

Adult Foot Orthotics and Orthopedic Shoes

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Introduction

This guideline addresses adult foot orthotics and orthopedic shoes.

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.

Criteria

Custom fabricated orthopedic shoes, foot orthotics, and/or shoe modifications/additions are considered medically necessary for an adult individual with foot pain and/or impaired mobility and **both** of the following criteria are met:

- 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, submetatarsal 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
- 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 documented failure of a trial of a pre-fabricated device.
 - There was a documented intolerance to a pre-fabricated device.
 - There is a contraindication to a pre-fabricated device.

A foot pressure off-loading device is considered medically necessary when **one** of the following conditions are met:

- the individual has one or more existing pressure ulcers located on the foot
- to prevent tissue breakdown in individuals at risk due to one of the conditions listed above or to prevent potential tissue breakdown

Custom molded shoes designed for prosthetic use 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 medically necessary for an adult individual with any of the following condition(s):

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

In addition, a matching shoe that is not attached to and does not function as an integral component of a leg brace is considered not medically necessary.

Evidence Discussion

A 2023 review by Halstead and Munteanu examined current evidence related to mechanical foot pain and summarized findings from randomized controlled trials and observational studies evaluating conservative interventions, including foot orthoses and footwear modifications. The authors reported that mechanical foot pain affected approximately 20% of adults over age 50, with 8% -10% experiencing disabling pain that interfered with standing, walking, and other daily activities. Evidence from randomized controlled trials supported the short-term use of foot orthoses and appropriate footwear to reduce pain and improve function in certain mechanical foot conditions, particularly when interventions were used to modify load, redistribute plantar pressures, and support altered foot structure during weight-bearing activities. The review concluded that orthoses and footwear modifications played an important role in symptom management and functional participation when used as part of self-management strategies in daily living environments, including the home. However, the authors noted limitations in the evidence base, including variability in orthotic design, outcome measures, and intervention duration, as well as a relative lack of long-term trials assessing sustained functional benefit.

In a 2023 randomized controlled trial, LaCourse et al. evaluated the effects of pre-fabricated foot orthotics with and without metatarsal pads on pain, foot function, and fear of falling in older adults during routine daily ambulation. The study enrolled 206 individuals aged 60 years and older who were assigned to receive either an orthotic with a metatarsal pad or an orthotic without a metatarsal pad and used the devices for six weeks in their usual footwear. Results demonstrated that both groups experienced statistically significant reductions in pain involving the feet, ankles, knees, hips, and lower back, as measured by numerical pain rating scales, with all improvements reaching $p < .001$. Significant improvements were also observed in the Foot Health Status Questionnaire pain and function domains and in fear of falling as assessed by the Short Falls Efficacy Scale International in both groups. No statistically significant differences were identified between groups, indicating that orthotic use itself rather than the presence of a metatarsal pad accounted for the observed benefits. The authors concluded that foot orthotics were effective in reducing pain and fear of falling and improving functional outcomes when worn during daily activities, including in the home environment. Study limitations included the short intervention period, reliance on self-reported outcome measures, and the absence of longer-term follow-up to assess durability of benefit.

Codes Addressed in this Guideline

The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

HCPSC 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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