


<b>MEDICAL POLICY</b>	<b>Orthotic Foot Devices and Therapeutic Shoes (All Lines of Business Except Medicare)</b>
<b>Effective Date: 5/1/2021</b>   <div style="text-align: right;">5/1/2021</div>	Medical Policy Number: 90
	Medical Policy Committee Approved Date: 8/96; 4/97; 1/98; 1/99; 2/00; 2/01; 2/02; 2/03; 3/04; 5/05; 3/06; 5/08; 1/10; 2/12; 5/13; 10/14; 10/15; 11/16; 2/18; 3/18; 12/18; 12/19; 2/2020; 4/2021
Medical Officer <span style="float: right;">Date</span>	

**See Policy CPT 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:

All lines of business except Medicare

## BENEFIT APPLICATION

### Medicaid Members

*Oregon:* Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

### **POLICY CRITERIA**

This policy is based on the Center for Medicare and Medicaid Services guidances:

- Local Coverage Determination (LCD) L33641: Orthopedic Footwear<sup>1</sup>
- Local Coverage Determination (LCD) L33369: Therapeutic Shoes for Persons with Diabetes<sup>2</sup>
- Local Coverage Article (LCA) A52481: Orthopedic Footwear<sup>3</sup>
- Local Coverage Article (LCA) A52501: Therapeutic Shoes for Persons with Diabetes<sup>4</sup>

#### **Orthopedic Footwear**

- I. Prosthetic shoes (L3250) may be considered **medically necessary and covered** if they are an integral part of prosthesis for a member with a partial foot amputation.

- II. Shoes may be considered **medically necessary and covered** if they are an integral part of a covered leg brace. Examples of medically necessary shoes include but are not limited to:
  - A. Oxford shoes (L3224, L3225)
  - B. Other shoes such as high top, depth inlay or custom for non-diabetics, etc. (L3649) if they are medically necessary for the proper functioning of the brace.
- III. Heel replacements (L3455, L3460), sole replacements (L3530, L3540), and shoe transfers (L3600-L3640) involving shoes on a covered brace may be considered **medically necessary and covered**.
- IV. Inserts and other shoe modifications (L3000-L3170, L3300-L3450, L3465-L3520, L3550-L3595) may be **considered medically necessary and 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.
- V. Orthopedic footwear billed is **considered not medically necessary and not covered** when criteria I-IV are not met.
- VI. A matching shoe which is not attached to a brace and items related to that shoe is considered **not medically necessary and not covered**.
- VII. Shoes are considered **not medically necessary and 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.
- VIII. A foot pressure off-loading/supportive device (A9283) is considered **not medically necessary and not covered**.

**Therapeutic Shoes for Persons with Diabetes**

- IX. Separate inserts may be considered **medically necessary and covered** independently of diabetic shoes if the supplier of the shoes verifies in writing that the member has appropriate footwear into which the insert can be placed. This footwear must meet the definitions for depth shoes or custom-molded shoes (see [Policy Guidelines](#) for definitions).
- X. A custom molded shoe (A5501) may be considered **medically necessary and covered** when the member has a foot deformity that cannot be accommodated by a depth shoe. The nature and severity of the deformity must be well documented in the supplier's records and available upon request.
- XI. A custom molded shoe without documentations explaining the item's medical necessary is considered **not medically necessary and not covered**.

- XII. Therapeutic shoes, inserts and/or modifications to therapeutic shoes may be considered **medically necessary and covered** if **all** of the following criteria (A-E) are met:
- A. The member has diabetes mellitus; **and**
  - B. The certifying physician has documented in the patient's medical record one or more of the following conditions within 6 months prior to delivery of the shoes/inserts and prior to or on the same day as signing the certification statement:
    - 1. Previous amputation of the other foot, or part of either foot, **or**
    - 2. History of previous foot ulceration of either foot, **or**
    - 3. History of pre-ulcerative calluses of either foot, **or**
    - 4. Peripheral neuropathy with evidence of callus formation of either foot, **or**
    - 5. Foot deformity of either foot, **or**
    - 6. Poor circulation in either foot; **and**
  - C. The certifying physician has certified that indications XII.A-B are met and that they are treating the member under a comprehensive plan of care for their diabetes and that the member needs diabetic shoes. The certifying physician must complete the following (1-2):
    - 1. Have an in-person visit with the member during which diabetes management is addressed within 6 months prior to delivery of the shoes/inserts; **and**
    - 2. Sign the certification statement on or after the date of the in-person visit and within 3 months prior to delivery of the shoe/inserts; **and**
  - D. Prior to selecting the specific items that will be provided, the supplier must conduct and document an in-person evaluation of the patient.
  - E. At the time of delivery of the items selected, the supplier must conduct an objective assessment of the fit of the shoe and inserts and document the results. A member's subjective statements regarding fit as the sole documentation of the in-person delivery does not meet this criterion.

