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CHANGE TITLE: ORTHOTIC CLARIFICATION

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PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change clarifies TRICARE's coverage of orthotic devices and therapeutic shoes for diabetics.

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Orthoses (Braces And Splints)

Issue Date: September 20, 1990
Authority: [32 CFR 199.4\(d\)\(3\)\(viii\)](#)

1.0 HCPCS PROCEDURE CODES

Level II Codes L0112 - L4631

2.0 DESCRIPTION

2.1 The term orthotics refers to the study and practice of bracing (such as leg, arm, back, and neck braces), not to the actual device.

2.2 Orthoses are devices, such as braces or splints, that are applied externally to the body to support, align, prevent or correct deformities, improve the function of movable parts of the body, or restrict or eliminate motion in a diseased or injured part of the body. These items modify the functional and structural characteristics of the neuromuscular and musculoskeletal systems.

2.2.1 There are specific HCPCS codes that identify orthoses. Examples of orthoses include but are not limited to:

- Spinal (thoracic, cervical, lumbar, sacral);
- Lower limb (hip, knee, ankle-foot, knee-foot-ankle, and hip-knee-ankle-foot, plus the orthopedic shoe(s) that are an integral part of the brace);
- Upper limb (shoulder, elbow, wrist-hand-finger);
- Splints for extremities;
- Braces for leg, arm, neck, back and shoulder.

2.2.2 A custom fabricated orthosis brace is one that is individually made for a specific patient. No other patient would be able to use the brace. A custom brace is based on clinically derived and rectified castings, tracings, measurements, and/or other images (such as X- rays) of the body part. The fabrication may involve using calculations, templates, and components. This process requires the use of basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of uncut or unshaped sheets, bars, or other basic forms and involves substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling and finishing prior to fitting on the patient.

Orthoses (Braces And Splints)

2.2.3 A custom fitted orthosis brace is one that is prefabricated and that requires fitting and adjustment. For example, the brace must be trimmed, bent, molded (with or without heat), or otherwise modified for a specific patient to provide an individualized fit. Modifications must result in alterations to the brace beyond simple adjustments made by bending, trimming, and/or molding, installation of add-on components, or assembly.

Note: An orthosis leg brace involving the foot extends above the ankle and is made of metal or other durable rigid material that immobilizes, restricts movement in a given direction, controls mobility, assists with movement, reduces weight-bearing forces or holds body parts in correct position.

2.3 Orthotic footwear (shoes) are designed to affect changes in foot or feet position and alignment, which are not an integral part of a leg brace (i.e., not attached). Orthopedic shoes attached to a leg brace means the brace is permanently affixed to the shoe as an integral part. The shoe attachment is necessary for the device to function.

3.0 POLICY

3.1 Orthoses must be medically necessary to diagnose or treat a covered condition, must be U.S. Food and Drug Administration (FDA)-approved and must be provided by a TRICARE authorized provider. See examples in [paragraph 2.2.1](#) that may be covered. This list is not inclusive.

3.1.1 Lower limb orthosis. A lower limb orthosis, which fits inside the shoe, extends outside the shoe and up the lower extremity with a primary purpose of bracing may be covered.

3.1.2 Post-operative ambulatory boots. Surgical boots prescribed by a surgeon following a surgical procedure or treatment for a fracture that restricts or eliminates motion in the injured foot are covered.

3.2 Orthopedic footwear and other supportive devices. Orthopedic shoes including inserts (or custom molded) and heel/sole are covered only when one or both shoes are an integral part of a leg brace, and medically necessary for the proper functioning of the brace. Coverage is allowed when neither the shoe nor the brace is usable separately. See [paragraph 2.3](#) for further description.

3.2.1 Examples of covered orthopedic shoes include, but are not limited to, the following codes if the shoe is an integral part of a covered leg brace: codes L1900, L1920, L1980-L2030, L2050, L2060, L2080, or L2090, and Oxford shoes (L3224 and L3225).

3.2.2 Any related modifications, which include inserts and heel/sole are covered when the shoe(s) is an integral part of the brace.

3.3 Repair and replacement. Covered orthoses that are worn, damaged or outgrown may be repaired or replaced once a year. Shoes attached to orthopedic leg braces may be replaced when outgrown or worn out. Repair of an appliance will not be authorized when cost of the repair equals or exceeds the cost of a new appliance.

3.4 Costs

3.4.1 Covered orthoses and supportive devices include the initial purchase and fitting of such devices and supplies. Cost of casting, molding, fittings and adjustments are included as well.

