

THERAPEUTIC FOOTWEAR AND IN-SHOE ORTHOSES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states policy for the provision of therapeutic footwear and in-shoe orthoses based on disease, foot/ankle deformity and circumstances not covered by deformity and disease.

2. SUMMARY OF MAJOR CHANGES: This directive has the following major changes:

a. Removes administrative mandates for treatment modalities (i.e., requiring provision of prefabricated ankle braces and low-top shoes for treatment of ankle instability).

b. Updates to the definitions (paragraph 3).

c. Addition of responsibilities, including the VA prescribing clinician and VA providing clinician (paragraph 5).

d. Addition of Criteria for Issuance (paragraph 6) to outline procedures and clinical guidance for therapeutic footwear and in-shoe orthoses. Footwear Prescription Guidelines, previously from VHA Handbook 1173.9, Footwear and Foot Orthoses, dated October 6, 2004, have been relocated in Therapeutic Footwear and In-Shoe Orthoses Standard Operating Procedures (SOPs) in the Orthotic and Prosthetic Information Repository (OPIR) Facility Accreditation Reporting System. **NOTE:** To access the SOPs, see

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>. This is an internal VA website that is not available to the public.

3. RELATED ISSUES: VHA Directive 1410, Prevention of Amputation in Veterans Everywhere (PAVE) Program, dated March 31, 2017; VHA Directive 1936, Accreditation of VA Orthotic, Prosthetic and Pedorthic Facilities and Personnel Credentialing, dated September 16, 2019; VHA Directive 1045(1), Coding, Market Analyses and Contract Guidance for Prosthetic Limb and/or Custom Orthotic Device Procurement, dated May 12, 2020.

4. RESPONSIBLE OFFICE: The Office of Orthotic, Prosthetic and Pedorthic Clinical Services (OPPCS) (12RPS) is responsible for the contents of this directive. Questions may be referred to the Orthotic, Prosthetics and Pedorthic Clinical Services Action Team at: VHA12RPSRehabandProstheticsAction@va.gov.

5. RESCISSIONS: VHA Handbook 1173.9, Footwear and Foot Orthoses, dated October 6, 2004, is rescinded.

October 22, 2021

VHA DIRECTIVE 1173.9

6. RECERTIFICATIONS: This VHA directive is scheduled for recertification on or before the last working day of October 2026. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Beth Taylor, DHA, RN, FAAN, NEA-BC
Assistant Under Secretary for Health
for Patient Care Services

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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THERAPEUTIC FOOTWEAR AND IN-SHOE ORTHOSES

1. PURPOSE

This Veterans Health Administration (VHA) directive addresses the provision of therapeutic footwear and in-shoe orthoses for Veterans by Department of Veterans Affairs (VA) clinicians and Prosthetic and Sensory Aids Service (PSAS) personnel.

AUTHORITY: 38 C.F.R. § 17.3210-17.3250.

2. BACKGROUND

a. This directive serves to return clinical decision making to the prescribing clinician, Orthotic, Prosthetic and Pedorthic Clinical Services (OPPCS) providing clinician and the Veteran.

b. Although encouraged, this directive does not require VA orthotic, prosthetic or pedorthic professionals to code for non-custom shoes and foot orthoses.

c. Therapeutic footwear and in-shoe orthoses must be provided to Veterans when provision is medically necessary and an active component of their care. Therapeutic footwear includes custom-made orthopedic shoes, depth-inlay shoes, healing shoes, high-top shoes/boots and reinforced toe footwear. In-shoe orthoses include accommodative foot orthoses and functional foot orthoses.

d. Veterans may have qualifying pathologies, such as physical foot/ankle deformity with or without disease, disease resulting in sensory neuropathy, neurologic injury, and other specific qualifying circumstances, that cannot be accommodated by standard footwear. **NOTE:** *For a list of qualifying disease pathologies resulting in sensory neuropathy or peripheral arterial disease, see VHA Directive 1410, Prevention of Amputation in Veterans Everywhere (PAVE) Program, dated March 31, 2017.*

e. Medical justification for issuing therapeutic footwear and in-shoe orthoses includes, but is not limited to, high foot risk score, in-patient status, amputation and use of in-shoe orthoses wherein the affected foot is sized differently than the intact foot. Split sizing may be necessary to ensure each foot is properly fitted. **NOTE:** *For more information about medical justification, see Therapeutic Footwear and In-Shoe Orthoses Standard Operating Procedures (SOPs) and other clinical guidance at: <https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>. This is an internal VA website that is not available to the public.*

