

ORTHOTICS

ISSUE DATE: September 20, 1990

AUTHORITY: [32 CFR 199.4\(d\)\(3\)\(viii\)](#)

I. DESCRIPTION

A. Orthotics is the field of knowledge relating to the making of an appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body.

B. Orthopedic shoes and other supportive devices (e.g., orthotic inserts), which are specially designed to correct a specific deformity of the foot, are generally not covered. However, this exclusion does not apply to such shoes if it is an integral part of a covered brace, and its expense is included as part of the cost of the brace.

II. POLICY

A. Orthotic devices are covered.

B. For individuals with diabetes, see [Chapter 8, Section 8.2](#).

C. Orthopedic braces including shoes, inserts, and heel/sole replacements are covered only when the shoes are an integral part of the brace and medically necessary for the proper functioning of the brace. Neither the shoe nor the brace is usable separately.

D. The Dynamic Orthotic Cranioplasty (DOC) Band Post-Op device is covered for adjunctive use for infants from three to eighteen months of age whose synostosis has been surgically corrected, but who still have moderate to severe cranial deformities including plagiocephalic-, brachycephalic-, and scaphocephalic-shaped heads (Healthcare Common Procedure Coding System (HCPCS) code S1040).

III. EXCLUSIONS

The following types of orthoses are excluded from TRICARE coverage:

A. Orthopedic shoes, unless one or both shoes are an integral part of a covered brace.

B. Arch supports or shoe inserts designed to effect conformational changes in the foot or foot alignment.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 8, SECTION 3.1

ORTHOTICS

C. **Over-The-Counter (OTC) custom-made or built-up shoes.**

D. Other supportive devices of the feet, such as, wedges, specialized fillers, heels straps, pads, shanks, etc., **except where otherwise covered.**

E. Cranial orthosis (DOC Band) and cranial molding helmets are not covered for the treatment of nonsynostotic positional plagiocephaly (deformational plagiocephaly, plagiocephaly without synostosis) or for the treatment of craniosynostosis before surgery.

IV. EFFECTIVE DATE

December 17, 2004, for the DOC Band Post-Op device.

- END -