SECTION B: L3000 - L3649 SERIES OF CODES

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CHAPTER BA: OFF THE SHELF SHOES-ADULT

Overview

The PCC differentiates "over the counter" from "off the shelf" as such:

- Over the counter (OTC) means "without a prescription", and could be custom, customized or non-custom work that is readily dispensed without a prescription. It is rare to do custom work without a prescription, but it can occur.
- Off the shelf (OTS) means "non-custom" and are products that are mass produced without any particular wearer in mind. They may be sold "as is," customized or modified. They may also be sold to be used in conjunction with other products/devices to improve their comfort or function. They do not require a prescription, but many times they are prescribed.

Some of the codes and terms in this chapter contemplate leather soled, separate heeled "orthopedic shoes" that were popular in the 1930's-1970's. Most Pedorthic work in the 21st century is done using wedge or unit bottom shoes, generally with a polyurethane or EVA (Ethylene Vinyl Acetate) base and a removable inlay.

The term "orthopedic shoes" traditionally referred to the leather-soled, separate heeled shoes that were popular in the 1930's-1970's. These shoes usually had several if not all of the following support and accommodation features:

- at least 3, usually 5 or more widths.
- whole and half sizes.
- a Goodyear Welt construction.
- low heel pitch.
- long medial reinforced counters.
- stiff leather uppers.
- deep/oblique toe characters.
- extended steel shanks.
- extra depth construction.

In the 21st century, the moniker "orthopedic shoe" has developed a truly negative connotation. Most of the "orthopedic shoe" prescriptions are being filled today with footwear that would be termed "athletic" or "walking" or "casual." Modern "Pedorthic" shoes generally have the following support and accommodation features:

- American Lasts: generally 3 or greater widths and whole and half sizes.
- European Lasts: generally roomy forefoot fits and tight vamp fits, with metric or UK sizing.
- Removable inlay to accommodate a foot orthosis.
- Wedge bottom. The wedge bottom construction greatly diminishes the need for a shank (unlike a separate heel), but most better-grade shoes have some sort of shank anyway.
- Unit bottom, generally of polyurethane and/or EVA.
- Low heel pitch.
- Reasonably strong counters.
- Oblique toe character.
- Good medial/lateral stability.
- Generally—deeper toe boxes than most shoes

Popular "Pedorthic" shoes in the 21st century have included (but by no means limited to) technical grade running and walking shoes. With the advent of the Therapeutic Shoes for Diabetics Medical Policy, there has been an explosion of offerings by companies for shoes that meet the definition of A5500. These shoes generally share the list of features found in "Pedorthic" footwear, with the notable exception of European sizing, which is prevented by law.

In addition to these American brands, there are a number of European shoes with great Pedorthic integrity. Though most of these shoes lack the combination of sizes and widths that American Pedorthic shoes offer, these shoes are Pedorthic mainstays in Europe and have become very important in the United States since the late 1990's. Despite the acknowledged benefits of these shoes, the PCC favors the complete exclusion and non-coverage of shoes unless they come in at least three graded widths. This is a public policy position, with the rationale that with all else being equal, beneficiaries will be better fitted in shoes that come in widths, and therefore the HCPCS system should endorse and promote such footwear.

Width is a measure of circumference of the ball of a shoe. However, in a quality shoe, the manufacturer will, for every other width, not just add more upper material, but also use a wider midsole/outsole base. This is referred to as a graded-width. A lower cost manufacturing process will attempt to put three different sized uppers (or three individually marked shoe sizes) on one sized base. The PCC has clarified that for pedorthic footwear, a maximum of two individual marked shoe sizes may be used per unit bottom so that the sole width is graded to the size and width of the upper portions of the shoe. As described above, the PCC favors the American standard last sizing schedule or its equivalent. (The American last sizing schedule is the numerical shoe sizing system used for shoes in the United States.)

The PCC favors closed toe "shoes" and "boots" for Pedorthic treatment. Sandals can support, but they cannot protect the foot. The PCC favors styles that can protect the foot. Slip-on shoes (especially dress shoes) have the weakest control of any shoe. The PCC favors shoes that can support, protect, and control the foot—and this rules out the vast majority of all sandals, slip-ons, and dress shoes.

The variety of shoes available is so vast, it would be almost impossible for a code set to adequately and fairly account for all options. It would overcompensate poor quality shoes and undercompensate high quality shoes—which is exactly opposite of what should happen. This underscores the need for qualified provider language. Qualified providers not only have the training to know which shoes will work, they also have the code of ethics and the internal policing mechanisms to ensure that the right shoes are dispensed.

The PCC applauds the use of different codes for men's and ladies shoes since almost all footwear companies differentiate the pricing between the two genders, with men's shoes being more expensive than ladies' shoes.

Most private insurance companies do NOT routinely cover OTS shoes. The PCC actually supports this decision based on the following reasons:

1) there is such a broad range of shoes available that it would be virtually impossible to pick one allowable amount that would be fair to both insurance company and providers. No other item in the L3000-L3649 series has as much diversity. Routine non-coverage allows the market mechanism to allocate prices and encourages innovation by ensuring fair compensation for footwear.

2) since everyone wears shoes and everyone is accustomed to buying their own shoes—beneficiaries accept the notion of non-coverage for shoes—just like their mattresses and toothbrushes. If every beneficiary had $100 allowed for shoes per annum, then insurance premiums would increase by at least $100 per annum.

3) it frees up health care dollars to be used for more non-standard/specialty items—such as foot orthoses and shoe modifications. It would be wrong to say "more important" items, since shoes have the most impact on foot health, and are necessary for the proper functioning of all other codes.

If a third-party payor were to cover OTS shoe codes, there would need to be at least 20 shoe codes that would need to be created to adequately and fairly handle OTS shoes. The PCC has recommended non-coverage, and so the small number of codes can be used to merely track the activity for these items (rather than reimburse them).

The main codes currently in existence are:

LADIES' OTS SHOES-NOT ATTACHED TO BRACE
L3215 ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH
L3216 ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH
L3217 ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH

MEN'S OTS SHOES-NOT ATTACHED TO BRACE
L3219 ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH
L3221 ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH
L3222 ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH

OTS SHOES ATTACHED TO A BRACE
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)

OTHER SHOE CHARGES
L3254 NON-STANDARD SIZE OR WIDTH
L3255 NON-STANDARD SIZE OR LENGTH
L3257 ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE

SPECIALTY OTS SHOES
L3260 SURGICAL BOOT/SHOE, EACH
L3265 PLASTAZOTE SANDAL, EACH

These code descriptions are not ME-CE—and have caused much confusion. In addition, there are important codes missing from this area regarding newer advances, and they should be added.

As such, the PCC recommends the following (beginning on page 26):

Old Description	PCC/New Description	Explanation
LADIES' OTS SHOES - NOT ATTACHED TO BRACE		
L3215 ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	L3215 Pedorthic OTS Shoe, Ladies' low top with adjustable closure, available in at least three graded widths, closed toe, separate heeled construction with shank, any material bottom, with or without depth inlay, each foot.	This code is defined as "ladies' low top with separate heel". Generally, these will be leather soled shoes (i.e. the old style orthopedic shoes), but the code is open for any sole material if it has a separate heel. The shoe must have some sort of closure, be it laces, hook-and-loop, straps, etc. The shoe must have some sort of shank since it is a separate heel, and must have Pedorthic support and accommodation qualities above and beyond "regular" footwear. A qualified provider will know the difference.
L3216 ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	L3216 Pedorthic OTS Shoe, Ladies' low top with adjustable closure, available in at least three graded widths, closed toe, wedge or unit bottom construction, any material bottom, full length depth inlay, each foot.	This code is defined as "ladies' low top with wedge or unit bottom". This definition will cover anything from athletic shoes to shoes that qualify as A5500. The shoe must have some sort of closure, be it laces, hook-and-loop, straps, etc. The shoe must have Pedorthic support and accommodation qualities above and beyond "regular" footwear. A qualified provider will know the difference.
L3217 ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	L3217 Pedorthic OTS Shoe, Ladies' high top with adjustable closure, available in at least three graded widths, closed toe, any bottom construction, any material bottom, full length depth inlay, each foot.	This code is defined as "ladies' high top with any bottom". The shoe must have some sort of closure, be it laces, hook-and-loop, straps, etc. The shoe must have Pedorthic support and accommodation qualities above and beyond "regular" footwear. A qualified provider will know the difference.

Old Description	PCC/New Description	Explanation
MENS' OTS SHOES - NOT ATTACHED TO BRACE		
L3219 ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	L3219 Pedorthic OTS Shoe, Men's low top with adjustable closure, available in at least three graded widths, closed toe, separate heeled construction with shank, any material bottom, with or without depth inlay, each foot.	This code is defined as "men's low top with separate heel". Generally, these will be leather soled shoes (i.e. the old style orthopedic shoes), but the code is open for any sole material if it has a separate heel. The shoe must have some sort of closure, be it laces, hook-and-loop, straps, etc. The shoe must have some sort of shank since it is a separate heel, and must have Pedorthic support and accommodation qualities above and beyond "regular" footwear. A qualified provider will know the difference.
L3221 ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	L3221 Pedorthic OTS Shoe, Men's low top with adjustable closure, available in at least three graded widths, closed toe, wedge or unit bottom construction, any material bottom, full length depth inlay, each foot.	This code is defined as "men's low top with wedge or unit bottom". This definition will cover anything from athletic shoes to shoes that qualify as A5500. The shoe must have some sort of closure, be it laces, hook-and-loop, straps, etc. The shoe must have Pedorthic support and accommodation qualities above and beyond "regular" footwear. A qualified provider will know the difference.
L3222 ORTHOPEDIC FOOTWEAR, MENS' SHOE, HIGHTOP, DEPTH INLAY, EACH	L3222 Pedorthic OTS Shoe, Men's high top with adjustable closure, available in at least three graded widths, closed toe, any bottom construction, any material bottom, full length depth inlay, each foot.	This code is defined as "men's high top with any bottom". The shoe must have some sort of closure, be it laces, hook-and-loop, straps, etc. The shoe must have Pedorthic support and accommodation qualities above and beyond "regular" footwear. A qualified provider will know the difference

Old Description	PCC/New Description	Explanation
OTS SHOES ATTACHED TO BRACE		
L3224 ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	L3224 Pedorthic OTS Shoe, Ladies' any height with adjustable closure, available in at least three graded widths, closed toe, any bottom construction, any material bottom, full length depth inlay, used as an integral part of an attached brace or AFO, each foot.	The PCC recognizes that this code should be used for any L3215, L3216, or L3217 that is permanently attached to an AFO. These AFOs are generally double or single uprights. If the shoe cannot meet the definition of L3215, L3216, or L3217, it cannot be an L3224 Medicare does pay for this code, so practitioners need to stay abreast of Medicare guidelines and, to the extent that they differ from PCC guidelines, the Medicare guidelines control for Medicare. PCC recognizes the third party payors need to recognize this unique code to describe a shoe permanently attached to an AFO. These beneficiaries would have had to buy shoes even if they had not developed the condition necessitating the brace. See Section D.
L3225 ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	L3225 Pedorthic OTS Shoe, Men's any height with adjustable closure, available in at least three graded widths, closed toe, any bottom construction, any material bottom, full length depth inlay, used as an integral part of an attached brace or AFO, each foot.	The PCC recognizes that this code should be used for any L3219, L3221, or L3222 that is attached to an AFO. These are generally double or single upright AFOs. If the shoe cannot meet the definition of L3219, L3221, or L3222, it cannot be an L3225. Medicare does pay for this code, so practitioners need to stay abreast of Medicare guidelines and, to the extent that they differ from PCC guidance, the Medicare guidelines control for Medicare. PCC recognizes the third party payors need to recognize this unique code to describe a shoe permanently attached to an AFO. These beneficiaries would have had to buy shoes even if they had not developed the condition necessitating the brace. See Section D.

Old Description	PCC/New Description	Explanation
OTHER SHOE CHARGES		
L3254 NON-STANDARD SIZE OR WIDTH	L3254 Pedorthic OTS Shoe, unisex, charge for non-standard shoe width and/or length, each foot.	This code can only be used if the manufacturer of an OTS shoe charges the practitioner an incremental charge relating to a size or width that is outside of a normal size run. The charge must be 1) actually paid, and 2) incremental to a standard size. The PCC recommends blanket non-coverage of this code, just like the OTS shoe codes.
L3255 NON-STANDARD SIZE OR LENGTH	Discontinue	The PCC believes only one code is needed—usually non-standard lengths and widths go hand in hand, and there is usually just one charge paid.
L3257 ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	L3257 Pedorthic OTS Shoe, unisex, additional charge for split size, each.	Split sizes usually happen in one of two ways: 1) the manufacturer of an OTS shoe has a program whereby they will split the size at the manufacturer level for an additional charge, 2) the manufacturer has no such program and the practitioner must sell two pairs of shoes to the patient. Most practitioners will give the patient a discount on the second pair, while requiring the surrender of the contralateral shoes to 1) prevent abuse, 2) use as samples, and/or 3) donate to charity. This code may be used to bill the increment charged to the beneficiary that is a) incremental over the price of a normal pair of shoes, and b) actually paid. The PCC recommends blanket non-coverage of this code, just like the OTS shoe codes.

Old Description	PCC/New Description	Explanation
SPECIALTY OTS SHOES		
L3260 SURGICAL BOOT/SHOE, EACH	L3260 Pedorthic OTS Shoe, closed toe, unisex, low or high top with surgical closure, any non-leather material, each foot.	This code is for any OTS shoe or boot with a surgical closure, made of any non-leather material—i.e. one where the vamp opens all of the way to the toe of the shoe for easier donning and doffing. It covers most modern "healing shoes."
L3265 PLASTAZOTE SANDAL, EACH	L3265 Pedorthic OTS Shoe, open toe, unisex, low or high top with surgical closure, any material, each foot.	If the healing shoe has an open toe, it is considered a sandal, not a shoe. If it has a closed toe, it is a shoe. Therefore, this code would be more appropriate healing sandals and for "cast boots" which are open in the front and are essentially strap on soles to go over a walking cast.
	L3BAA (must currently use L3649) Pedorthic OTS Shoe, closed toe, unisex, low or high top with surgical closure, leather upper, each foot.	This code is for any OTS shoe or boot with a surgical closure and leather uppers—i.e. one where the vamp opens all of the way to the toe of the shoe for easier donning and doffing. It covers only the traditional leather high top shoe with lacing to the toes.

