Article - Orthopedic Footwear - Policy Article (A52481)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
CGS Administrators, LLC	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	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
Noridian Healthcare Solutions, LLC	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
Noridian Healthcare Solutions,	DME MAC	19003 - DME MAC	J-D	Alaska

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
LLC				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

Article Information

General Information

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Orthopedic Footwear - Policy Article

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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 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, L1990, L2000, L2005, L2010, L2020, 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, L3610, L3620, L3630 and L3640) involving shoes on a covered brace are also covered. Inserts and other shoe modifications (L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3550, L3560, L3570, L3580, L3590 and 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, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595 and 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, 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, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, 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 will be denied as noncovered.

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO Final Rule 1713 (84 Fed. Reg Vol 217)

Final Rule 1713 (84 Fed. Reg Vol 217) requires a face-to-face encounter and a Written Order Prior to Delivery (WOPD) for specified HCPCS codes. CMS and the DME MACs provide a list of the specified codes, which is periodically updated. The required Face-to-Face Encounter and Written Order Prior to Delivery List is available here.

Claims for the specified items subject to Final Rule 1713 (84 Fed. Reg Vol 217) that do not meet the face-to-face encounter and WOPD requirements specified in the LCD-related Standard Documentation Requirements Article (A55426) will be denied as not reasonable and necessary.

If a supplier delivers an item prior to receipt of a WOPD, it will be denied as not reasonable and necessary. If the WOPD is not obtained prior to delivery, payment will not be made for that item even if a WOPD is subsequently obtained by the supplier. If a similar item is subsequently provided by an unrelated supplier who has obtained a WOPD, it will be eligible for coverage.

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

GY, KX, LT and RT 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(s) to the highest level of specificity 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.

The right (RT) and/or left (LT) modifiers must be used with all footwear HCPCS codes in this policy (refer to the CODING GUIDELINES section for additional information).

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, L3252, L3253, or L3649 without a KX modifier.

Depth-inlay or custom molded shoes for diabetics and related inserts and modifications are billed using 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, ANY TYPE, EACH) 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, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595 and L6000) 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. Effective for claims with dates of service (DOS) on or after 3/1/2019, when the same code for bilateral items (left and right) is billed on the same date of service, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RTLT on the same claim line and 2 UOS, 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.

Coding Information

CPT/HCPCS Codes

N/A

ICD-10-CM 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 LCD section on "**Coverage Indications, Limitations, and/or Medical Necessity**" for other coverage criteria and payment information.

For HCPCS code L3250:

Group 1 Codes: (84 Codes)

CODE	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)

CODE	DESCRIPTION
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

CODE	DESCRIPTION
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
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

CODE	DESCRIPTION
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-CM 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-PCS Codes

N/A

Additional ICD-10 Information

N/A

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

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R7	**Revision Effective Date: 01/01/2020** NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Added: L5220 to the list of partial foot or lower extremity prosthesis HCPCS codes that will result in orthopedic shoes denial when the shoes are put on over the prosthesis MODIFIERS: Added: LT and RT modifiers Removed: "code (specific to the 5th digit)" Added: "code(s) to the highest level of specificity" Added: Statement regarding use of RT and LT, with reference to CODING GUIDELINES section for additional information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		CODING GUIDELINES: Added: L5220 to the list of other types of leg prostheses that must not be used with HCPCS code L3250 *05/26/2022: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.*
01/01/2020	R6	**Revision Effective Date: 01/01/2020** REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 FED. REG VOL 217): Removed: "The link will be located here once it is available." Added: "The required Face-to-Face Encounter and Written Order Prior to Delivery List is available here." with a hyperlink to the list *04/14/2022: At this time the 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.*
01/01/2020	R5	**Revision Effective Date: 01/01/2020** NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Added: HCPCS code L3000 to noncovered statement, previously omitted in error *03/11/2021: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.*
01/01/2020	R4	**Revision Effective Date: 01/01/2020** NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS Removed: Therapeutic Shoes for Persons with Diabetes codes, leaving reference to the policy REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217): Added: Section and related information based on Final Rule 1713 CODING GUIDELINES: Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS Removed: Therapeutic Shoes for Persons with Diabetes codes, leaving reference to the policy ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY: Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY: Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity" *02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.*
01/01/2019	R3	**Revision Effective Date: 01/01/2019** CODING GUIDELINES: Revised: RT and/or LT modifier instructions ICD-10 CODES THAT ARE COVERED: Added: All diagnosis codes formerly listed in the LCD ICD-10 CODES THAT ARE NOT COVERED: Added: Notation excluding all unlisted diagnosis codes from coverage *02/28/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.*
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.

Associated Documents

Related Local Coverage Documents

Articles

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

LCDs

L33641 - Orthopedic Footwear

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

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Keywords

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