

MEDICAL POLICY

POLICY TITLE	FOOT ORTHOTICS AND OTHER PODIATRIC APPLIANCES
POLICY NUMBER	MP 6.028

Effective Date:	1/1/2024
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I. POLICY

Orthopedic shoes and other supportive devices of the feet are considered **medically necessary ONLY** when they are an integral part of a leg brace. These shoes and devices are described as Oxford shoes or other shoes, e.g., high top, depth inlay or custom for non-diabetics, heel replacements, sole replacements, and shoe transfers. Inserts and other shoe modifications are covered if they are on a shoe that is an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace.

Foot orthotics *other than those that are an integral part of a brace* may be considered **medically necessary** only when they are a benefit of a member's contract, to meet specific needs of the patient, and prescribed by a physician for the below criteria:

For Adults and Children [Any ONE Condition]:

- Chronic plantar fasciitis
- Calcaneal bursitis (chronic only)
- Calcaneal spurs (heel spurs)
- Chronic ankle instability
- Inflammatory conditions (i.e., sesamoiditis; submetatarsal bursitis; synovitis; tenosynovitis; synovial cyst; osteomyelitis; rheumatoid disease; and osteoarthritis)
- Medial osteoarthritis of the knee (lateral wedge insoles)
- Musculoskeletal/arthropathic deformities (including: deformities of the joint or skeleton that impairs walking in a normal shoe; e.g., bunions, hallux valgus, talipes deformities, tendonitis, pes cavus deformities, hammertoes, anomalies of toes)
- Neurologically impaired feet (including: neuroma; tarsal tunnel syndrome; ganglionic cyst; and neuropathies involving the feet, including those associated with diabetes)
- Vascular conditions (including: poor circulation, peripheral vascular disease, Buerger's disease, and chronic thrombophlebitis)

*Note: Both adults and children must have symptoms associated with the particular foot condition (foot orthotics are considered **not medically necessary** when the foot condition does not cause symptoms); and have failed to respond to a course of appropriate conservative treatment (e.g., physical therapy, injections, strapping, anti-inflammatory medications). (Orthotics should not be considered first line therapy.)*

ONE of the following per member per calendar year is considered **medically necessary**:

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1. No more than 1 pair of custom-molded shoes (including inserts provided with the shoes) and 2 additional pairs of inserts; or
2. No more than 1 pair of depth shoes and 3 pairs of inserts (not including the non-customized removable inserts provided with such shoes).

Medical necessity criteria for replacements of or modifications to existing customized shoes is based on the same criteria noted for the shoe itself. Replacement of a pair of shoes, or modifications, should be based on necessity (e.g., worn out, loss of effectiveness), not for convenience or style change. Due to wear and tear with normal use, orthotics may need refurbishing periodically, every 1 or 2 years. Replacement of orthotics is generally not necessary more often than every 2 years.

Foot orthotics are considered **not medically necessary** when these criteria are not met such as for back or knee pain (other than medial osteoarthritis), corns and calluses, and lower leg injuries as there is insufficient evidence to support a conclusion supporting the health outcomes or benefits associated with this item.

The provider requesting/ordering the DME should be a provider with whom the member has established a relationship and is involved in the ongoing care of the member and the condition for which the DME/orthotic is prescribed.

Cross-reference:

MP 6.061 - Therapeutic Shoes for Persons with Diabetes

MP 6.062 - Ankle-Foot and Knee-Ankle-Foot Orthoses

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

III. DESCRIPTION/BACKGROUND

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Foot orthotics may be accommodative or functional. Accommodative foot orthoses are custom or non-custom inlays fabricated for the purpose of providing relief from callosities and pressure points and maintaining the integrity of the longitudinal arch and/or the metatarsal heads. Functional foot orthoses are foot plates fabricated from plaster molds of the feet or electronic (computer) imaging in a semi-weight bearing or non-weight bearing, neutral position, with corrections built in to prevent abnormal compensation during the gait cycle.

