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## Memorandum

**Date:** September 6, 2007  
**To:** Alliance Providers  
**From:** Provider Services Department  
**Re:** Orthotics: Therapeutic Diabetic Shoes and Inserts

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### **Effective 8/1/07:**

The purpose of this memo is to clarify the Alliance policy for the authorization of diabetic shoes and inserts, and orthotic devices to treat Pes Planus.

### **Diabetic Shoes and Inserts:**

Diabetic shoes and inserts are subject to prior authorization with documentation to support medical necessity. Medi-Cal limits the number of shoes to 3 pairs (two off the shelf and one pair custom made) per year, same recipient, any provider. They should have RT/LT modifiers and be billed in pairs only. Inserts will be allowed up to 3 pairs, per year, any provider.

Such equipment for members under the age of 21 years should be directed to the local County CCS office. Childhood diabetes is a CCS medically eligible condition.

### **Orthotics for Pes Planus (flat feet):**

The Alliance will review authorizations for orthotics to treat symptomatic Pes Planus in older children and adults. An asymptomatic, non painful flexible flat foot condition usually does not require orthotic intervention. However treatment may be appropriate if there is associated foot, leg, or back pain in which arch supports/orthotics may be appropriate. The documentation accompanying the request should demonstrate one or more of these associated conditions.

Children with rigid flat feet should be evaluated by a pediatric orthopedic surgeon to determine the cause and appropriate therapy. Authorization of orthotics in this case will be based on medical necessity and requires a pediatric orthopedic specialist's recommendation. Infants and children with non-rigid, flexible flat feet receive no therapeutic benefit from the use of orthotic devices and will not be authorized without compelling documentation of medical necessity from a pediatric orthopedic surgeon.

**Please call your Provider Services Representative if you have any questions.**