Orthopedic Footwear

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

Orthopedic footwear requires precertification.

National Coverage Determination Policy	CMS Publication 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1
Local Coverage Determination Policy	Jurisdiction B
Effective Date	For services performed on or after: 04/01/15
Revision/Review Date	01/19, 10/18, 06/05/2018, 10/12/17, 07/01/17, 06/01/16, 10/08/15
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents. Mountain Health Trust will follow MHT Fee schedule guidelines for insert additions. Please refer to The Health Plan DME POS Authorization and Compensation Guide.

DESCRIPTION

Orthopedic shoes, shoe modifications, or shoe additions are prescribed to correct or accommodate a specific physical deformity or range of motion malfunction in a diseased or injured part of the foot. The purpose is to support a weak or deformed structure of the foot.

COVERAGE GUIDELINES

Prosthetic shoes (L3250) are covered if they are an integral part of prosthesis for patients with a partial foot amputation (refer to links in Sources Section). Claims for prosthetic shoes for diagnoses other than partial foot amputation will be denied as not meeting coverage guidelines.

Shoes, inserts, and modifications are covered in limited circumstances per this policy. Footwear for members with diabetes should not be coded with the HCPCS codes found in this policy. For coverage guidelines in regards to footwear for individuals with diabetes, please refer to the policy *Therapeutic Footwear for Persons with Diabetes.*

Shoes are also covered if they are an integral part of a covered leg brace described by codes L1900, L1920, L1980 – L2030, L2050, L2060, L2080, or L2090. Oxford shoes (L3224, L3225) are covered in these situations. Other shoes, e.g., high top, depth inlay or custom for non-diabetics, etc. (L3649), are also covered if they are an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace. Heel replacements (L3455, L3460), sole replacements (L3530, L3540), and shoe transfers (L3600 – L3640) involving shoes on a covered brace are also covered.

Inserts and other shoe modifications (L3000 – L3170, L3300 - L3450, L3465 – L3520, L3550 – L3595) are covered if they are on a shoe that is an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace. For Commercial and Medicare plans, shoes and related modifications, inserts, heel/sole replacements or shoe transfers that are not part of a covered brace will be denied.

NONCOVERAGE STATEMENT

For Medicare and Commercial Plans, shoes are not covered when they are put on over a partial foot prosthesis or other lower extremity prosthesis (L5010-L5600) which is attached to the residual limb by other mechanisms.

A foot pressure off-loading/ supportive device primary functioning to reduce pressure on the sole or heel of the foot that does not meet a definition of therapeutic shoe for diabetic, orthopedic shoe or walking boot is to be coded (A9283) and is not covered. See Billing Guidelines.

West Virginia Medicaid Members

520.6 NONCOVERED SERVICES

In addition to the exclusions listed in Chapter 100, General Information of the Provider Manual, the following services are not covered:

- Treatment and supportive devices for flat foot conditions, regardless of underlying pathology

REPAIR/REPLACEMENT

The Health Plan does not cover refurbishing of foot inserts.

An order is not required for a heel or sole replacement or transfer of a shoe to a brace.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GY	ITEM OR SERVICE STATUTORILY EXCLUDED OR DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET
LT	LEFT SIDE
RT	RIGHT SIDE

HCPCS CODES

A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH
L3031	FOOT, INSERT / PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION / PREPREG COMPOSITE, EACH
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL / METATARSAL, EACH
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH

L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES
L3150	FOOT, ABDUCTION ROTATATION BAR, WITHOUT SHOES
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF, EACH
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR
L3208	SURGICAL BOOT, EACH, INFANT
L3209	SURGICAL BOOT, EACH, CHILD
L3211	SURGICAL BOOT, EACH, JUNIOR
L3212	BENESCH BOOT, PAIR, INFANT
L3213	BENESCH BOOT, PAIR, CHILD
L3214	BENESCH BOOT, PAIR, JUNIOR
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH

L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH
L3254	NON-STANDARD SIZE OR WIDTH
L3255	NON-STANDARD SIZE OR LENGTH
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE
L3260	SURGICAL BOOT/SHOE, EACH
L3265	PLASTAZOTE SANDAL, EACH
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH
L3334	LIFT, ELEVATION, HEEL, PER INCH
L3340	HEEL WEDGE, SACH
L3350	HEEL WEDGE
L3360	SOLE WEDGE, OUTSIDE SOLE
L3370	SOLE WEDGE, BETWEEN SOLE
L3380	CLUBFOOT WEDGE
L3390	OUTFLARE WEDGE
L3400	METATARSAL BAR WEDGE, ROCKER
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE
L3430	HEEL, COUNTER, PLASTIC REINFORCED
L3440	HEEL, COUNTER, LEATHER REINFORCED
L3450	HEEL, SACH CUSHION TYPE
L3455	HEEL, NEW LEATHER, STANDARD
L3460	HEEL, NEW RUBBER, STANDARD

L3465	HEEL, THOMAS WITH WEDGE
L3470	HEEL, THOMAS EXTENDED TO BALL
L3480	HEEL, PAD AND DEPRESSION FOR SPUR
L3485	HEEL, PAD, REMOVABLE FOR SPUR
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED

There are no specific diagnoses or ICD-10 codes for other HCPCS codes listed above.