FAQ:

Q: Why does the PCC advocate the routine non-coverage of OTS shoes?

A: The PCC actually supports this decision based on the following reasons:

1) there is such a broad range of shoes available that it would be virtually impossible to pick one allowable amount that would be fair to both insurance company and providers. No other item in the L3000-L3649 series has as much diversity. Routine non-coverage allows the market mechanism to allocate prices and encourages innovation by ensuring fair compensation for footwear.

2) since everyone wears shoes and everyone is accustomed to buying their own shoes—beneficiaries accept the notion of non-coverage for shoes—just like their mattresses and toothbrushes. If every beneficiary had $100 allowed for shoes per annum, then insurance premiums would increase by at least $100 per annum.

3) it frees up health care dollars to be used for more non-standard/specialty items—such as foot orthoses and shoe modifications. It would be wrong to say "more important" items, since shoes have the most impact on foot health, and are necessary for the proper functioning of all other codes.

All rule making is a form of "line drawing". The line has to be drawn somewhere and certainly bright lines can be both over and under inclusive (include items that should not have been and exclude items that should not have been).

Q: Why did the PCC exclude slip-on shoes and sandals, when certainly some would qualify as being pedorthically viable?

A: Though some sandals and some slip-on shoes would be widely regarded as "pedorthically sound", most of the shoes in these categories would not. Slip-on shoes have a very low ability to control the foot, relative to shoes with adjustable closures, all else being equal. Likewise, slip-on shoes generally need to be fit more snuggly than shoes with an adjustable closure—thus running the risk of irritating the foot. The PCC would specifically like to exclude typical so-called "dress shoes."

Likewise, sandals cannot generally protect the toes, relative to closed-toe shoes. Protecting the toes is often a major goal of Pedorthics.

Q: What if you dispense a man's shoe to a woman (to fit large size or width)? Should it be billed with the "men's" codes or the "woman's" codes?

A: You would use the Men's shoe codes. Those shoes are more expensive, and the coding allowables should be higher. PCC recognizes the medical necessity of fitting some women on men's lasts and fitting some men on women's lasts.

Q: Would a clog with an adjustable back strap qualify for these codes? How about a clog that has a non-adjustable back or no-back?

A: The adjustable back strap would qualify for an "adjustable closure" The other two would not.

Q: Why did the PCC recommend a minimum of 3 graded widths when this would automatically exclude a number of excellent European shoes?

A: Remember, the PCC advocates the non-coverage of all OTS shoes, making the point somewhat moot. The PCC recognizes that many European Pedorthic-grade shoes offer excellent qualities, but do not come in 3 graded widths. The PCC recognizes that even though a shoe comes in one width—you can properly fit someone with it, and likewise, even though a shoe comes in three widths—you can misfit someone with it. That is a major reason that the PCC recommends qualified provider language…to provide some assurance that the practitioner helping the beneficiary has some knowledge of shoe fit and can determine whether the shoe fits. However, the PCC recognizes that shoe fitting is a blend of art and science, and involves several shades of gray and lots of judgment. The PCC believes that from a public policy standpoint that beneficiaries over time will receive better care if the three graded widths rule is included in the definition, especially in cases where the third party payor ignores the PCC recommendations and provides coverage for OTS shoes.

Q: Does Medicare currently have a specific code for Custom Shoes Attached to a Brace?

A: No. Currently, Medicare has a defined code for OTS shoes attached to a brace, but does not have a defined code for Custom Shoes attached to a brace. This creates a complicated billing situation. Until Medicare can harmonize this particular policy, the PCC believes a separate code is required for Custom Shoe attached to a brace. For more information see chapter BI.

SEPARATE HEEL

LONG MEDIAL COUNTER
GOODYEAR WELT CONSTRUCTION

LEATHER SOLE, MIDSOLE AND UPPER

ONE INCH HARD RUBBER HEEL

GREAT FOR THOSE WHO DRAG THEIR FEET OR NEED MAXIMUM SUPPORT

TRADITIONAL GIRL SCOUT SHOE USED IN DOUBLE UPRIGHT METAL BRACES

WEDGE BOTTOM

IN DEPTH CONSTRUCTION

WEDGE OR ROCKER SOLE FOR MAXIMUM SHOCK ABSORPTION

REMOVABLE 1/4 INCH INNERSOLE

ORTHOPEDIC STEEL SHANKS AND EXTENDED COUNTERS

Images courtesy of Tom Browner, used with permission.

CHAPTER BB: ROCKER SOLES, ROCKER BARS, METATARSAL BARS, AND MARCH BARS

Rocker soles, rocker bars, metatarsal bars, and march bars all work to create a fulcrum on the forefoot that affects gait and/or relieves pressure on the forefoot. Generally we use "rocker soles" when talking about a wedge or unit bottom shoe. We use "metatarsal bars" or "rocker bars" when talking about a separate heel shoe. Rarely are "metatarsal/rocker bars" added to wedge bottom shoes because they can create an uneven walking surface and a negative heel.

Generally "rocker bars" are larger than "metatarsal bars" and have the primary purpose of creating a fluid gait over the forefoot. "Metatarsal bars" are usually smaller and placed with the primary purpose of unloading the forefoot—usually the metatarsal heads. March bars are the most proximal of the metatarsal bars and are used to unload the metatarsal heads. For coding, the codes are based on HOW the device is constructed (forefoot bar or entire sole), not necessarily where the apex of the rocker is, nor the primary purpose of the rocker.

The main codes currently in existence are:
L3400 METATARSAL BAR WEDGE, ROCKER
L3410 METATARSAL BAR WEDGE, BETWEEN SOLE
L3595 ORTHOPEDIC SHOE ADDITION, MARCH BAR

Other important codes:
L2360 ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK

These code descriptions are not ME-CE—and have caused much confusion. To be mutually exclusive—the codes would either need descriptions based on type (i.e. "Rocker sole" versus "Rocker/Metatarsal Bar") or construction technique (i.e. "Added outside of sole" versus "added between sole").

The PCC has determined that the most sensible distinction is to distinguish the four possible options, since their differences are in fabrication labor time. The time involved is the main driver between giving these different levels of reimbursement.

As such, the PCC recommends the following:

Old Description	PCC/New Description	Explanation
L3400 METATARSAL BAR WEDGE, ROCKER	L3400 Shoe modification/ addition: outsole, rocker bar or metatarsal bar added to forefoot of shoe, attached to bottom of outsole, each foot.	To be used when a bar is added. This bar is added to the outside of the sole. This is generally done to separate heel shoes. For custom shoes, see Footnote X.
L3410 METATARSAL BAR WEDGE, BETWEEN SOLE	L3410 Shoe modification/ addition: outsole, rocker bar or metatarsal bar added to forefoot of shoe, inserted between midsole and outsole, each foot.	To be used when a bar is added. This bar is inserted between the outsole and midsole. This is generally done to separate heel shoes. For custom shoes, see Footnote X.

Old Description	PCC/New Description	Explanation
	L3BBA (must currently use L3649) Shoe modification/ addition: outsole, rocker sole added to wedge bottom shoe, attached to bottom of outsole, each foot.	To be used when the rocker sole is attached to the outside of the outsole. This is done for wedge or unit bottom soles. For custom shoes, see Footnote X.
	L3BBB (must currently use L3649) Shoe modification/ addition: outsole, rocker sole added to wedge bottom shoe, inserted between midsole and outsole, each foot.	To be used when the original outsole is cut off, and the rocker sole is done between the outsole and midsole, and the outsole is replaced. This is done for wedge or unit bottom soles. This code requires the replacement of the outsole, so it will almost always be billed along with: L3540 full soles (see Chapter BE). For custom shoes, see Footnote X.
L3595 ORTHOPEDIC SHOE ADDITION, MARCH BAR	Discontinue	March bars (L3595) are a form of metatarsal bars (L3400). March bars represent the most proximal of the metatarsal bar—generally in the shank of the shoe. The goal of the march bar is to create a distinct offloading apex within the shank area, proximal to the metatarsal heads to offload the metatarsal heads. It is of comparable work to a metatarsal bar. The PCC believes that there is not a need for the march bar distinction from metatarsal bars.
L2360 ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	L2360 Shoe modification/ addition: outsole, steel shank bent, inserted, and fastened between outsole and midsole of shoe, each foot.	This is a steel plate designed to be inserted between the midsole and outsole of the shoe. The purpose of the plate is to stop the sole of the shoe from bending. It must be molded by hand to follow the proper contour of the shoe.
	L3BBC (must currently use L3649) Shoe modification/ addition: outsole, high strength, lightweight material, all hybrid lamination/prepreg composites shank bent, inserted, and fastened between outsole and midsole of shoe, each foot.	Like 2360, but when the shank is made from high strength, lightweight material, all hybrid lamination/prepreg composites. This could include carbon fiber or fiberglass.

Footnote X: These codes are often applied to OTS shoes and can be used when coding-out a new custom shoe if 1) it is an upgrade over the base sole provided, and 2) there is an actual incremental charge paid to the lab for this item. These codes can be used to later modify an existing custom shoe. For more information, see the chapter on custom shoes at chapter BI.

All else being equal, a metatarsal/rocker bar is less labor intensive to do than a rocker sole because it is the forefoot only. The former also involves less material because it is forefoot only. The additions attached to the outside of the sole are less labor intensive than those inserted between the midsole and the outsole. These codes include material added up to 1/4 inch. Beyond that, the practitioner should bill for a lift code. Rocker soles codes includes material added up to one-quarter of an inch. Above that, the practitioner should also bill for additional elevation (see elevation codes at chapter BC).

FAQ:

Q: What if a metatarsal bar or rocker bar is added outside of the sole of the shoe, then a protective outsole is added to protect the bar (i.e. a rubber or firm crepe bar is added, and then an outsole or sole guard material is added on top of that)?

A: The bar would be a L3400. A half sole was then added, so the L3530 half soles would be appropriate (see chapter BE). L3410 would not be appropriate since the original sole was not cut off.

Q: I added a rocker sole to unload a forefoot on a men's size 15 wedge-bottom shoe. In order to get enough room to unload the foot, I had to add one-half inch under the affected limb and then a compensating rocker of one-half inch on the other foot. How would this be coded?

A: The first one-quarter inch of material per side is included in the definition of between sole, rocker sole, L3BBB. This would therefore be two units of between sole, rocker sole L3BBB and two units of L3310 since each side needed one-quarter inch of L3310. See chapter BC on elevations.

Q: I added a metatarsal bar under the ball of a separate heel shoe and need to also elevate the heel to rebalance the shoe—what heel code would I use?

A: Use L3334: if the shoe is a separate heeled shoe, and the heel also needs to be increased. See chapter BC on elevations.

Q: If I do a rocker sole that also has other modifications included (i.e. wedges, stabilizers, and elevations) can I bill for all of the work that I have done?

A: Yes. Many times a complex shoe modification will simultaneously require wedging, elevating, stabilizing, and rockering. Each modification done should be separately billed, but the charge to replace the outsole should only be billed once.

Q: I had to add a shank to the shoe when I rockered it, what other code do I use for the shank?

A: If you include a STEEL shank inside the rocker, you should also code L2360. If you do a carbon shank or fiberglass shank, or other similar material, you should code L3649 (L3BBC) with a description "Like L2360, but carbon fiber (or fiberglass)". PCC has decided that this code has both the labor and materials component included for this incremental step.

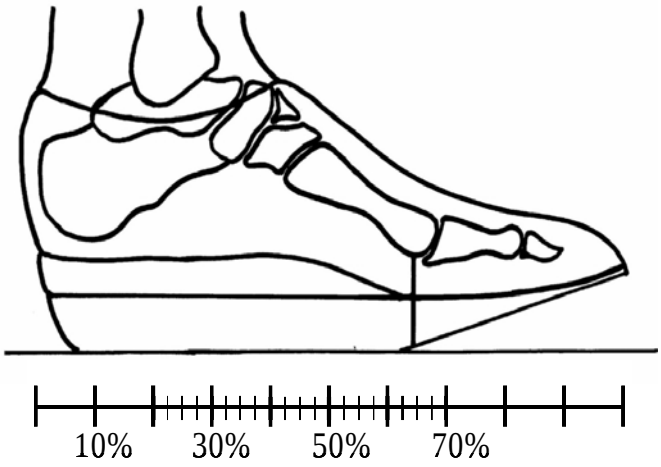
Q: I made a full length roller sole. How would that be coded?

A: It should be coded as a regular rocker sole.

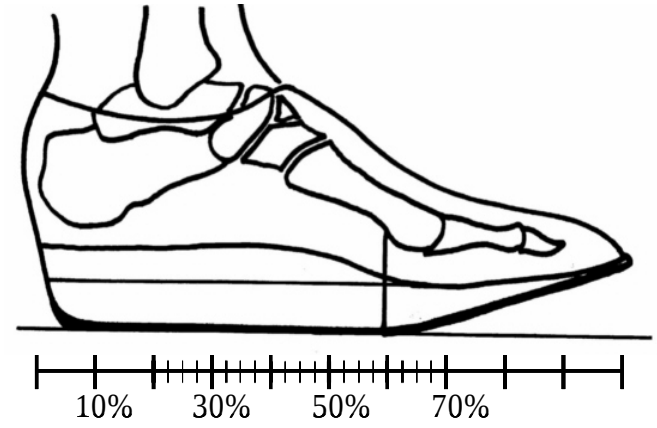
If the practitioner does any other INCREMENTAL special work or add any other INCREMENTAL special materials (besides the outsole material, the rockered midsole material, or shank material) that are not otherwise coded in this guide, the practitioner may code that as L3649 with a description. If it is a deluxe aesthetic upgrade, the practitioner should code it as L3649 and include an ABN.

