	POLICIES AND PROCEDURES
Policy #: 404-1617	Lead Department: Utilization Management
Title: Foot Orthotic and Prosthetic Appliances Guidelines	
Original Date: 11/01/2007	Date Published: 01/22/2025
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To describe Central California Alliance for Health's (the Alliance) criteria for the authorization of orthotic and prosthetic appliances.

Policy:

The Alliance will authorize orthotic and prosthetic appliances when such appliances are necessary for the restoration of function or replacement of body parts, as prescribed in writing by a physician or podiatrist and when they are medically necessary. Health care services are limited to those necessary to protect life, prevent significant illness or significant disability or alleviate severe pain. The Alliance uses medical necessity guidelines as outlined in Alliance Policy 404-1112 – *Medical Necessity- The Definition and Application of Medical Necessity Provision to Authorization Requests* for authorization of orthotic and prosthetic devices to determine medical necessity.

Definitions:

California Children's Services: CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

Orthotics (foot): An externally applied device used to modify the structural and functional characteristics of the neuromuscular and skeletal system. Examples include: foot pads, heel inserts, or custom molded shoe inserts used to treat various conditions of the foot.

Prosthesis, Prosthetic Appliance: An artificial device extension that replaces a missing body part.


UCB or Berkeley Shell: Named for the University of California Biomechanics Laboratories, the developer of several types of rigid inserts.

Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.

Procedures:

For all diabetic shoes, inserts and foot orthotic purchases, the Alliance requires the following:

Screening Requirement

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1. All providers perform appropriate baseline health assessments and diagnostic evaluations that provide sufficient clinical detail to establish, or raise a reasonable likelihood, that a member has a CCS eligible medical condition. Providers will refer potential CCS-eligible members to the CCS program per Alliance Policy 405-1319 Screening and Referral for Medical Eligible *Children to California Children's Services (CCS) Program*.
2. Health Services staff will screen for California Children Services (CCS) eligibility. Health Services staff members will refer potential CCS-eligible members to the CCS program per Alliance 405-1319 Screening and Referral for Medical Eligible *Children to California Children's Services (CCS) Program*.


Prior Authorization

Prescription Requirements: A written prescription by a licensed practitioner is required for all O&P appliances. The prescription must be specific to the item(s) billed and must include the following:

- Name, address and telephone number of the prescribing practitioner
- Date of prescription
- Item being prescribed
- California state license number of the prescribing practitioner
- For CCS WCM members:
 - Prescription: For CCS WCM members, durable medical equipment that will be used for the treatment of a member's CCS eligible condition may be authorized when prescribed by a CCS paneled physician who is approved to treat the member's CCS eligible medical condition.
 - The Alliance shall utilize paneled CCS Providers to treat CCS conditions in any circumstance in which a CCS-eligible Member's condition requires treatment from a CCS paneled Provider. The Alliance may use an out-of-state Provider if an in-state CCS Provider does not possess the clinical expertise to appropriately treat the CCS condition of the Member. CCS Paneled Providers include physicians, orthotists, prosthetists, and other providers as outlined by the CCS program.
 - For CCS WCM members who are clients of the CCS Medical Therapy Program (MTP), the MTP therapist may be consulted to help determine medical necessity for the type of DME required and any special features or other equipment that might be needed to meet the member's medical needs.

1. Therapeutic Diabetic Shoes and Inserts

- a. Shoe supplies for diabetics shall include shoes and their fitting(s), modifications and inserts. Therapeutic shoes and inserts are a benefit for recipients over the age of 21 with a diagnosis of diabetes mellitus. These services require authorization. and requires one or more of the following: shoe(s), shoe modification(s), or shoe insert(s) to accommodate for or prevent foot ulceration and related foot conditions:

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- b. For pre-fabricated shoe(s) or shoe insert(s), or modification(s) to prefabricated shoe(s) or shoe insert(s), documentation submitted with the authorization request AR should show that the member has one or more of the following medical conditions, appropriate to the requested procedure code(s):

