

# Local Coverage Determination (LCD): Orthopedic Footwear (L33641)

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## Contractor Information

<b>Contractor Name</b>	<b>Contract Type</b>	<b>Contract Number</b>	<b>Jurisdiction</b>	<b>State(s)</b>
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

[Back to Top](#)

## LCD Information

### Document Information

LCD ID L33641	Original Effective Date For services performed on or after 10/01/2015
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Original ICD-9 LCD ID <a href="#">L11456</a> <a href="#">L11445</a> <a href="#">L27220</a> <a href="#">L11467</a>	Revision Effective Date For services performed on or after 01/01/2017
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Revision Ending Date N/A
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LCD Title Orthopedic Footwear	Retirement Date N/A
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Notice Period End Date N/A
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CMS National Coverage Policy CMS Manual System Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.10

Coverage Guidance

**Coverage Indications, Limitations, and/or Medical Necessity**

For any item to be covered by Medicare, it must (1) be eligible for a defined Medicare 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, and (3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

Statutory coverage criteria for orthopedic footwear are specified in the related Policy Article.

Prosthetic shoes (L3250) are covered if they are an integral part of a prosthesis for a beneficiary with a partial foot amputation (described by the diagnosis codes listed in the table below). Claims for prosthetic shoes for other diagnosis codes will be denied as not medically necessary.

## GENERAL

A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

[Back to Top](#)

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## [Coding Information](#)

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

**Group 1 Paragraph:** 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

#### Group 1 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 ROTATION 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

## ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Coverage Indications, Limitations and/or Medical Necessity" for other coverage criteria and payment information.

For HCPCS code L3250:

### Group 1 Codes:

#### ICD-10 Codes

#### Description

Q72.00	Congenital complete absence of unspecified lower limb
Q72.01	Congenital complete absence of right lower limb
Q72.02	Congenital complete absence of left lower limb
Q72.03	Congenital complete absence of lower limb, bilateral
Q72.30	Congenital absence of unspecified foot and toe(s)
Q72.31	Congenital absence of right foot and toe(s)
Q72.32	Congenital absence of left foot and toe(s)
Q72.33	Congenital absence of foot and toe(s), bilateral
Q72.70	Split foot, unspecified lower limb
Q72.71	Split foot, right lower limb
Q72.72	Split foot, left lower limb
Q72.73	Split foot, bilateral
S98.011A	Complete traumatic amputation of right foot at ankle level, initial encounter
S98.011D	Complete traumatic amputation of right foot at ankle level, subsequent encounter
S98.012A	Complete traumatic amputation of left foot at ankle level, initial encounter
S98.012D	Complete traumatic amputation of left foot at ankle level, subsequent encounter
S98.019A	Complete traumatic amputation of unspecified foot at ankle level, initial encounter
S98.019D	Complete traumatic amputation of unspecified foot at ankle level, subsequent encounter
S98.021A	Partial traumatic amputation of right foot at ankle level, initial encounter
S98.021D	Partial traumatic amputation of right foot at ankle level, subsequent encounter
S98.022A	Partial traumatic amputation of left foot at ankle level, initial encounter
S98.022D	Partial traumatic amputation of left foot at ankle level, subsequent encounter
S98.029A	Partial traumatic amputation of unspecified foot at ankle level, initial encounter
S98.029D	Partial traumatic amputation of unspecified foot at ankle level, subsequent encounter
S98.111A	Complete traumatic amputation of right great toe, initial encounter
S98.111D	Complete traumatic amputation of right great toe, subsequent encounter
S98.112A	Complete traumatic amputation of left great toe, initial encounter
S98.112D	Complete traumatic amputation of left great toe, subsequent encounter
S98.119A	Complete traumatic amputation of unspecified great toe, initial encounter
S98.119D	Complete traumatic amputation of unspecified great toe, subsequent encounter
S98.121A	Partial traumatic amputation of right great toe, initial encounter
S98.121D	Partial traumatic amputation of right great toe, subsequent encounter
S98.122A	Partial traumatic amputation of left great toe, initial encounter
S98.122D	Partial traumatic amputation of left great toe, subsequent encounter
S98.129A	Partial traumatic amputation of unspecified great toe, initial encounter
S98.129D	Partial traumatic amputation of unspecified great toe, subsequent encounter
S98.131A	Complete traumatic amputation of one right lesser toe, initial encounter
S98.131D	Complete traumatic amputation of one right lesser toe, subsequent encounter
S98.132A	Complete traumatic amputation of one left lesser toe, initial encounter
S98.132D	Complete traumatic amputation of one left lesser toe, subsequent encounter
S98.139A	Complete traumatic amputation of one unspecified lesser toe, initial encounter
S98.139D	Complete traumatic amputation of one unspecified lesser toe, subsequent encounter
S98.141A	Partial traumatic amputation of one right lesser toe, initial encounter
S98.141D	Partial traumatic amputation of one right lesser toe, subsequent encounter
S98.142A	Partial traumatic amputation of one left lesser toe, initial encounter
S98.142D	Partial traumatic amputation of one left lesser toe, subsequent encounter
S98.149A	Partial traumatic amputation of one unspecified lesser toe, initial encounter
S98.149D	Partial traumatic amputation of one unspecified lesser toe, subsequent encounter
S98.211A	Complete traumatic amputation of two or more right lesser toes, initial encounter
S98.211D	Complete traumatic amputation of two or more right lesser toes, subsequent encounter
S98.212A	Complete traumatic amputation of two or more left lesser toes, initial encounter