Orthopedic shoes are shoes used to prevent or correct disorders of the bones, joints, muscles, ligaments and cartilage of the legs and feet. Custom-made orthopedic shoes are shoes fabricated over special modified lasts in accordance with prescriptions and

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specifications to accommodate gross or greater foot deformities or shortening of a leg at least 1 and 1/2 inches or greater. Custom-made orthopedic shoes may be necessary when a physician or podiatrist determines that the severity of the foot condition is such that a lesser means (e.g., inlay shoes, shoe modifications, etc.) cannot adequately compensate for the deformity or there is a leg discrepancy length at least of 1 and 1/2 inches in length or greater. Initial custom-made orthopedic shoes, lasts, and patterns normally are obtained when the severity of the foot disability requires the physical presence of the member for casts, measurements, and possible trial fittings.

A shoe modification is a medically prescribed alteration(s) to a shoe(s) to accommodate minor foot deformities, disabilities, or leg shortening of less than 1 and 1/2 inches. Shoe modifications (e.g., rocker soles, shoe buildups, metatarsal bars, shoe stretching, Thomas heels, tongue pads, velcro closures, modified lacers, etc.) may be applied to personally purchased shoes, upon medical determination of need, to compensate for minor foot deformities.

Depth inlay shoes are prefabricated shoes with a higher toe box to accommodate for hammer toes and other deformities. This shoe may also accommodate the insertion of special inserts. These shoes are traditionally made of plastizote or other pressure absorbent material. Inlay shoes may be necessary after it has been determined that shoe modifications will not accommodate the foot deformity and that an insole or additional space is necessary.

IV. DEFINITIONS

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INSERTS: Medically necessary inserts are those that are total contact, multiple densities, removable inlays that are directly molded to the member's foot or a model of the member's foot and are made of a material suitable for the member's condition.

METATARSAL BARS: These are exterior bars that are placed behind the metatarsal heads in order to remove pressure from the metatarsal heads. The bars are of various shapes, heights, and construction depending on the exact purpose.

OFFSET HEELS: This is a heel flanged at its base either in the middle, to the side, or a combination, that is then extended upward to the shoe in order to stabilize extreme positions of the hind foot.

RIGID ROCKER BOTTOMS: These are exterior elevations with apex positions for 51 % to 75 % distance measured from the back end of the heel. The apex is a narrowed or pointed end of an anatomical structure. The apex must be positioned behind the metatarsal heads and tapering off sharply to the front tip of the sole. Apex height helps to eliminate pressure at the metatarsal heads. The steel in the shoe ensures rigidity. The heel of the shoe tapers off in the back in order to cause the heel to strike in the middle of the heel.

ROLLER BOTTOMS (SOLE OR BAR): These are the same as rocker bottoms, but the heel is tapered from the apex to the front tip of the sole.

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WEDGES (POSTING): Wedges are either of hind foot, fore foot, or both and may be in the middle or to the side. The function is to shift or transfer weight upon standing or during ambulation to the opposite side for added support, stabilization, equalized weight distribution, or balance.

V. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VI. DISCLAIMER

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Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

Procedure Codes							
A9283	L3000	L3001	L3002	L3003	L3010	L3020	L3030
L3031	L3040	L3050	L3060	L3070	L3080	L3090	L3100
L3140	L3150	L3160	L3161	L3170	L3201	L3202	L3203
L3204	L3206	L3207	L3208	L3209	L3211	L3212	L3213
L3214	L3215	L3216	L3217	L3219	L3221	L3222	L3224
L3225	L3230	L3250	L3251	L3252	L3253	L3254	L3255

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Procedure Codes							
L3257	L3260	L3265	L3300	L3310	L3320	L3330	L3332
L3334	L3340	L3350	L3360	L3370	L3380	L3390	L3400
L3410	L3420	L3430	L3440	L3450	L3455	L3460	L3465
L3470	L3480	L3485	L3500	L3510	L3520	L3530	L3540
L3550	L3560	L3570	L3580	L3590	L3595	L3600	L3610
L3620	L3630	L3640	L3649				

ICD-10-CM Diagnosis Code	Description
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
G57.50	Tarsal tunnel syndrome, unspecified lower limb
G57.51	Tarsal tunnel syndrome, right lower limb
G57.52	Tarsal tunnel syndrome, left lower limb
G57.53	Tarsal tunnel syndrome, bilateral lower limbs
G57.60	Lesion of plantar nerve, unspecified lower limb
G57.61	Lesion of plantar nerve, right lower limb
G57.62	Lesion of plantar nerve, left lower limb

