# Orthopedic Shoes

## Adjudication Guideline

| Rule Category: | Ref: No: | Version Control: | Effective Date: | Revision Date: |
|---|---|---|---|---|
| Billing | 2018-BR-0030 | Version No. 3.0 | 30/08/2018 | 01/11/2026 |

| Approved by: | Responsible: | Related Adjudication Guidelines: |
|---|---|---|
| Daman | Medical Standards & Governance | N/A |

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# 1. Abstract

## 1.1 For Members

Orthopaedic 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.

## 1.2 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.

# 2. 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.

# 3. Adjudication Policy

## 3.1 Eligibility / Coverage Criteria

Only members holding policies with Durable Medical Equipment/Medical Appliances (DME benefit) are eligible for these HCPCS "Orthopedic Shoes" (inserts, arch support, abduction and rotation bars, orthopedic footwear, lifts, modifications, and transfer/replacements).

Both "Ordering Clinician" and "Performing Clinician" must be included in the invoice as per Daman circular PRD_MC_CG_18_UAE-68.

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.

"Ordering clinician" for this HCPCS category is restricted to relevant specialties.

"Performing clinician" may be the same, or different, as "ordering clinician" depending on whether the item is customized/molded or not.

Requested HCPCS should follow gender and/or age edits whenever applicable.

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.

For DOH Government Portfolios, requests for custom or non-custom foot orthotics may be considered only when the eligibility and documentation criteria specified in the PND circular **"PND/SA/SV/26/UAE-52"** are met as below.

- Symptomatic diabetic neuropathy affecting the foot, symptomatic pediatric flatfoot in patients aged 9–17 years, or a documented foot condition in a Person of Determination supported by relevant clinical and radiological reports.
- Pain or symptoms must be documented for more than two weeks, including clear pain scores, initial conservative treatment must be completed with the patient's response documented, and physical examination and radiological findings must confirm the relevant condition, including structural deformity, spasm, or rigidity, as applicable; requests initiated within two weeks of symptom onset while the patient is still responding to physiotherapy shall be denied and reassessed following completion of physiotherapy.
- Quantity is limited to one pair per patient per year.

## 3.2 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.

## 3.3 Non-Coverage

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

### 3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations, as well as relevant coding manuals for ICD and HCPCS.

## 4. Denial Codes

| Code | Code description |
|---|---|
| AUTH-001 | Prior approval is required and was not obtained. |
| CODE-010 | Activity is inconsistent with clinician specialty. |
| CODE-014 | Activity is inconsistent with patient's age/ gender. |
| MNEC-004 | Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses. |
| MNEC-005 | Service/ supply may be appropriate, but too frequent. |
| NCOV-003 | Service(s) is (are) not covered. |

## 5. Appendices

### 5.1 References


- https://www.hmpgloballearningnetwork.com/site/podiatry/article/8593
- https://www.jwatch.org/fw113846/2018/02/14/choosing-wisely-what-not-do-pediatric-orthopedics
- http://www.aopanet.org/wp-content/uploads/2017/05/4-April-2016-Compliance-Corner-Coding-guidlines.pdf
- https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52481
- PRD_MC_CG_18_UAE-68
- PND/SA/SV/26/UAE-52

## 5.2 Revision History

| Date | Change(s) |
|---|---|
| 01/08/2018 | Release of V1.0 |
| 31/01/2025 | Release of V2.0<br>• New Template<br>• General content and reference update |
| 01/11/2026 | Release of V3.0<br>• Eligibility Criteria Updated |

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