



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 2025

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 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.

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.

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 of 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.

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/medicare-coverage-database/details/article-details.aspx?articleId=52481)
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 |

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| 1/1/2017 | 2/9/2023 | Routine review |
| 1/1/2017 | 3/9/2024 | 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 |

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| 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, 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, 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 |

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| 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 |

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| 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.