3. DEFINITIONS

a. **Accommodative Foot Orthoses.** Accommodative foot orthoses are a type of in-shoe orthoses and are custom or non-custom inlays fabricated for the purpose of providing relief from callosities and pressure points and maintaining the integrity of the longitudinal arch and the metatarsal heads.

b. **Custom-Made Therapeutic Footwear.** Custom-made therapeutic footwear is fabricated over special modified lasts in accordance with prescriptions and specifications to accommodate gross or greater foot deformities or shortening of a leg by at least 1 and 1/2 inches.

c. **Depth Inlay Shoes.** Depth inlay shoes are therapeutic prefabricated shoes with a higher toe box to accommodate for hammer toes and other deformities when shoe modifications will not accommodate the foot deformity. This shoe may also accommodate in-shoe orthotic interventions.

d. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. ***NOTE: The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.***

e. **Functional Foot Orthoses.** Functional foot orthoses are custom fabricated in-shoe orthoses made from plaster molds of the feet, foam impression or by electronic (computer) or similar imaging in a semi-weight bearing or non-weight bearing neutral position, with corrections built in to prevent abnormal compensation during the gait cycle, treat other neurological pathologies of the foot or perform other functions such as spasticity management which may or may not be related to ambulation.

f. **Healing Shoes.** Healing shoes (also known as post-op shoes) are temporary therapeutic footwear which have the ability to accommodate bulky wound dressings and are often designed to help offload surgical sites or wound lesions.

g. **Healthcare Common Procedure Coding System.** The Healthcare Common Procedure Coding System (HCPCS) is a collection of standardized codes that represent medical procedures, supplies, products and services. The codes, assigned by Pricing, Data Analysis and Coding (PDAC), are used to facilitate the processing of health insurance claims.

h. **High-Top Shoes/Boots.** High-top therapeutic footwear/boots extend proximal to the malleoli adding ankle support to address ankle instability. High-top shoes/boots can be custom or non-custom. The Veteran is provided the high-top shoes/boots if warranted by work or environmental conditions or there is documentation of ankle instability requiring support. Certain conditions or circumstances may require the use of boots that add ankle support. The boot must be accompanied by an indication that it is a requirement as part of a therapeutic plan listed in the progress note and prescription order.

i. **Non-Custom In-Shoe Orthoses.** Non-custom in-shoe orthoses or inserts are mass-produced in a generic form capable of fitting the average foot to provide a level of cushion or comfort.

j. **Non-Custom Therapeutic Footwear.** Non-custom therapeutic footwear is mass-produced in a generic form that requires minimal assembly or adjustment for appropriate use. They must have features that include full-length heel-to-toe filler (inserts) that are used to accommodate in-shoe orthoses and have adjustable shoe closure.

k. **Orders.** Orders include prescription orders, referrals or clinical consults generated from the prescribing clinician to the providing clinician. It also includes administrative consults generated by providing clinicians to the procurement personnel.

l. **Pricing, Data Analysis and Coding.** Pricing, Data Analysis and Coding (PDAC) is an organization contracted by the Center for Medicare and Medicaid Services (CMS) to assist suppliers and manufacturers in the proper use of the Healthcare Common Procedure Coding System (HCPCS). The HCPCS is used to identify items of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for purposes of billing services. VHA-approved therapeutic footwear will be limited to those with assigned HCPCS coding.

m. **Reinforced-Toe Therapeutic Footwear.** Reinforced-toe therapeutic footwear contains a steel or composite protective toe cap. With documentation of medical necessity, high-top shoes/boots can be provided with reinforced toe (steel or composite) cap to Veterans who qualify for the provision of footwear and whose employment or regular avocational activity requires this type of footwear. ***NOTE: Extra care must be taken to ensure that reinforced toe footwear is properly fit to prevent the reinforced toe cap from causing injury to the Veteran.***

n. **Serviceable Footwear.** Serviceable footwear provides the intended therapeutic function for the patient. This footwear is in acceptable condition, not showing signs of excessive “wear and tear”. ***NOTE: See paragraph 6 for more information.***

o. **Therapeutic Footwear.** Therapeutic footwear is medically necessary custom or non-custom footwear of various types. These types include depth inlay, athletic, orthopedic, boots, work or custom footwear not generally available in mass merchant stores. Therapeutic footwear has additional depth over standard footwear, removable inserts, and anatomically appropriate last design (shape) or other design features allowing footwear to be utilized to treat, accommodate or protect the foot.

p. **Therapeutic Footwear Modification.** A therapeutic footwear modification is a medically prescribed shoe alteration(s) to therapeutic footwear in order to accommodate minor foot deformities, disabilities or leg shortening generally less than 3.5 centimeters.

