



Blue Cross
Blue Shield
of Michigan

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Blue Cross Blue Shield of Michigan Medical Policy

These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

Enterprise: Blue Cross Blue Shield of Michigan
Department: Medical Affairs
Effective Date: 4/1/2017
Next Review Date: 1st Quarter 2026

Orthopedic Footwear

Procedure codes: L3000- L3649

Background:

Orthopedic shoes and shoe inserts are utilized for individuals with functional impairment to their feet, but whose feet are essentially intact. They are designed for conditions such as plantar fasciitis, bunions, blistering, callouses, and hammer toes. These shoes can be custom-made or purchased off the shelf. Some examples of orthopedic shoes include oxford shoes that are not considered therapeutic, corrective shoes, and high-top shoes. The shoes can be modified to accommodate the individual's specific need, such as uneven gait due to injury or malformation, or split sizing.

Blue Cross Blue Shield of Michigan (BCBSM) has generally followed Medicare in establishing benefit coverage policy for Durable Medical Equipment. However, BCBSM may diverge or expand this policy to appropriately reflect local standards of care or to meet the Plan's strategic goals.

For this policy, BCBSM covers orthopedic shoes and shoe inserts which **may or may not** attach to a leg brace, but Medicare covers orthopedic shoes if they are an integral part of a covered leg brace

This document outlines BCBSM's policy on the coverage of orthopedic footwear. A separate policy addresses therapeutic shoes and shoe inserts for diabetic patients.

Medical Policy Statement:

BCBSM will cover medically necessary orthopedic shoes and shoe inserts and modifications designed to correct functional impairment, **which may or may not attach to a leg brace**.

This is not consistent with Medicare coverage as noted below under Medicare information (A52481).

Exclusion:

Shoes are denied as noncovered when they are put on over a partial foot prosthesis or other lower extremity prosthesis (L5010-L5600), which is attached to the residual limb by other mechanisms.

***NOTE:** MEMBERS BENEFITS TAKE PRECEDENCE OVER THIS POLICY.

Claims Submission Information:

- Medical documentation should certify that the patient is being treated for a condition that requires orthopedic footwear.
- Any shoes, shoe inserts or modifications that do not meet medical necessity criteria are not a covered benefit and should be submitted with the GY modifier.
- Claims must be submitted with all the appropriate modifiers, including right and left limb designation.
- You have 180 days from the date of service to submit a claim. Do not bill us until you have received the completed certificate of medical necessity (CMN), that has been signed and dated.

Modifier	Description
GA	Waiver of liability statement issued as required by payer policy, individual case
GY	Item or service statutorily excluded, does not meet the definition of any Medicare benefit or for non-Medicare insurers, is not a contract benefit
KX	Requirements specified in the medical policy have been met
LT	Left side
RT	Right side

HCPCS Codes: See Addendum A

Scope:

This policy applies to all underwritten contracts and to self-funded contracts, pending customer sign-off.

CMS.gov Orthopedic Footwear Article (A52481) Medicare Information:

Shoes are covered 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 in these situations.

Other shoes, e.g. high top, depth inlay or custom for non-diabetics, etc. (L3649), are also covered if they are an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace.

Heel replacements (L3455, L3460), sole replacements (L3530, L3540), and shoe transfers (L3600-L3640) involving shoes on a covered brace are also covered.

Inserts and other shoe modifications (L3000-L3170, L3300-L3450, L3465-L3520, and 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.

Shoes and related modifications, inserts, heel/sole replacements or shoe transfers billed without a KX modifier will be denied as noncovered because coverage is statutorily excluded.

According to a national policy determination, a shoe and related modifications, inserts, and heel/sole replacements, are covered only when the shoe is an integral part of a brace. A matching shoe which is not attached to a brace and items related to that shoe must not be billed with a KX modifier and will be denied as non-covered because coverage is statutorily excluded.

