

# Shoes and Foot Orthotics

**Policy Number:** BIP167.O  
**Effective Date:** March 1, 2025

[➔ Instructions for Use](#)

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<b>Related Benefit Interpretation Policies</b>
• <a href="#">Diabetic Management, Services and Supplies</a>
• <a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies</a>
• <a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/ Orthotics (Non-Foot Orthotics) and Medical Supplies Grid</a>
• <a href="#">Foot Care and Podiatry Services</a>

## Federal/State Mandated Regulations

### California Health and Safety Code Section 1367.19

[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=HSC&sectionNum=1367.19](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=1367.19).

On and after January 1, 1991, every health care service plan, except a specialized health care service plan, that covers hospital, medical, or surgical expenses on a group basis shall offer coverage as an option for special footwear needed by persons who suffer from foot disfigurement under such terms and conditions as may be agreed upon between the group contract holder and the plan.

As used in this section, foot disfigurement shall include but not be limited to disfigurement from cerebral palsy, arthritis, polio, spinabifida, diabetes, and foot disfigurement caused by accident or developmental disability.

## State Market Plan Enhancements

**Foot Orthotics/Footwear:** Coverage for specialized footwear for foot disfigurement may be available if the subscriber's employer purchased a footwear supplemental benefit. If your health plan includes a footwear supplemental benefit, a brochure describing it will be enclosed with these materials.

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) for additional information.

### Shoes and foot orthotics are covered in the following scenarios: (CMS 2003)

- Prosthetic shoe when used as a structural device to replace all of a foot or when a large portion of the member's forefoot (front part) is missing.
- Orthopedic shoe is covered when it is permanently attached to a medically necessary orthopedic brace.
- Therapeutic Shoe.
  - One pair of Depth or one pair of Custom-Molded therapeutic Shoes per calendar year for members diagnosed **with diabetes:**

- The shoes must be prescribed, fitted, and furnished by a podiatrist or other qualified individual (e.g., a pedorthist, orthotist, or prosthetist);
- The shoes must meet this policy's definition for Depth or Custom-Molded Shoes (refer to the [Definitions](#) section);
- The managing physician, who is responsible for diagnosing and treating the member's systemic condition, must do all the following:
  - Document in the medical record that the member has diabetes;
  - Certify that the member is being treated under a comprehensive plan of care for his/her diabetes;
  - Certify that the member needs therapeutic shoes;
  - Document in the member's record that the member **has one or more** of the following conditions:
    - Peripheral neuropathy with the evidence of callus formation
    - History of previous ulceration
    - History of pre-ulcerative calluses
    - Foot deformity
    - Previous amputation of the foot or part of the foot
    - Poor circulation
- A pair of therapeutic shoes is covered even if only one foot suffers from diabetic foot disease (each shoe is equally equipped so that the affected limb, as well as the remaining limb, is protected).
- Specialized footwear, including foot orthotics and custom-made or standard orthopedic shoes, is **only covered** for members with diabetic foot disease or when an orthopedic shoe is permanently attached to a medically necessary orthopedic brace.
- Modifications of Custom-Molded or Depth Shoes (e.g., wedges, offset heels, Velcro closures, Inserts for missing toes, etc.) instead of obtaining a pair of Inserts in any combination.
- Replacements, repairs, and adjustments to foot orthotics are covered when medically necessary and authorized by the member's network medical group or UnitedHealthcare.
  - Limitations:
    - For each individual, coverage of the footwear and Inserts is **limited to one of the following within one calendar year**:
      - No more than one (1) pair of Custom-Molded Shoes (which includes Inserts provided with the shoes) and two (2) additional pairs of Inserts.
      - No more than one (1) pair of Depth Shoes and three (3) pairs of Inserts (not including the non-customized removal Inserts provided with such shoes).
      - Inserts.
      - Substitution of modifications for Inserts.
- Inserts.
  - The member must have the appropriate footwear to accommodate the Insert.
    - Limitations:
      - Three (pairs) Inserts per calendar year for Custom-Molded Shoes (including Inserts provided with the shoes);
      - Four (pairs) Inserts per calendar year for Depth Shoes (including the non-customized removable Inserts provided with the shoes).

Refer to the Benefit Interpretation Policies titled [Foot Care and Podiatry Services](#), [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\)](#), and [Medical Supplies Grid](#), and [Diabetic Management, Services and Supplies](#)

## Not Covered

- Foot orthotics are not a covered benefit unless the member meets the above diabetic foot disease criteria or as required by state mandates or market plan enhancement (refer to the [Federal/State Mandated Regulations](#), [State Market Plan Enhancements](#), and [Covered Benefits](#) sections).
- Therapeutic shoes except as described above in the [Covered Benefits](#) section.
- Orthopedic shoes or other supportive devices for the feet except as described above in the [Covered Benefits](#) section.
- Orthopedic shoes for subluxations of the foot.
- Supportive devices for the feet other than described above in the [Covered Benefits](#) section.

## Definitions

**Custom-Molded Shoes:** Shoes that are constructed over a positive model of the member's foot; made from leather or other suitable material of equal quality, have removable inserts that can be altered or replaced as the member's condition warrants; and have some form of shoe closure.

**Depth Shoes:** Shoes that have a full-length heel-to-toe filler that, when removed, provides a minimum of 3/16 inch of additional depth used to accommodate custom molded or customized inserts, are made of leather or other suitable material of equal quality, have some form of foot closure, and are available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoes according to the American standard last sizing schedule (the numerical shoe sizing system used for shoes sold in the United States).

**Inserts:** Total contact, multiple density, removable inlays that are directly molded to the member's foot or a model of the member's foot or directly carved from a member-specific, rectified electronic model and that are made of suitable material with regard to the member's condition.

## References

Medicare Benefit Policy Manual, Chapter 15, Covered Medical and Other Health Services, § 290 Foot Care; Revised; Available at [Medicare Benefit Policy Manual, Chapter 15, §290 – Foot Care](#). Accessed January 2025.

DME MAC [LCDs for Orthopedic Footwear \(L33641\)](#). Accessed January 2025.

[Medicare Benefit Policy Manual, Chapter 15, §140 - Therapeutic Shoes for Individuals with Diabetes](#). Accessed January 2025.

## Policy History/Revision Information

Date	Summary of Changes
03/01/2025	<ul style="list-style-type: none"><li>• Routine review; no change to coverage guidelines</li><li>• Archived previous policy version BIP167.N</li></ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.