LCD for Orthopedic Footwear (L11445)

Contractor Information

Contractor Name
CIGNA Government Services

Contractor Number
18003

Contractor Type
DME MAC

LCD Information

LCD ID Number
L11445

LCD Title
Orthopedic Footwear

Contractor's Determination Number
OFW

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CMS National Coverage Policy
CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.10

Primary Geographic Jurisdiction
Alabama
Arkansas
Colorado
Florida
Georgia
Louisiana
Mississippi
North Carolina
New Mexico
Oklahoma
Puerto Rico
South Carolina
Tennessee
Texas
Indications and Limitations of Coverage 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. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

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 patients with a partial foot amputation (ICD-9 diagnosis codes 755.31, 755.38, 755.39, 895.0-896.3). Claims for prosthetic shoes for other ICD-9 diagnosis codes will be denied as not medically necessary.

Coding Information

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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

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 policy 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 policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A9283</td>
<td>FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH</td>
</tr>
<tr>
<td>L3000</td>
<td>FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH</td>
</tr>
<tr>
<td>L3001</td>
<td>FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH</td>
</tr>
<tr>
<td>L3002</td>
<td>FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH</td>
</tr>
<tr>
<td>L3003</td>
<td>FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH</td>
</tr>
<tr>
<td>L3010</td>
<td>FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH</td>
</tr>
<tr>
<td>L3020</td>
<td>FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH</td>
</tr>
</tbody>
</table>
L3030 FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH
L3031 FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMIT Y 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
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, EACH
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, 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
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

ICD-9 Codes that Support Medical Necessity

The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on “Indications and Limitations of Coverage and/or Medical Necessity” for other coverage criteria and payment information.

For HCPCS code L3250:

755.31 TRANSVERSE DEFICIENCY OF LOWER LIMB
755.38 LONGITUDINAL DEFICIENCY TARSALS OR METATARSALS COMPLETE OR PARTIAL (WITH OR WITHOUT INCOMPLETE PHALANGEAL DEFICIENCY)
755.39 LONGITUDINAL DEFICIENCY PHALANGES COMPLETE OR PARTIAL
895.0 - 896.3Traumatic Amputation of Toe(s) (Complete) (Partial) Without Complication - Traumatic Amputation of Foot (Complete) (Partial) Bilateral Complicated

Diagnoses that Support Medical Necessity

For the specific HCPCS code indicated above, refer to the previous section.

For all other HCPCS codes, diagnoses are not specified.

ICD-9 Codes that DO NOT Support Medical Necessity

For the specific HCPCS code indicated above, all ICD-9 codes that are not specified in the previous section.

For all other HCPCS codes, ICD-9 codes are not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity
For the specific HCPCS code indicated above, all diagnoses that are not specified in the previous section.

For all other HCPCS codes, diagnoses are not specified.

**General 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 patient’s medical records will reflect the need for the care provided. The patient’s medical records include the physician’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.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

An order is not required for a heel or sole replacement or transfer of a shoe to a brace.

**KX AND GY 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, an ICD-9 diagnosis code (specific to the 5th digit), 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.

Refer to the Supplier Manual for more information on documentation requirements.

**Appendices**

**Utilization Guidelines**

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

**Sources of Information and Basis for Decision**

Reserved for future use.
Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period
01/01/1995

Revision History Number
008

Revision History Explanation

Revision Effective Date: 01/01/2006
HCPCS CODES AND MODIFIERS:

Revision Effective Date: 03/01/2006
In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TrustSolutions (77012) from DMERC Palmetto GBA (00885).

Revision Effective Date: 06/01/2007
In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 03/01/2008
In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC CIGNA Government Services (18003) LCD L11517 from DME PSC TrustSolutions (77012) LCD L11517.

Revision Effective Date: 07/01/2007
INDICATIONS AND LIMITATIONS:
Removed: DMERC references

DOCUMENTATIONS REQUIREMENTS:
Removed: DMERC references

HCPCS CODES:
Added: A9283

Revision Effective Date: 01/01/2008
HCPCS CODES:
Added: A9283

Revision Effective Date: 01/01/2009
HCPCS MODIFIERS:
Added: GY modifier
Revised: KX Modifier

DOCUMENTATION REQUIREMENTS:
Added: GY modifier instructions

Revision Effective Date: 03/01/2008
In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC CIGNA Government Services (18003) LCD L11517 from DME PSC TrustSolutions (77012) LCD L11517.
Added: L3031
Revised: L3170, L3215, L3216, L3217, L3219, L3221, L3222, L3230

**Revision Effective Date: 10/01/2005**
LMRP converted to LCD and Policy Article

**DOCUMENTATION REQUIREMENTS:**
Eliminated the requirement for an ICD-9 code on the order for L3250.
Deleted reference to filing hard copy claims.

**Revision Effective Date: 04/01/2003**

**HCPCS CODES AND MODIFIERS:**
Added: EY
Discontinued: L3218, L3223
Revised: L3260

**INDICATIONS AND LIMITATIONS OF COVERAGE:**
Adds standard language concerning coverage of items without an order.

**DOCUMENTATION REQUIREMENTS:**
Adds standard language concerning use of EY modifier for items without an order.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

- **07/01/2002** - Replaced the ZX modifier with KX. Updated the codes for therapeutic shoes for diabetics.
- **07/01/2000** – Added reasonable and necessary language to Coverage and Payment Rules section.

**Reason for Change**
Maintenance (annual review with new changes, formatting, etc.)

**Last Reviewed On Date**

**Related Documents**

**Article(s)**
A35359 - Orthopedic Footwear - Policy Article - Effective October 2009

**LCD Attachments**
There are no attachments for this LCD.

**All Versions**
Updated on 07/23/2009 with effective dates 10/01/2009 - N/A
Updated on 03/12/2008 with effective dates 01/01/2008 - 09/30/2009