- i. Foot Ulcers, or
- ii. Previous amputation of the contralateral foot, or part of either foot, due to microvascular disease secondary to diabetes, or
- iii. History of previous foot ulceration of either foot, or
- iv. Peripheral neuropathy with evidence of callous formation of either foot, or
- v. Foot deformity of either foot i.e. rocker bottom foot or Charcot foot, or
- vi. Documentation of compromised vascular disease in either foot, or
- vii. Positive monofilament examination indicating diabetic neuropathy


For **custom-made**-shoe(s) or shoe insert(s), or modification(s) to custom-made shoe(s) or shoe insert(s), at least one of the following diagnoses is required:

- i. Diabetes mellitus with neurological manifestation(s),
- ii. Diabetes mellitus with peripheral circulatory disorder(s),
- iii. Treatment or prevention of other foot conditions secondary to diabetes mellitus (e.g. amputations, significant deformities and/or pre-ulcerations).

- c. Providers will not be reimbursed for both prefabricated and custom shoes or inserts for the same foot in the same 12 months, unless:
- i. Annual frequency limits for the respective codes have not been exceeded, and
 - ii. The medical condition has changed to the extent that a custom appliance would be required for the same side after a prefabricated shoe or insert has been tried.
- d. Authorization request forms should include RT/LT modifiers and be billed in pairs only. The Alliance bases frequency limits for diabetic shoes and inserts on Medi-Cal frequency limits and medical necessity.

2. Stock Orthopedic/conventional and Custom Shoes:

- a. **Stock orthopedic and stock conventional shoes**, including in-depth shoes are covered when provided on the prescription of a physician or podiatrist when at least one of the shoes will be attached to a prosthesis or leg brace. Attached to the prosthesis or brace means the prosthesis or brace is permanently affixed to the shoe as an integral part. The shoe attachment is necessary for the device to function.

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Shoe modification of stock conventional shoes or stock orthopedic shoes is covered when the recipient's medical need can be satisfied by such modification.

- b. **Custom-made orthopedic shoes** are reimbursable if the recipient's medical need cannot be met by modifications to stock orthopedic or stock conventional shoes. Clinical conditions that might require custom-made shoes include but are not limited to Charcot or rheumatoid foot deformities, some partial foot amputations, or when a patient requires a muscle flap to cover a large or unusual soft tissue foot defect that then is too bulky to be accommodated by an in-depth shoe.
- i. The prescribing practitioner shall document the nature, cause and severity of the foot problem(s) leading to the conclusion that a custom-made orthopedic shoe is the only alternative (CCR, Title 22, Section 51315).

A custom-made shoe has the following characteristics:


- i. Made and molded to patient model for a specific patient
- ii. Constructed over a positive model of the patient's foot
- iii. Made from leather or other suitable material of equal quality
- iv. Has removable inserts as an integral part of the shoe that can be altered or replaced as the patient's condition warrants
- v. Has some form of shoe closure

3. Foot inserts

- a. Foot inserts (UCB type) are covered for limited diagnoses, including but not limited to: Tibial tendinitis, plantar fasciitis, pes planus and certain types of rheumatoid arthritis. (Refer to Medi-Cal guidelines for a complete list of covered diagnosis codes). Frequency limit is 2 (1 pair) every 5 years. If the custom-made inserts have been previously reimbursed within a six-month period, subsequent claims for pre-molded arch supports require justification. Acceptable justification for additional foot arch supports includes documentation of circumstances such as: significant change in foot size or condition (due to growth, injury, or surgery); loss; and wear or damage (to the extent that the support is not usable).
- b. Custom-made foot orthotics are covered for limited diagnoses if there is sufficient documentation to support medical necessity. An explanation of the fabrication process used must be included on the authorization request.