ROCKER SOLE EXAMPLES

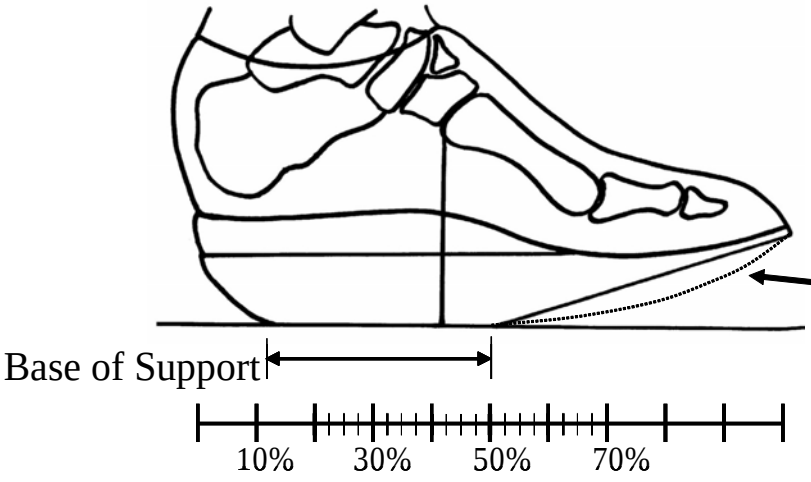
MPJ ROCKER



METATARSAL HEAD ROCKER



ANKLE JOINT ROCKER



We round this aspect for "slower" speed and make it straighter for "faster"

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CHAPTER BC: LIFTS AND ELEVATIONS

Overview

An elevation is material added to the sole of a shoe to compensate for a leg that is shorter than the other. By adding such material, it allows the wearer to approximate two limbs of nearly equal length in order to provide a stable, balanced, gait. The PCC prefers the term "elevation" for material that has been permanently added to the outsole of the shoe and "lift" for materials that are added to the interior of the shoe (usually removable, but sometimes attached). Both serve the same purpose. The PCC has interpreted "per inch" to mean "per inch or fraction thereof."

Amount of Correction

When a leg length discrepancy (LLD) is fairly new/recent (i.e. after a trauma, or after a lower limb joint replacement), then the standard protocol is to correct the entire difference. The body was used to two limbs of the same length, and therefore the common approach is to correct the entire difference immediately.

When a LLD is old/longstanding (i.e. congenital defect and/or childhood trauma), then the standard protocol is to correct approximately half of the difference, since the body has somewhat compensated and it is usually too traumatic to the body's system to correct the entire difference in one step. Some patients will undergo serial, systematic correction of the difference by slowly changing the amount of the elevation over several years.

Materials

Elevations today are primarily done with crepe on wedge or unit bottom shoes. Historically, cork elevations were very popular for their strength and light weight. These elevations were traditionally covered in leather that matched the leather of the shoe. These elevations are very expensive to create. Least common is the metal skate—which is like a metal frame with sole material attached to the bottom of the shoe.

Heel Only Versus Entire Foot Elevations

Many doctors will use heel-only elevations or lifts to compensate for LLD. Heel only lifts are the least expensive and most easily disguised of all lifts/elevations—thus their popularity. They are used extensively on minor LLDs. Generally, lifts cannot exceed one-quarter of an inch inside the shoe, or else they lift the heel out of the shoe too much. Unless the foot is truly in an equinus position, it is not advisable to do a heel-only elevation above 3/8 inch for fear of placing too much strain on the ankle and other joints within the foot.

Other doctors require full foot elevation for any LLD—noting that full sole elevations are the only way to provide therapeutic effect during the entire gait cycle and that this reduces strain on the ankle and other joints within the foot.

The current codes have differentiated between "entire sole" and "heel only tapered to the metatarsals". From a fabrication and time standpoint, the latter is actually harder to do than the former. "Heel only tapered to metatarsals" involves attaching an entire sheet of material, just like the "entire sole", but then the tapering must be done by hand. The material is sanded away using a grinder. The surface area sanded is actually greater on this type of modification, relative to the mild rockering done to an "entire sole" elevation, and therefore requires a longer period of very steady grinding and a larger grinding wheel to produce a flat surface over a larger surface area. Therefore, it is a fallacy to compensate this modification at a lower rate than the "entire sole."

Rockering and Balancing Elevations

When material is added to the sole of the shoe, especially in laminated layers, it can stiffen the sole of the shoe and make it hard to bend the shoe in gait (at the metatarsals). In addition, patients can have a tendency to catch the distal/plantar edge of the toe of the buildup on the ground. To address both issues, it is necessary to skive or taper

the plantar toe area—much like a rocker sole. The apex of such rockers is generally distal to a traditional metatarsal-head rocker (i.e. it is at, or distal to, the metatarsal heads).

As elevations increase in height, it becomes much easier for the patient to ambulate with the elevation if there is a slight forward tilt to the elevation, caused by building up the material in the heel portion more than the forefoot portion. For patients with an LLD involving an equinus deformity of the foot (i.e. from post polio), it is necessary to balance the lift according to the equinus attitude of the foot/ankle.

The rockering and balancing of a complex elevation is the hallmark that distinguishes a trained pedorthist from a non-trained shoe repairman. For the wearer, there is no comparison—the balanced and rockered elevation has a much greater therapeutic effect. This step can greatly affect the retail price of an elevation—making it hard to equitably price complex elevations using the L-code system.

Compensation Elevations

When a very pronounced rocker sole is applied to an affected foot, the rocker sole on that affected foot must be built up anywhere from one-eighth to one-half inch or more to allow for a pronounced rocker. When this happens, the rocker sole can CREATE a leg length discrepancy. The non-affected side would need a compensation elevation to re-balance the patient. Example: The patient has severe forefoot ulcers on the right foot. An unloading rocker is constructed on the right foot, but in order to make a rocker pronounced enough, three-eights of an inch of material had to be added to the right sole. Now, a 3/8 inch compensation elevation has to be added to the left foot in order to re-balance the patient. The apex of the compensation elevation (left foot) will usually be more distal than the apex of the affected (right) foot. It is clinically appropriate to have the apexes in different locations between the two feet.

Differentiating between Elevations and Rocker Soles

Since elevations are usually tapered at the toe, it is sometimes difficult to determine when to use the rocker sole code and when to use the elevation code.

The PCC has developed the following ME-CE rule:

1. An elevation that is not tapered to the distal end of the toe is always billed as an elevation.
2. Assuming a shoe modification that is distally tapered/rockered:
    a. If the total net material added is one-quarter of an inch or less, it is billed as a Rocker Sole.
    b. If the total net material added is greater than one-quarter of an inch, the first one-quarter of an inch is billed as a Rocker Sole. Any other material added is incrementally billed as an elevation.

The main codes currently in existence are:

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, METATARSALAL EXTENSION (SKATE)
L3332 LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH
L3334 LIFT, ELEVATION, HEEL, PER INCH

These code descriptions are not ME-CE—and have caused much confusion. In addition, there are important codes missing from this area regarding newer advances, and they should be added.

The PCC has determined that the most sensible distinction is to clearly differentiate between outside of the shoe (elevation) and inside of the shoe (lift) and to differentiate whether heel only or heel and sole.

As such, the PCC recommends the following:

Old Description	PCC/New Description	Explanation
L3300 LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	L3300 Shoe modification/ addition: elevation; attached to sole of wedge bottom shoe, heel only tapered to metatarsal heads, any material, per inch or fraction thereof (measured at highest point).	This code is for outsole elevations tapered to the metatarsals. IT SHOULD NOT BE PRICED LOWER THAN THE NON-TAPERED FULL SOLE ELEVATION. It is actually more work and the same materials. Compare this to L3334 which is for separate heeled shoes. For custom shoes, see Footnote X.
L3310 LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	L3310 Shoe modification/ addition: elevation; attached to sole of shoe, heel and sole, EVA crepe or similar material, per inch or fraction thereof (measured at highest point).	This code is for outside full-foot elevations. It is for EVA crepe or similar material, although EVA crepe is the most common material used. For custom shoes, see Footnote X.
L3320 LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	L3320 Shoe modification/ addition: elevation; attached to sole of shoe, heel and sole, cork or rigid foam covered in leather, per inch or fraction thereof (measured at highest point).	This code is for cork or rigid foam covered in leather. This is the hardest and most time-consuming type of elevation, and requires a higher reimbursement. For custom shoes, see Footnote X.
L3330 LIFT, ELEVATION, METAL EXTENSION (SKATE)	L3330 Shoe modification/ addition: elevation; attached to sole of shoe, heel and sole, metal extension (skate).	This code is for metal skate elevations which are not very common in the 21st century. For custom shoes, see Footnote X.
L3332 LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	L3332 Shoe modification/ addition: lift; inside of shoe, tapered, removable or attached, any material, per inch or fraction thereof (measured at highest point).	This is for removable lifts placed within the shoe, whether attached or not. These are generally made of rubber or other firm material (durometer of 55 or higher). They are different than heel pads used to cushion the heel for pain. Pads require a softer durometer to “cushion” the heel whereas lifts require a firmer durometer to “lift” the heel. For custom shoes, see Footnote X.
L3334 LIFT, ELEVATION, HEEL, PER INCH	L3334, Shoe modification/ addition: elevation; attached to heel of separate heeled shoe, heel only, any material, per inch or fraction thereof (measured at highest point).	This code is for separate heeled shoes. Compare this code to L3300 which is for wedge bottom shoes. For custom shoes, see Footnote X.

Footnote X: These are most typically done to OTS Shoes. They can be used when coding-out a new custom shoe if it is 1) an upgrade over the base sole provided, and 2) there is an actual incremental charge paid to the lab for this item. These codes can be used to later modify an existing custom shoe. For more information, see the chapter on custom shoes at chapter BI.

FAQ:

Q: From which part of the elevation do I measure to determine height?
A: From the tallest point.

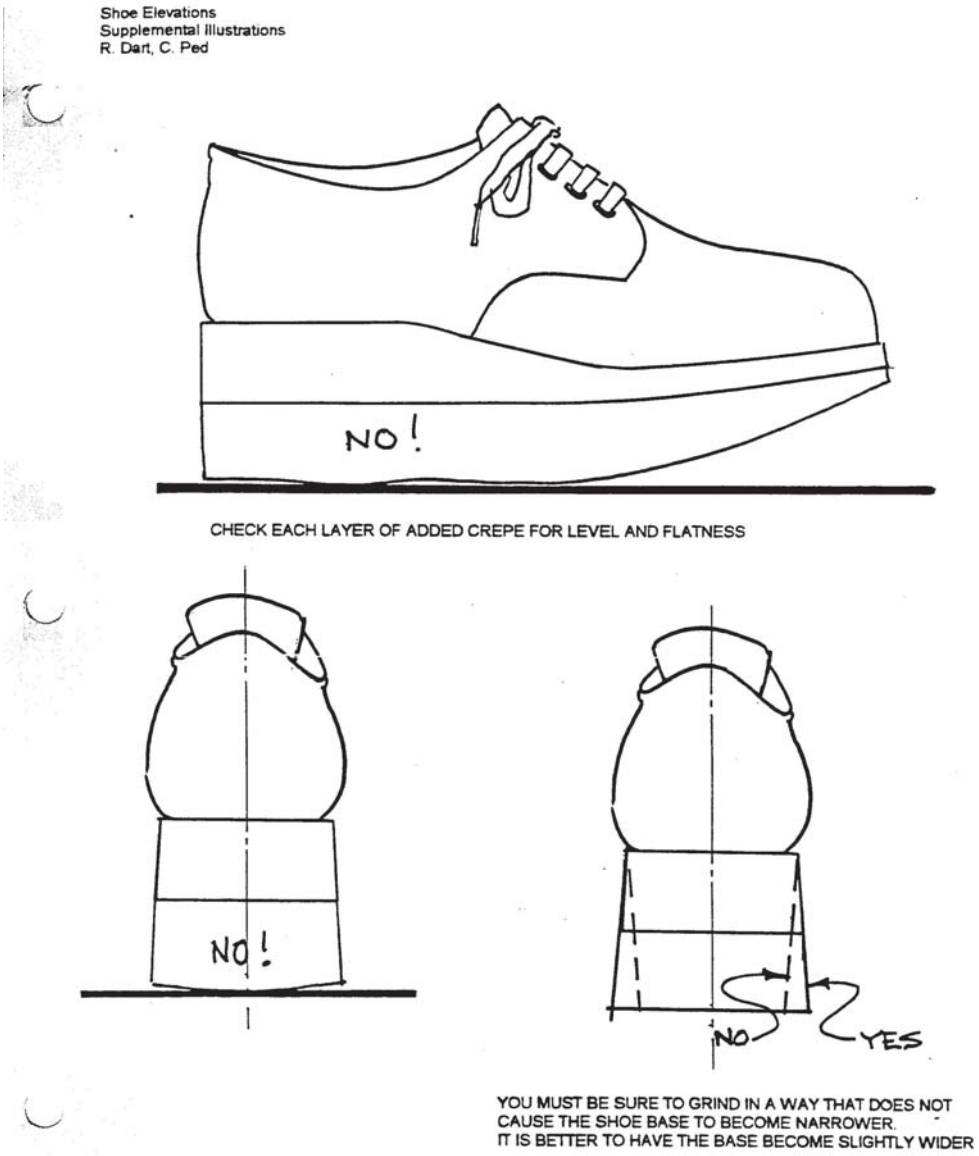
Q: When measuring the elevation, what material is measured?
A: Only the incremental material added over the original sole height.

Q: If I do a rocker sole that also has other modifications included (i.e. wedges, stabilizers, and elevations) can I bill for all of the work that I have done?
A: Yes. Many times a complex shoe modification will simultaneously require wedging, elevating, stabilizing, and rockering. Each modification done should be separately billed, but the charge to replace the outsole should only be billed once.

Q: For elevations, why is there not a distinction between codes for "attached to outside of outsole" and "between midsole and outsole" as there are for rockers and wedges?
A: The PCC does not believe that much, if any, outsole work is added to the outside of the sole with today's footwear technology. The PCC believes that most of this work is done between the outsole and the midsole. For the rockers and for the wedges, there were predecessor codes that acknowledged both options, and the PCC was loathe to remove the distinction at this point. However, no such distinction has historically existed for elevations, and the PCC does not intend to create one at this point.

If the practitioner does any other INCREMENTAL special work or add any other INCREMENTAL special materials (besides the outsole material, the rockered midsole material, or shank material) that are not otherwise coded in this guide, the practitioner may code that as L3649 with a description. If it is a deluxe aesthetic upgrade, the practitioner should code it as L3649 and include an ABN.

