

Notice for DME providers regarding coverage for shoe inserts



The shoe inserts below are covered for HAP members who have the appropriate benefit language in their subscriber contract or required DME rider.

- L3040-L3170
- L3300-L3450
- L3465-L3520
- L3550-L3595

Detailed coverage criteria, limitations and exclusions can be found in the policy in our Benefit Administration Manual—*Orthopedic Footwear (Shoes, Inserts, and Modifications)*. A copy is attached for your convenience.



Orthopedic Footwear (Shoes, Inserts, and Modifications)

DESCRIPTION

An orthopedic shoe is used to provide the foundation for a lower leg brace or orthosis. It may be modified to conform to deformities in the Member's foot. Shoe inserts and modifications are generally used to safely assist gait, reduce pain, decrease weight bearing, control movement and minimize worsening of a deformity.

COVERED HCPCS CODES

L3040	Ft Arch Suprt Premold Longit
L3050	Foot Arch Supp Premold Metat
L3060	Foot Arch Supp Longitud/Meta
L3070	Arch Suprt Att To Sho Longit
L3080	Arch Supp Att To Shoe Metata
L3090	Arch Supp Att To Shoe Long/M
L3140	Abduction Rotation Bar Shoe
L3150	Abduct Rotation Bar W/O Shoe
L3160	Shoe Styled Positioning Dev
L3170	Foot Plastic Heel Stabilizer
L3201	Orthopedic shoe, oxford with supinator or pronator, infant
L3202	Oxford W/ Supinat/Pronator C
L3203	Oxford W/ Supinator/Pronator
L3204	Hightop W/ Supp/Pronator Inf
L3206	Hightop W/ Supp/Pronator Chi
L3207	Hightop W/ Supp/Pronator Jun
L3212	Benesch Boot Pair Infant
L3213	Benesch Boot Pair Child
L3214	Benesch Boot Pair Junior
L3215	Orthopedic Ftwear Ladies Oxf
L3216	Orthoped Ladies Shoes Dpth I
L3217	Ladies Shoes Hightop Depth I
L3219	Orthopedic Mens Shoes Oxford
L3221	Orthopedic Mens Shoes Dpth I
L3222	Mens Shoes Hightop Depth Inl
L3224	Orthopedic footwear, women's shoe, oxford, used as a integral part of a brace (orthosis)
L3225	Orthopedic footwear, man's shoe, oxford, used as a integral part of a brace (orthosis)
L3230	Custom Shoes Depth Inlay
L3250	Custom Mold Shoe Remov Prost
L3251	Shoe Molded To Pt Silicone S
L3252	Shoe Molded Plastazote Cust
L3253	Shoe Molded Plastazote Cust
L3254	Orth Foot Non-Standard Size/W
L3255	Orth Foot Non-Standard Size/
L3257	Orth Foot Add Charge Split S

L3300	Sho Lift Taper To Metatarsal
L3310	Shoe Lift Elev Heel/Sole Neo
L3320	Shoe Lift Elev Heel/Sole Cor
L3330	Lifts Elevation Metal Extens
L3332	Shoe Lifts Tapered To One-Ha
L3334	Shoe Lifts Elevation Heel /I
L3340	Shoe Wedge Sach
L3350	Shoe Heel Wedge
L3360	Shoe Sole Wedge Outside Sole
L3370	Shoe Sole Wedge Between Sole
L3380	Shoe Clubfoot Wedge
L3390	Shoe Outflare Wedge
L3400	Shoe Metatarsal Bar Wedge Ro
L3410	Shoe Metatarsal Bar Between
L3420	Full Sole/Heel Wedge Btween
L3430	Sho Heel Count Plast Reinfor
L3440	Heel Leather Reinforced
L3450	Shoe Heel Sach Cushion Type
L3455	Shoe Heel New Leather Standa
L3460	Shoe Heel New Rubber Standar
L3465	Shoe Heel Thomas With Wedge
L3470	Shoe Heel Thomas Extend To B
L3480	Shoe Heel Pad & Depress For
L3485	Shoe Heel Pad Removable For
L3500	Ortho Shoe Add Leather Insol
L3510	Orthopedic Shoe Add Rub Insl
L3520	O Shoe Add Felt W Leath Insl
L3530	Ortho Shoe Add Half Sole
L3540	Ortho Shoe Add Full Sole
L3550	O Shoe Add Standard Toe Tap
L3560	O Shoe Add Horseshoe Toe Tap
L3570	O Shoe Add Instep Extension
L3580	O Shoe Add Instep Velcro Clo
L3590	O Shoe Convert To Sof Counte
L3595	Ortho Shoe Add March Bar
L3600	Trans Shoe Calip Plate Exist
L3610	Trans Shoe Caliper Plate New
L3620	Trans Shoe Solid Stirrup Exi
L3630	Trans Shoe Solid Stirrup New
L3640	Shoe Dennis Browne Splint Bo
L3649	Orthopedic Shoe Modifica Nos

