

# Medicare Medical Policy

## Orthotic Foot Devices and Therapeutic Shoes

MEDICARE MEDICAL POLICY NUMBER: 298

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**INSTRUCTIONS FOR USE:** Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

**SCOPE:** Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

# PRODUCT AND BENEFIT APPLICATION

Medicare Only

## MEDICARE COVERAGE CRITERIA

**IMPORTANT NOTE:** More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

**Note:** This policy does not address ankle-foot orthoses commonly referred to as a walking boot, which are used to provide immobilization as treatment for an orthopedic condition or following orthopedic surgery (L4360, L4361, L4386, L4387 and L4631). For these devices, see the separate Medicare medical policy for *Ankle-Foot and Knee-Ankle-Foot Orthotics* (see policy cross references below).

Service	Medicare Guidelines	HCPCS Code(s)
<i>Non-Covered Shoes and Footwear</i>	<ul style="list-style-type: none"> <li>• <b>HCPCS codes L3215, L3216, L3217, L3219, L3221, L3222:</b> Noridian web page for "<a href="#">Noncovered Items</a>."</li> <li>• <b>HCPCS code A9283:</b> Local Coverage Article (LCA): Orthopedic Footwear - Policy Article (<a href="#">A52481</a>) and LCA: Ankle-Foot/Knee-Ankle-Foot Orthoses – Policy Article (<a href="#">A52457</a>)</li> <li>• <b>HCPCS codes A5508, A5510:</b> LCA: Therapeutic Shoes for Persons with Diabetes – Policy Article (<a href="#">A52501</a>)</li> </ul>	A5508, A5510, A9283, L3215, L3216, L3217, L3219, L3221, L3222
<i>Prosthetic Shoe</i>	<ul style="list-style-type: none"> <li>• National Coverage Determination (NCD): Prosthetic Shoe (<a href="#">280.10</a>)</li> <li>• Local Coverage Determination (LCD): Orthopedic Footwear (<a href="#">L33641</a>) (<i>See also the associated LCA <a href="#">A52481</a> for relevant ICD-10 codes; however, presence of an ICD-10 alone is not sufficient to guarantee coverage.</i>)</li> </ul>	L3250
<i>Orthopedic Footwear</i>	<p>LCA: Orthopedic Footwear - Policy Article (<a href="#">A52481</a>)</p> <p><b>IMPORTANT NOTES:</b></p> <ol style="list-style-type: none"> <li>1. While there is an LCD for orthopedic footwear, statutory coverage criteria for these items are found in the related Policy</li> </ol>	L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206,

	<p>Article (LCA). Thus, the LCA is the primary Medicare Guidance source for these items.</p> <p>2. Orthopedic footwear in this category can only be considered for coverage when provided as an integral part of a covered leg brace described by codes L1900, L1920, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2050, L2060, L2080, or L2090 <b>AND</b> the footwear must also be medically necessary for the proper functioning of the leg brace.<sup>1</sup> <b>Both the leg brace and the footwear must be billed by the same supplier.</b></p> <p>1. Products which cannot be used as an integral part to a leg brace are not covered benefits under Medicare (see non-covered row above).</p>	<p>L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3224, L3225, L3230, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, and L3649</p>
<p><i>Therapeutic Shoes for Persons with Diabetes</i></p>	<p>For <b>HCPCS code A5501</b>:</p> <ul style="list-style-type: none"> <li>LCD: Therapeutic Shoes for Persons with Diabetes (<a href="#">L33369</a>)</li> </ul> <p>For <b>all others, as well as frequency limitations for all codes, including A5501</b>:</p> <ul style="list-style-type: none"> <li>LCA: Therapeutic Shoes for Persons with Diabetes – Policy Article (<a href="#">A52501</a>)</li> </ul> <p><b>NOTE:</b> While there is an LCD for therapeutic shoes for individuals with diabetes, statutory coverage criteria for most of these items are found in the related Policy Article (LCA). Thus, the LCA is the primary Medicare Guidance source for these items.</p>	<p>A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5512, A5513, A5514,</p>

**IMPORTANT NOTICE:** While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member’s benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

## POLICY CROSS REFERENCES

- [Ankle-Foot and Knee-Ankle-Foot Orthotics](#), MP293

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

## **POLICY GUIDELINES**

### **DOCUMENTATION REQUIREMENTS**

If needed for therapeutic shoes, the Noridian Durable Medical Equipment Medicare Administrative Contractor (DMEMAC) [Documentation Checklist For Therapeutic Shoes](#) can be used to determine if all applicable documentation to support medical necessity are available, in support of the relevant local coverage determination (LCD) and local coverage article (LCA) found below.

### **MEDICARE COVERAGE FOR SHOES/FOOTWEAR**

Orthopedic shoes and other supportive devices for the feet generally are not covered benefits under Medicare.<sup>2</sup> However, Medicare has limited coverage provisions for shoes, inserts, or necessary shoe modifications. Specifically, in order to be eligible for coverage, the items must fall into one of the following benefit categories:<sup>1</sup>

1. The benefit category for therapeutic shoes used in the treatment of a diabetes-related condition(s) or
2. The benefit category for shoes and related items considered to be integral components of a covered leg brace.