Diagram of Proper Elevation Construction and Key Problems to Avoid:



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CHAPTER BD: WEDGES, FLARES, AND STABILIZERS

These shoe modifications all have the primary purpose of controlling medial/lateral support of the foot. When added to the lateral aspect of the shoe, they limit supinatory forces and/or encourage pronatory forces. When applied to the medial aspect of the shoe, they limit pronatory forces, and encourage supinatory forces.

The PCC believes that the term "wedge" should be reserved for devices that have their long surfaces parallel to the ground. Comparatively, flares and stablizers have their long surfaces perpendicular to the ground. Wedges can be used in conjunction with flares and stabilizers for complex cases.

The codes also include related devices, like Thomas Heels.

Historically other terms have been used to define stabilizer, such as buttress and outside counter reinforcement. For clarification purposes, the PCC recommends the use of the term stabilizer for any such work done primarily to the outside of the shoe. See chapter BE, code L3430 for work done inside the shoe.

Diagram (cross-section of the heel of a foot, viewed from the posterior, wearing an orthosis in a shoe):

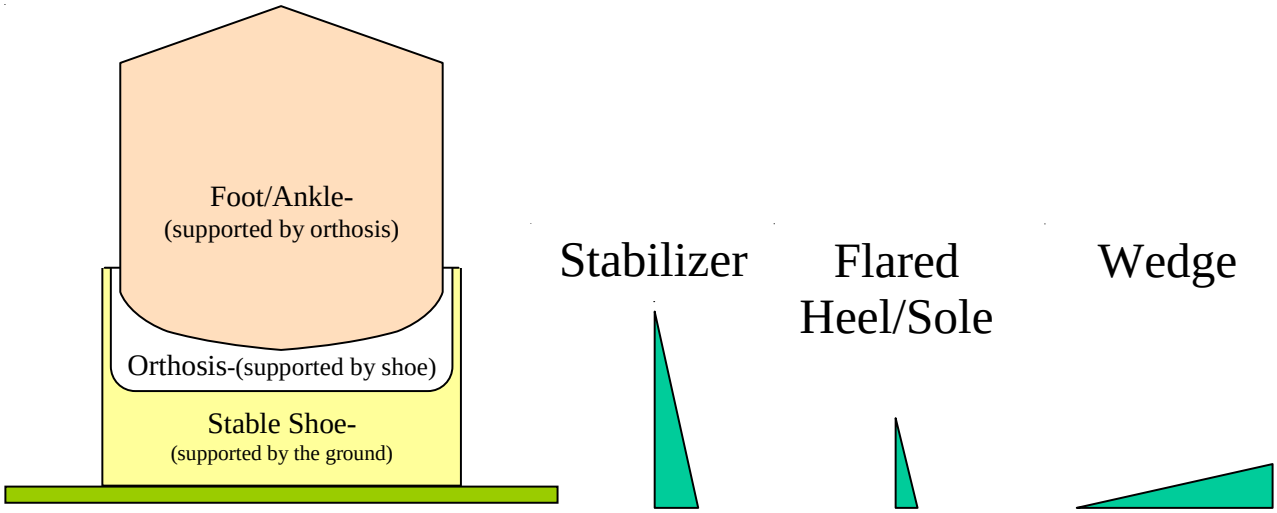


Image courtesy of Brett Richey, C.Ped, used with permission.

The main codes currently in existence are:
L3340 HEEL WEDGE, SACH
L3350 HEEL WEDGE
L3360 SOLE WEDGE, OUTSIDE SOLE
L3370 SOLE WEDGE, BETWEEN SOLE
L3380 CLUBFOOT WEDGE
L3390 OUTFLARE WEDGE
L3420 FULL SOLE AND HEEL WEDGE, BETWEEN SOLE
L3450 HEEL, SACH CUSHION TYPE
L3465 HEEL, THOMAS WITH WEDGE
L3470 HEEL, THOMAS EXTENDED TO BALL

These code descriptions are not ME-CE—and have caused much confusion. In addition, there are important codes missing from this area regarding newer advances, and they should be added.

The PCC has determined that the most sensible distinction is to clearly differentiate the type/location of the wedge and the placement of the wedge. Devices placed on the outside of the sole are cheaper and easier to apply than devices placed between the outsole and midsole. However, with the decline in popularity of leather soled shoes, there are very few wedges that can be successfully applied to the outside of the outsole.

As such, the PCC recommends the following:

Old Description	PCC/New Description	Explanation
L3340 HEEL WEDGE, SACH	Discontinue	This code is duplicative of L3450 and should be discontinued (see below).
L3350 HEEL WEDGE	L3350 Shoe modification/ addition: outsole; heel wedge, attached to bottom of outsole, each foot.	This could be a heel wedge applied to either a separate heel shoe or wedge bottom shoe—but attached to the outside of the outsole/heel. For custom shoes, see Footnote X.
	L3BDA (must currently use L3649) Shoe modification/ addition: outsole; heel wedge, between sole, each foot.	This could be a heel wedge applied to either a separate heel shoe or wedge bottom shoe—but attached BETWEEN the midsole and the outsole/heel. For custom shoes, see Footnote X.
L3360 SOLE WEDGE, OUTSIDE SOLE	L3360 Shoe modification/ addition: outsole; sole wedge forefoot only, attached to bottom of outsole, each foot.	This code is used for each wedge used in the forefoot that is added to the bottom of the outsole. For custom shoes, see Footnote X.
L3370 SOLE WEDGE, BETWEEN SOLE	L3370 Shoe modification/ addition: outsole; sole wedge forefoot only, between sole, each foot.	This code is used for each wedge used in the forefoot that is added BETWEEN the outsole and midsole. Typically, the sole is partially split and the wedge is inserted and then glued/stitched into place. However, if the whole sole were to be detached to place the wedge, the L3540 Full Sole code would also need to be billed (see chapter BE). For custom shoes, see Footnote X.
L3380 CLUBFOOT WEDGE	L3380 Shoe modification/ addition: outsole; aggressive medial/lateral wedge, each foot.	This wedge is reserved for aggressive/ pronounced medial or lateral wedging needed (i.e. to control clubfeet or other severe deformities). The PCC has determined that wedges of ten degrees or less would get the normal wedge code codes (i.e. L3350, L3BDA, L3360, and L3370) and wedges of greater than ten degrees can use this code. For custom shoes, see Footnote X.

Old Description	PCC/New Description	Explanation
L3390 OUTFLARE WEDGE	L3390 Shoe modification/ addition: outsole; flared sole/ heel, per side, each foot.	The PCC suggests that this code be used for sole flaring. This would include flaring of the entire sole, or just the heel. For custom shoes, see Footnote X.
L3420 FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	Discontinue	This code is duplicative. If there is a sole and heel wedge, it can be coded by combining the subsidiary codes. However, if the outsole is replaced, the outsole replacement can only be billed once. For custom shoes, see Footnote X.
L3450 HEEL, SACH CUSHION TYPE	L3450 Shoe modification/ addition: outsole; heel, SACH cushion type, each foot.	This code is used for any sort of SACH material added to the heel area. SACH is generally added to the posterior aspect of the shoe. For custom shoes, see Footnote X.
L3465 HEEL, THOMAS WITH WEDGE	L3465 Shoe modification/ addition: outsole; heel, Thomas, each foot.	This code is used for adding a regular Thomas heel to a separate heeled shoe. It is common to also medially wedge such a heel for additional support. If you also wedge it, you should also bill L3BDA. The Thomas heel provides additional support. You should also use this code for a Reverse Thomas heel. For custom shoes, see Footnote X.
L3470 HEEL, THOMAS EXTENDED TO BALL	L3470 Shoe modification/ addition: outsole; heel, Thomas extended to ball, each foot.	This code is used for adding a long Thomas heel to a separate heeled shoe. The long Thomas heel provides additional support. You should also use this code for a long Reverse Thomas heel. For custom shoes, see Footnote X.
	L3BDB (must currently use L3649) Shoe modification/ addition: outsole; medial stabilizers, each foot.	This would be used for medial stabilizers. A stabilizer differs from a flare in that a stabilizer is taller and has more blocking force. If the device extends upward past the sole into the upper, it is a stabilizer. If it is solely in the sole, it is a flare. A medial stabilizer is harder to do than a lateral stabilizer because of the extra work required in the arch area. For custom shoes, see Footnote X.

Old Description	PCC/New Description	Explanation
	L3BDC (must currently use L3649) Shoe modification/ addition: outsole; lateral stabilizers, each foot.	This would be used for lateral stabilizers. A stabilizer differs from a flare in that a stabilizer is taller and has more blocking force. If the device extends upward past the sole into the upper, it is a stabilizer. If it is solely in the sole, it is a flare. For custom shoes, see Footnote X
	L3BDD (must currently use L3649) Shoe modification/ addition: outsole; split and permanently spread the outsole and midsole along the long axis to increase vamp area, each foot.	This would be for widening the circumference of the waist of the shoe by splitting and spreading the midsole.

Footnote X: These are most typically done to OTS Shoes. They can be used when coding-out a new custom shoe if it is 1) an upgrade over the base sole provided, and 2) there is an actual incremental charge paid to the lab for this item. These codes can be used to later modify an existing custom shoe. For more information, see the chapter on custom shoes at chapter BI.

FAQ:

Q: If a beneficiary needs medial and lateral sole flaring on both feet, how many units would you bill?
A: You would bill four units (left medial, left lateral, right medial, and right lateral).

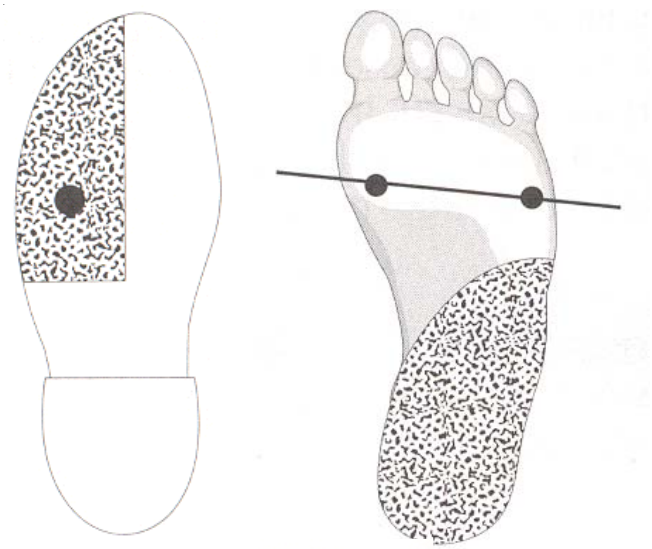
Q: If I do a rocker sole that also has other modifications included (i.e. wedges, stabilizers, and elevations) can I bill for all of the work that I have done?
A: Yes. Many times a complex shoe modification will simultaneously require wedging, elevating, stabilizing, and rockering. Each modification done should be separately billed, but the charge to replace the outsole should only be billed once.

If the practitioner does any other INCREMENTAL special work or add any other INCREMENTAL special materials (besides the outsole material, the rockered midsole material, or shank material) that are not otherwise coded in this guide, the practitioner may code that as L3649 with a description. If it is a deluxe aesthetic upgrade, the practitioner should code it as L3649 and include an ABN.

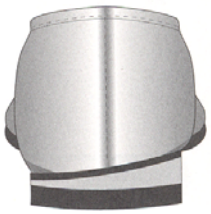
EXAMPLES

Pictures courtesy of PFA, used with permission.

Shoe Wedging (gray area denotes wedge)



Lateral Heel Wedge



Right Shoe

Gray area
denotes wedge

Dark line denotes
reinforced counters

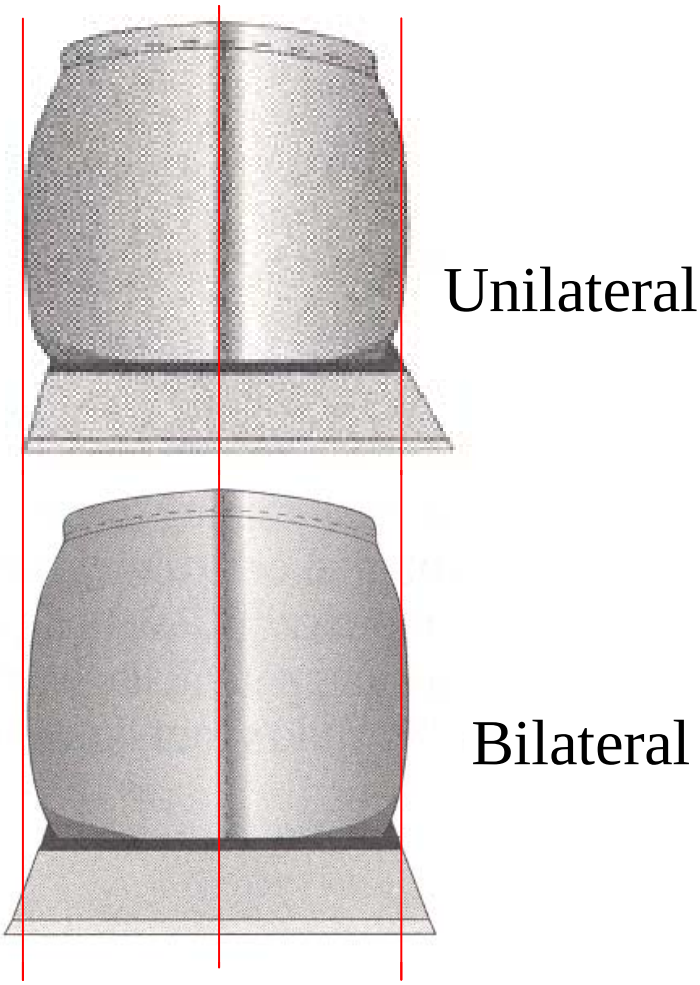
Lateral Medial

Lateral Medial

Thomas Heel

Lateral Medial

Reverse Thomas Heel



Sole Flaring

TYPICAL MEDIAL STABILIZER

Picture courtesy of Wayne Decker, C.Ped and Bill Meanwell, C.Ped, used with permission.

CHAPTER BE: OTHER PEDORTHIC SHOE ADDITIONS AND FOOT AIDS

Overview

Many of the codes in this chapter contemplate leather soled, separate heeled orthopedic shoes that were popular in the 1930's-1970's. Most Pedorthic work in the 21st century is done using wedge or unit bottom shoes, generally with a polyurethane/EVA base and a removable inlay. Most "insole" work is now done through a foot orthosis or insert, which is inserted into the shoe, rather than directly to the shoe itself.

