

TO BE RESCINDED

5160-10-12 **Orthopedic shoes and foot orthoses.**

(A) Definitions.

- (1) "Orthopedic shoes" are shoes that are specially constructed to aid in the correction of a deformity of the muscular skeletal structure of the foot; and for the preservation and restoration of the function of the skeletal system of the foot.
- (2) "Molded shoes" are orthopedic shoes that are directly molded of leather, plastic, or a similar material, to a patient model.
- (3) "Mismatched shoes" are one pair of orthopedic shoes in which one shoe is a whole size and/or width larger than the other.

(B) Covered services and limitations.

- (1) Prior authorization is required before orthopedic shoes will be considered for payment. Prior authorization requests must contain a precise description of the shoe to be dispensed and must include the manufacturer and/or laboratory, style and size of the item.
- (2) Orthopedic shoes are covered only if the shoe is an integral part of a brace with the following exceptions: molded, mismatched, and club foot shoes or shoes for children under the age of eight, diagnosed as having a deformity or condition as listed in paragraph (C) of this rule.
- (3) Shoe modifications or additions shall be covered if they are medically necessary and are prescribed by a physician (D.P.M., D.O. or M.D.), or an advanced practice nurse (APN) subject to the limitations as specified in appendix A to rule 5101:3-10-20 of the Administrative Code.
- (4) Reimbursement for foot orthoses includes all casting and shall only be billed by the individual who performs the actual casting.
- (5) For medicaid-eligible recipients age eight and older, a maximum of two pairs of shoes every three hundred sixty-five days shall be considered for payment.
- (6) For children under the age of eight, to accommodate growth, a maximum of three pairs of shoes every three hundred sixty-five days shall be considered for payment.
- (7) Depth inlay shoes are covered only if the shoe is an integral part of a brace.

(C) Orthopedic shoes, not attached to a brace, for children under the age of eight, will be covered only for the following diagnoses:

(1) Talipes equino varus (club foot).

(2) Metatarsus adductus.

(3) Femoral torsion.

(4) Tibial torsion.

(5) Vertical talus.

(6) Fracture (major bones).

(7) Osteochondroses.

(8) Post-surgical control.

(D) Non-coverage determination.

Orthopedic shoes are denied as non-covered if the shoe is put on over a partial foot prosthesis or other lower extremity prosthesis that is attached to the residual limb.

Effective: 7/16/2018

Five Year Review (FYR) Dates: 4/27/2018

CERTIFIED ELECTRONICALLY

Certification

07/02/2018

Date

Promulgated Under: 119.03
Statutory Authority: 5164.02
Rule Amplifies: 5162.03, 5164.02, 5164.70
Prior Effective Dates: 04/07/1977, 12/21/1977, 12/30/1977, 01/01/1980,
03/01/1984, 10/01/1988, 02/17/1991, 12/30/1993
(Emer), 03/31/1994, 01/01/2007