 Oct 11. doi:10.3390/healthcare12202017

4 Hawke F, Burns J, Radford JA, du Toit V. Custom-made foot orthoses for the treatment of foot pain. *Cochrane Database Syst Rev*. 2008;(3):CD006801. Published 2008 Jul 16. doi:10.1002/14651858.CD006801.pub2

5 Heel Pain – Plantar Fasciitis: Revision 2023; Clinical Practice Guidelines; Linked to the International Classification of Functioning, Disability, and Health from the Academy of Orthopaedic Physical Therapy and American Academy of Sports Physical Therapy of the American Physical Therapy Association; *J Orthop Sports Phys Ther.* 2023:53(12).: CPG1-CPG39. doi:10.2519/jospt.2023.0303

6 Gómez-Jurado I, Juárez-Jiménez JM, Munuera-Martínez PV. Orthotic treatment for stage I and II posterior tibial tendon dysfunction (flat foot): A systematic review. *Clin Rehabil*. 2021;35(2):159-168. doi:10.1177/0269215520960121

7 Lourenço BM, Campos MGM, Maia L, Castro B, Trede RG, Oliveira VC. Efficacy of pharmacological and non-pharmacological therapies on pain intensity and disability for plantar fasciitis: a systematic review and meta-analysis. *Br J Sports Med*. 2023;57(23):1516-1521. doi:10.1136/bjsports-2022-106403

8 Yu L, Wang Y, Yang J, Wang J, Zhang Y. Effects of orthopedic insoles on patients with knee osteoarthritis: A meta-analysis and systematic review. J Rehabil Med. 2021;53(5):jrm00191. Published 2021 May 18. doi:10.2340/16501977-2836

recommendations include the implementation of short foot exercises to reduce pain and improve function.[2]

Codes

HCPCS Code	Description
A9283	Foot pressure off loading/supportive device, any type, each
L3000-L3031	Custom Inserts
L3040-3060	Pre-molded, removable arch supports
L3070-L3100	Non-removable arch supports
L3140-L3150	Abduction and rotation bars
L3224-L3253	Orthopedic, footwear
L3300-L3595	Additions and modifications to orthopedic shoes

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