4. Other Authorization Requirements

- a. Authorization requests for orthotic or prosthetic appliances must include the medical diagnosis(es); an explanation of the need and purpose for the appliance, duration of medical necessity, relevant history and physical documenting prior functional level and future

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- anticipated functional level, date and type of surgery or injury, if applicable, item requested with associated HCPCS code. The written prescription must be signed by a licensed physician, a licensed podiatrist, or a licensed non-physician medical practitioner, and clinical notes/medical professional records that document the medical necessity of the appliance or service, shall be maintained by the provider in the patient's medical record.
- b. The appliance requested is the lowest cost appliance or service that meets the member's medical need. An authorization request is required each time the cumulative costs for purchase, replacement and repair exceeds \$250 for orthotics or \$500 for prosthetics per member, per provider, per 90-day period.
 - c. A repair of an appliance will not be authorized when the repair cost is equal to or exceeds the purchase cost of a new appliance.
 - d. For all prosthetic and orthotic appliances and services, where there is no allowable listed procedure code or rate of reimbursement the authorization request shall specify the type of appliance and include medical diagnosis, prognosis and an explanation of the purpose that the appliance will serve.

Exclusions:

The following types of orthoses are excluded from coverage:

1. Stock and conventional orthopedic shoes (except for orthopedic shoes which are an integral part of a brace).
2. Over-the-counter (OTC) shoe inserts/arch supports.
3. Back-up appliances, except when the primary appliance must be worn by the patient 24 hours per day or when the appliance must be cleaned on a regular basis and cannot be dried overnight.
4. Appliances or services for the sole purpose of cosmetic restoration in the absence of medical necessity.
5. Appliances or services for the sole purpose of restoring functions beyond activities of daily living or instrumental activities of daily living, such as athletic activities.
6. Repair of an appliance when the repair cost is equal to, or greater than, the cost of purchasing a new appliance.
7. Purchase or replacement of an appliance when the patient's existing appliance can be repaired at a cost less than the cost of purchasing a new appliance, unless the existing appliance does not meet the patient's medical need(s), as documented by a licensed physician, licensed podiatrist or licensed non-medical practitioner.
8. Fitting, measuring, training or delivery of the appliance separate from the prior authorization of the appliance itself.

References:

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Alliance Policies:

404-1112 – Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests

404-1201 – Authorization Request Process

405-1319 Screening and Referral for Medical Eligible Children to California Children’s Services (CCS) Program

404-1601 – Durable Medical Equipment (DME) Authorization

Impacted Departments:

Claims

Member Services

Provider Services

Regulatory:

CCS Numbered Letter 09-0703 Durable Medical Equipment

OIL # 359-05, #369-05, #049-06, #199-06, 142-12

Legislative:

CCR-Title 22, Div. 3, Chapter 3, Art. 4, Section 51161, 51315, 51315.1, 51315.2, 51476

DHCS 08-0003 Authorization of Orthotics and Prosthetic Appliances and Services

Medi-Cal Guidelines Orthotic and Prosthetic Appliances

Senate Bill, SB-586 Whole Child Model – Children’s Services

Contractual (Previous Contract):

Contractual (2024 Contract):

DHCS All Plan Letter:

NCQA:

Supersedes:

Other References:

Attachments:

Lines of Business This Policy Applies To

☐ DSNP

☒ Medi-Cal

☒ Alliance Care IHSS

LOB Effective Dates


(01/01/2026 – present)

(01/01/1996 – present)

(07/01/2005 – present)

Revision History:

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01/07/2020	01/07/2020	Tammy Brass, RN UM Manager – Prior Auth	UMWG
01/27/2022	01/21/2022	Tammy Brass, RN UM/CCM Manager	UMWG

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01/17/2024	01/17/2024	Carissa Grepo, RN UM Manager – Prior Auth	UMWG
12/27/2024	12/27/2024	Carissa Grepo, RN UM Manager – Prior Auth	UMWG