

## Marketplace National Regional Benefit Interpretation Document

Benefit Name	SHOES AND FOOT ORTHOTICS
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses specialized footwear, shoes, and foot orthotics.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>A. FEDERAL/STATE MANDATED REGULATIONS</b> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>CALIFORNIA:</b>  <a href="#">California Health and Safety Code 1367.19</a></p> <p><b>TEXAS:</b>  <a href="#">28 TAC Section 21.2605</a>: Diabetes</p> <p>TIC Section 1358.051, 1358.054 and 1358-056  <a href="https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1358.htm">https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1358.htm</a></p> <p><b>Section 1358.051. Definitions:</b>  In this subchapter:</p> <ol style="list-style-type: none"> <li>(1) "Diabetes equipment" means: <ol style="list-style-type: none"> <li>a) Blood glucose monitors, including noninvasive glucose monitors and glucose monitors designed to be used by blind individuals;</li> <li>b) Insulin pumps and associated appurtenances;</li> <li>c) Insulin infusion devices; and</li> <li>d) Podiatric appliances for the prevention of complications associated with diabetes.</li> </ol> </li> </ol>

**Section 1358.054 Coverage Required**

a) A health benefit plan that provides coverage for the treatment of diabetes and conditions associated with diabetes must provide to each qualified enrollee coverage for:

1. Diabetes equipment;
2. Diabetes supplies; and
3. Diabetes self-management training in accordance with the requirements of

**Section 1358.056 Coverage for New or Improved Equipment and Supplies**

A health benefit plan must provide coverage for new or improved diabetes equipment or supplies, including improved insulin or another prescription drug, approved by the United States Food and Drug Administration if the equipment or supplies are determined by a physician or other health care practitioner to be medically necessary and appropriate.

**TIC Section 1371.001 and 1371.003**

<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1371.htm>

**Section 1371.001 Definitions**

In this chapter:

- a) "Enrollee" means an individual entitled to coverage under a health benefit plan.
- b) "Orthotic device" means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease.
- c) "Prosthetic device" means an artificial device designed to replace, wholly or partly, an arm or leg.

**Section 1371.003 Required Coverage for Prosthetic Devices, Orthotic Devices, and Related Services**

a) A health benefit plan must provide coverage for prosthetic devices, orthotic devices, and professional services related to the fitting and use of those devices that equals the coverage provided under federal laws for health insurance for the aged and disabled under Sections 1832, 1833, and 1834, Social Security Act (42 U.S.C. Sections 1395k, 1395l, and 1395m), and 42 C.F.R. Sections 410.100, 414.202, 414.210, and 414.228, as applicable.

b) Covered benefits under this chapter are limited to the most appropriate model of prosthetic device or orthotic device that adequately meets the medical needs of the enrollee as determined by the enrollee's treating physician or podiatrist and prosthetist or orthotist, as applicable.

c) Subject to applicable copayments and deductibles, the repair and replacement of a prosthetic device or orthotic device is a covered benefit under this chapter unless the repair or replacement is necessitated by misuse or loss by the enrollee.

d) Coverage required under this section:

1. Must be provided in a manner determined to be appropriate in consultation with the treating physician or podiatrist and prosthetist or orthotist, as applicable, and the enrollee;
2. May be subject to annual deductibles, copayments, and coinsurance that are consistent with annual deductibles, copayments, and coinsurance required for other coverage under the health benefit plan; and
3. May not be subject to annual dollar limits.

e) Covered benefits under this chapter may be provided by a pharmacy that has employees who are qualified under the Medicare system and applicable Medicaid regulations to service and bill for orthotic services. This chapter does not preclude a pharmacy from being reimbursed by a health benefit plan for the provision of orthotic services.

**WASHINGTON:**

[RCW 48.44.315](#): Diabetes Coverage – Definitions.

**B. STATE MARKET PLAN ENHANCEMENTS**

None

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**FOOT ORTHOTICS**

**ALL STATES:**

The member meets the Diabetic Foot Disease Medical Criteria or as required by State Mandates in order to receive Foot Orthotics.

**NEW MEXICO:**

Limitations on orthotic appliances: Foot orthotics or shoe appliances are not covered, except for our members with diabetic neuropathy or another significant neuropathy.

## **KNEE-ANKLE FOOT ORTHOSES (KAFO) AND ANKLE-FOOT ORTHOSES (AFO)**

### **NEW MEXICO:**

Custom fabricated knee-ankle foot orthoses (KAFO) and ankle-foot orthoses (AFO) are Covered for members in accordance with nationally recognized guidelines. Orthotic appliances may be limited to a calendar year maximum.

## **ORTHOPEDIC SHOES**

### **ALL STATES EXCEPT UTAH:**

Shoes, inserts and modifications are covered under limited circumstances when medical criteria are met.

### **D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

## **ANKLE FOOT ORTHOTIC**

### **UTAH:**

The following is excluded from the Durable Medical Equipment benefit: Ankle foot orthotic (AFO).

## **FOOT ORTHOTICS**

### **ALL STATES:**

Foot Orthotics are not a covered benefit unless the member meets diabetic foot disease criteria reviewed by Medical Management Team or as required by State Mandates.

### **IDAHO, ILLINOIS, MICHIGAN, MISSISSPPI, NEVADA, NEW MEXICO, OHIO, TEXAS, UTAH, WISCONSIN:**

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding, and some types of braces, including over-the-counter orthotic braces.

### **KENTUCKY:**

Passport does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding, and some types of braces, including over-the-counter orthotic braces.

### **WASHINGTON:**

Molina does not cover foot orthotics, cranial banding, and some types of braces, including over-the-counter orthotic braces.

## ORTHOPEDIC SHOES

### UTAH:

Molina does not cover Shoes, orthopedic or corrective, modifications, lifts, heels, wedges, inserts, etc.

### CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, WASHINGTON, WISCONSIN:

Orthopedic footwear is not covered when medical criteria is not met.

#### E. DEFINITIONS

[See Glossary](#)

#### F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
7/1/2023	<ul style="list-style-type: none"> <li>Added NV 2024 EOC Language</li> </ul>

#### Codification

[Marketplace Benefit Interpretation Policies Codification](#)

#### Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

#### Approval

Departments	Product	CIM	Clinical Management
Date	12/13/2022	4/5/2023	12/13/2022
Revised (for 1/1/2024)	12/7/2023	4/1/2024	12/8/2023
Revised (for 1/1/2025)	11/12/2024	-	11/12/2024