The presence of an ICD-10 code listed in the link is not sufficient by itself to assure coverage. All coverage guidelines and documentation requirements must be met for authorization.

DIAGNOSIS CODES FOR L3250

https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33641&ContrID=140

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
    a. Member's name
    b. Date
    c. Description of item. Order must include any specific feature of the base code and every addition request. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification if the item requires precertification, or with the claim, if no precertification was required
    d. Order must include diagnosis code
    e. Physician signature with date. Date stamps are not appropriate
    f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply and/or the type of supply used

       The supplier is to contact The Health Plan in this instance to update referral

2. For custom fabricated items, there must be documentation in the supplier's records to support the medical necessity of that type of item rather than a prefabricated or over-the-counter item. The physician order must specifically state "custom orthotic." For custom fabricated orthoses there must be detailed documentation in the treating physician's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis. The information from the medical record can then be corroborated by the functional evaluation from the orthotist or prosthetist's records. This information must be submitted with precertification and or claim.

3. Proof of delivery to be kept on file by the provider of the item.

   Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

   Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Items listed in this policy that are provided without first obtaining authorization required per The Health Plan DME POS Authorization and Compensation Guide may be denied for no precertification.

ORTHOSIS PROVIDED WHILE MEMBER IN PART A FACILITY

Reimbursement for orthopedic footwear provided to a member while the member is covered in a Part A facility (hospital or inpatient acute rehabilitation or long term acute care facility) will be included in the facility reimbursement if the device is intended for use while the member is in the facility for inpatient treatment or rehabilitation. In order for it to be billed separately, it must be given two days or less before discharge from the Part A covered stay and it must meet the above guidelines and be medically necessary for home use.

Reimbursement for a foot orthosis provided while a member is in a SNF receiving Part A services, will be reimbursed according to individual facility contracts.

BILLING GUIDELINES

According to a national policy determination, a shoe and related modifications, inserts, and heel/sole replacements are covered only when the shoe is an integral part of a brace. A matching shoe, which is not attached to a brace and items related to that shoe, must not be billed with a KX modifier and will be denied as non-covered because coverage is statutorily excluded.

Shoes, which are incorporated into a brace, must be billed by the same supplier billing for the brace. Shoes which are billed separately (i.e., not as part of a brace) will be denied as non-covered. A KX modifier must not be used in this situation.

Shoes are denied as non-covered when they are put on over a partial foot prosthesis or other lower extremity prosthesis (L5010 – L5600) which is attached to the residual limb by other mechanisms because there is no Medicare benefit for these items.

When billing for prosthetic shoes (L3250) and related items, an ICD-9 diagnosis code (specific to the 5-digit), describing the condition which necessitates the prosthetic shoes, must be included on each on each claim for the prosthetic shoes and related items.

When code L3649 with a KX modifier is billed, the claim must include a narrative description of the item provided as well as a brief statement of the medical necessity for the item. This must be entered in the narrative field of an electronic claim.

Oxford shoes that are an integral part of a brace are billed using codes L3224 or L3225 with a KX modifier. For these codes, one unit of service is each shoe. Oxford shoes that are not part of a leg brace must be billed with codes L3215 or L3219 without a KX modifier.

Other shoes (e.g., high top, depth inlay or custom shoes for non-diabetics, etc.) that are an integral part of a brace are billed using code L3649 with a KX modifier. Other shoes that are not an integral part of a brace must be billed using codes L3216, L3217, L3221, L3222, L3230, L3251 – L3253, or L3649 without a KX modifier.

Depth-inlay or custom molded shoes for diabetics (A5500 – A5501) and related inserts and modifications (A5503 – A5511) are billed using these “A” codes whether or not the shoe is an integral part of a brace. (See policy on therapeutic shoes for diabetics for coverage, documentation, and additional coding guidelines).

Code A9283 (foot pressure off-loading/supportive device) is used for an item that is designed primarily to reduce pressure on the sole or heel of the foot but that does not meet the definition of:

a. A therapeutic shoe for diabetics or related insert or modification; or
b. An orthopedic shoe or modification; or
c. A walking boot.

It may be a shoe-like item, an item that is used inside a shoe and may or may not extend outside the shoe, or an item that is attached to a shoe. It may be prefabricated or custom fabricated.

Code L3250 may be used only for a shoe that is custom fabricated from a model of a patient and has a removable custom fabricated insert designed for toe or distal partial foot amputation. The shoe serves to hold the insert on the leg. Code L3250 must not be used for a shoe that is put on other types of leg prostheses (L5010 – L5600) that are attached to the residual limb by other mechanisms.

The right (RT) and left (LT) modifiers must be used with footwear codes. When bilateral items are provided on the same date of service, bill both on the same claim line using the LTRT modifier and two units of service.

KX and GY MODIFIERS

When billing for a shoe that is an integral part of a leg brace or for related modifications, inserts, heel/sole replacements or shoe transfer, a KX modifier must be added to the code. If the shoe or related item is not an integral part of a leg brace, the KX modifier must not be used.

If the shoe and related modifications, inserts, and heel/sole replacements are not an integral part of a brace, the GY modifier must be added to each code.

If a KX or GY modifier is not included on the claim line, it will be rejected as missing information.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. dmepdac.com/

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INTERNET LINKS AND SOURCES

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