

**ORTHOTICS: SHOE INSERTS, ORTHOPEDIC SHOES**

Effective Date: October 6, 2014

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Date Of Origin: January 1, 1995

Status: Current

**I. POLICY/CRITERIA**

A. Orthopedic shoes, shoe modifications, shoe inserts, and other supportive devices of the feet are not a covered benefit. **Exceptions to cover shoe inserts**, at the orthotic benefit level, may be made for sensory loss in the legs and feet due to systemic conditions (e.g., diabetes, peripheral artery disease) or neurologic/neuromuscular conditions (e.g., Charcot-Marie-tooth) if *all* of the following apply:

1. Insert is custom-made
2. Insert must be worn for all activities of daily living
3. Three inserts (or pairs) are covered per contract year
4. The orthotic is pre-authorized

B. **Orthopedic shoes and/or modifications** (benefit limits are defined below) may be medically necessary in the following circumstances:

1. The patient has diabetes mellitus **and**\*
  - a. The patient has one or more of the following conditions:
    - 1) Previous amputation of the other foot, or part of either foot, or
    - 2) History of previous foot ulceration of either foot, or
    - 3) History of pre-ulcerative calluses of either foot, or
    - 4) Peripheral neuropathy with evidence of callus formation of either foot, or
    - 5) Foot deformity of either foot, or
    - 6) Poor circulation in either foot; **and**
  - b. The certifying physician who is managing the patient's systemic diabetes condition has certified that the indications above are met and that he/she is treating the patient under a comprehensive plan of care for his/her diabetes and that the patient needs diabetic shoes.
  - c. Members meeting criteria 1a. and 1b. are eligible for one pair of shoes per contract year.

\*If criteria a. and b. are not met, the therapeutic shoes and/or modifications to therapeutic shoes will be denied as non-covered.

*When criteria are met under IA or IB with a diagnosis of diabetes mellitus, coverage is limited to the A5500-A5514 code range, and K.*

2. Orthopedic shoes or inserts or lifts or modifications are covered if there is a leg length discrepancy meeting any of the following circumstances:
    - a. 1” or greater in children w/ no other congenital or neurologic abnormalities, or
    - b.  $\geq \frac{1}{2}$ ” in children w/ developmental dysplasia of the hip (DDH) or other hip problems, scoliosis, limb differences due to congenital, traumatic, or septic shortening, amputations, neurologic abnormalities (cerebral palsy, myelomeningocele, etc.).
    - c. Members meeting criteria 2a. or 2b. are eligible for one pair of shoes, or one pair of inserts, or 2 shoe lifts or 2 shoe modifications per contract year.
  3. For members age 18 or less orthopedic shoes and /or inserts are covered for the purpose of prevention of progression of deformity for individuals with talipes calcaneovalgus, cerebral palsy, myelomeningocele, talipes equinovarus (clubfoot), congenital vertical talipes (rocker-bottom foot), insensate feet due to spinal cord lesions, muscular dystrophy, and traumatic amputations. The benefit is limited to one pair of shoes or one pair of inserts per contract year.
- C. Orthopedic shoes that are attached to a brace(s) are a covered benefit at the orthotic benefit level.
- D. Shoes, modifications, inserts and lifts for all other conditions are not covered.

## II. COVERAGE FOR MEDICAID MEMBERS

Priority Health provides benefits for Medicaid members for diabetic and orthopedic shoes, inserts, and/or modifications for individuals who have medical conditions that would require such. The member must have a written prescription from a physician with the diagnosis/medical condition and the reason for the specific shoe type and/or modification.

**MEDICAID BENEFIT LANGUAGE:**

**Diabetic shoes, inserts, and/or modifications** may be covered for Medicaid individuals who have, due to complications with diabetes, *one* of the following conditions:

- History of previous foot ulcerations or pre-ulcerative calluses.
- Established peripheral neuropathy or sensory impairment.
- Peripheral Vascular Disease with an ankle brachial index at rest of 0.5 or less following exercise.
- Loss of a toe or portion of the foot due to amputation arising from diabetes.

**Orthopedic shoes and inserts** may be covered if *any* of the following applies:

- Required to accommodate a leg length discrepancy of ¼ inch or greater or a size discrepancy between both feet of one size or greater.
- Required to accommodate needs related to a partial foot prosthesis, clubfoot, or plantar fasciitis.
- Required to accommodate a brace (extra depth only are covered)

**Surgical Boots or Shoes** may be covered to facilitate healing following foot surgery, trauma or a fracture.

Prior authorization is required for the above items. The following information must be submitted with the request:

- Diagnosis/medical condition related to service requested.
- Medical reasons for specific shoe type and/or modification.
- Quantity beyond established limits.

