Contractor Information

Contractor Name
NHIC, Corp.

Contractor Number
16003

Contractor Type
DME MAC

LCD Information

LCD ID Number
L11467

LCD Title
Orthopedic Footwear

Contractor's Determination Number
ORFW

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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
Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont
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>
<tr>
<td>L3030</td>
<td>FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH</td>
</tr>
<tr>
<td>L3031</td>
<td>FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMIT Y ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH</td>
</tr>
</tbody>
</table>
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
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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L3390</td>
<td>OUTFLARE WEDGE</td>
</tr>
<tr>
<td>L3400</td>
<td>METATARSAL BAR WEDGE, ROCKER</td>
</tr>
<tr>
<td>L3410</td>
<td>METATARSAL BAR WEDGE, BETWEEN SOLE</td>
</tr>
<tr>
<td>L3420</td>
<td>FULL SOLE AND HEEL WEDGE, BETWEEN SOLE</td>
</tr>
<tr>
<td>L3430</td>
<td>HEEL, COUNTER, PLASTIC REINFORCED</td>
</tr>
<tr>
<td>L3440</td>
<td>HEEL, COUNTER, LEATHER REINFORCED</td>
</tr>
<tr>
<td>L3450</td>
<td>HEEL, SACH CUSHION TYPE</td>
</tr>
<tr>
<td>L3455</td>
<td>HEEL, NEW LEATHER, STANDARD</td>
</tr>
<tr>
<td>L3460</td>
<td>HEEL, NEW RUBBER, STANDARD</td>
</tr>
<tr>
<td>L3465</td>
<td>HEEL, THOMAS WITH WEDGE</td>
</tr>
<tr>
<td>L3470</td>
<td>HEEL, THOMAS EXTENDED TO BALL</td>
</tr>
<tr>
<td>L3480</td>
<td>HEEL, PAD AND DEPRESSION FOR SPUR</td>
</tr>
<tr>
<td>L3485</td>
<td>HEEL, PAD, REMOVABLE FOR SPUR</td>
</tr>
<tr>
<td>L3500</td>
<td>ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER</td>
</tr>
<tr>
<td>L3510</td>
<td>ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER</td>
</tr>
<tr>
<td>L3520</td>
<td>ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER</td>
</tr>
<tr>
<td>L3530</td>
<td>ORTHOPEDIC SHOE ADDITION, SOLE, HALF</td>
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<td>L3540</td>
<td>ORTHOPEDIC SHOE ADDITION, SOLE, FULL</td>
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<tr>
<td>L3550</td>
<td>ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD</td>
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<tr>
<td>L3560</td>
<td>ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE</td>
</tr>
<tr>
<td>L3570</td>
<td>ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)</td>
</tr>
<tr>
<td>L3580</td>
<td>ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE</td>
</tr>
<tr>
<td>L3590</td>
<td>ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER</td>
</tr>
<tr>
<td>L3595</td>
<td>ORTHOPEDIC SHOE ADDITION, MARCH BAR</td>
</tr>
<tr>
<td>L3600</td>
<td>TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING</td>
</tr>
<tr>
<td>L3610</td>
<td>TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW</td>
</tr>
<tr>
<td>L3620</td>
<td>TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING</td>
</tr>
<tr>
<td>L3630</td>
<td>TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW</td>
</tr>
<tr>
<td>L3640</td>
<td>TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES</td>
</tr>
</tbody>
</table>
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 PHALANES COMPLETE OR PARTIAL
895.0 - 896.3 TRAUMATIC 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 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
ORFW006

Revision History Explanation

Revision Effective Date: 10/01/2009
HCPCS CODES AND MODIFIERS:
Added: GY modifier.
Revised: KX modifier.
DOCUMENTATION REQUIREMENTS:
Added: GY modifier instructions.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11467 from DME PSC TriCenturion (77011) LCD L11467.

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

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

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).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERG Tricenturion (77011).

Revision Effective Date: 01/01/2006
HCPCS CODES AND MODIFIERS:
Added: L3031

Revision Effective Date: 10/01/2005
LMRP converted to LCD and Policy Article.
DOCUMENTATION REQUIREMENTS:
Eliminated: 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 modifier.
Discontinued: L3218, L3223
Revised: L3260
INDICATIONS AND LIMITATIONS OF COVERAGE:
Added: Standard language concerning coverage of items without an order.
DOCUMENTATION REQUIREMENTS:
Added: 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.

09/04/2004 - This policy was updated by the ICD-9 Code Annual Update for 2004-2005.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)
A35348 - 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 03/14/2008 with effective dates 01/01/2008 - 09/30/2009
Updated on 03/12/2008 with effective dates 01/01/2008 - N/A
Updated on 03/12/2008 with effective dates 01/01/2008 - N/A