4. POLICY

It is VHA policy that the Veteran and prescribing clinician, in collaboration with OPPCS providing clinicians when available, jointly decide which therapeutic footwear, in-shoe orthoses and therapeutic footwear modifications will best meet the Veteran's treatment needs when the treatment modality is clinically indicated as a direct and active component of the Veteran's medical care.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting OPPCS with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **VHA Prosthetic and Sensory Aids Service Director.** The PSAS Director is responsible for:

(1) Ensuring prescribed prosthetic and rehabilitative items and services identified in this directive are procured in a manner consistent with current business practice guidelines.

(2) Monitoring implementation of clinical components of this directive.

(3) Providing leadership, direction, policy implementation guidance and consultation to VA medical facility PSAS staff on issues related to the provision of prosthetic and rehabilitative items and services.

(4) Allocating budgetary resources to VA medical facilities and VISNs, and monitoring budget execution in accordance with this directive.

e. **VHA Orthotic, Prosthetic and Pedorthic Clinical Service National Program Director.** The OPPCS National Program Director is responsible for ensuring compliance with this directive through monitoring activities.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and for informing leadership when barriers to compliance are identified.

(2) Ensuring support and resources for implementation of clinical components of this directive.

g. **Veterans Integrated Service Network Prosthetic Representative.** The VISN Prosthetic Representative (VPR), or VISN-level clinical lead if the VISN does not have a VPR, is responsible for ensuring that the VA medical facility clinical and procurement leads implement and comply with this directive.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken for noncompliance.

(2) Delegating responsibilities to an off-site OPPCS providing clinician (see paragraph 5.j. below) in the absence of an appropriate on-site OPPCS clinician.

i. **VA Medical Facility Orthotic, Prosthetic and Pedorthic Clinical Service Clinical Lead or Supervisor.** The PSAS Chief can be considered the supervisor if there is no OPPCS clinical lead or supervisor. In the absence of an on-site OPPCS clinical lead/supervisor or PSAS Chief, the VA medical facility Director will appoint an individual responsible for compliance. The OPPCS clinical lead or supervisor is responsible for:

(1) Ensuring VA medical facility OPPCS clinical staff comply with this directive.

(2) Facilitating training related to therapeutic footwear and in-shoe orthoses and HCPC coding principles with prescribing and procurement staff.

(3) Assisting prescribing and procurement staff with non-routine prescription orders.

j. **VA Prescribing Clinician.** Prescribing clinicians are privileged for therapeutic footwear and may include Doctor of Podiatry Medicine (DPMs), Doctor of Osteopathic Medicine (DOs), Medical Doctors (MDs), Physician Assistants (PAs), Physician Assistants-Certified (PA-Cs) and Certified Nurse Practitioners (CNPs). **NOTE:** For more information about privileging, see VHA Handbook 1100.19, *Credentialing and Privileging*, dated October 15, 2012. VA prescribing clinicians are responsible for:

(1) Conducting a foot examination to determine if the Veteran meets medical justification for therapeutic footwear. **NOTE:** For more information regarding medical justification, see the *National Therapeutic Footwear Order* available at: <https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>. This is an internal VA website that is not available to the public.

(2) Documenting a qualifying foot risk score or a qualifying foot deformity in the Veteran's electronic health record (EHR).

(3) Entering a prescription order using the order template with assigned coding.

NOTE: To access the order templates, see:

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>. This is an internal VA website that is not available to the public.

(4) Submitting a completed prescription order to the EHR. **NOTE:** For more information regarding procedure for procurement, see *Therapeutic Footwear and In-Shoe Orthoses SOPs and other clinical guidance at:*

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>. This is an internal VA website that is not available to the public.

(5) Working with the VA providing clinician to ensure clinically appropriate treatment modalities are used to manage the condition. **NOTE:** For more information, see *Therapeutic Footwear and In-Shoe Orthoses SOPs and other clinical guidance at:*

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>. This is an internal VA website that is not available to the public.

(6) Reviewing and approving any change requests submitted by the VA or external providing clinician to issue a modified prescription order.

k. **VA Providing Clinician.** Providing clinicians must be credentialed by the American Board of Certification (ABC) or Board of Certification (BoC) or appropriately privileged by an ABC or BoC credential holder. These may include credentialed orthotic fitters, credentialed therapeutic shoe fitters, credentialed pedorthists, credentialed orthotists, orthotist-prosthetist, BoC orthotic fitter or other privileged clinicians authorized to provide therapeutic footwear to Veteran beneficiaries qualifying under this directive. VA providing clinicians are responsible for:

(1) Reviewing prescription orders for clarity and clinical appropriateness.