3.4.2 The cost of the initial orthopedic shoes (including inserts and other related supplies) and leg brace(s) are not separate, but are included as part of the cost of the brace.

3.5 The Dynamic Orthotic Cranioplasty (DOC) Band Post-Op device is covered for adjunctive use for infants from three to eighteen months of age whose synostosis has been surgically corrected, but who still have moderate to severe cranial deformities including plagiocephalic-, brachycephalic-, and scaphocephalic-shaped heads (HCPCS code S1040).

3.6 Related TRICARE Policies.

- For therapeutic shoes including inserts and modifications for diabetics, see [Section 8.2](#).
- Orthoses for the Extended Care Health Option (ECHO) Program, see [Chapter 9, Sections 7.1, 15.1, and 17.1](#). TRICARE Systems Manual (TSM), [Chapter 2, Section 6.2](#), TED Edit 2-160-05R, list codes covered under ECHO.
- Orthoses for Active Duty Service Members (ADSMs) and the Supplemental Health Care Program (SHCP), see TRICARE Operations Manual (TOM), [Chapter 17, Section 3](#).

4.0 EXCLUSIONS

The following types of orthoses are excluded from TRICARE coverage:

4.1 Orthopedic footwear/shoes are excluded, unless one or both shoes are an integral part of a covered brace. See [paragraph 3.2](#) for covered items. Other supportive devices of the feet, such as wedges, specialized fillers, heels straps, pads, shanks, etc., are also excluded.

4.2 Arch supports and shoe inserts designed to effect conformational changes in the foot or foot alignment.

4.3 Over-The-Counter (OTC) custom-made or built-up shoes.

4.4 Exercise/relaxation/comfort/sporting items or sporting devices. Orthoses provided solely for use during sports-related activities in the absence of an acute injury or other indicated medical condition.

4.5 Orthoses for tired or fatigued feet or whose sole purpose is for restraint.

4.6 Orthoses for pes planus (flat feet) or plantar fasciitis, or other similar diagnoses.

4.7 A foot-drop splint and recumbent positioning devices (L4398), and replacement interface (L4394) in a patient with foot drop who is non-ambulatory, as these items are not medically necessary.

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4.8 A static or dynamic positioning Ankle-Foot Orthosis (AFO) and replacement interface if the contracture is fixed or for beneficiaries with foot-drop but without an ankle flexion contracture; or a component of a static and dynamic AFO that is used to address positioning of the knee or hip (L4396 and L4397 are excluded as not medically necessary).

4.9 Cranial orthosis (Dynamic Orthotic Cranioplasty (DOC) Band) and cranial molding helmets are not covered for the treatment of nonsynostotic positional plagiocephaly (deformational plagiocephaly, plagiocephaly without synostosis) or for the treatment of craniosynostosis before surgery.

4.10 Comfort or convenience items.

4.11 Intrepid Dynamic Exoskeletal Orthosis (IDEO).

- END -

Chapter 8

Section 8.2

Therapeutic Shoes For Diabetics

Issue Date: February 27, 1996

Authority: [32 CFR 199.2](#) and [32 CFR 199.4](#)

1.0 HCPCS PROCEDURE CODES

A5500 - A5513

2.0 DESCRIPTION

Therapeutic shoes (also referred to as extra depth or diabetic shoes), including inserts and modifications, are designed for diabetics with conditions of impaired peripheral sensation and/or altered peripheral circulation (e.g., diabetic neuropathy and peripheral vascular disease), foot deformity, **ulcerative or pre-ulcerative callus formation, or amputation. Therapeutic shoes, inserts and modifications are not considered Durable Medical Equipment, Orthotics, or Orthopedic Shoes (DMEPOS) because they serve a different purpose for an individual with diabetes.** The primary goal of therapeutic shoes is to prevent complications, such as strain, ulcers, calluses, or even amputations for patients with diabetes and poor circulation. **Therapeutic shoes and customized insoles work together as a preventive system to help diabetics avoid foot injuries and improve mobility.** HCPCS codes A5500-A5513 indicate the specific nature of the ordered items and are specific to those with diabetes.

3.0 POLICY

3.1 Therapeutic shoes, extra-depth shoes with inserts or custom molded shoes with inserts and modifications, for individuals with diabetes are covered, **even if only one foot suffers from diabetic foot disease.**

3.2 Therapeutic shoes must be prescribed by a physician and fit by a qualified individual, such as a certified pedorthist.

