

Pediatric Foot Orthotics and Orthopedic Shoes

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This guideline applies to individuals under the age of 18.

Health Equity Consideration

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.

HCPCS Codes

Code	Description
A9283	Foot pressure off loading/supportive device, any type, 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

DME Guidelines

Code	Description
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, non-removable attached to shoe, longitudinal, each
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/ metatarsal, each
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf
L3140	Foot, abduction rotation bar, including shoes
L3150	Foot, abduction rotation bar, without shoes
L3160	Foot, adjustable shoe-styled positioning device
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
L3209	Surgical boot, each, child
L3211	Surgical boot, each, junior
L3212	Benesch boot, pair, infant
L3214	Benesch boot, pair, 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

Code	Description
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	Non-standard size or width
L3255	Non-standard size or length
L3257	Orthopedic footwear, additional charge for split size
L3260	Surgical boot/shoe, each
L3300	Lift, elevation, heel, tapered to metatarsals, per inch
L3310	Lift, elevation, heel and sole, neoprene, per inch
L3320	Lift, elevation, heel and sole, cork, per inch
L3330	Lift, elevation, metal extension (skate)
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch
L3334	Lift, elevation, heel, per inch
L3340	Heel wedge, each
L3350	Heel wedge
L3360	Sole wedge, outside sole
L3370	Sole wedge, between sole
L3380	Clubfoot wedge
L3390	Outflare wedge
L3400	Metatarsal bar wedge, rocker
L3410	Metatarsal bar wedge, between sole

Code	Description
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, existing
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

Code	Description
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified

Pediatric foot orthotics and orthopedic shoes - criteria

Foot orthotics and/or orthopedic shoes can be approved for pediatric individuals when there is documentation of **one** or more of the following conditions:

- A foot or ankle deformity
- Abnormal foot or ankle range of motion
- Foot or ankle weakness
- Cerebral palsy with abnormal gait
- Juvenile arthritis

Evidence Discussion

Forefoot adduction deformity (FAD), also commonly known as metatarsus adductus, is cited as the most common congenital foot deformity in newborns with better outcomes reported if treatment was initiated before 9 months of age . While casting and splinting is a standard for non-surgical treatment of rigid FAD, orthoses have displayed equal pediatric benefit; for example, the Universal Neonatal Foot Orthotic (UNFO) brace is a below-the-ankle orthosis that can provide continuous pressure without a cast. The UNFO brace, in one study (n=94), was found to be as equally effective as serial casting.¹

Toe-in gait is an abnormal walking pattern with occasional stumbling that presents in children, rarely younger than 3 years of age. The standard treatment is the use of reverse-shoe wearing, though there are a great variety of orthotic devices for treating this condition. One study (n=337) tested the efficacy of both reverse shoe wearing and orthotic inserts; after 12 months, there was no significant difference in cure or progression between the 2 groups.²

Cerebral palsy is a neurological condition that impairs motor function and leads to gait abnormalities in children. Drop Foot, often resulting from neurological conditions like cerebral palsy, is characterized by difficulty lifting the front part of the foot, which can cause the toes to drag during walking . Ankle-foot orthoses, which are external devices

¹ Freedman D, Kotlarsky P, Eidelman M. Novel device for nonsurgical correction of rigid forefoot adduction in children. J Pediatr Orthop B. 2022;31(2):e202-e207. doi:10.1097/BPB.0000000000000878

² Li Y, Bian J, Chen D, Jiang B, Zheng P, Lou Y. Reverse-Shoe Wearing Method for Treating Toe-In Gait in Children Can Lead to Hallux Valgus. Med Sci Monit. 2018;24:6157-6164. Published 2018 Sep 4. doi:10.12659/MSM.909072

that are designed to provide stability and improve mobility, are among the treatment options to improve function.³

In individuals with Juvenile Idiopathic Arthritis (JIA), who frequently experience foot and ankle pain, recommendations include the use of shoe inserts or custom foot orthotics. A 2005 study (n=40) found that in children with JIA, custom-made foot orthotics significantly improved pain, walking speed, and self-rated functional ability levels.⁴

References

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