Priority Health

MEDICAL POLICY No. 91420-R15

ORTHOTICS: SHOE INSERTS, ORTHOPEDIC SHOES

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Date Of Origin: January 1, 1995

Status: Current

Summary of Changes

Additions:

- Added the following: *(See also Priority Health Provider Manual: Durable medical equipment (DME), Prosthetics and Orthotics)*

Clarifications:

- II. COVERAGE FOR MEDICAID MEMBERS: Replaced text with reference to relevant section of the Michigan Medical Provider Manual: *Diabetic Shoes and Inserts; Orthopedic Footwear*.

I. POLICY/CRITERIA

A. Therapeutic shoes and inserts for persons with diabetes

Priority Health may consider therapeutic shoes and inserts to be medically necessary for persons with diabetes when applicable **InterQual®** criteria are met.

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

B. Therapeutic shoes and inserts for persons without diabetes

Priority Health generally considers therapeutic shoes and inserts to be **not medically necessary** for persons without diabetes. **Exceptions** may be considered for sensory loss in the feet and/or legs due to other systemic conditions (e.g., peripheral artery disease) or neurologic/neuromuscular conditions (e.g., Charcot-Marie-tooth) when 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

Therapeutic shoes and inserts for persons without diabetes are requested/billed using "L" codes. (Specific "L" codes may be non-covered for certain products—see product limitations at bottom of section VI. CODING INFORMATION.)

C. Priority Health may consider therapeutic/orthopedic shoes or inserts or lifts, or modifications to such, medically necessary if there is a leg length discrepancy meeting either of the following criteria:

1. 1" or greater in members < 18 years of age w/ no other congenital or neurologic abnormalities; or
2. ≥ ½" in members < 18 years of age 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.)

Members meeting criteria C1 or C2, and for whom coverage applies, are eligible for one pair of shoes, or one pair of inserts, or 2 shoe lifts or 2 shoe modifications per contract year.

D. For members age 18 or less, Priority Health may consider orthopedic shoes and /or inserts for prevention of progression of deformity medically necessary for individuals exhibiting any of the following:

1. talipes calcaneovalgus
2. cerebral palsy
3. myelomeningocele
4. talipes equinovarus (clubfoot)
5. congenital vertical talipes (rocker-bottom foot)
6. insensate feet due to spinal cord lesions
7. muscular dystrophy
8. traumatic amputation

Where medical necessity and benefit coverage apply, the benefit is limited to one pair of shoes or one pair of inserts per contract year.

II. COVERAGE FOR MEDICAID MEMBERS

The Michigan Medicaid Provider Manual specifies standards of coverage, noncovered items, documentation requirements, prior authorization requirements, and payment rules for Medicaid members. See relevant sections:

Diabetic Shoes and Inserts
Orthopedic Footwear

(See also Priority Health Provider Manual: Durable medical equipment (DME), Prosthetics and Orthotics)

III. MEDICAL NECESSITY REVIEW

Prior authorization for certain equipment, devices drugs, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the Priority Health Provider Manual.

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) and/or the Evidence of Coverage (EOC); 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. 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, 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. DISCUSSION

Foot care is essential for all diabetic patients, and patient education must be provided. Referral to a foot care specialist is appropriate for preventive care and should include nail clipping, callus trimming, inspection for occult ulcers or infections, and instruction in self-care and observation. Risk factors for the development of diabetic ulcers or the need for an amputation, include smoking, loss of protective sensation, structural abnormalities, peripheral vascular disease, history of ulcer or amputation, poor glycemic control, diabetic neuro- and nephropathy, and visual impairment (American Diabetes Association, Standards of Medical Care in Diabetes. 2018; National Institute for Health and Care Excellence (NICE), Diabetic foot problems: prevention and management. Clinical Guideline 19. 2015; Boulton et al., Phys Ther 2008, 88: 1436-43). Most amputations result from preventable diabetic ulcers. (from Change Healthcare LLC).

VI. CODING INFORMATION

Modifiers:

- **KX Modifier** – Modifier should be appended to indicate that policy criteria has been met. Claims reported without KX modifier will deny as non-payable per medical policy. (Commercial, Medicaid products)
- **KX, GA, GY, GZ Modifiers** – Per CMS local coverage determinations, one of these modifiers are required for claim processing. Please review applicable LCD for additional guidelines. (Medicare)

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 sensoryneuropathy
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
G71.2X	Congenital myopathies
G80.0 – G80.9	Cerebral palsy
G99.0	Autonomic neuropathy in diseases classified elsewhere
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
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
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
Z89.411 – Z89.429	Acquired absence of toe(s)

CPT/HCPCS Codes

*****C*ode 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
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 (*No auth required)*
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 *(No auth required)*

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

*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
A9283	Foot pressure off loading/supportive device, any type, 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

Centers for Medicare and Medicaid Services (CMS). Therapeutic Shoes for Persons with Diabetes. Local Coverage Determination (LCD) L33369. CGS Administrators, LLC.

Centers for Medicare and Medicaid Services (CMS). Therapeutic shoes for Persons with Diabetes. Policy Article A52501. CGS Administrators, LLC.

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