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Orthopedic Shoes

Adjudication Guideline

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Abstract

For Members

“Orthopedic Shoes” are therapeutic footwear and other related supportive devices for your feet. They are used for the prevention or correction of disorders of the feet and legs. Your doctor may prescribe them to alleviate pain, correct deformities, prevent injury and/or improve function.

These items may only be covered if your policy includes “Durable medical equipment/medical appliances” benefit and if Daman’s eligibility criteria are met.

For Medical Professionals

As per the HCPCS manual, “Orthopedic Shoes” include inserts, arch support, abduction and rotation bars, orthopaedic footwear, lifts, modifications, and transfer/replacements. They may be over-the-counter or customized/molded to the patient’s foot.

Coverage will be subject to policy terms and conditions and medical necessity, as well as compliance with Daman’s eligibility criteria specified within this adjudication guideline.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
None

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Scope

This adjudication guideline clarifies the billing criteria for Orthotic HCPCS classified as "Orthopedic Shoes" (inserts, arch support, abduction and rotation bars, orthopaedic footwear, lifts, modifications, and transfer/replacements) in the outpatient setting.

Orthotics under a different category (such as HCPCS "Diabetic Shoes, Fitting and Modifications") and Prosthetics are outside the scope of this guideline.

Adjudication Policy

Eligibility / Coverage Criteria

1. Only members with Durable Medical Equipment (DME benefit) are eligible for these HCPCS "Orthopedic Shoes" (inserts, arch support, abduction and rotation bars, orthopedic footwear, lifts, modifications, and transfer/replacements).
2. Requested items must be medically necessary.
3. Both "Ordering Clinician" and "Performing Clinician" must be included in the invoice as per Daman circular PRD_MC_CG_18_UAE-68.
 - a. "Ordering clinician" for this HCPCS category is restricted to relevant specialties.
 - b. "Performing clinician" may be the same, or different, as "ordering clinician" depending on whether the item is customized/molded or not.
4. Requested HCPCS should follow gender and/or age edits whenever applicable.
5. Complete explanation for the use of unspecified code HCPCS "Orthopedic shoe, modification, addition or transfer, not otherwise specified" is required at both Authorization and Claims level. Explanation must include at least: reason for the use of this code instead of a more specific one, a detailed description, and (for Authorization only) a photograph of the item.

Requirements for Coverage

ICD and HCPCS codes must be coded to the highest level of specificity.

Failure to submit required documentation to justify requested HCPCS will result in rejection of the authorization request or claim.

Non-Coverage

Daman does not cover "Orthopedic Shoes" for plans without Durable Medical Equipment (DME) benefit and if not meeting eligibility criteria.

Payment and Coding Rules

Please apply DOH/ DHA/ MOH payment rules and regulations, as well as relevant coding manuals for ICD and HCPCS.

Denial codes

Code description
Prior approval is required and was not obtained.
Activity is inconsistent with clinician specialty.
Activity is inconsistent with patient's age/ gender.
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses.
Service/ supply may be appropriate, but too frequent.
Service(s) is (are) not covered.

Appendices

A. References

- Daman General Exclusions and SOBs
- PRD_MC_CG_18_UAE-68
- HCPCS manual
- AAPC Coder

B. Revision History

Date	Change(s)
01/08/2018	Release V1.0