There are no other categories of orthopedic footwear that are eligible for Medicare reimbursement, including shoes or footwear used for flat feet, subluxations of the foot, and routine foot care, as noted in SSA §1862(a)(13).<sup>1</sup>

### **MEMBERS WHO QUALIFY FOR BOTH DIABETIC SHOES AND A LEG BRACE**

There may be situations where a single individual may qualify for **both** a diabetic shoe **and** a leg brace. In this unique situation, the items may be covered separately. This means the supplier of the shoes provided for the treatment of a diabetes-related condition may bill separately for such shoes, while a different supplier may bill for the associated brace.<sup>2</sup>

## **REGULATORY STATUS**

### **U.S. FOOD & DRUG ADMINISTRATION (FDA)**

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

## **BILLING GUIDELINES AND CODING**

## MULTIPLE DENSITY INSERTS FOR DIABETICS (HCPCS CODES A5512-A5514)

The only products that may be billed using HCPCS codes A5512 and A5514 are those specified in the Product Classification List (PCL) on the Pricing, Data Analysis, and Coding (PDAC) contractor [Product Classification List web site](#). Items represented by HCPCS code A5513 may also require PDAC classification in some situations as well. (LCA A52501)

### HCPCS CODING

Different sets of HCPCS codes are used to identify the types of shoes, modifications, or inserts that may be eligible for payment and the code set used is based on which benefit category the item or service falls under that qualify them for coverage. In other words:<sup>1</sup>

- HCPCS A-codes are used for shoes and related items used in the treatment of diabetes-related condition(s).
- L-codes are used for orthopedic footwear for non-diabetics.

Associated local coverage articles (LCAs) provide detailed information regarding billing and coding guidelines for these devices, as well as utilization and frequency limitations and requirements that must be met in order for a device to be reported with a specific HCPCS code:

- LCA: Orthopedic Footwear – Policy Article ([A52481](#))
- LCA: Therapeutic Shoes for Persons with Diabetes – Policy Article ([A52501](#))

For orthopedic footwear used with a leg brace, both the leg brace and the footwear must be billed by the same supplier.

HCPCS code L9900 is never allowed separate reimbursement because Medicare considers this code to be a bundled item or service, no matter what it is used to represent, and even if billed alone. While several LCAs and LCDs specifically call out this code as non-covered when used for specific types of devices, not all possible scenarios where this code may be used are addressed in LCDs or LCAs; however, the Noridian webpage for [Two New Codes Established for Miscellaneous Supplies](#) provides general non-coverage information, for any use not found in an LCD or LCA.

CODES*		
CPT	None	
<b>Prosthetic Shoes</b>		
HCPCS	L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
<b>Orthopedic Footwear (Shoes)</b>		
	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, men's shoe, Oxford, each
L3221	Orthopedic footwear, men's shoe, depth inlay, each
L3222	Orthopedic footwear, men's 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
L3251	Foot, shoe molded to patient model, silicone shoe, each
L3254	Non-standard size or width
L3255	Non-standard size or length
L3257	Orthopedic footwear, additional charge for split size
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
<b>Therapeutic Shoes for Diabetics</b>	
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patients foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple-density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16

		inch of material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each
A5514		For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
<b>Replacement Components, Shoe Inserts, and Shoe Modifications</b>		
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
L3050		Foot, arch support, removable, premolded, metatarsal, each
L3060		Foot, arch support, removable, premolded, longitudinal/metatarsal,
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
L3161		Foot, adductus positioning device, adjustable
L3170		Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf,
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
<b>Shoe Transfers</b>		
	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
<b>Miscellaneous</b>		
	A9270	Non-covered item or service
	A9283	Foot pressure off loading/supportive device, any type, each
	L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each
	L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each
	L3260	Surgical boot/shoe, each
	L3265	Plastazote sandal, each
	L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code

**\*Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and



Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## REFERENCES

1. Palmetto GBA PDAC web page for *Medicare Coverage for Shoes – Correct Coding – Revised*; Last Updated: 11/02/2021; Available at: <https://dmepdac.com/palmetto/PDACv2.nsf/DIDC/924YGYXQV~Articles%20and%20Publications~Advisory%20Articles>
2. Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §140 - Therapeutic Shoes for Individuals with Diabetes, B. Coverage, 2. Coverage of Diabetic Shoes and Brace; Last Updated: 04/02/2018; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
3. Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §290 - Foot Care, B. Exclusions from Coverage, 3. Supportive Devices for Feet; Last Updated: 10/01/2003; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
8/2022	Annual review, no changes (converted to new format 2/2023)
4/2023	Annual review, no changes to criteria, added L9900 to the policy
1/2024	Q1 2024 code updates
5/2024	Annual review, no changes