ICD-10 Codes	Description
S98.212D	Complete traumatic amputation of two or more left lesser toes, subsequent encounter
S98.219A	Complete traumatic amputation of two or more unspecified lesser toes, initial encounter
S98.219D	Complete traumatic amputation of two or more unspecified lesser toes, subsequent encounter
S98.221A	Partial traumatic amputation of two or more right lesser toes, initial encounter
S98.221D	Partial traumatic amputation of two or more right lesser toes, subsequent encounter
S98.222A	Partial traumatic amputation of two or more left lesser toes, initial encounter
S98.222D	Partial traumatic amputation of two or more left lesser toes, subsequent encounter
S98.229A	Partial traumatic amputation of two or more unspecified lesser toes, initial encounter
S98.229D	Partial traumatic amputation of two or more unspecified lesser toes, subsequent encounter
S98.311A	Complete traumatic amputation of right midfoot, initial encounter
S98.311D	Complete traumatic amputation of right midfoot, subsequent encounter
S98.312A	Complete traumatic amputation of left midfoot, initial encounter
S98.312D	Complete traumatic amputation of left midfoot, subsequent encounter
S98.319A	Complete traumatic amputation of unspecified midfoot, initial encounter
S98.319D	Complete traumatic amputation of unspecified midfoot, subsequent encounter
S98.321A	Partial traumatic amputation of right midfoot, initial encounter
S98.321D	Partial traumatic amputation of right midfoot, subsequent encounter
S98.322A	Partial traumatic amputation of left midfoot, initial encounter
S98.322D	Partial traumatic amputation of left midfoot, subsequent encounter
S98.329A	Partial traumatic amputation of unspecified midfoot, initial encounter
S98.329D	Partial traumatic amputation of unspecified midfoot, subsequent encounter
S98.911A	Complete traumatic amputation of right foot, level unspecified, initial encounter
S98.911D	Complete traumatic amputation of right foot, level unspecified, subsequent encounter
S98.912A	Complete traumatic amputation of left foot, level unspecified, initial encounter
S98.912D	Complete traumatic amputation of left foot, level unspecified, subsequent encounter
S98.919A	Complete traumatic amputation of unspecified foot, level unspecified, initial encounter
S98.919D	Complete traumatic amputation of unspecified foot, level unspecified, subsequent encounter
S98.921A	Partial traumatic amputation of right foot, level unspecified, initial encounter
S98.921D	Partial traumatic amputation of right foot, level unspecified, subsequent encounter
S98.922A	Partial traumatic amputation of left foot, level unspecified, initial encounter
S98.922D	Partial traumatic amputation of left foot, level unspecified, subsequent encounter
S98.929A	Partial traumatic amputation of unspecified foot, level unspecified, initial encounter
S98.929D	Partial traumatic amputation of unspecified foot, level unspecified, subsequent encounter

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** For the specific HCPCS code indicated above, all ICD-10 codes that are not specified in the previous section.

For all other HCPCS codes, ICD-10 codes are not specified.

**Group 1 Codes:** N/A

ICD-10 Additional Information

[Back to Top](#)

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## [General Information](#)

Associated Information

### **DOCUMENTATION REQUIREMENTS**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's

medical records include 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 upon request.