**COVERED HCPCS CODES - for Medicare advantage and Select UAW Group Members
(rider H081)**

L3000	Ft Insert Ucb Berkeley Shell
L3001	Foot Insert Remov Molded Spe
L3002	Foot Insert Plastazote Or Eq

L3003	Foot Insert Silicone Gel Eac
L3010	Foot Longitudinal Arch Suppo
L3020	Foot Longitud/Metatarsal Sup
L3030	Foot Arch Support Remov Prem
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength

NON-COVERED HCPCS CODES

A9283 Foot press off load supp dev

COVERAGE CRITERIA

- Shoes are covered for HAP/AHL Members if they are an integral part of a covered leg brace described by codes L1900, L1920, L1980-L2030, L2050, L2060, L2080, or L2090.
 - Oxford shoes (L3224, L3225) are covered for the above criteria.
- Other shoes: hightop, depth inlay, custom for non-diabetics (L3649) are covered if they are an integral part of a covered brace and are medically necessary for the proper functioning of the brace.
- Heel replacements (L3455, L3460), sole replacements (L3530, L3540), shoe transfers (L3600-L3640) involving shoes on a covered brace are also covered.
- Inserts and other modifications (L3040-L3170, L3300-L3450, L3465-L3520, L3550-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.
 - Inserts (L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031) are also covered for:
 - Medicare Advantage Members meeting the same criteria
 - Select UAW Group Members, coverage criteria may be different, please refer to the appropriate UAW contract.
- Prosthetic shoes (L3250) are covered for HAP/AHL Members if the shoes are an integral part of a prosthesis for Members with a partial foot amputation.
- DME coverage:
 - AHL, QHP, Medicare Advantage and FEHB Members have DME coverage included in the subscriber contract.
 - Other HAP HMO/POS Members require the addition of a DME rider to have coverage for these items.
 - Members without a required DME rider do not have DME coverage.
- Must be ordered by a HAP/AHL Affiliated or Contracted Physician.
- Must be provided by a HAP/AHL Affiliated or Contracted DME/P&O Supplier.

LIMITATIONS

- Repair of a shoe will be covered for restoration to a serviceable condition which is not the result from misuse, non-intentional or intentional.
- Replacement of a shoe is covered if any of the criteria are met:
 - Documentation of a change in Member's condition or size.
 - When necessitated by irreparable damage which is not the result from misuse, non-intentional or intentional.
 - An irreparable change in the condition of the shoe.
 - The cost of repairs to the shoe would exceed the purchase price.
- Select UAW Group Members (rider H081) - coverage limitations are defined in the Member's UAW contract.

EXCLUSIONS

- Shoes, related modifications, inserts and heel/sole replacements not attached to and/or an integral part of a covered leg brace are not covered for non-Select UAW group HAP/AHL Members.
 - Select UAW Group Members must refer to the appropriate UAW contract for additional guidance.

2. Foot pressure off-loading/supportive devices (A9283) are not covered because they do not meet the definition of a therapeutic shoe, orthopedic shoe or walking boot.
3. A matching shoe which is not attached to a brace and items related to that shoe are not covered as that shoe is not medically necessary.
4. DME coverage:
 - a. AHL, QHP, Medicare Advantage and FEHB Members have DME coverage included in the subscriber contract.
 - b. Other HAP HMO/POS Members require the addition of a DME rider to have coverage for these items.
 - i. Members without a required DME rider do not have DME coverage

The coverage of orthotics/therapeutic shoes for diabetics is not included under this policy. See **THERAPEUTIC SHOES FOR MEMBERS WITH DIABETES MELLITUS** policy for coverage criteria.

MEDICARE REFERENCE:

Local Coverage Determination (LCD) - Orthopedic Footwear (L33641)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33641&ver=14&Date=&DocID=L33641&bc=iAAAAAgAIAAAA%3d%3d&>

Local Coverage Article- Orthopedic Footwear - Policy Article (A52481)

This Benefit policy discusses the medical criteria for covered services. Coverage of services for Members is based on the Member's coverage contract. This type of document includes the following: Subscriber contract and associated riders; Member Benefit Guide; or an Evidence of Coverage document (for Medicare Advantage Members).

Please note: Coverage as discussed in this policy may not apply to employer groups that are self-funded (referred to as an ASO group [Administrative Services Only]). Each ASO group determines the coverage available to their members which is found in the ASO Benefit Guide and associated riders. If a member has coverage for the type of service covered by this policy, then the medical criteria as discussed in this policy applies to those services.

RELATED POLICY(IES)

1. **THERAPEUTIC SHOES FOR MEMBERS WITH DIABETES MELLITUS**

EFFECTIVE DATE

10/01/2002

REVISED DATE

05/24/2017

REVIEWED DATE

05/25/2017

Disclaimer: This HAP benefit policy was prepared for the intended audience of professional clinical persons. HAP reserves the sole right for interpretation and clarification of this or any HAP benefit policies. Coverage may vary based on the Member's HAP contract.

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