

## Orthoses

### Benefit Coverage

Medically necessary orthoses and related services for maintaining normal Activities of Daily Living, defined as, "Mobility skills required for independence and normal everyday living. Recreational, leisure, or sports activities are not included." The following services are covered:

- Initial fitting and replacement after expected life of the item.
- Repairs, even if due to damage.
- Supplies necessary for the operation or function of orthoses.
- Special footwear required for foot disfigurement which includes, but is not limited to, foot disfigurement from cerebral palsy, arthritis, polio, spina bifida, diabetes, or by accident or developmental disability.
- Podiatric devices to treat diabetes-related complications, including extra-depth orthopedic shoes.
- Medically necessary functional foot orthoses that are custom-made rigid inserts for shoes, ordered by a physician or podiatrist, and used to treat mechanical problems of the foot, ankle, or leg by preventing abnormal motion and positioning when improvement has not occurred with a trial of strapping or an over-the-counter stabilizing device. They are usually made of high-impact thermal plastic. (See list of covered diagnoses under Examples of Covered Services below.)

Routine maintenance of orthoses is not covered. Benefits are provided at the most cost-effective level of care that is consistent with professionally recognized standards of practice. Orthoses must be authorized.

### Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

*Other Services - Orthoses, Prostheses (external)*

## Orthoses

### Benefit Exclusions

- External accommodative, digital, and supportive foot orthoses, including services associated with fitting. Accommodative, digital, or supportive orthotics are flexible or semi-rigid devices and are used to ease foot pain. Since they do not correct the condition, they are considered comfort and convenience items and are excluded from coverage. Orthopedic shoes are not covered except extra-depth orthopedic shoes used to prevent or treat diabetes-related complications.
- External foot orthoses not authorized and prescribed by a physician.
- Non-custom made or over-the-counter shoe inserts or arch supports.
- Routine maintenance.
- No benefits are provided for backup or alternate items.

### Benefit Limitations

Limited to least costly item to meet patient's medical needs.

### Exceptions

- Orthopedic shoes are covered when attached to a leg brace.
- Special footwear required for foot disfigurement as a result of, but not limited to, cerebral palsy, arthritis, polio, spina bifida, diabetes, and for foot disfigurements caused by accident or developmental disability are covered.
- Functional foot orthoses (custom-made rigid inserts for shoes) when used to treat specific diagnoses (See Examples of Covered Services below).

## Orthoses

### Examples of Covered Services

- Back brace
- Cervical halo
- Knee brace for post-operative rehabilitation following ligament surgery, instability due to injury, and to reduce pain and instability for patients with osteoarthritis
- Orthopedic shoes (with leg brace)
- Functional foot orthoses for foot disfigurement
- Arch supports, foot orthotics, toe separators, custom built shoes, and extra-depth orthopedic shoes to prevent or treat diabetes-related conditions
- Functional foot orthoses used to treat one of the following diagnoses when improvement has not occurred with a trial of strapping or of an over-the-counter stabilizing device (except that a trial of strapping or of an over-the-counter stabilizing device is not required for the management of genu varum/valgum\*):
  - Abnormal pronation of the foot
  - Apophysitis in children
  - Calcaneal spur
  - Diabetes
  - Femoral torsion antetorsion
  - Genu varum/valgum\*
  - Hallux valgus
  - Lateral ankle instability
  - Metatarsalgia
  - Patellofemoral dysfunction
  - Pescavus/planus/planovalgus
  - Plantar fasciitis
  - Tarsal tunnel syndrome
  - Tendonitis
  - Tibial torsion

## Orthoses

### Examples of Non-Covered Services

- Functional foot orthoses for a non-covered diagnosis
- External accommodative, digital, and supportive foot orthoses except those used to prevent or treat diabetes-related conditions
- Orthopedic shoes (without leg brace), including any associated professional services except for extra-depth orthopedic shoes used to prevent or treat diabetes-related complications
- Backup or alternate items
- Repair or replacement of backup/alternate items due to loss or misuse
- Over-the-counter shoe inserts or arch supports

### References

*Evidence of Coverage*

*IFP Evidence of Coverage and Health Service Agreement*