#### Limitations and Non-coverage Criteria

- XIII. If criterion XII. is not met, the therapeutic shoes, inserts and/or modifications will be considered **not medically necessary and not covered**.
- XIV. A modification of a custom molded or depth shoe may be considered **medically necessary and covered** as a substitute for an insert. Examples of common shoe modifications include, but are not limited to, the following:
- A. Rigid rocker bottoms (A5503),
  - B. Roller bottoms (A5503),
  - C. Wedges (A5504),
  - D. Metatarsal bars (A5505),
  - E. Offset heels (A5506),
  - F. Flared heels.

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- XV. Inserts with compression molding to the patient’s foot over time through the heat and pressure generated by wearing a shoe with the insert present (A5510) are considered not medically necessary and not covered.
- XVI. Inserts used in non-covered shoes are considered **not medically necessary and not covered.**
- XVII. Deluxe features of diabetic shoes (A5508) are considered **not medically necessary and not covered.**

**POLICY GUIDELINES**

Definitions

*Depth Shoe:* A depth shoe (A5500) is one that:

1. Has a full length, heel-to-toe filler that when removed provides a minimum of 3/16” of additional depth used to accommodate custom-molded or customized inserts; and
2. Is made from leather or other suitable material of equal quality;
3. Has some form of shoe closure; and
4. Is available in full and half sized with a minimum of three widths so that the sole is graded to the upper portions of the shoe according to the American standard last sizing schedule of its equivalent.

The shoe may or may not have an internally seamless toe.

*Custom-molded shoe:* A custom-molded shoe (A5501) is one that:

1. Is constructed over a positive model of the patient’s foot; and
2. Is made from leather or other suitable material of equal quality; and
3. Has removable inserts that can be altered or replaced as the patient’s condition warrants; and
4. Has some form of shoe closure.

This shoe may or may not have an internally seamless toe.

*Rigid rocker bottoms* (A5503) are exterior elevations with apex position for 51 percent to 75 percent distance measured from the back end of the heel. The apex is a narrowed or pointed end of an anatomical structure. The apex must be positioned behind the metatarsal heads and tapering off sharply to the front tip of the sole. Apex height helps to eliminate pressure at the metatarsal heads. Rigidity is ensured by the steel in the shoe. The heel of the shoe tapers off in the back in order to cause the heel to strike in the middle of the heel.

*Roller bottoms* (sole or bar) (A5503) are the same as rocker bottoms, but the heel is tapered from the apex to the front tip of the sole.

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*Wedges* (posting) (A5504) are either of hind foot, fore foot, or both and may be in the middle or to the side. The function is to shift or transfer weight bearing upon standing or during ambulation to the opposite side for added support, stabilization, equalized weight distribution, or balance.

*Metatarsal bars* (A5505) are exterior bars which are placed behind the metatarsal heads in order to remove pressure from the metatarsal heads. The bars are of various shapes, heights, and construction depending on the exact purpose.

*Offset heel* (A5506) is a heel flanged at its base either in the middle, to the side, or a combination, that is then extended upward to the shoe in order to stabilize extreme positions of the hind foot.

## **BILLING GUIDELINES**

### Orthopedic Footwear

- 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.
- 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 therapeutic shoe for diabetics or related insert or modification; or
  - An orthopedic shoe or modification; or
  - 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.
- Please see Local Coverage Article: Orthopedic Footwear - Policy Article (A52481) for additional coding guidelines.

### Therapeutic Shoes for Persons with Diabetes

- For patients meeting the coverage criteria for therapeutic shoes for persons with diabetes, coverage is limited to one of the following within one calendar year (January-December):
  - A. One pair of custom molded shoes (A5501) (which includes inserts provided with these shoes) and 2 additional pairs of inserts (A5512, A5513, or A5514); **or**

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B. One pair of depth shoes (A5500) and 3 pairs of inserts (A5512, A5513, or A5514) (not including the non-customized removable inserts provided with such shoes).

