

# LCD - Orthopedic Footwear (L33641)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi New Mexico North Carolina Oklahoma Puerto Rico South Carolina Tennessee Texas Virgin Islands Virginia West Virginia
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 - DME MAC	J-A	Connecticut Delaware District of Columbia Maine Maryland Massachusetts New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 - DME MAC	J-D	Alaska

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">LLC</a>				American Samoa Arizona California - Entire State Guam Hawaii Idaho Iowa Kansas Missouri - Entire State Montana Nebraska Nevada North Dakota Northern Mariana Islands Oregon South Dakota Utah Washington Wyoming

## LCD Information

### Document Information

**LCD ID**

L33641

**LCD Title**

Orthopedic Footwear

**Proposed LCD in Comment Period**

N/A

**Source Proposed LCD**

N/A

**Original Effective Date**

For services performed on or after 10/01/2015

**Revision Effective Date**

For services performed on or after 01/01/2020

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**Notice Period Start Date**

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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 (refer to the ICD-10 Codes section in the LCD-related Policy Article). Claims for prosthetic shoes for other diagnosis codes will be denied as not medically necessary.

**GENERAL**

A Standard Written Order (SWO) must be communicated to the supplier before a claim is submitted. If the supplier

bills for an item addressed in this policy without first receiving a completed SWO, the claim shall be denied as not reasonable and necessary.

For Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) base items that require a Written Order Prior to Delivery (WOPD), the supplier must have received a signed SWO before the DMEPOS item is delivered to a beneficiary. If a supplier delivers a DMEPOS item without first receiving a WOPD, the claim shall be denied as not reasonable and necessary. Refer to the LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.

For DMEPOS base items that require a WOPD, and also require separately billed associated options, accessories, and/or supplies, the supplier must have received a WOPD which lists the base item and which may list all the associated options, accessories, and/or supplies that are separately billed prior to the delivery of the items. In this scenario, if the supplier separately bills for associated options, accessories, and/or supplies without first receiving a completed and signed WOPD of the base item prior to delivery, the claim(s) 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.

**Summary of Evidence**

NA

**Analysis of Evidence (Rationale for Determination)**

NA

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# Coding Information

**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: (91 Codes)

CODE	DESCRIPTION
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

CODE	DESCRIPTION
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

CODE	DESCRIPTION
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

CODE	DESCRIPTION
	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

## 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 treating practitioner'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:

- SWO
- 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**

N/A

## **Bibliography**

NA

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# **Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
01/01/2020	R6	<b>Revision Effective Date: 01/01/2020</b> COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Statement to refer to ICD-10 code list in the LCD-related Policy Article GENERAL: Revised: Order information as a result of Final Rule 1713 CODING INFORMATION: Removed: Field titled "Bill Type" Removed: Field titled "Revenue Codes" Removed: Field titled "ICD-10 Codes that Support Medical Necessity"	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li><li>• Other</li></ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity"</p> <p>Removed: Field titled "Additional ICD-10 Information"</p> <p>DOCUMENTATION REQUIREMENTS:</p> <p>Revised: "physician's" to "treating practitioner's"</p> <p>GENERAL DOCUMENTATION REQUIREMENTS:</p> <p>Revised: "Prescriptions (orders)" to "SWO"</p> <p><i>02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.</i></p>	
01/01/2019	R5	<p><b>Revision Effective Date: 01/01/2019</b></p> <p>COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:</p> <p>Removed: Statement to refer to diagnosis code section below</p> <p>Added: Refer to Covered ICD-10 Codes in the LCD-related Policy Article</p> <p>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</p> <p>Moved: All diagnosis codes to the LCD-related Policy Article diagnosis code section per CMS instruction</p> <p>ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:</p> <p>Moved: Statement about noncovered diagnosis codes moved to LCD-related Policy Article noncovered diagnosis code section per CMS instruction</p>	<ul style="list-style-type: none"> <li>Other (ICD-10 code relocation per CMS instruction)</li> </ul>
01/01/2017	R4	<p><b>Revision Effective Date: 01/01/2017</b></p> <p>COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</p> <p>Removed: Standard Documentation Language</p> <p>Added: New reference language and directions to Standard Documentation Requirements</p> <p>Added: General Requirements</p> <p>DOCUMENTATION REQUIREMENTS:</p> <p>Removed: Standard Documentation Language</p> <p>Added: General Documentation Requirements</p> <p>Added: New reference language and directions to Standard Documentation Requirements</p> <p>POLICY SPECIFIC DOCUMENTATION</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>REQUIREMENTS:</p> <p>Removed: Standard Documentation Language</p> <p>Added: Direction to Standard Documentation Requirements</p> <p>Removed: Information under Miscellaneous and Appendices</p> <p>RELATED LOCAL COVERAGE DOCUMENTS:</p> <p>Added: LCD-related Standard Documentation Requirements article</p>	
07/01/2016	R3	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.	<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></p> <p>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY</p> <p>Added: Inadvertently omitted ICD10's subsequent visit</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></p> <p>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</p> <p>Added: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility</p> <p>Removed: ICD-9 references</p> <p>DOCUMENTATION REQUIREMENTS:</p> <p>Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility</p> <p>Added: Instructions for Equipment Retained from a Prior Payer</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

### Articles

[A52481 - Orthopedic Footwear - Policy Article](#)

[A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#)

### Related National Coverage Documents

N/A

## Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
02/14/2020	01/01/2020 - N/A	Currently in Effect (This Version)
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		

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## Keywords

N/A