3.3 The shoe(s) must be equipped with a removable orthotic.

3.4 Separate shoes inserts shall be covered when dispensed as a separate item for an otherwise covered therapeutic shoe **for an individual with diabetes.**

3.4.1 A podiatrist or other qualified physician knowledgeable in the fitting of therapeutic shoes and inserts prescribes the particular type of inserts necessary; and

3.4.2 The prescribing provider of the shoes must verify in writing that the beneficiary has the medically necessary footwear into which the inserts will be placed.

4.0 COVERAGE LIMITATION

4.1 For each individual, coverage of the footwear and inserts is limited to one of the following within one calendar year:

4.1.1 One pair of custom molded shoes (including inserts provided with such shoes) and two pairs of multidensity inserts, or

4.1.2 One pair of extra-depth shoes (not including inserts provided with such shoes) and three pairs of multidensity inserts.

4.1.3 Modification of custom-molded or extra-depth shoes may be substituted for one pair of inserts, other than the initial pair of inserts. The most common modifications available are:

- Rigid rocker bottoms
- Roller bottoms
- Metatarsal bars
- Wedges
- Offset heels

4.2 The physician who is managing the beneficiary's systemic diabetic condition must:

4.2.1 Document that the patient has diabetes.

4.2.2 Document that the patient has one or more of the following conditions:

- Previous amputation of the foot or part of the foot;
- History of previous foot ulceration; or
- Pre-ulcerative callus formation, or peripheral neuropathy with a history of callus formation, foot deformity, or poor circulation.

4.2.3 Certify that the patient is being treated under a comprehensive plan of care for his diabetes and needs therapeutic shoes.

4.3 Related TRICARE Policies.

- For orthotics, see [Section 3.1](#).
- For orthopedic shoes that are not an integral part of a brace (i.e., not attached) and other supportive foot devices, see [Section 3.1, paragraph 4.1](#).
- Orthoses for the Extended Care Health Option (ECHO) program, see [Chapter 9, Sections 7.1, 15.1, and 17.1](#) and [TED Edit 2-160-05R](#).
- Orthoses for Active Duty Service Members (ADSMs) and the Supplemental Health Care Program (SHCP), see [TRICARE Operations Manual \(TOM\), Chapter 17, Section 3](#).

5.0 EXCLUSION

Shoes for conditions other than diabetes.

6.0 EFFECTIVE DATE

May 1, 1993.

- END -

Chapter 8

Section 11.1

Podiatry

Issue Date: September 20, 1990

Authority: [32 CFR 199.4\(c\)\(2\)](#) and [\(g\)\(31\)](#)

1.0 DESCRIPTION

This section applies to services provided by doctors of Podiatry or surgical Chiropody (reference [32 CFR 199.6\(c\)\(3\)\(iii\)\(A\)\(3\)](#)). Podiatry is the specialized field that deals with the study and care of the foot, including its anatomy, pathology, medical and surgical treatment (including the ankle and lower extremity in some states).

2.0 POLICY

2.1 Podiatric services and related services, such as laboratory and radiology services, are covered.

2.2 Routine foot care service for peripheral vascular disease, metabolic or neurological disease may be covered.

2.3 Related TRICARE Policies:

- For orthotic devices and orthopedic shoes that are an integral part of a brace, see [Section 3.1](#).
- For therapeutic shoes, inserts and modifications for diabetics, see [Section 8.2](#).

3.0 EXCLUSIONS

3.1 Removal of corns, calluses, trimming of toenails, and other routine podiatry services are excluded from coverage, unless the patient has a diagnosed systemic medical disease affecting the lower limbs.

3.2 Nerve blocks performed for the theoretical purpose of increasing blood supply to the foot and toes.

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| Unauthorized Provider - Emergency Services | 11 | 4.2 |
| Unproven Drugs, Devices, medical Treatments, And Procedures | 1 | 2.1 |
| Urinary System | 4 | 14.1 |

| V | Chap | Sec/Add |
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| Veterans Affairs (VA) Health Care Facilities | 11 | 2.1 |
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| W | Chap | Sec/Add |
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| Waiver Of Liability | 1 | 4.1 |
| Initial Denial Determination | 1 | 4.1 |
| MCSC Reconsideration Determinations | 1 | 4.1 |
| TQMC Reconsideration Determinations | 1 | 4.1 |
| Well-Child Care | 7 | 2.5 |
| Wigs Or Hairpiece | 8 | 12.1 |

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