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ICD-10-CM Diagnosis Code	Description
G57.63	Lesion of plantar nerve, bilateral lower limbs
G60.0	Hereditary motor and sensory neuropathy
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.82	Multifocal motor neuropathy
G61.89	Other inflammatory polyneuropathies
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I73.00	Raynaud's syndrome without gangrene
I73.01	Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.81	Other specified peripheral vascular diseases
I80.00	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
I80.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
I80.02	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I80.231	Phlebitis and thrombophlebitis of right tibial vein
I80.232	Phlebitis and thrombophlebitis of left tibial vein
I80.233	Phlebitis and thrombophlebitis of tibial vein, bilateral
I80.239	Phlebitis and thrombophlebitis of unspecified tibial vein
I80.241	Phlebitis and thrombophlebitis of right peroneal vein
I80.242	Phlebitis and thrombophlebitis of left peroneal vein
I80.243	Phlebitis and thrombophlebitis of peroneal vein, bilateral
I80.249	Phlebitis and thrombophlebitis of unspecified peroneal vein
I80.251	Phlebitis and thrombophlebitis of right calf muscular vein
I80.252	Phlebitis and thrombophlebitis of left calf muscular vein
I80.253	Phlebitis and thrombophlebitis of calf muscular vein, bilateral
I80.259	Phlebitis and thrombophlebitis of unspecified calf muscular vein
I87.2	Venous insufficiency (chronic) (peripheral)
M05.071	Felty's syndrome, right ankle and foot

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ICD-10-CM Diagnosis Code	Description
M05.072	Felty's syndrome, left ankle and foot
M05.079	Felty's syndrome, unspecified ankle and foot
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot
M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot

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ICD-10-CM Diagnosis Code	Description
M06.271	Rheumatoid bursitis, right ankle and foot
M06.272	Rheumatoid bursitis, left ankle and foot
M06.279	Rheumatoid bursitis, unspecified ankle and foot
M06.371	Rheumatoid nodule, right ankle and foot
M06.372	Rheumatoid nodule, left ankle and foot
M06.379	Rheumatoid nodule, unspecified ankle and foot
M06.871	Other specified rheumatoid arthritis, right ankle and foot
M06.872	Other specified rheumatoid arthritis, left ankle and foot
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot
M10.071	Idiopathic gout, right ankle and foot
M10.072	Idiopathic gout, left ankle and foot
M10.079	Idiopathic gout, unspecified ankle and foot
M12.071	Chronic postrheumatic arthropathy [Jaccoud], right ankle and foot
M12.072	Chronic postrheumatic arthropathy [Jaccoud], left ankle and foot
M12.079	Chronic postrheumatic arthropathy [Jaccoud], unspecified ankle and foot
M12.171	Kaschin-Beck disease, right ankle and foot
M12.172	Kaschin-Beck disease, left ankle and foot
M12.179	Kaschin-Beck disease, unspecified ankle and foot
M12.271	Villonodular synovitis (pigmented), right ankle and foot
M12.272	Villonodular synovitis (pigmented), left ankle and foot
M12.279	Villonodular synovitis (pigmented), unspecified ankle and foot
M12.571	Traumatic arthropathy, right ankle and foot
M12.572	Traumatic arthropathy, left ankle and foot
M12.579	Traumatic arthropathy, unspecified ankle and foot
M14.671	Charcot's joint, right ankle and foot
M14.672	Charcot's joint, left ankle and foot
M14.679	Charcot's joint, unspecified ankle and foot
M17.0	Bilateral primary osteoarthritis of knee
M17.10	Unilateral primary osteoarthritis, unspecified knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.30	Unilateral post-traumatic osteoarthritis, unspecified knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee

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ICD-10-CM Diagnosis Code	Description
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified
M19.071	Primary osteoarthritis, right ankle and foot
M19.072	Primary osteoarthritis, left ankle and foot
M19.079	Primary osteoarthritis, unspecified ankle and foot
M19.171	Post-traumatic osteoarthritis, right ankle and foot
M19.172	Post-traumatic osteoarthritis, left ankle and foot
M19.179	Post-traumatic osteoarthritis, unspecified ankle and foot
M19.271	Secondary osteoarthritis, right ankle and foot
M19.272	Secondary osteoarthritis, left ankle and foot
M19.279	Secondary osteoarthritis, unspecified ankle and foot
M20.10	Hallux valgus (acquired), unspecified foot
M20.11	Hallux valgus (acquired), right foot
M20.12	Hallux valgus (acquired), left foot
M20.20	Hallux rigidus, unspecified foot
M20.21	Hallux rigidus, right foot
M20.22	Hallux rigidus, left foot
M20.30	Hallux varus (acquired), unspecified foot
M20.31	Hallux varus (acquired), right foot
M20.32	Hallux varus (acquired), left foot
M20.40	Other hammer toe(s) (acquired), unspecified foot
M20.41	Other hammer toe(s) (acquired), right foot
M20.42	Other hammer toe(s) (acquired), left foot
M20.5X1	Other deformities of toe(s) (acquired), right foot
M20.5X2	Other deformities of toe(s) (acquired), left foot
M20.5X9	Other deformities of toe(s) (acquired), unspecified foot
M20.60	Acquired deformities of toe(s), unspecified, unspecified foot
M20.61	Acquired deformities of toe(s), unspecified, right foot
M20.62	Acquired deformities of toe(s), unspecified, left foot
M21.071	Valgus deformity, not elsewhere classified, right ankle
M21.072	Valgus deformity, not elsewhere classified, left ankle
M21.079	Valgus deformity, not elsewhere classified, unspecified ankle
M21.171	Varus deformity, not elsewhere classified, right ankle
M21.172	Varus deformity, not elsewhere classified, left ankle
M21.179	Varus deformity, not elsewhere classified, unspecified ankle
M21.271	Flexion deformity, right ankle and toes

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ICD-10-CM Diagnosis Code	Description
M21.272	Flexion deformity, left ankle and toes
M21.279	Flexion deformity, unspecified ankle and toes
M21.371	Foot drop, right foot
M21.372	Foot drop, left foot
M21.379	Foot drop, unspecified foot
M21.40	Flat foot [pes planus] (acquired), unspecified foot
M21.41	Flat foot [pes planus] (acquired), right foot
M21.42	Flat foot [pes planus] (acquired), left foot
M21.541	Acquired clubfoot, right foot
M21.542	Acquired clubfoot, left foot
M21.549	Acquired clubfoot, unspecified foot
M21.611	Bunion of right foot
M21.612	Bunion of left foot
M21.619	Bunion of unspecified foot
M21.621	Bunionette of right foot
M21.622	Bunionette of left foot
M21.629	Bunionette of unspecified foot
M21.6X1	Other acquired deformities of right foot
M21.6X2	Other acquired deformities of left foot
M21.6X9	Other acquired deformities of unspecified foot
M21.70	Unequal limb length (acquired), unspecified site
M21.751	Unequal limb length (acquired), right femur
M21.752	Unequal limb length (acquired), left femur
M21.759	Unequal limb length (acquired), unspecified femur
M21.761	Unequal limb length (acquired), right tibia
M21.762	Unequal limb length (acquired), left tibia
M21.763	Unequal limb length (acquired), right fibula
M21.764	Unequal limb length (acquired), left fibula
M21.769	Unequal limb length (acquired), unspecified tibia and fibula
M24.571	Contracture, right ankle
M24.572	Contracture, left ankle
M24.573	Contracture, unspecified ankle
M24.574	Contracture, right foot
M24.575	Contracture, left foot
M24.576	Contracture, unspecified foot
M24.871	Other specific joint derangements of right ankle, not elsewhere classified

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ICD-10-CM Diagnosis Code	Description
M24.872	Other specific joint derangements of left ankle, not elsewhere classified
M24.873	Other specific joint derangements of unspecified ankle, not elsewhere classified
M24.874	Other specific joint derangements of right foot, not elsewhere classified
M24.875	Other specific joint derangements left foot, not elsewhere classified
M24.876	Other specific joint derangements of unspecified foot, not elsewhere classified
M25.271	Flail joint, right ankle and foot
M25.272	Flail joint, left ankle and foot
M25.279	Flail joint, unspecified ankle and foot
M25.371	Other instability, right ankle
M25.372	Other instability, left ankle
M25.373	Other instability, unspecified ankle
M25.374	Other instability, right foot
M25.375	Other instability, left foot
M25.376	Other instability, unspecified foot
M65.871	Other synovitis and tenosynovitis, right ankle and foot
M65.872	Other synovitis and tenosynovitis, left ankle and foot
M65.879	Other synovitis and tenosynovitis, unspecified ankle and foot
M66.871	Spontaneous rupture of other tendons, right ankle and foot
M66.872	Spontaneous rupture of other tendons, left ankle and foot
M66.879	Spontaneous rupture of other tendons, unspecified ankle and foot
M67.00	Short Achilles tendon (acquired), unspecified ankle
M67.01	Short Achilles tendon (acquired), right ankle
M67.02	Short Achilles tendon (acquired), left ankle
M67.471	Ganglion, right ankle and foot
M67.472	Ganglion, left ankle and foot
M67.479	Ganglion, unspecified ankle and foot
M67.871	Other specified disorders of synovium, right ankle and foot
M67.872	Other specified disorders of synovium, left ankle and foot
M67.873	Other specified disorders of tendon, right ankle and foot
M67.874	Other specified disorders of tendon, left ankle and foot
M67.879	Other specified disorders of synovium and tendon, unspecified ankle and foot
M71.371	Other bursal cyst, right ankle and foot
M71.372	Other bursal cyst, left ankle and foot
M71.379	Other bursal cyst, unspecified ankle and foot
M71.571	Other bursitis, not elsewhere classified, right ankle and foot