(2) Ensuring prescribed items have proper coding (e.g., HCPCS) for procurement personnel. **NOTE:** *OPPCS providing staff are not required to code duplicate or repetitive prescription orders for therapeutic footwear and in-shoe orthoses. To access the National Therapeutic Footwear Order and codes, see:*

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>. This is an internal VA website that is not available to the public.

(3) Providing PDAC-assigned, HCPC-coded therapeutic footwear.

(4) Generating an order for PSAS procurement personnel.

(5) Overseeing the provision of therapeutic footwear, in-shoe orthoses and therapeutic footwear modifications or processing to a qualified outside commercial providing clinician. **NOTE:** For more information, see *Therapeutic Footwear and In-Shoe Orthoses SOPs and other clinical guidance at*

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>. This is an internal VA website that is not available to the public.

(6) Scheduling follow-up with the Veteran on an annual basis, or sooner at the Veteran's request. Follow-up must include inspection and evaluation to determine the serviceability of footwear to meet the Veteran's therapeutic need(s).

I. VA Medical Facility Prosthetic and Sensory Aids Service Procurement Personnel. VA medical facility PSAS procurement personnel are responsible for issuing a purchase order (PO) for therapeutic footwear or in-shoe orthoses to a manufacturer, distributor or external providing clinician.

6. CRITERIA FOR ISSUANCE

a. Veterans requiring therapeutic footwear and in-shoe orthoses should have two serviceable pairs. **NOTE:** *An additional pair may be authorized for environmental conditions related to the Veteran's employment or regular avocational activity.*

b. Criteria for issuing therapeutic footwear and in-shoe orthoses and procedure for procurement (PDAC guidelines) are found in the Therapeutic Footwear and In-Shoe Orthoses SOPs in the OPIR Facility Accreditation Reporting System at: <https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>. **NOTE:** *This is an internal VA website that is not available to the public. For more information about footwear-related provisions, see VHA Directive 1410.*

c. Therapeutic Footwear and In-Shoe Orthoses SOPs include the following information:

(1) The provision of therapeutic footwear and in-shoe orthoses includes but is not limited to: accommodative foot orthoses, functional foot orthoses, non-custom in-shoe orthoses, custom-made therapeutic footwear, non-custom therapeutic footwear, reinforced-toe therapeutic footwear, depth-inlay shoes, healing shoes and high-top shoes/boots.

(2) The provision of therapeutic footwear and in-shoe orthoses based on disease pathology resulting in sensory neuropathy, peripheral arterial disease or neurologic injury by prescribing and providing clinicians.

(3) The provision of therapeutic footwear and in-shoe orthoses based on foot deformity.

(4) The provision of therapeutic footwear and in-shoe orthoses based on special circumstances, such as use of prescribed orthotic and prosthetic devices or extenuating in-patient circumstances.

(5) The provision of in-shoe orthoses by prescribing and providing clinicians.

(6) A flowchart that represents this directive in a visual format to assist clinicians.

d. Relevant criteria for replacing footwear due to “wear and tear” or change in medical necessity are found in the Therapeutic Footwear and In-Shoe Orthoses SOPs in the OPIR Facility Accreditation Reporting System at:

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/OPClinical/SitePages/Default.aspx>
x. NOTE: This is an internal VA website that is not available to the public.

7. TRAINING

a. TMS training on VA therapeutic footwear and in-shoe orthoses provision practices is available to facilitate proper processing and is strongly recommended for all VA prescribing clinicians, VA providing clinicians, OPPCS providers, VPRs and PSAS procurement personnel.

b. The following training is **recommended**: Therapeutic Footwear and In-shoe Orthoses, TMS Curriculum ID # 45079.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

9. REFERENCES

a. 38 C.F.R. § 17.3210-17.3250.

b. VHA Directive 1045, Coding, Market Analyses and Contract Guidance for Prosthetic Limb and/or Custom Orthotic Device Procurement, dated May 12, 2020.

c. VHA Directive 1410, Prevention of Amputation in Veterans Everywhere (PAVE) Program, dated March 31, 2017.

d. VHA Directive 1936, Accreditation of VA Orthotic, Prosthetic and Pedorthic Facilities and Personnel Credentialing, dated September 19, 2019.

e. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.