- There is no separate payment for the fitting of the shoes, inserts or modifications or for the certification of need or prescription of the footwear.
- Code A5512 describes a total contact, multiple density, prefabricated removable inlay that is directly molded to the patient's foot. Direct molded means it has been conformed by molding directly to match the plantar surface of the individual patient's foot. Total contact means it makes and retains actual and continuous physical contact with the weight-bearing portions of the foot, including the arch throughout the standing and walking phases of gait.
- The A5512 insert must retain its shape during use for the life of the insert. The layer responsible for shape retention is called the base layer in the code descriptor. This material usually constitutes the bottom layer of the device and must be of a sufficient thickness and durometer to maintain its shape during use (i.e., at least ¼ inch of 35 shore A or higher or at least 3/16 inch of 40 shore A or higher). The material responsible for maintaining the shape of the device must be heat moldable. The specified thickness of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes.
- Code A5513 describes a total contact, custom fabricated, multiple density, removable inlay that is molded to a model of the patient's foot so that it conforms to the plantar surface and makes total contact with the foot, including the arch. A custom fabricated device is made from materials that do not have predefined trim lines for heel cup height, arch height and length, or toe shape.
- The A5513 insert must retain its shape during use for the life of the insert. The base layer of the device must be at least 3/16 inch of 35 shore A or higher material. The base layer is allowed to be thinner in the custom fabricated device because appropriate arch fill or other additional material will be layered up individually to maintain shape and achieve total contact and accommodate each patient's specific needs. The central portion of the base layer of the heel may be thinner (but at least 1/16 inch) to allow for greater pressure reduction. The specified thickness of the lateral portions of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes. The top layer of the device may be of a lower durometer and must also be heat moldable. The materials used should be suitable with regards to the patient's condition.
- Code A5514 describes a total contact, custom fabricated, multiple density, removable inlay that is directly milled from a rectified virtual model of the beneficiary's foot so that it conforms to the plantar surface and makes total contact with the foot, including the arch. A custom fabricated device is made from materials that do not have predefined trim lines for heel cup height, arch height and length, or toe shape.

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- The A5514 insert must retain its shape during use for the life of the insert. The base layer of the device must be at least 3/16 inch of 35 Shore A or higher material. The base layer is allowed to be thinner in the custom fabricated device because appropriate arch fill or other additional material will be layered up individually to maintain shape and achieve total contact and accommodate each beneficiary's specific needs. The central portion of the base layer of the heel may be thinner (but at least 1/16 inch) to allow for greater pressure reduction. The specified thickness of the lateral portions of the base layer must extend from the heel through the distal metatarsals and may be absent at the toes. The top layer of the device may be of a lower durometer and must also be heat moldable. The materials used should be suitable with regards to the beneficiary's condition.
- A deluxe feature (A5508) does not contribute to the therapeutic function of the shoe. It may include, but is not limited to style, color, or type of leather. Deluxe features must be coded using A5508.
- Code A5507 is only to be used for not otherwise specified therapeutic modifications to the shoe or for repairs to a diabetic shoe(s).
- Codes for inserts or modifications (A5503-A5508, A5510, A5512 and A5513) may only be used for items related to diabetic shoes (A5500, A5501). They must not be used for items related to footwear coded with codes L3215-L3253. Inserts and modifications used with L coded footwear must be coded using L codes (L3000-L3649).
- Inserts for missing toes or partial foot amputation should be coded L5000 or L5999, whichever is applicable.

Please see Local Coverage Article: A52501:Therapeutic Shoes for Persons with Diabetes for additional coding guidelines.<sup>4</sup>

**CPT/HCPCS CODES**

All Lines of Business Except Medicare	
No Prior Authorization Required	
Orthopedic Footwear	
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,
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
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



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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

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<b>Therapeutic Shoes</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
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>Not Covered</b>	
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
A9283	Foot pressure off loading/supportive device, any type, each

## DESCRIPTION

Orthotic foot devices are orthopedic appliances used to support, align, prevent, and correct deformities or to improve function of the foot. Examples of orthotic foot devices may include:

- Therapeutic shoes
- Insoles

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- Arch supports
- Wedges and lifts

The Certifying Physician is defined as a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) who is responsible for diagnosing and treating the beneficiary’s diabetic systemic condition through a comprehensive plan of care. The certifying physician may not be a podiatrist, physician assistant, nurse practitioner, or clinical nurse specialist.

The Prescribing Practitioner is the person who actually writes the order for the therapeutic shoe, modifications and inserts. This practitioner must be knowledgeable in the fitting of diabetic shoes and inserts. The prescribing practitioner may be a podiatrist, M.D., D.O., physician assistant, nurse practitioner, or clinical nurse specialist. The prescribing practitioner may be the supplier (i.e., the one who furnishes the footwear).

The Supplier is the person or entity that actually furnishes the shoe, modification, and/or insert to the beneficiary and that bills Medicare. The supplier may be a podiatrist, pedorthist, orthotist, prosthetist or other qualified individual. The Prescribing Practitioner may be the supplier. The Certifying Physician may only be the supplier if the certifying physician is practicing in a defined rural area or a defined health professional shortage area.

**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. Centers for Medicare & Medicare Services. Local Coverage Determination (LCD): Orthopedic Footwear (L33641). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33641&ver=17&DocID=L33641>. Accessed 2/17/2021.
2. Centers for Medicare & Medicare Services. Local Coverage Determination (LCD): Therapeutic Shoes for Persons with Diabetes (L33369). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33369>. Accessed 2/17/2021.
3. Centers for Medicare & Medicare Services. Local Coverage Article: Orthopedic Footwear - Policy Article (A52481). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52481>. Accessed 2/17/2021.
4. Centers for Medicare & Medicare Services. Local Coverage Article: Therapeutic Shoes for Persons with Diabetes - Policy Article (A52501). Effective 11/5/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52501>. Accessed 2/17/2021.