


MEDICAL POLICY	Orthotic Foot Devices and Therapeutic Shoes (Medicare Only)
Effective Date: 8/1/2022	Medical Policy Number: 298
 8/1/2022	Medical Policy Committee Approved Date: 4/2021; 4/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

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

APPLIES TO:

Medicare Only

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 POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines	HCPCS Code(s)
<i>Non-Covered Shoes and Footwear</i>	<ul style="list-style-type: none"> • HCPCS codes L3215, L3216, L3217, L3219, L3221, L3222: Noridian web page for “Noncovered Items.” • HCPCS code A9283: Local Coverage Article (LCA): Orthopedic Footwear - Policy Article (A52481) and LCA: Ankle-Foot/Knee-Ankle-Foot Orthoses – Policy Article (A52457) 	A5508, A5510, A9283, L3215, L3216, L3217, L3219, L3221, L3222

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	<ul style="list-style-type: none"> • HCPCS codes A5508, A5510: LCA: Therapeutic Shoes for Persons with Diabetes – Policy Article (A52501) 	
<i>Prosthetic Shoe</i>	<ul style="list-style-type: none"> • National Coverage Determination (NCD): Prosthetic Shoe (280.10) • Local Coverage Determination (LCD): Orthopedic Footwear (L33641) (See also the associated LCA A52481 for relevant ICD-10 codes; however, presence of an ICD-10 alone is not sufficient to guarantee coverage.) 	L3250
<i>Orthopedic Footwear</i>	<p>LCA: Orthopedic Footwear - Policy Article (A52481)</p> <p>IMPORTANT NOTES:</p> <ol style="list-style-type: none"> 1. While there is an LCD for orthopedic footwear, statutory coverage criteria for these items are found in the related Policy Article (LCA). Thus, the LCA is the primary Medicare Guidance source for these items. 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 AND the footwear must also be medically necessary for the proper functioning of the leg brace.¹ Both the leg brace and the footwear must be billed by the same supplier. 3. Products which cannot be used as an integral part to a leg brace are not covered benefits under Medicare (see non-covered row above). 	L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, 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
<i>Therapeutic Shoes for Persons with Diabetes</i>	<p>For HCPCS code A5501:</p> <ul style="list-style-type: none"> • LCD: Therapeutic Shoes for Persons with Diabetes (L33369) <p>For all others, as well as frequency limitations for all codes, including A5501:</p>	A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5512, A5513, A5514,

	<ul style="list-style-type: none"> LCA: Therapeutic Shoes for Persons with Diabetes – Policy Article (A52501) <p>NOTE: 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>	
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POLICY GUIDELINES

Medicare Coverage for Shoes/Footwear

Orthopedic shoes and other supportive devices for the feet generally are not covered benefits under Medicare.² 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:¹

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).¹

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.²

BILLING GUIDELINES

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](#)

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[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:¹

- 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.

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
Note: Inclusion of a code in this section does not guarantee reimbursement or coverage. The following codes do not require routine review for medical necessity, but they may be subject to audit or benefit denial.	
Prosthetic Shoes	
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
Orthopedic Footwear (Shoes)	
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

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L3213	Benesch boot, pair, child
L3214	Benesch boot, pair, junior
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

Therapeutic Shoes for Diabetics

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
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

Replacement Components, Shoe Inserts, and Shoe Modifications

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

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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
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	Hell 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

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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
Shoe Transfers	
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
Not Covered	
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
A9270	Non-covered item or service
A9283	Foot pressure off loading/supportive device, any type, each
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
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

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

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.

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>