**COVERED MEDICAID SERVICES**

**Custom-molded diabetic shoe** is covered only if the depth shoe cannot accommodate a foot anomaly.

**Inserts** are covered if the beneficiary requires a depth shoe or custom-molded diabetic shoe. For a depth shoe, two inserts would be separately reimbursable in addition to the non-customized one included with the shoe. For a custom-molded shoe, two inserts would be separately reimbursable. Modifications to custom-molded or depth shoe may be covered instead of an additional insert.

**NON-COVERED MEDICAID SERVICES**

**Shoes and inserts are non-covered for the conditions of:**

- Pes Planus or Talipes Planus (flat feet)
- Adductus metatarsus
- Calcaneus Valgus
- Hallux Valgus

Standard shoes are not covered even when accompanied by a prescription from a physician.

**III. MEDICAL NECESSITY REVIEW**

Required                       Not Required                       Not Applicable

**IV. APPLICATION TO PRODUCTS**

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

**V. CODING INFORMATION**

ICD-10 Codes that may apply:

- |                 |   |
|-----------------|---|
| A52.15          | Late syphilitic neuropathy  |
| D51.0           | Vitamin B12 deficiency anemia due to intrinsic factor deficiency                        |
| E08.00 – E13.9  | Diabetes mellitus   |
| G13.0           | Paraneoplastic neuromyopathy and neuropathy   |
| G13.1           | Other systemic atrophy primarily affecting central nervous system in neoplastic disease |
| G57.00 – G57.03 | Lesion of sciatic nerve   |
| G57.10 - G57.13 | Meralgia paresthetica   |
| G57.20 – G57.23 | Lesion of femoral nerve   |

|                   |   |
|-------------------|---|
| G57.30 – G57.43   | Lesion of popliteal nerves                            |
| G57.50 – G57.53   | Tarsal tunnel syndrome                                |
| G57.60 – G57.63   | Lesion of plantar                                     |
| G57.70 – G57.73   | Causalgia of lower limb                               |
| G57.80 – G57.93   | Other mononeuropathies of lower limb                  |
| G60.0 – G60.9     | Hereditary motor and sensory neuropathy               |
| G61.0 – G61.9     | Inflammatory polyneuropathy                           |
| G62.0 – G62.9     | Other and unspecified polyneuropathies                |
| G63               | Polyneuropathy in diseases classified elsewhere       |
| G64               | Other disorders of peripheral nervous system          |
| G65.0 – G65.2     | Sequelae of inflammatory and toxic polyneuropathies   |
| G71.0             | Muscular dystrophy                                    |
| G71.13            | Myotonic chondrodystrophy                             |
| G71.2             | Congenital myopathies                                 |
| <br>              |   |
| G80.0 – G80.9     | Cerebral palsy  |
| G99.0             | Autonomic neuropathy in diseases classified elsewhere |
| <br>              |   |
| I70.201 – I70.299 | Atherosclerosis of native arteries of the extremities |
| I73.00 – I73.9    | Other peripheral vascular diseases                    |
| I96               | Gangrene, not elsewhere classified                    |
| L89.500 – L89.629 | Pressure ulcer of foot and ankle                      |
| L97.301 – L97.529 | Non-pressure chronic ulcer of foot and ankle          |
| <br>              |   |
| M21.071 – M21.179 | Valgus deformity                                      |
| M21.171 – M21.179 | Varus deformity                                       |
| M21.371 – M21.379 | Foot drop   |
| M21.541 – M21.549 | Acquired clubfoot                                     |
| M21.6x1 – M21.6x9 | Other acquired deformities of foot                    |
| M21.751 – M21.769 | Unequal limb length (acquired))                       |
| M34.83            | Systemic sclerosis with polyneuropathy                |
| M41.00 – M41.9    | Scoliosis   |
| M96.5             | Postradiation scoliosis                               |
| <br>              |   |
| Q05.0 – Q05.9     | Spina bifida  |
| Q07.00 – Q07.03   | Arnold-Chiari syndrome                                |
| Q65.00            | Congenital deformity of hip                           |
| Q66.0             | Congenital talipes equinovarus                        |
| Q66.6             | Other congenital valgus deformities of feet           |
| Q66.89            | Other specified congenital deformities of feet        |
| Q72.70 – Q72.73   | Split foot  |
| Q72.811 – Q72.90  | Reduction defects of lower limb                       |
| <br>              |   |
| Z89.411 – Z89.429 | Acquired absence of toe(s)                            |