Most complex shoe modifications today are done on wedge or unit bottom shoes. Working on a wedge or unit bottom shoe involves removing the original outsole (usually by hand, using a knife), and then performing all of the modification work on the exposed midsole/sub-sole, then reattaching a new outsole over the modification work and finishing the work so that it is as disguised as possible. The PCC recommends use of the L3540 any time that an entire sole is removed and replaced—to recognize the significant amount of time that this step takes.

The PCC recommends retiring codes contained herein that are of limited practical application today. Most of these codes have no coverage from major insurance companies. The PCC believes that it is in the best interest of the industry that the outdated codes be retired, while any necessary new codes be introduced.

The main codes currently in existence are:

FOOT AIDS

L3100 HALLUX-VALGUS NIGHT DYNAMIC SPLINT
L3170 FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH
L3485 HEEL, PAD, REMOVABLE FOR SPUR
A9283 FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH

MODIFYING HEELS/COUNTERS

L3430 HEEL, COUNTER, PLASTIC REINFORCED
L3440 HEEL, COUNTER, LEATHER REINFORCED
L3590 ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER

ADDITIONS/REPAIRS/MODIFICATIONS TO OUTSOLE OF SHOE

L3455 HEEL, NEW LEATHER, STANDARD
L3460 HEEL, NEW RUBBER, STANDARD
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

ADDITIONS/MODIFICATIONS TO INSOLE OF SHOE

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
L3480 HEEL, PAD AND DEPRESSION FOR SPUR
L3500 ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER
L3510 ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER
L3520 ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER

ADDITIONS/MODIFICATIONS TO VAMP OF SHOE

L3570 ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)
L3580 ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE

These code descriptions are not ME-CE—and have caused much confusion. In addition, there are important codes missing from this area regarding newer advances, and they should be added.

As such, the PCC recommends the following:

Old Description	PCC/New Description	Explanation
FOOT AIDS		
L3100 HALLUX-VALGUS NIGHT DYNAMIC SPLINT	L3100 Foot aid: hallux valgus night splint, each foot.	This code would be used for any type of reusable hallux valgus night splint. A night splint is a splint that is worn while sleeping.
L3170 FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	L3170 Foot aid: heel cup, removable, plastic, rubber, silicone, or equal, to address heel/Achilles tendon pain, each foot.	This code would be used for a heel cup. A heel cup must come up and cover the posterior aspect of the calcaneus, specifically to protect the posterior aspect of the calcaneus where the Achilles tendon inserts. It would not include a pad with high sidewalls, unless those sidewalls covered the posterior aspect of the calcaneus.
L3485 HEEL, PAD, REMOVABLE FOR SPUR	L3485 Foot aid: heel pad, removable, plastic, rubber, silicone, or equal, to address heel/Achilles tendon pain, each foot.	This code would be used for a heel pad that is placed under the heel and has the primary purpose of cushioning and/or unloading the heel. These pads generally have a soft durometer to provide shock absorption. They are often made of silicone gel or neoprene. They differ from L3332 in that the latter is generally of a firmer durometer (greater than or equal to 55) in order to compensate for a LLD. See chapter BC on lifts and elevations.
A9283 FOOT PRESSURE OFF LOADING/ SUPPORTIVE DEVICE, ANY TYPE, EACH	Discontinue	This is a relatively new code that has no benefit. The PCC believes that it is not necessary since it is so broad, and that the PCC's new codes amply address these issues.

Old Description	PCC/New Description	Explanation
MODIFYING HEEL BACKS/COUNTERS		
L3430 HEEL, COUNTER, PLASTIC REINFORCED	L3430 Shoe modification/ addition: heel counter; reinforcement, any material, each foot.	This code would be used for any incremental stiffening/reinforcement/extending of the heel counters done inside a shoe (i.e. fiberglassing, adding plastic or leather heel counter, etc.). Work done outside the shoe should be coded as a stabilizer code (see chapter BD for codes L3BDB and L3BDC). For custom shoes, see Footnote X.
L3440 HEEL, COUNTER, LEATHER REINFORCED	Discontinue	The PCC believes that this code is largely archaic and that this work can be adequately coded for using L3430.
L3590 ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	L3590 Shoe modification/ addition: heel counter; convert firm counter to soft counter, each foot.	This code would be used for any work to convert a firm counter to a soft counter and/ or to remove a heel counter. For custom shoes, see Footnote Y.
ADDITIONS/REPAIRS/MODIFICATIONS TO OUTSOLE OF SHOE		
L3455 HEEL, NEW LEATHER, STANDARD	L3455 Shoe modification/ addition: outsole; replace heel on pedorthic shoe, leather or combination, each foot.	This code would be used for the replacement of a leather or combination heel (leather and rubber) on a pedorthic shoe. This could be to replace a worn heel of a covered shoe or could be part of a covered modification (whether the shoe is covered or not) that required replacement of the heel (i.e. a complex elevation on a separate heeled shoe). For custom shoes, see Footnote Y. The custom shoe must be covered.
L3460 HEEL, NEW RUBBER, STANDARD	L3460 Shoe modification/ addition: outsole; replace heel on pedorthic shoe, rubber, crepe, or other material, each foot.	This code would be used for the replacement of a rubber, crepe, or other material heel on a pedorthic shoe. This could be to replace a worn heel of a covered shoe or could be part of a covered modification (whether the shoe is covered or not) that required replacement of the heel (i.e. a complex elevation on a separate heeled shoe). For custom shoes, see Footnote Y. The custom shoe must be covered.

Old Description	PCC/New Description	Explanation
ADDITIONS/REPAIRS/MODIFICATIONS TO OUTSOLE OF SHOE continued		
L3530 ORTHOPEDIC SHOE ADDITION, SOLE, HALF	L3530 Shoe modification/ addition: outsole; replace half outsole on pedorthic shoe, any material, each foot.	This code would be used for the replacement of a half sole on a pedorthic shoe (i.e. in the forefoot only). This could be to replace a worn half sole of a covered shoe or could be part of a covered modification (whether the shoe is covered or not) that required replacement of the half sole (i.e. a complex elevation on a separate heeled shoe). For custom shoes, see Footnote Y. The custom shoe must be covered.
L3540 ORTHOPEDIC SHOE ADDITION, SOLE, FULL	L3540 Shoe modification/ addition: outsole; replace full outsole on pedorthic shoe, any material, each foot.	This code would be used for the replacement of a full sole on a pedorthic shoe. This could be to replace a worn full sole of a covered shoe or could be part of a covered modification (whether the shoe is covered or not) that required replacement of the full sole (i.e. a complex elevation on a separate heeled shoe). For custom shoes, see Footnote Y. The custom shoe must be covered.
L3550 ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	L3550 Shoe modification/ addition: outsole; add standard toe tap, each foot.	Traditionally, these toe taps were metal and were designed to protect the sole of a covered or noncovered shoe for a person who drags their toe. The PCC believes that this code can also be used for incremental sole work done to make a sole more slippery at the toe to prevent catching (i.e. add a leather toe addition to prevent catching). If the entire half-sole is changed to a leather half sole to prevent catching, then code L3530 should be used. If a new half sole AND an additional toe tap are added, then both codes can be used. For custom shoes, see Footnote X.
L3560 ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	L3560 Shoe modification/ addition: outsole; add horseshoe toe tap, each foot.	Same as above, yet for horseshoe shaped tap.

Old Description	PCC/New Description	Explanation
ADDITIONS/MODIFICATIONS TO INSOLE OF SHOE		
L3070 FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	L3070 Shoe modification/ addition: insole; non-removable attachment of longitudinal arch support, any material, each foot.	This code is used when an arch support/ pad has been glued into a covered or non-covered shoe. These pads are often called "scaphoid pads" or "cookies" and are sometimes covered with a thin piece of slightly oversized leather to provide a smoother transition against the foot and to keep the pad material from catching on socks. These pads are often made of rubber, felt, or polyurethane foam (i.e. Poron™, or PPT™). They may be glued in by hand or be self-adhesive. For custom shoes, see Footnote Y.
L3080 FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	L3080 Shoe modification/ addition: insole; non-removable attachment of metatarsal arch support/pad, any material, each foot.	This code is used when a metatarsal support/pad/bar has been glued into a shoe. These pads are often called "metatarsal pads", "met pads", or "met bars." They are sometimes covered with a thin piece of slightly oversized leather to provide a smoother transition against the foot and to keep the pad material from catching on socks. These pads are often made of rubber, felt, or polyurethane foam. They may be glued in by hand or be self-adhesive. For custom shoes, see Footnote Y.
L3090 FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/ METATARSAL, EACH	Discontinue	The PCC believes that it makes more sense to bill the two codes L3070 and L3080 if this happens and that a stand-alone code is not necessary.
L3480 HEEL, PAD AND DEPRESSION FOR SPUR	Discontinue	The PCC believes that this work is currently being done through removable inlays and/ or foot orthoses and that this code is no longer needed. Please see chapter BH for the foot orthosis codes.
L3500 ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	Discontinue	The PCC believes that this work is currently being done through removable inlays and/ or foot orthoses and that this code is no longer needed. Please see chapter BH for the foot orthosis codes.

Old Description	PCC/New Description	Explanation
ADDITIONS/MODIFICATIONS TO INSOLE OF SHOE continued		
L3510 ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	Discontinue	The PCC believes that this work is currently being done through removable inlays and/ or foot orthoses and that this code is no longer needed. Please see chapter BH for the foot orthosis codes.
L3520 ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	Discontinue	The PCC believes that this work is currently being done through removable inlays and/or foot orthoses and that this code is no longer needed. Please see chapter BH for the foot orthosis codes.
	L3BEA (must currently use L3649) Shoe modification/ addition: midsole; excavation to OTS shoe to create unload, without soft filler, each foot.	The PCC recognizes that many times a midsole must be cut, drilled, or bored-out to create a relief for an ulcer or bony prominence. Use this code when the excavation is not filled with material. For custom shoes, see Footnote Y.
	L3BEB (must currently use L3649) Shoe modification/ addition: midsole; excavation to OTS shoe to create unload, filled with soft filler, each foot.	The PCC recognizes that many times a midsole must be cut, drilled, or bored-out to create a relief for an ulcer or bony prominence. Use this code when the excavation is filled with a silicone gel or other soft durometer material. For custom shoes, see Footnote Y.
ADDITIONS/MODIFICATIONS TO VAMP OF SHOE		
L3570 ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	L3570 Shoe modification/ addition: closure; special extension to instep, lengthening straps, adding leather with eyelets, or other, each foot.	The PCC believes that given current shoe technology, this code needs to be expanded to cover new methods to accomplish the same basic goal. This code can be used in a covered or a non-covered shoe. For custom shoes, see Footnote X.
L3580 ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	L3580 Shoe modification/ addition: closure; convert instep to hook-and-loop closures, per strap, each foot.	The PCC believes that this code should cover each strap added because the work is incremental, based on the number of straps. This code can be used in a covered or a non-covered shoe. It cannot be used in conjunction with an OTS shoe that ALREADY has a hook-and-loop closure. It can only be used on an OTS shoe that is converted to a hook-and-loop closure. For custom shoes, see Footnote X.

Footnote X: These are most typically done to OTS Shoes. They can be used when coding-out a new custom shoe if it is 1) an upgrade over the base shoe/shoe component provided, and 2) there is an actual incremental charge paid to the lab for this item. These codes can be used to later modify an existing custom shoe. For more information, see the chapter on custom shoes at chapter BI.

Footnote Y: This code cannot be used for new custom shoes as this work is generally included in the base price of the new custom shoe. It can be used in the repair or modification of an existing covered custom shoe, if there is an incremental charge paid for such work. See chapter BI on custom shoes.

FAQ:

Q: The PCC recommends using the L3540 code when a wedge or unit bottom sole is removed and then replaced with a new outsole. What is the proper coding if the original sole is saved, prepped, and then replaced to create a more finished end product?

A: The PCC supports using the L3540 code even in cases where the original sole is replaced. The material costs in a new outsole are comparatively small to the labor costs involved in removing an outsole and replacing it. Prepping and reusing the original sole is actually more time consuming than using a new outsole, but results in a much higher patient compliance since the work is more aesthetically pleasing. It is also more environmentally friendly (i.e. the triune goal of reduce, reuse, recycle). From a public policy standpoint, it is appropriate to not create an economic incentive for the practitioner to waste materials, therefore the PCC recommends such coding.

Q: Can full or half sole replacements be billed alone on a non-covered shoe?

A: No, the sole must be either for a 1) covered shoe, or 2) as part of a covered shoe modification.

Q: Why does the PCC support other shoe modifications on non-covered shoes (i.e. rockers, wedges, etc.) yet does not support stand alone resole codes for non-covered shoes?

A: To prevent overuse/abuse. This would save health care dollars for more necessary items.

Q: If I do a rocker sole that also has other modifications included (i.e. wedges, stabilizers, and elevations) can I bill for all of the work that I have done?

A: Yes. Many times a complex shoe modification will simultaneously require wedging, elevating, stabilizing, and rockering. Each modification done should be separately billed, but the charge to replace the outsole should only be billed once.

If the practitioner does any other INCREMENTAL special work or add any other INCREMENTAL special materials (besides the outsole material, the rockered midsole material, or shank material) that are not otherwise coded in this guide, the practitioner may code that as L3649 with a description. If it is a deluxe aesthetic upgrade, the practitioner should code it as L3649 and include an ABN.

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CHAPTER BF: TRANSFER OF AN ATTACHED ORTHOSIS FROM AN EXISTING SHOE TO A NEW SHOE

Overview

Medicare does cover Ankle Foot Orthoses (AFOs) that are permanently attached to a shoe (and associated modifications). See Section D. This generally envisions single and double uprights. The attached shoe is an integral part of these types of orthoses and therefore, Medicare covers them, too. The attached shoes will often wear out before the orthosis. In order to continue to function properly, the orthosis must be transferred and attached to a new shoe. These transfers can be done by a practitioner who is different from the practitioner who dispensed the original orthosis.

A caliper plate is a metal rectangular structure that is inserted between the midsole and the outsole (or heel) of a shoe, and is attached to the shank of the shoe. It extends medially and laterally within the shoe and is exposed on the medial and lateral sides of the shoe. These exposed sides have an opening (channel) into which the metal stirrups (uprights) can be inserted. The top portion of the metal stirrups are connected to the main body of the orthosis, generally via a calf strap (see chapter DB).

