

Policy Key: Orthotic Devices and Therapeutic Shoes

TriWest Clinical Operations – TRICARE West Region

SCOPE

This Policy Key provides criteria to use during medical necessity review for orthotic devices. These include but are not limited to **orthoses for the spine, upper and lower extremities, splints, and braces**.^[1]

NOT COVERED^[1,2]

- L3000 CPT code is excluded **except** for ADSM
- Orthopedic shoes, unless one or both shoes are an integral part of a covered brace
- Arch supports and shoe inserts designed to effect conformational changes in the foot or foot alignment
- Over The Counter (OTC), custom-made, or built-up shoes
- 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
- Orthoses for tired or fatigued feet or whose sole purpose is for restraint
- Orthoses for pes planus (flat feet) or plantar fasciitis, or other similar diagnoses
- A foot drop splint and recumbent positioning devices, and replacement interface in a patient with foot drop who is non-ambulatory
- 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 knee or hip positioning
- Cranial orthosis (Dynamic Orthotic Cranioplasty [DOC] Band) and cranial molding helmets for the treatment of nonsynostotic positional plagiocephaly (deformational plagiocephaly, plagiocephaly without synostosis) or for craniosynostosis treatment before surgery
- Comfort or convenience items
- Intrepid Dynamic Exoskeletal Orthosis (IDEO)
- Appliance repair when the repair cost equals or exceeds the cost of a new appliance
- Shoes for conditions other than diabetes^[2]

COVERAGE CRITERIA

Orthoses must be FDA approved and medically necessary to diagnose or treat a covered condition.

- Initial Level of Review may approve Any of the following criteria:
 - Custom-fitted orthoses (e.g., foot inserts for plantar fasciitis, flat feet, or similar diagnoses) are covered for service members on **active duty** if ^[3]:
 - Ordered by the appropriate provider, **AND**
 - Obtained from a TRICARE-authorized vendor that specializes in this service (Prefabricated or other types of orthoses available in commercial retail entities are excluded).
 - Associated codes are also approved: **97760 and/or 29799**.
 - A lower limb orthosis, which fits inside the shoe, extends outside the shoe, and up the lower extremity with a primary purpose of bracing ^[1]
 - Post-operative ambulatory boots, prescribed by a surgeon following a surgical procedure or treatment for a fracture that restricts or eliminates motion in the injured foot ^[1]
 - Orthopedic footwear and other supportive devices (Non-Diabetic) ^[1]
 - 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 or when neither the shoe nor the brace is usable separately.
 - Any related modifications, including inserts and heel/sole when the shoe(s) is an integral part of the brace.
 - Cost of initial purchase, fittings, adjustments, inserts, and related supplies is included.
 - Repair and replacement. (Repair should be less than the cost of replacement) ^[1]
 - Covered orthoses that are worn, damaged, or outgrown may be repaired or replaced once a year.
 - For beneficiaries under the age of 18, outgrown orthoses may be replaced earlier than one year with appropriate documentation from the provider.
 - Shoes attached to orthopedic leg braces may be replaced when outgrown or worn out.
- The DOC Band Post-Op device for adjunctive use for infants from three to 18 months of age whose synostosis has been surgically corrected, but who still have moderate to severe cranial deformities including plagiocephalic, brachycephalic, and scaphocephalicshaped heads.

Orthotic Management and Training after an Orthosis is Prescribed ^[2]

Initial Level of Review may approve for orthotic management and training, which includes the assessment and fitting of the orthosis during the initial encounter.

- **NOTE:**
 - It is not used for the initial evaluation to determine the need for an orthosis, but rather for the subsequent management and training once the orthosis has been prescribed and is being fitted and adjusted for the patient

- Refer to FLR Denial Verbiage PK for cases with no documentation of orthosis use or plan.

Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated (Rigid TLSO) L1007 [4, 5, 6]

Initial Level of Review may approve if **ALL** the following conditions are met

- Indicated for the following conditions:
 - Adolescent idiopathic scoliosis
 - Curve magnitude typically between 25 and 45 degrees (Cobb angle)
 - Significant skeletal growth remaining (skeletally immature, ages 10-15 years)
- No prior surgical or orthotic treatment for scoliosis, AND
- Absence of red flag symptoms (e.g., pain, neurologic findings, connective tissue disorder, atypical curve patterns)

NOTE: L1007 is exempt from FDA approval requirements but is FDA regulated as a medical device.

Therapeutic Shoes for Diabetics [2]

Footwear and insert coverage is limited to one of the following within one calendar year:

- One pair of custom molded shoes (including inserts provided with such shoes) and two pairs of multidensity inserts, **OR**
- One pair of extra-depth shoes (not including inserts provided with such shoes) and three pairs of multidensity inserts.

Modification of custom-molded or extra-depth shoes may be substituted for one pair of inserts, other than the initial pair of inserts, such as Rigid rocker bottoms, Roller bottoms, metatarsal bars, wedges, offset heels

Initial Level of Review may approve if **ALL** the following conditions are met (can be approved for one or both feet)

- Diagnosis of diabetes with **ANY** of the following:
 - Diabetic foot disease (impaired peripheral sensation, altered peripheral circulation, diabetic neuropathy, peripheral vascular disease, etc.)
 - Foot deformity
 - Past or present ulcerative or pre-ulcerative callus formation
 - Previous partial or full amputation
- Prescribed by a physician or podiatrist and fitted by qualified individual, e.g., certified pedorthist
- The shoe(s) must be equipped with a removable orthotic.

- Separate shoes inserts
 - When dispensed as a separate item for an otherwise covered therapeutic shoe for an individual with diabetes
 - A podiatrist or other qualified physician knowledgeable in the fitting of therapeutic shoes and inserts prescribes the particular type of inserts necessary
 - 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.

DEFINITIONS

Orthotics – refers to the study and practice of bracing (i.e., leg, arm, back, and neck braces), not to the actual device. ^[1]

Orthoses – 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 body parts, or restrict or eliminate motion in a diseased or injured body part. These items modify the functional and structural characteristics of the neuromuscular and musculoskeletal systems. ^[1]

Therapeutic shoes (also referred to as extra depth or diabetic shoes) – these include inserts and modifications 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. ^[2]

CODES

HCPCS A5500-A5514, Level II codes L0112-L4631, L1007

CPT 97760,97761, 97762, 97763

REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 8, Section 3.1, Orthoses (Braces and Splints),

<https://manuals.health.mil/pages/ManualToc.aspx?Manual=TPT5&Change=17>

[2] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 8, Section 8.2, Therapeutic Shoes for Diabetics,

<https://manuals.health.mil/pages/ManualToc.aspx?Manual=TPT5&Change=17>



[3] TRICARE Operations Manual 6010.62-M, April 2021, Change 26, (November 22, 2024), Chapter 17, Section 3, Custom-Fitted Orthoses, [TRICARE Manuals - Display Chap 17 Sect 3 \(Change 36, Jan 17, 2025\)](#)

[4] Hresko, M. T. (2013). Idiopathic scoliosis in adolescents. *The New England Journal of Medicine*, 368(9), 834–841. <https://doi.org/10.1056/NEJMcp1209063>

[5] Richards, B. S., Bernstein, R. M., D'Amato, C. R., & Thompson, G. H. (2005). Standardization of criteria for adolescent idiopathic scoliosis brace studies: SRS Committee on Bracing and Nonoperative Management. *Spine*, 30(18), 2068–2075; discussion 2076–2077. <https://doi.org/10.1097/01.brs.0000178819.90239.d0>

[6] Sponseller, P. D. (2011). Bracing for adolescent idiopathic scoliosis in practice today. *Journal of Pediatric Orthopaedics*, 31(1 Suppl), S53–S60. <https://doi.org/10.1097/BPO.0b013e3181f73e87>