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ICD-10-CM Diagnosis Code	Description
M71.572	Other bursitis, not elsewhere classified, left ankle and foot
M71.579	Other bursitis, not elsewhere classified, unspecified ankle and foot
M71.871	Other specified bursopathies, right ankle and foot
M71.872	Other specified bursopathies, left ankle and foot
M71.879	Other specified bursopathies, unspecified ankle and foot
M72.2	Plantar fascial fibromatosis
M76.60	Achilles tendinitis, unspecified leg
M76.61	Achilles tendinitis, right leg
M76.62	Achilles tendinitis, left leg
M76.70	Peroneal tendinitis, unspecified leg
M76.71	Peroneal tendinitis, right leg
M76.72	Peroneal tendinitis, left leg
M76.811	Anterior tibial syndrome, right leg
M76.812	Anterior tibial syndrome, left leg
M76.819	Anterior tibial syndrome, unspecified leg
M76.821	Posterior tibial tendinitis, right leg
M76.822	Posterior tibial tendinitis, left leg
M76.829	Posterior tibial tendinitis, unspecified leg
M77.30	Calcaneal spur, unspecified foot
M77.31	Calcaneal spur, right foot
M77.32	Calcaneal spur, left foot
M86.171	Other acute osteomyelitis, right ankle and foot
M86.172	Other acute osteomyelitis, left ankle and foot
M86.179	Other acute osteomyelitis, unspecified ankle and foot
M86.271	Subacute osteomyelitis, right ankle and foot
M86.272	Subacute osteomyelitis, left ankle and foot
M86.279	Subacute osteomyelitis, unspecified ankle and foot
M86.371	Chronic multifocal osteomyelitis, right ankle and foot
M86.372	Chronic multifocal osteomyelitis, left ankle and foot
M86.379	Chronic multifocal osteomyelitis, unspecified ankle and foot
M86.471	Chronic osteomyelitis with draining sinus, right ankle and foot
M86.472	Chronic osteomyelitis with draining sinus, left ankle and foot
M86.479	Chronic osteomyelitis with draining sinus, unspecified ankle and foot
M86.671	Other chronic osteomyelitis, right ankle and foot
M86.672	Other chronic osteomyelitis, left ankle and foot
M86.679	Chronic osteomyelitis with draining sinus, unspecified ankle and foot