Shoes which are incorporated into a brace must be billed by the same supplier billing for the brace. Shoes which are billed separately (i.e., not as part of a brace) will be denied as noncovered. A KX modifier must not be used in this situation.

Shoes are denied as noncovered when they are put on over a partial foot prosthesis or other lower extremity prosthesis (L5010-L5600), which is attached to the residual limb by other mechanisms because there is no Medicare benefit for these items.

A foot pressure off-loading/ supportive device (A9283) is denied as noncovered because there is no Medicare benefit category for these items.

With the exception of the situations described above, ORTHOPEDIC FOOTWEAR billed using codes L3000-L3649 will be denied as noncovered.

References:

1. CGS Administrators, LLC- LCD. Orthopedic footwear (L33641). Revision effective date 1/1/2020, retrieved 1/23/2023. [LCD - Orthopedic Footwear \(L33641\) \(cms.gov\)](https://www.cms.gov/lcds/lcd-orthopedic-footwear-l33641)
2. CGS Administrators, LLC- LCA. Orthopedic footwear(A52481). Policy article update revision effective 11/1/2023, retrieved 3/9/2024. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52481>

Policy Effective Date	BCBSM Signature/Review Date	Comments
1/1/2017	6/21/2017	Established as separate BCBSM Only Policy- (combination <i>Therapeutic/Orthopedic Shoes and Shoe Inserts</i> policy was retired)
1/1/2017	5/07/2018	Routine review, minor editing
1/1/2017	3/19/2019	Routine review

1/1/2017	3/12/2020	Routine review
1/1/2017	3/11/2021	Routine review, codes verified
1/1/2017	3/10/2022	Routine review
1/1/2017	03/09/2023	Routine review
1/1/2017	2/9/2023	Routine review
1/1/2017	3/9/2024	Routine review
1/1/2017	3/17/2025	Routine review

ADDENDUM A

Covered HCPCS Codes (Reference Benefit Explainer for Quantity and Frequency limitations, effective April 1, 2017)

Procedure Code	Description
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
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf
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, prefabricated, off-the-shelf, 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

ADDENDUM B – General Information

P & O Upgrades- Claims Requirements:

You must bill both items on the same claim in sequential order with the GA modifier on the first line for the upgraded item and the GK modifier on the second line for the medically necessary item. Only the two claim lines are required on the claim when billing for an upgraded item; no other procedure codes should be billed on the same claim.

These modifiers, when billed collectively, will acknowledge the following:

- The member was informed of and agreed to accept total responsibility for the difference between the medically necessary item and the upgraded item.
- A Member Upgrade Responsibility form (available in the online provider DME/P&O manual) was signed prior to services being rendered and is on file.

Line 1: Modifier GA for the upgraded item: Bill the appropriate HCPCS code for the upgraded item that the supplier actually provided to the member with the charge amount and BCBSM fee for the upgrade.

Line 2: Modifier GK for the medically necessary item: Bill the appropriate HCPCS code for the reasonable and necessary item with the charge amount and BCBSM fee for the medically necessary item.

Modifier GA, when billed alone, has no impact on claims processing, however, if billed on the same claim with a modifier GK, it represents a non-medically necessary upgrade item and will be rejected. The member will be liable.

The purpose of modifier GA is to acknowledge the patient has a signed Member Upgrade Responsibility form on file and accepts liability for the rejected service line for the non-medically necessary upgrade item.

The purpose of modifier GK is to identify the medically necessary item ordered by the physician. Modifier GK, when billed alone, has no impact on claims processing.

Free upgrade: Modifier GL: When providing a free upgrade, you should submit the claim with the appropriate HCPCS code for the non-upgraded item or service that the physician ordered. Only report the GL modifier with the correct, non-upgraded HCPCS code. Specify the make and model of the upgraded item or service that was provided in field 19 of the CMS 1500 claim. When providing a free upgrade, the supplier should not have the member sign a *Member Upgrade Responsibility* form because the supplier should not be charging the member more than the normal deductible and copayment for the non-upgraded item. The upgraded item should not be billed.