Clinical Criteria – Foot Orthotics/AFO

Subject: AFO/Foot Orthotics	Renewed Effective: 6/9/2025
	Review Schedule: Annual (or as needed)

Description:

Colorado Access CHP+ considers AFOs and foot orthotics medically necessary (unless otherwise stated) durable medical equipment (DME) according to the criteria set forth below. See the procedure section of this document for descriptions of the orthotics discussed in this policy.

Criteria for Approval:

AFO's and Foot Orthotics are considered medically necessary when they address conditions causing joint instability, irregular walking patterns, or muscle weakness/stiffness. Orthotics can help members walk more efficiently, reduce pain, and improve their overall physical function. Orthotics can help prevent further damage to the feet, ankles, knees, and hips caused by foot and ankle problems. By addressing foot and ankle problems, orthotics can help members participate more fully in activities and improve their overall well-being. Orthotics can be prescribed to help members move more efficiently and with greater control.

Conditions where orthotics are often prescribed:

- Cerebral palsy:
  Orthotics can help improve balance and control, especially in children with muscle weakness or stiffness.
- Spina bifida:
  Orthotics can help support the feet and ankles, particularly in children with lower limb weakness or deformities.

- Muscle weakness:
  Orthotics can provide support and alignment, helping members compensate for muscle weakness and improve their gait.
- Flat feet (pes planus):
  While flat feet are common in children, some may require orthotics to provide adequate support and prevent further issues.
- Ankle pronation:
  Orthotics can help correct overpronation, which can lead to foot pain and other problems.
- Hypotonia:
  Members with hypotonia (low muscle tone) may benefit from orthotics to improve stability and control.
- Other conditions:
  Orthotics may also be prescribed for conditions like acute or chronic plantar fasciitis, calcaneal bursitis, or calcaneal spurs.

1. *AFOs/Foot Orthotics used on minimally ambulatory or non-ambulatory members*

- Static or dynamic positioning orthoses are considered medically necessary DME if *all* of the following criteria are met:
  - The static or dynamic positioning orthoses are used as a component of a therapy program that includes active stretching of the involved muscles and/or tendons, *and*
  - The contracture is interfering or expected to interfere significantly with the member's functional abilities, *and*
  - There is a reasonable expectation of the ability to correct the contracture, *and*
  - The member has a plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a non-fixed contracture).
  - If a static or dynamic positioning orthosis is used for the treatment of a plantar flexion contracture, the pre-treatment passive range of motion must be measured with a goniometer and documented in the medical record. There must be

documentation of an appropriate stretching program carried out by professional staff or caregiver (at home).

- A static or dynamic positioning orthosis is considered medically necessary for plantar fasciitis.

- A static or dynamic positioning orthosis is not considered medically necessary for the following indications:

  - Fixed contractures.
  - Members with foot drop but without an ankle flexion contracture.
  - A component of a static or dynamic positioning orthosis that is used to address positioning of the knee or hip is considered experimental, investigational, or unproven because the effectiveness of this type of component is not established.

2. *AFOs/Foot Orthotics used in ambulatory members*

- Orthotics are considered medically necessary DME for ambulatory members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally. Orthotics are not considered medically necessary for ambulatory members who do not meet these medical necessity criteria.

- Molded-to-patient model Orthotics in ambulatory members

  - Custom-made Orthotics that are "molded-to-patient-model" are considered medically necessary DME for ambulatory members when the basic medical necessity criteria above are met and *one* of the following criteria is met:

    - The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); *or*
    - There is a need to control the ankle or foot in more than 1 plane; *or*
    - The member could not be fitted with a prefabricated (off-the-shelf) Orthotic; *or*

- The member has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; *or*
- The member has a healing fracture that lacks normal anatomical integrity or anthropometric proportions.

General Notes

- Prophylactic Orthotics
  COA does not consider orthotics medically necessary treatment of disease when used to prevent injury in a previously uninjured ankle or knee. Such use is solely preventive and therefore is considered not considered medically necessary treatment of disease or injury.
- Spare orthotics
  Identical spare orthotics purchased for the member's convenience is not considered medically necessary. More than 1 set of different orthotics, however, may be medically necessary.
- Sports orthotics
  COA does not consider orthotics medically necessary if they are to be used only during participation in sports. Such use is considered not medically necessary, as participation in sports is considered an elective activity.

Prior Authorization Requirements

Prior authorizations for these devices should follow standard PAR practices. There is no required format, form, or questionnaire for submitting prior authorization requests; but the documentation should be inclusive of the following:

- A prescription and/or recommendation for orthotics by the member's physician, nurse practitioner, podiatrist, or other qualified healthcare professional who is authorized to prescribe orthotics according to state law.
- Clinical documentation supporting the orthotic recommendations that the orthotic is expected to lead to a significant improvement or restoration of the member's ability to perform activities of daily living related to mobility.

- Medical records should also document the member's ambulatory status, the weakness or deformity of the foot and ankle, the need for stabilization, and the potential functional benefit of the orthotic.