A “solid stirrup” is a metal structure that is inserted between the midsole and the outsole (or heel) of a shoe, and is attached to the shank of the shoe. A “solid stirrup” has the caliper plate and stirrups incorporated into one solid piece. The top portion of the “solid stirrup” is connected to the main body of the orthosis. See chapter DB.

These transfer codes envision current technology for transferable AFOs. As future technologies for transferable AFOs are developed, new corresponding transfer codes will need to be developed.

The main codes currently in existence are:

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

The PCC recommends the following clarifications:

Old Description	PCC/New Description	Explanation
L3600 TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	L3600 Transfer of a permanently attached orthosis component from one shoe to another, existing caliper plate, per foot.	This code is used when the caliper plate is saved and reused. This code is just the labor component. It is used when the single or double upright orthosis is preexisting. Medicare does pay for this code, so practitioners need to stay abreast of Medicare guidelines and, to the extent that they differ from PCC guidance, the Medicare guidelines control for Medicare.

Old Description	PCC/New Description	Explanation
L3610 TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	L3610 Transfer of a permanently attached orthosis component from one shoe to another, new caliper plate, per foot.	This code is used when a new caliper plate is installed. This code includes both the caliper plate and the labor component. It is used when the single or double upright orthosis is preexisting. Medicare does pay for this code, so practitioners need to stay abreast of Medicare guidelines and, to the extent that they differ from PCC guidance, the Medicare guidelines control for Medicare.
L3620 TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	L3620 Transfer of a permanently attached orthosis component from one shoe to another, existing solid stirrup, per foot.	This code is used when the solid stirrup is saved and reused. This code is just the labor component. It is used when the single or double upright orthosis is preexisting. Medicare does pay for this code, so practitioners need to stay abreast of Medicare guidelines and, to the extent that they differ from PCC guidance, the Medicare guidelines control for Medicare.
L3630 TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIR-RUP, NEW	L3630 Transfer of a permanently attached orthosis component from one shoe to another, new solid stirrup, per foot.	This code is used when a new solid stirrup is installed. It includes both the solid stirrup and the labor component. It is used when the single or double upright orthosis is preexisting. Medicare does pay for this code, so practitioners need to stay abreast of Medicare guidelines and, to the extent that they differ from PCC guidance, the Medicare guidelines control for Medicare.

FAQ:

Q: Does Medicare currently have a specific code for Custom Shoes Attached to a Brace?

A: No. Currently, Medicare has a defined code for OTS shoes attached to a brace, but does not have a defined code for Custom Shoes attached to a brace. This creates a complicated billing situation. Until Medicare can harmonize this particular policy, the PCC believes a separate code is required for Custom Shoe attached to a brace. For more information see chapter BI.

Please note that the following codes are commonly used in conjunction with these codes:

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)

For a covered brace, the shoe attached to the brace is also covered, as are any modifications attached to that shoe. Many of these braces require a steel shank. If you include a STEEL shank inside the rocker, you should also code L2360. If you do a carbon shank or fiberglass shank, or other similar material, you should code L3649 (L3BBC) with a description "Like L2360, but carbon fiber (or fiberglass)". PCC has decided that this code has both the labor and materials component included for this incremental step.

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CHAPTER BG: OFF THE SHELF SHOES-PEDIATRIC

Overview

In the earlier part of the 20th century, pediatric orthopedic shoes were widely prescribed by pediatricians to help children's feet. The widespread belief was that using special shoes as orthotic therapy would allow the young bones to grow the proper way.

As the century progressed, the widespread use of such shoes waned as research indicated that many conditions were normally outgrown as a part of normal development. In addition, advances in therapy using custom orthoses have allowed combinations of regular shoes and custom orthoses to provide correction that used to be achieved with these "corrective shoes." Pediatric orthopedic shoes are now reserved for the more severe cases where doctors do not believe the child will normally outgrow the condition without orthotic assistance. This is often associated with rotational issues.

The main codes currently in existence are:

L3140 FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES
L3150 FOOT, ABDUCTION ROTATATION BAR, WITHOUT SHOES
L3160 FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE
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
L3640 TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES

These code descriptions are not ME-CE—and have caused much confusion. In addition, there are certain codes that are outdated and need to be retired.

For the purpose of the following codes, each of the three distinct sizes, Infant, Child and Junior will be defined as follows:

Infant = Anything up to Children's Size 8
Child = Children's Size 8.5 through Children's Size 12
Junior = Children's Size 12.5 through Children's Size 6

As such, the PCC recommends the following (beginning on page 66):

Old Description	PCC/New Description	Explanation
L3140 FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	Discontinue use	We recommend the discontinuation of this code because the practitioner should use L3150 plus the correct shoe code.
L3150 FOOT, ABDUCTION ROTATATION BAR, WITHOUT SHOES	L3150 Pediatric rotational device, attached to shoes, each device.	This is a device either permanently or temporarily attached to shoes for the purpose of correcting a rotational deficiency.
L3160 FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	L3160 FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	A Pediatric two-piece shoe where the forefoot and hindfoot can be positioned independently for forefoot adduction or abduction. The two pieces have separate closures for control.
L3201 ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	L3201 Pediatric OTS Shoe, unisex, low top with adjustable closure, with supination or pronation correction, Infant size, each foot.	This code is for any Pediatric OTS low top shoe with an adjustable closure and supination or pronation correction. Infant sizes.
L3202 ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	L3202 Pediatric OTS Shoe, unisex, low top with adjustable closure, with supination or pronation correction, Child size, each foot.	This code is for any Pediatric OTS low top shoe with an adjustable closure and supination or pronation correction. Child sizes.
L3203 ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	L3203 Pediatric OTS Shoe, unisex, low top with adjustable closure, with supination or pronation correction, Junior size, each foot.	This code is for any Pediatric OTS low top shoe with an adjustable closure and supination or pronation correction. Junior sizes.
L3204 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	L3204 Pediatric OTS Shoe, unisex, high top with adjustable closure, with supination or pronation correction, Infant size, each foot.	This code is for any Pediatric OTS high top shoe with an adjustable closure and supination or pronation correction. Infant sizes.
L3206 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	L3206 Pediatric OTS Shoe, unisex, high top with adjustable closure, with supination or pronation correction, Child size, each foot.	This code is for any Pediatric OTS high top shoe with an adjustable closure and supination or pronation correction. Child sizes.

Old Description	PCC/New Description	Explanation
L3207 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	L3207 Pediatric OTS Shoe, unisex, high top with adjustable closure, with supination or pronation correction, Junior size, each foot.	This code is for any Pediatric OTS high top shoe with an adjustable closure and supination or pronation correction. Junior sizes.
L3208 SURGICAL BOOT, EACH, INFANT	L3208 Pediatric Surgical Boot, closed toe, unisex, high top with surgical closure, Infant size, each foot.	This code is for any Pediatric OTS boot with a surgical closure where the vamp opens all of the way to the toe of the shoe for easier donning and doffing. Infant sizes.
L3209 SURGICAL BOOT, EACH, CHILD	L3209 Pediatric Surgical Boot, closed toe, unisex, high top with surgical closure, Child size, each foot.	This code is for any Pediatric OTS boot with a surgical closure where the vamp opens all of the way to the toe of the shoe for easier donning and doffing. Child sizes.
L3211 SURGICAL BOOT, EACH, JUNIOR	L3211 Pediatric Surgical Boot, closed toe, unisex, high top with surgical closure, Junior size, each foot.	This code is for any Pediatric OTS boot with a surgical closure where the vamp opens all of the way to the toe of the shoe for easier donning and doffing. Junior sizes.
L3212 BENESCH BOOT, PAIR, INFANT	Discontinue	The PCC believes that this device is no longer available nor used.
L3213 BENESCH BOOT, PAIR, CHILD	Discontinue	The PCC believes that this device is no longer available nor used.
L3214 BENESCH BOOT, PAIR, JUNIOR	Discontinue	The PCC believes that this device is no longer available nor used.
L3640 TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	L3640 Transfer of an orthoses from one shoe to another, Denis Browne splint, riveted-on, both shoes.	This code is for the labor component of removing, transferring and reattaching the splint to a new pair of shoes, using rivets.

FAQ:

Q: If I attach a Denis Browne bar using a thumb screw attachment system, may I bill the L3640 code as my labor component?

A: No. L3640 is only appropriate for rivet attachment, because of the additional time related to the rivet system.

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CHAPTER BH: CUSTOM AND OTS FOOT ORTHOSES

Overview

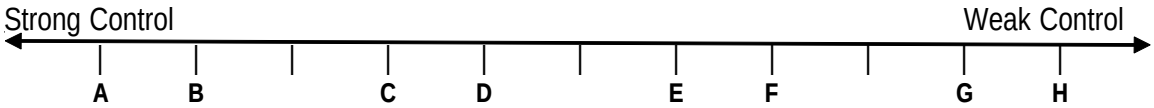
The current code sets are hopelessly inadequate and confusing for today's practitioners. Major journal articles espouse different coding for the same device. This is because none of the codes available adequately describe devices made today, so practitioners are forced to reason by analogy to determine which code most closely resembles their devices.

Foot orthoses serve two primary purposes: 1) controlling the foot during gait, mainly by controlling the calcaneus and longitudinal arch, and 2) unloading sensitive areas of the foot. Some foot orthoses have unloading, others do not. Since "unloading" may or may not be present, the unloading must be handled with add-on codes. However, all foot orthoses have control features—the controlling of the foot is the primary reason to make a foot orthosis. Every symptomatic foot needs some level of control. All else being equal, it is generally harder and more expensive to make a "more controlling" device than a "less controlling" device. The PCC believes that the code sets should be differentiated based on level of control, rather than on narrow brand names, or narrowly specific recipes. The latter strategy would require hundreds of codes, and would forever lag the advances in the marketplace. We also feel that the frequently discussed distinction of functional versus accommodative is inadequate, as we will describe in the next section on control.

Levels of Control

The two codes most commonly used to code foot orthoses are L3000 and L3010. These two codes, as they are being used today, represent two points on a spectrum of what are commonly thought of as "foot orthoses" today. The L3000 is typically seen as the traditional UCBL; a rigid device with high heel cups, high medial flanges, a sustentaculum tali shelf, and aggressive cast corrections to provide maximal control. The L3010 is seen as a "Levy Mold", the removable, longitudinal arch support (with metatarsal pad is L3020) that is molded to the cast of the patient's foot, but has little or no heel cup. The third most popular code is L3002, which originally was used for a simple sheet of pink plastazote over white plastazote, that had been heat formed over the patient's foot and placed in a shoe. This represents the softest of all foot orthoses.

Modern devices fall in along the continuum as follows:



A: Rigid foot orthosis with deeper heel cup
B: Semi-rigid foot orthosis with deeper heel cup
C: Rigid foot orthosis with shallower heel cup
D: Semi-rigid foot orthosis with shallower heel cup
E: Structured soft foot orthosis with deeper heel cup
F: Structured soft foot orthosis with shallower heel cup
G: Soft foot orthosis with deeper heel cup
H: Soft foot orthosis with shallower heel cup

- Rigid shells would be shells made with base materials such as plastics, fiberglass, and carbon fiber or similar.

- Semi-rigid shells would be made with base materials from cork, or dense foams with a durometer from 45 and higher.
- Soft shells would be shells made with base materials from soft materials, generally with a durometer of less than 45.

Most devices are from the alphabetic list A through H shown on the continuum above. The PCC recognizes the system we propose within this document is contrary to the historical precedent set by some practitioner groups and is consistent with that of others. We have attempted to establish a realistic system of distinctions for today's marketplace and common industry materials. By using "control" as a means to differentiate between function and construction of these devices, we have created a robust system that is current with today's technology, allows for future developments and increases efficiency by requiring only three base codes. As mentioned above, the amount of heel cupping to control the calcaneus is a major factor in what makes a foot orthosis work. Higher trimlines and additional reinforcement have the effect of increasing rigidity of the shell, all else being equal.

The PCC wants to provide some guidance for the range of codes and has constructed the following decision rule to help aid practitioners:

Type	Description	Closest code in today's system
High control	Rigid shell (as defined above)—heel cup greater than or equal to14 mm	L3000
Medium Control	• Rigid shell (as defined above)—heel cup less than 14 mm. • Semirigid shell (as defined above)—heel cup of 8mm or greater.	L3010
Low Control	• Semirigid shell (as defined above)—heel cup less than 8mm • Soft (as defined above) - heel cup of 8 mm or greater	L30002

Functional versus Accommodative

These terms are often used as purported synonyms of "rigid" versus "soft." However, the PCC says "functional" means changing or controlling the biomechanical function of the foot, relative to biomechanical function of the foot without the device. This can also be thought of as "corrective." Accommodative means capturing and holding the biomechanical position of the foot in the position it would be with no device. This connotes supporting the foot in its "original" or "baseline" position.

It is virtually impossible for soft devices to be "functional" since the materials would deform so greatly on weight-bearing. By contrast, rigid devices would be accommodative if the cast was taken full weight bearing and no corrections were made to the cast.

The following chart will help explain these differences:

	Functional Device	Accommodative Device
Rigid Material	Non weight bearing or semi-weight bearing cast and/or cast corrections.	Full weight bearing cast and no cast corrections.
Soft Material	Virtually impossible since the materials would deform	Almost all casting techniques and cast corrections yield this.

Definitions of Foot Models

Traditionally, custom foot orthoses were made over a plaster of paris positive model of the foot. This plaster of paris positive model of the foot was constructed by filling a negative mold of the foot (usually made from plaster of paris bandages, or impression foam). With the advent of digital scanning and impression technology, different systems have been developed to read the plantar aspect of the foot in an effort to make a usable image of the foot that can be used to construct foot orthoses. Some of these digital systems read the actual representation of the foot. Others extrapolate data from the foot to develop a representation of the foot. Additionally, digital scanning technology has been used to match feet with libraries of pre-formed shells. The proliferation of techniques has made it difficult to understand the exact nature of how "custom" foot orthoses are being made by labs today.