**CPT/HCPCS Codes**

*\*Code not covered for certain products. See reference at end of list.*

A5500 For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe

- A5501 For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
- A5503 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
- A5504 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
- A5505 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe
- A5506 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe
- A5507 For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-
  
- A5510\* For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
- A5512 For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
- A5513 For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each
- A5514\* For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each**
  
- K0903\* For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, 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, nonremovable, attached to shoe, longitudinal, each                    |
| L3080* | Foot, arch support, nonremovable, attached to shoe, metatarsal, each                      |
| L3090* | Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each         |
| 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                               |
| 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, men's shoe, oxford, each   |
| L3221* | Orthopedic footwear, men's shoe, depth inlay, each  |
| L3222* | Orthopedic footwear, men's 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  | Nonstandard size or width   |
| L3255  | Nonstandard size or length  |
| L3257  | Orthopedic footwear, additional charge for split size                                     |
| L3260* | Surgical boot/shoe, each ( <i>No auth required</i> )                                      |
| L3265  | Plastazote sandal, each   |
| L3300  | Lift, elevation, heel, tapered to metatarsals, per in.                                    |
| L3310  | Lift, elevation, heel and sole, neoprene, per in.   |
| L3320  | Lift, elevation, heel and sole, cork, per in.   |
| L3330  | Lift, elevation, metal extension (skate)  |
| L3332  | Lift, elevation, inside shoe, tapered, up to one-half in.                                 |
| L3334  | Lift, elevation, heel, per in.  |
| L3340  | Heel wedge, SACH  |
| L3350  | Heel wedge  |
| L3360  | Sole wedge, outside sole  |
| L3370  | Sole wedge, between sole  |

|        |   |
|--------|---|
| L3380  | Clubfoot 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 ( <i>No auth required</i> )                         |
| L3610  | Transfer of an orthosis from one shoe to another, caliper plate, new ( <i>No auth required</i> )                              |
| L3620  | Transfer of an orthosis from one shoe to another, solid stirrup, existing ( <i>No auth required</i> )                         |
| L3630  | Transfer of an orthosis from one shoe to another, solid stirrup, new ( <i>No auth required</i> )                              |
| L3640  | Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes ( <i>No auth required</i> )      |
| L3649  | Orthopedic shoe, modification, addition or transfer, not otherwise specified<br><i>Explanatory notes must accompany claim</i> |

\*Not Covered for Commercial Products

|       |   |
|-------|---|
| A5508 | For diabetic's only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe |
| A9283 | Foot pressure off loading/supportive device, any type, 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, nonremovable, attached to shoe, longitudinal, each                                |
| L3080 | Foot, arch support, nonremovable, attached to shoe, metatarsal, each                                  |



- L3090 Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
- L3170 Foot, plastic, silicone or equal, heel stabilizer, each
- L3480 Heel, pad and depression for spur
- L3485 Heel, pad, removable for spur

\*Not Covered for Medicaid

*Consult current Medicaid fee schedule for most up to date information*

- A5508 For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
- A5514 For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
- A9283 Foot pressure off loading/supportive device, any type, each
- K0903 For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
- L3031 Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each
- L3080 Foot, arch support, nonremovable, attached to shoe, metatarsal, each
- L3090 Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
- L3480 Heel, pad and depression for spur
- L3485 Heel, pad, removable for spur

\*Not Covered for Medicare

*Consult relevant LCD for most up to date information*

- A5508 For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
- A5510 For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
- A9283 Foot pressure off loading/supportive device, any type, each
- 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, men's shoe, oxford, each
- L3221 Orthopedic footwear, men's shoe, depth inlay, each
- L3222 Orthopedic footwear, men's shoe, hightop, depth inlay, each
- L3230 Orthopedic footwear, custom shoe, depth inlay, 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

**VI. REFERENCES**

Local Coverage Article for Therapeutic SHOES for Persons with Diabetes - Policy Article - Effective November 2014 (A47129). Retrieved January 7, 2015.

Local Coverage Article: Therapeutic SHOES for Persons with Diabetes – Policy Article (A52501) – Original Article Effective October 1, 2015. Revision Effective October 1, 2016. Retrieved January 4, 2017 & January 4, 2018.

Revision effective April 1, 2018:

<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52501&ver=18&DocID=A52501&bc=gAAAABAAgAA&> (Retrieved January 7, 2019)

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