



Clinical Medical Policy Foot Orthotics

Benefit Coverage:

Conditional benefit; approval is based on review of medical necessity documentation. Molded shoes are covered for members with diabetes under the DME benefit.

Coverage Determination:

Neighborhood Health Plan of Rhode Island (NHPRI) covers customized Foot Orthotics for members meeting medical necessity criteria. Prior authorization is required.

Criteria:

Foot orthotics are approved with prior authorization when one of the following criteria are met:

- Foot orthotics are necessary during the postoperative period for up to 6 months following orthopedic or podiatric surgery.
- Children under 15 years of age with symptoms of a chronic neurological, muscular, or orthopedic disorder, including flat feet or pronation.

Covered Procedures:

CMP Number: CMP-006.00

CMP Cross Reference:

References:

Created:

Annual Review Month:

Review Dates:

Revision Dates:

Approval Dates: 6/1/03, 4/12/07