The Prescription Foot Orthotic Lab Association (PFOLA—www.pfola.org) has developed an excellent technical standards document that explains the key distinctions and types of fabrication processes. The complete document is shown at Appendix EG. Certain key definitions are excerpted herein as they relate to our work in HCPCS coding.

Foot Modeling Definitions

- **Anatomical Volumetric Foot Model (AVFM)**. A digital or physical model that captures a person's three dimensional plantar foot anatomy when the foot is non-weightbearing, semi-weightbearing, or fully-weightbearing.
    - A digital AVFM must use actual 3 dimensional data points taken directly from the foot to duplicate plantar foot anatomy. The most common examples include laser 3D scanners, stereo-digital 3D imaging systems, and pin array systems.
    - A physical AVFM captures foot anatomy through direct contact to duplicate plantar foot anatomy. The most common examples are plaster of paris casts or foam impressions taken directly from the foot. Any material or method that uses direct capture of the entire plantar foot anatomy creates an AVFM.
- **Extrapolated Volumetric Foot Model (EVFM)**. A digital model that approximates a person's three dimensional plantar foot anatomy through application of mathematical models that extrapolate pressure data, or extrapolate temperature data, or extrapolate light data to form the digital model when the foot is non-weightbearing, semi-weightbearing, or fully-weightbearing. The most common examples are pressure mapping systems, photographs and ink or carbon paper imprinting systems.

Orthotic Device Definitions

- **Foot Orthotic**. An in shoe device that braces, supports, or protects the foot or part of the foot.
- **Anatomical Custom Foot Orthotic (ACFO)**. An in shoe device that is made directly from an Anatomical Volumetric Foot Model (AVFM). The AVFM is modified with the appropriate medial and/or lateral arch fill, lateral column expansion, heel expansion, and intrinsic forefoot and/or rearfoot corrections as defined by the prescribing physician. The entire dorsal surface of said custom device matches the surface of the modified, or corrected, AVFM.
- **Extrapolation System Foot Orthotic (ESFO)**. An in shoe device that is made directly from an Extrapolated Volumetric Foot Model (EVFM). The EVFM is modified with the appropriate medial and/or lateral arch fill, lateral column expansion, heel expansion, and intrinsic forefoot and/or rearfoot corrections as defined by the prescribing physician. The entire dorsal surface of said custom device matches the surface of the modified, or corrected, EVFM.
- **Library System Foot Orthotic (LSFO)**. An in shoe device that is made from a library of premanufactured shells, pre-manufactured corrected positive molds or pre-determined digital shape files (from which shells or molds are milled.) The foot orthotic shape is chosen by matching a library shape with either an AVFM or EVFM.

Until replicable, double-blind studies can be performed to determine whether ACFOs, ESFOs, and/or LSFOs are substitutes for one another, the PCC recommends using different codes for each so that prescriber, supplier, manufacturer, patient, and payor can all be informed as to the nature of the foot orthosis being supplied. All else being equal, Anatomical Custom Systems are still considered to be the best systems—providing the only true custom devices. Anatomical Custom Systems are the most expensive systems to operate. They are followed by Extrapolation Systems, and finally by Library Systems.

The PCC views Library Systems as an OTS system. The library technology allows for a better fit than standard OTS fitting (i.e. by shoe size), but the system is still an OTS system. We have suggested unique codes for the Library System codes since presumably they should be reimbursed at a higher level than standard OTS devices since additional time and effort is put into creating the library and fitting the foot to the best match from the library.

Longitudinal Support versus Metatarsal Support

The current code sets acknowledge separate codes for devices that have metatarsal *and* longitudinal "support" versus those that only have "longitudinal support." Though "metatarsal support" certainly would include a metatarsal pad or bar attached to a foot orthosis, it could also be achieved intrinsically through a casting technique or cast modification that captured the contours of the metatarsal arch.

The PCC believes that supporting and balancing the metatarsal arch of the foot is of fundamental importance to orthotic therapy of the foot. The PCC believes that metatarsal support is so fundamental and that it can be achieved through added-on pads and/or intrinsic modifications that it supports departure from a traditional add-on coding system. As such, the PCC has maintained the system of two codes for each type of orthotic, one with longitudinal support and one with both longitudinal and metatarsal support.

Accommodations and Unloads

Modern orthotic therapy involves a number of forefoot additions to improve/address forefoot issues. Such additions include: Morton's extension, Reverse Morton's extension, Kinetic Wedge™, Cluffy Wedge™, and any "other" unload. These "other" unloads could be under any sensitive area whereby a rigid foam/cork is added as a base layer and the cutout or unload is cut into the rigid foam material and it provides a void to unload the sensitive area. The PCC endorses separate reimbursement for these additions, when warranted. These codes are to be used in the construction of new orthoses and for unloads added after initial dispensing. Please see chapter BJ on refurbishments.

Modern orthotic therapy also includes a number of midfoot additions and unloads, particularly for navicular unloads. These are generally "donut" type cutouts added to the shell to relieve problematic areas. The PCC endorses separate reimbursement for these additions, when Medically Necessary. These codes are to be used in the construction of new orthoses and for unloads added after initial dispensing. Please see chapter BJ on refurbishments.

Modern orthotic therapy also includes a number of rearfoot additions and unloads, particularly for heel pain. These are generally "horseshoe" type cutouts to relieve painful areas. The PCC endorses separate reimbursement for these additions, when warranted. These codes are to be used in the construction of new orthoses and for unloads added after initial dispensing. Please see chapter BJ on refurbishments.

For simplicity and consistency, and to prevent potential abuse, the PCC recommends that one addition code be used for each foot segment (rearfoot, midfoot or forefoot), regardless of the number of additions used in each segment. For instance, if a foot orthosis had an unload for two metatarsal heads on a foot, or if it had a Morton's Extension and an unload under the fifth metatarsal head on a foot, that just one unit of the "forefoot additions" code

should be used per foot. This will prevent strategic padding to maximize reimbursement while providing some compensation for work done.

The main codes currently in existence are:

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

Also, important related codes include:
L2755 ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/ PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY
L5000 PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER, EACH FOOT
L5010 PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER
L5999 LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED

These code descriptions are not ME-CE—and have caused much confusion. In addition, there are important codes missing from this area regarding newer advances, and they should be added.

As such, the PCC recommends the following:

Old Description	PCC/New Description	Explanation
L3000 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH	L3000 Prescription Custom Fabricated Foot insert, each, removable. This type of device is fabricated from a three dimensional model of the patient's own foot (e.g. cast, foam impression, or virtual true 3-D digital image). This type of orthotic is a functional device, (reducing pathological forces) which has a molded heel cup and trim lines with substantial height to provide both medial and lateral directive forces to	Rigid shell (as defined above)—heel cupgreater than or equal to14 mm

Old Description	PCC/New Description	Explanation
	control the hind and forefoot. It may also have intrinsic or extrinsic posts designed to control foot motion. This device is made of a sufficiently rigid material to control function and reduce pathological forces. HCPCS code L3000 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.	
	L3BHA (must currently use L3649) Foot Orthosis, removable, custom fabricated to patient Anatomical Volumetric Foot Model, longitudinal / metatarsal arch support and high calcaneal control, as defined, each foot.	Same as L3000, yet includes metatarsal arch support of any material.
L3001 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	Discontinue use	The PCC suggests discontinuance of this code, it is not needed. Spenco is a brand name for neoprene and neoprene is not even heat moldable.
L3002 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	L3002 Foot Orthosis, removable, custom fabricated to patient Anatomical Volumetric Foot Model, longitudinal arch support and low calcaneal control, as defined, each foot.	• Semirigid shell (as defined above)—heel cup less than 8mm • Soft (as defined above) - heel cup of 8 mm or greater For Soft less than 8 mm—there is no code. It is not billable.
	L3BHB (must currently use L3649) Foot Orthosis, removable, custom fabricated to patient Anatomical Volumetric Foot Model, longitudinal/ metatarsal arch support and low calcaneal control, as defined, each foot.	Same as L3002, yet includes metatarsal arch support of any material.

Old Description	PCC/New Description	Explanation
L3003 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	L3003 Foot Orthosis, removable, custom fabricated to patient Anatomical Volumetric Foot Model, longitudinal arch support and low calcaneal control, as defined, silicone gel or similar, each foot.	This device functions similarly to an L3002 but is made of silicone gel or similar material rather than from foams or corks.
L3010 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	L3010 Prescription Custom Fabricated Foot insert, each, removable. This type of device is fabricated from a three dimensional model of the patient's own foot (e.g. cast, foam impression, or virtual 3-D digital image). This type of orthotic is an accommodative/ functional device, which has minimal to no heel cup and is intended to control the forefoot through a longitudinal arch support. It may also have an intrinsic or extrinsic post designed to control foot motion. This device is made of a sufficiently rigid material to reduce pathological forces. HCPCS code L3010 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structural accommodations. Other additions may be required as well.	• Rigid shell (as defined above)—heel cup less than 14 mm. • Semirigid shell (as defined above)—heel cup of 8mm or greater.
L3020 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH	L3020 Prescription Custom Fabricated Foot insert, each, removable. This type of device is fabricated from a three dimensional model of the patient's own foot (e.g. cast, foam impression, or virtual true 3-D digital image). This type of orthotic is an accommodative/ functional device, which has minimal to no heel cup and is	Same as L3010, yet includes metatarsal arch support of any material.

Old Description	PCC/New Description	Explanation
	intended to control the forefoot through a Longitudinal Arch and metatarsal support. It may also have an intrinsic or extrinsic post designed to control foot motion. This device is made of a sufficiently rigid material to reduce pathological forces. HCPCS code L3020 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structural accommodations. Other additions may be required as well.	
	L3BHC (must currently use L3649) Foot Orthosis, removable, custom fabricated to patient Extrapolated Volumetric Foot Model, longitudinal arch support and high calcaneal control, as defined, each foot.	• Rigid shell (as defined above)—heel cup greater than or equal to14 mm
	L3BHD (must currently use L3649) Foot Orthosis, removable, custom fabricated to patient Extrapolated Volumetric Foot Model, longitudinal / metatarsal arch support and high calcaneal control, as defined, each foot.	Same as L3BHC, yet includes metatarsal arch support of any material.
	L3BHE (must currently use L3649) Foot Orthosis, removable, custom fabricated to patient Extrapolated Volumetric Foot Model, longitudinal arch support and medium calcaneal control, as defined, each foot.	• Rigid shell (as defined above)—heel cup less than 14 mm. • Semirigid shell (as defined above)—heel cup of 8mm or greater.

Old Description	PCC/New Description	Explanation
	L3BHF (must currently use L3649) Foot Orthosis, removable, custom fabricated to patient Extrapolated Volumetric Foot Model, longitudinal/ metatarsal arch support and medium calcaneal control, as defined, each foot.	Same as L3BHE, yet includes metatarsal arch support of any material.
	L3BHG (must currently use L3649) Foot Orthosis, removable, custom fabricated to patient Extrapolated Volumetric Foot Model, longitudinal arch support and low calcaneal control, as defined, each foot.	• Semirigid shell (as defined above)—heel cup less than 8mm • Soft (as defined above) - heel cup of 8 mm or greater For Soft less than 8 mm—there is no code. It is not billable.
	L3BHH (must currently use L3649) Foot Orthosis, removable, custom fabricated to patient Extrapolated Volumetric Foot Model, longitudinal/ metatarsal arch support and low calcaneal control, as defined, each foot.	Same as L3BHG, yet includes metatarsal arch support of any material.
L3030 FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	L3030 Prescription Custom Fabricated Foot insert, each, removable. This type of device is formed directly to the patient's foot through the use of an external heat source. The heat source should sufficiently and permanently alter the shape of the device, activating a resin, or othermethod by which the shape of the device is sufficiently and permanently altered in order to provide continuous contact with the unique characteristics of the plantar aspect of the patient's foot. It may also have an intrinsic or extrinsic post designed to control foot motion. This type of orthotic is an accommodative/functional	This code is for prefabricated foot orthoses that are customized to the patient's foot through the application of heat molding or chemical molding. This does not include heat molding just from wear, but requires an external heat source. The PCC does not believe that such devices warrant distinction between possible differences in calcaneal control. Most of these devices are low or medium calcaneal control. The PCC recommends coverage for such devices, as they might be able to avoid the need for a custom device. These devices require a higher reimbursement than straight OTS L3040 because of the time spent forming this device to a patient's foot.

Old Description	PCC/New Description	Explanation
	device. This device is made of sufficiently rigid material to control foot motion and/or reduce pathological forces. HCPCS code L3030 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.	
	L3BHI (must currently use L3649) Foot Orthosis, removable, prefabricated device customized to patient foot, longitudinal/metatarsal arch support and all levels of calcaneal control, as defined, each foot.	Same as L3030, yet includes metatarsal arch support of any material.
L3031 FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/ PREPREG COMPOSITE, EACH	L3031 Foot plate, removable, off-the-shelf device, high strength, lightweight material, all hybrid lamination/prepreg composite, each foot.	This is a composite foot plate, i.e. a carbon foot plate. These are sometimes entire forefoot and sometimes hallux only. They are often used to limit or control forefoot bending, i.e. to manage Hallux Rigidus or toe fractures. They are also often used with toe-fillers to prevent the insole from bending back on the foot.
	L3BHJ (must currently use L3649) Foot Orthosis, removable, off-the-shelf device-library fitting system, longitudinal arch support and all levels of calcaneal control, as defined, each foot.	This is the code for any prefabricated, OTS foot orthosis, insert, or full length arch support that is fit by a library method. There are many varieties available, but all are handled by this code. The PCC recommends coverage for such devices, as they might be able to avoid the need for a custom device.
	L3BHK (must currently use L3649) Foot Orthosis, removable, off-the-shelf device-library fitting system, longitudinal/metatarsal arch support and all levels of calcaneal control, as defined, each foot.	This is the code for any prefabricated, OTS foot orthosis, insert, or full length longitudinal/metatarsal arch support that is fit by a library method. It is the same as L3BHJ, yet includes metatarsal arch support of any kind. There are many varieties available, but all are handled by this code. The PCC recommends coverage for such devices, as they might be able to avoid the need for a custom device.