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ICD-10-CM Diagnosis Code	Description
M89.8X7	Other specified disorders of bone, ankle and foot
M92.60	Juvenile osteochondrosis of tarsus, unspecified ankle
M92.61	Juvenile osteochondrosis of tarsus, right ankle
M92.62	Juvenile osteochondrosis of tarsus, left ankle
M92.70	Juvenile osteochondrosis of metatarsus, unspecified foot
M92.71	Juvenile osteochondrosis of metatarsus, right foot
M92.72	Juvenile osteochondrosis of metatarsus, left foot
Q66.00	Congenital talipes equinovarus, unspecified foot
Q66.01	Congenital talipes equinovarus, right foot
Q66.02	Congenital talipes equinovarus, left foot
Q66.10	Congenital talipes calcaneovarus, unspecified foot
Q66.11	Congenital talipes calcaneovarus, right foot
Q66.12	Congenital talipes calcaneovarus, left foot
Q66.211	Congenital metatarsus primus varus, right foot
Q66.212	Congenital metatarsus primus varus, left foot
Q66.219	Congenital metatarsus primus varus, unspecified foot
Q66.221	Congenital metatarsus adductus, right foot
Q66.222	Congenital metatarsus adductus, left foot
Q66.229	Congenital metatarsus adductus, unspecified foot
Q66.30	Other congenital varus deformities of feet, unspecified foot
Q66.31	Other congenital varus deformities of feet, right foot
Q66.32	Other congenital varus deformities of feet, left foot
Q66.40	Congenital talipes calcaneovalgus, unspecified foot
Q66.41	Congenital talipes calcaneovalgus, right foot
Q66.42	Congenital talipes calcaneovalgus, left foot
Q66.50	Congenital pes planus, unspecified foot
Q66.51	Congenital pes planus, right foot
Q66.52	Congenital pes planus, left foot
Q66.6	Other congenital valgus deformities of feet
Q66.70	Congenital pes cavus, unspecified foot
Q66.71	Congenital pes cavus, right foot
Q66.72	Congenital pes cavus, left foot
Q66.80	Congenital vertical talus deformity, unspecified foot
Q66.81	Congenital vertical talus deformity, right foot
Q66.82	Congenital vertical talus deformity, left foot
Q66.89	Other specified congenital deformities of feet

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ICD-10-CM Diagnosis Code	Description
Q66.90	Congenital deformity of feet, unspecified, unspecified foot
Q66.91	Congenital deformity of feet, unspecified, right foot
Q66.92	Congenital deformity of feet, unspecified, left foot

VIII. REFERENCES

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MP 6.028	CAC 01/28/2003
	CAC 01/27/2004
	CAC 09/28/2004
	CAC 10/25/2005
	CAC 03/28/2006
	CAC 07/25/2006
	CAC 01/30/2007
	CAC 03/27/2007
	CAC 03/25/2008
	CAC 09/30/2008
	CAC 11/25/2008
	CAC 07/28/2009
	CAC 11/30/2010 Consensus review. No change to the policy statement
	CAC 06/26/2012 Consensus review. Benefits information deleted including coverage limits for diabetic shoes.
	07/24/2013 Admin coding review complete
	CAC 09/24/2013 Consensus
	12/20/2013 New 2014 Code updates made.
	CAC 09/30/2014 Consensus review. References updated, no changes to the policy statements. Added ICD-9 754.70. Un-ranged ICD-9 and added ICD-10 coding
	11/02/2015 Administrative change. LCD numbers changed due to NHIC update to ICD 10.
	CAC 09/29/2015 Consensus review. References updated. No change to policy statements.
	07/01/2016 Administrative Change. LCD references updated from NHIC to Noridian.
	Administrative Update 12/07/2016: New code A9285, A4467 added, and end dated code A4466 removed; effective 1/1/17.
	Admin update 01/01/2017: Product variation section updated. New diagnosis codes added effective 10/1/16
	CAC 09/27/2016 Removed trusses. Coding organized by orthotic type. Coding reviewed and updated. Effective 06/01/2017.
	Admin update 01/17/2018: Medicare variations removed from Commercial Policies effective 1/1/18.
	CAC 09/26/2017 Minor Review. Orthotics separated into four policies. 6.028 - Foot Orthotics and other Podiatric Appliances 6.061 - Therapeutic Shoes for Persons with Diabetes 6.062 - Ankle-Foot and Knee-Ankle-Foot Orthoses 6.063 - Spinal Orthoses (other than for Scoliosis) Statement added that the provider requesting/ordering the DME should be a provider with whom the member has established a relationship and is involved

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	in the ongoing care of the member and the condition for which the DME/orthotic is prescribed. Coding reviewed.
	05/29/2018 Consensus Review. Policy and references reviewed with no changes.
	04/04/2019 Consensus Review. Policy statement unchanged. References reviewed.
	10/01/2019 Coding review and update. Applicable diagnoses added to policy. New diagnosis codes effective 10/1/19 also added.
	04/02/2020 Consensus review, policy statement unchanged. References reviewed and updated.
	03/19/2021 Consensus review. Updated references. Added brand new HCPCS code K1015.
	07/20/2022 Consensus review. No change to policy statement. FEP language updated. References reviewed and updated.
	12/12/2023 Admin update. Code K1015 deleted, new code L3161 added. Effective 1/1/2024.

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