## GENERAL DOCUMENTATION REQUIREMENTS

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

## POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

## Miscellaneous

## Appendices

## Utilization Guidelines

Refer to Coverage Indications, Limitations and/or Medical Necessity

Sources of Information and Basis for Decision

N/A [Back to Top](#)

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# Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2017	R4	<b>Revision Effective Date: 01/01/2017</b> COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Removed: Standard Documentation Language Added: New reference language and directions to Standard Documentation Requirements Added: General Requirements DOCUMENTATION REQUIREMENTS: Removed: Standard Documentation Language Added: General Documentation Requirements	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li></ul>



Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
07/01/2016	R3	<p>Added: New reference language and directions to Standard Documentation Requirements  POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:  Removed: Standard Documentation Language  Added: Direction to Standard Documentation Requirements  Removed: Information under Miscellaneous and Appendices  RELATED LOCAL COVERAGE DOCUMENTS:  Added: LCD-related Standard Documentation Requirements article  Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.</p>	<ul style="list-style-type: none"> <li>Change in Assigned States or Affiliated Contract Numbers</li> </ul>
10/01/2015	R2	<p><b>Revision Effective: 10/01/2015</b>  ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY  Added: Inadvertently omitted ICD10's subsequent visit</p> <p><b>Revision Effective Date: 10/01/2015</b>  COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:  Added: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility  Removed: ICD-9 references  DOCUMENTATION REQUIREMENTS:  Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility  Added: Instructions for Equipment Retained from a Prior Payer</p>	<ul style="list-style-type: none"> <li>Typographical Error</li> <li>Revisions Due To ICD -10-CM Code Changes</li> </ul>
10/01/2015	R1	<p><b>Revision Effective Date: 10/01/2015</b>  COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:  Added: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility  Removed: ICD-9 references  DOCUMENTATION REQUIREMENTS:  Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility  Added: Instructions for Equipment Retained from a Prior Payer</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>

[Back to Top](#)

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## Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A52481 - Orthopedic Footwear - Policy Article](#)  
[A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 04/21/2017 with effective dates 01/01/2017 - N/A [Updated on 06/07/2016 with effective dates 07/01/2016 - 12/31/2016](#) [Updated on 10/02/2015 with effective dates 10/01/2015 - 06/30/2016](#) [Updated on 04/02/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 04/04/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

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## Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)

**END OF LOCAL COVERAGE DETERMINATION**

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

# Local Coverage Article: Orthopedic Footwear - Policy Article (A52481)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

**Contractor Name**

**Contract Type Contract Number Jurisdiction State(s)**

South Dakota

Utah

Washington

Wyoming

Northern Mariana Islands

[Back to Top](#)

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## **Article Information**

### **General Information**

**Article ID**

A52481

**Original Article Effective Date**

10/01/2015

Original ICD-9 Article ID

[A35426](#)

[A35359](#)

[A47239](#)

[A35348](#)

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**Article Title**

Orthopedic Footwear - Policy Article

**Retirement Date**

N/A

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### **Article Guidance**

**Article Text:**

## **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Orthopedic footwear is covered under the leg, arm, back, and neck braces, and artificial legs, arms and eyes benefit (Social Security Act §1861(s)(9)). In order for a beneficiary's DME to be eligible for reimbursement, the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

Shoes, inserts, and modifications are covered in limited circumstances. They are covered in selected beneficiaries with diabetes for the prevention or treatment of diabetic foot ulcers. However, different codes (A5500-A5511) are used for footwear provided under this benefit. See the medical policy on Therapeutic Shoes for Persons with Diabetes for details.

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. Shoes and related modifications, inserts, heel/sole replacements or shoe transfers billed without a KX modifier will be denied as noncovered because coverage is statutorily excluded.

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 noncovered 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 noncovered. A KX modifier must not be used in this situation.

Shoes are denied as noncovered 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.

A foot pressure off-loading/ supportive device (A9283) is denied as noncovered because there is no Medicare benefit category for these items.

With the exception of the situations described above, orthopedic footwear billed using codes L3000-L3649 will be denied as noncovered.

## **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

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

## **MODIFIERS**

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.

When billing for prosthetic shoes (L3250) and related items, diagnosis code (specific to the 5th digit), describing the condition which necessitates the prosthetic shoes, must be included 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.

## **CODING GUIDELINES**

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 the medical policy on Therapeutic Shoes for Persons with Diabetes 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 beneficiary 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/or left (LT) modifiers must be used with all footwear HCPCS codes in this policy. When the same code for bilateral items (left and right) is billed on the same date of service, bill for both items on the same claim line using the RTLTL modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items. [Back to Top](#)

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## **Coding Information**

### **Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service.

Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

#### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes** N/A

**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

[Back to Top](#)

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## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation
01/01/2017	R2	Revision Effective Date: 01/01/2017 POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: Replacement order for heel or sole information and Modifiers requirements RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article
07/01/2016	R1	Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.

[Back to Top](#) **Related Local Coverage Document(s)** Article(s) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#) LCD(s) [L33641 - Orthopedic Footwear](#)

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

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## Keywords

N/A Read the [Article Disclaimer](#) [Back to Top](#)