Old Description	PCC/New Description	Explanation
L3040 FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	L3040 Foot Orthosis, removable, off-the-shelf device-standard fitting system, longitudinal arch support and all levels of calcaneal control, as defined, each foot.	This is the code for any prefabricated, OTS foot orthosis, insert, or full length arch support that is fit by standard/non-library methods. A standard method could include sizing by "shoe size" or simple visual inspection. There are many varieties available, but all are handled by this code. The PCC recommends coverage for such devices, as they might be able to avoid the need for a custom device.
L3050 FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	Discontinue use	The PCC believes this code is not necessary. This code can be handled with L3080.
L3060 FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	L3060 Foot Orthosis, removable, off-the-shelf device-standard fitting system, longitudinal/metatarsal arch support and all levels of calcaneal control, as defined, each foot.	This is the code for any prefabricated, OTS foot orthosis, insert, or full length longitudinal/ metatarsal arch support that is fit by standard/ non-library methods. A standard method could include sizing by "shoe size" or simple visual inspection. It is the same as L3040, yet includes metatarsal arch support of any kind. There are many varieties available, but all are handled by this code. The PCC recommends coverage for such devices, as they might be able to avoid the need for a custom device. The PCC has retained this combo code as opposed to recommending a base with add-on because the device is very widely used in the current market, and to be consistent with our treatment of custom orthoses.
L2755 ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/ PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	L2755 Addition to custom fabricated lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment.	When a foot orthosis (or other lower extremity orthosis) shell/component is MADE FROM (rather than attached to) a material that is a composite material (i.e. carbon fiber), then this code is used as an add-on code to the underlying device. This add-on code recognizes the higher cost of carbon fiber material. Segments are: foot, ankle/leg, knee/thigh. So, an AFO, if it had a carbon fiber foot and carbon fiber ankle piece would have two segments. A carbon fiber foot orthosis shell would have one segment. An L3000 constructed from carbon fiber would be billed as an L3000 and an L2755. If a foot orthosis is attached to a carbon fiber plate, the carbon fiber plate is billed as an L3031. See Section D.

Old Description	PCC/New Description	Explanation
L5000 PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER, EACH FOOT	L5000 Foot Orthosis with forefoot prosthesis, removable, custom made to patient Anatomical Volumetric Foot Model, longitudinal arch support, attached toe filler, all levels of calcaneal control, as defined, each foot.	The L5000 is often called a "toe filler" but it is presently undocumented by CMS when it can be used. The PCC recommends that it be the appropriate code for: • Transmetatarsal or chopart filler • Any missing toes that affect ambulation, especially digits 1, 2, or 3. • Also, for possible coverage, a missing fourth digit would have to have medical support from the doctor as to its affect on ambulation. • The fifth digit is presumed to not have an affect on ambulation. • Any metatarsal head resection with digital amputation would qualify for L5000 If just one lesser toe is missing, see below for L5999. The device must have attached longitudinal support and some calcaneal control to qualify as an L5000. Medicare does pay for this code, so practitioners need to stay abreast of Medicare guidelines and, to the extent that they differ from PCC guidance, the Medicare guidelines control for Medicare.
L5010 PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	L5010 Foot Orthosis with forefoot prosthesis, removable, custom made to patient Anatomical Volumetric Foot Model, longitudinal arch support, attached toe filler with molded socket, all levels of calcaneal control, as defined, each foot.	The L5010 incorporates all the components of an L5000 with a molded ankle socket. In this device, the molded ankle socket is the attachment sleeve that extends up over the medial and lateral maleoli. This material is often made of leather and/or thermoplastics, but can include other materials. It is often fabricated similar to a custom molded gauntlet.
L5999 LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	L5BHL (must currently use L5999). Addition to custom fabricated foot orthosis, prosthetic toe for missing lesser toe, per toe.	This is an add-on to a foot orthosis when a false toe has been made for just one lesser digit.
	L3BHM (must currently use L2999). Addition to custom fabricated foot orthosis, forefoot addition and/or unload to address forefoot pathologies, per foot.	This is an add-on to a foot orthosis when a forefoot addition and/or unload has been added to a foot orthosis to address a forefoot condition. It can also be used for extrinsic wedging added to the forefoot of a foot orthosis. This code cannot be used for

Old Description	PCC/New Description	Explanation
		metatarsal pads. It is only reasonable to charge one unit of service for this code per foot. It is meant to incorporate any and all work done to the forefoot. These codes are to be used in the construction of new orthoses and for items added after initial dispensing. See chapter BJ on refurbishment codes.
	L3BHN (must currently use L2999). Addition to custom fabricated foot orthosis, midfoot addition and/or unload to address midfoot pathologies, per foot.	This is an add-on to a foot orthosis when a midfoot addition and/or unload has been added to a foot orthosis to address a midfoot condition. It can also be used for extrinsic wedging added to the midfoot of a foot orthosis. This code cannot be used for metatarsal pads. It is only reasonable to charge one unit of service for this code per foot. It is meant to incorporate any and all work done to the midfoot. These codes are to be used in the construction of new orthoses and for items added after initial dispensing. See chapter BJ on refurbishment codes.
	L3BHO (must currently use L2999). Addition to custom fabricated foot orthosis, rearfoot addition and/or unload to address rearfoot pathologies, per foot.	This is an add-on to a foot orthosis when a rearfoot addition and/or unload has been added to a foot orthosis to address a rearfoot condition. It can also be used for extrinsic wedging added to the rearfoot of a foot orthosis. This code cannot be used for metatarsal pads. It is only reasonable to charge one unit of service for this code per foot. It is meant to incorporate any and all work done to the rearfoot. These codes are to be used in the construction of new orthoses and for items added after initial dispensing. See chapter BJ on refurbishment codes.

FAQ:

Q: Can the L2755 be used with a L3002?

A: No. The add-on for composite material, L2755, can only be used on high and medium calcaneal control devices. The add-on code L2755 is used when the device itself is made from carbon fiber. This could be used as an add-on code when the device is made of carbon fiber materials. If the practitioner attaches a carbon foot plate to the underside of the foot orthosis, the practitioner can also code for L3031. The foot plates (L3031) can be sold alone to manage forefoot arthritis, or it can be attached to the foot orthosis.

Q: I have made a foot orthosis (ACFO) with both a metatarsal pad and a forefoot addition for an unload to unload the fifth metatarsal head. How would I code for this?

A: You would bill the underlying foot orthosis code that includes the metatarsal pad (i.e. L3BHA, L3BHB, and L3020) and one add on code—for the forefoot unload (L3BHM).

Q: I have made a foot orthosis (ACFO) with both a metatarsal pad and a horseshoe pad in the heel to unload for a heel spur. How would I code for this?

A: You would bill the underlying foot orthosis (i.e. L3BHA, L3BHB, and L3020) with the metatarsal pad and one add on code—for the rearfoot unload.

Q: I have added a toe crest and an unload for the fourth metatarsal head to the forefoot of the orthosis. This is two separate pads. Can I bill two forefoot add-on codes since I did two distinct forefoot additions?

A: No, the PCC has determined that any and all forefoot additions would be covered by one unit of service.

Q: Can I charge the patient directly for additional "add-on" services that I provide to the patient for the otherwise covered foot orthoses, such as extended warranties and/or outgrow plans?

A: Unless expressly prohibited by contract with the third-party payor, you may charge the patient for such services, as long as they are reasonable. You may collect these monies directly from the patient, even if the underlying device is an assigned device. The PCC advises practitioners to notify the patient, in writing, about the specifics of the additional services.

CHAPTER BI: CUSTOM SHOES

Overview

Custom shoes are necessary when 1) the foot is so deformed/sensitive that it cannot be managed in an OTS shoe or 2) when a beneficiary needs so much shoe modification work done to an OTS shoe that it is less expensive and more practical to do the work from scratch on a custom shoe rather than to try to retrofit an OTS shoe. Often, patient compliance is increased when provided with a custom shoe. The practitioner should document in the patient's record WHY he/she had to resort to a custom shoe rather than using an OTS shoe.

Custom shoe fabrication is a specialized and dying art form in the United States. American manufacturing techniques lag behind Northern European techniques due to erratic coverage and poor reimbursement in the United States. The PCC would like to see better coverage for these important devices in order to keep this part of the industry strong for future generations.

The PCC recommendations assume that practitioners are outsourcing the fabrication of their shoes to wholesale custom shoe labs. Though some practitioners do fabricate their own shoes, the vast majority do not. In addition, the wholesale lab model helps to clarify the notions of incremental coding that are necessary for this chapter. This logic would apply even if the shoes were constructed by the dispensing practitioner.

Custom shoe labs offer a vast variety of options, including options that are Not Medically Necessary and/or generally Not Covered, but serve to benefit the patient. Examples would include specialty leathers (ostrich), special soling (golf soles), safety features (steel toes), etc.

The vast majority of labs offer a base shoe for a base price and then charge ala carte for inlays, rocker soles, elevations, hook-and-loop straps, special upgrades, etc. Generally included in the base price is: the lab standard leather uppers, the lab standard lace closing, the lab standard crepe soling materials, the lab standard Biomechanical Balancing/unloading (defined below), the lab standard linings and collars, etc.

The Biomechanical Balancing is the part of the shoe that provides the support or "guts" of the shoe. This part is custom formed around the last of the foot/inlay (on the dorsal side of the Biomechanical Balancing), and sanded flat to the ground on the plantar side of the Biomechanical Balancing. It provides the "cradling" and "posting" of the shoe. It can also contain unloads for sore/ulcerated areas of the plantar aspect of the foot.

To provide support, all Custom Molded Shoes have a layer that provides Biomechanical Balancing. The Biomechanical Balancing is the portion of the shoe that provides the primary means of support, control, and weight redistribution. The Biomechanical Balancing balances the entire foot.

The PCC recognizes that there are a variety of ways to make custom shoes and no one listing can be completely ME-CE. The PCC would like to establish two primary classes of custom shoes that are generally true. They are:

CUSTOM MADE SHOES—shoes made for a specific individual, over a wooden or plastic last, that has been created to match key measurements or the anatomical shape of that individual's foot. Generally made with uppers comprising of cut and stitched patterns. Generally made for aesthetic/cosmetic/prestige reasons, in addition to therapeutic reasons. They will sometimes include a custom inlay, but often do not.

CUSTOM MOLDED SHOES—shoes made for a specific individual over a positive model of the person's foot. This model is generally made of plaster. This plaster model is modified by the shoe lab to 1) provide accommodation,

and 2) improve fit. Generally made for therapeutic reasons. Almost always has a contoured, custom molded removable inlay. Often this inlay will have unloads/accommodations. The inlay is supported by the layer of Biomechanical Balancing. The upper is often made from one solid piece of leather, rather than from patterned uppers.

Custom Made shoes generally look more like regular shoes than do custom molded shoes. Custom made shoes generally fit (or are "choked") more like regular shoes than do custom molded shoes because:

1. the custom wooden/plastic lasts are shaped more like regular shoe lasts than the plaster molded lasts used in molded shoes.
2. Patterned uppers tend to "choke" better than a single piece of leather because they pull more in multiple directions.

As stated above, to provide support, all Custom Molded Shoes have a layer that provides Biomechanical Balancing. The Biomechanical Balancing is the portion of the shoe that provides the primary means of support, control, and weight redistribution. This layer balances the entire foot.

The PCC recognizes that for Custom Molded shoes there are two primary types of constructions for Biomechanical Balancing:

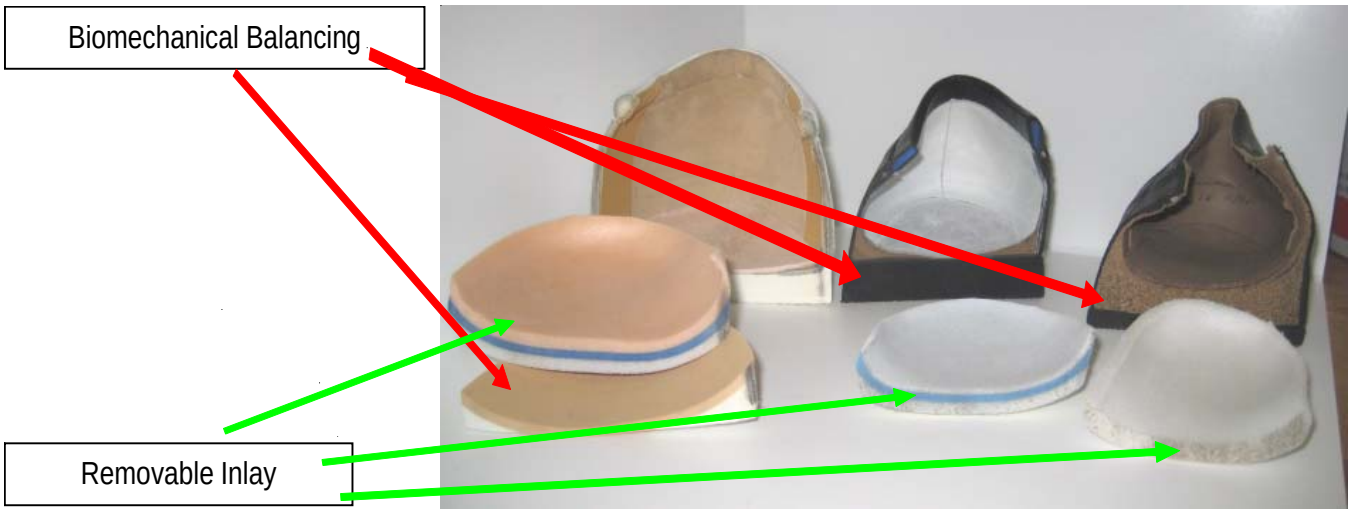
1) REMOVABLE—flat lasted shoe

In this process, the foot orthosis incorporates both the Biomechanical Balancing and the inlay. Some manufacturers will bond/mold the layers together permanently while others leave them as two separate pieces. The upper is composed of the outer and lining leather. This is pulled over the cast/inlay/balancing combo. The sole is then attached.

2) NON-REMOVABLE—Biomechanical Balancing permanently attached to midsole

In this process, the inlay is molded to the cast, then the lining leather is pulled around the combined inlay/cast. The Biomechanical Balancing is then permanently attached to the plantar aspect of the lining. The plantar aspect of the Biomechanical Balancing is sanded flat, and the upper is pulled over the combined cast/insole/lining/Biomechanical Balancing. The sole is then attached.

Picture 1: Showing cutaway views of three different custom shoes showing two types of Biomechanical Balancing (Removable and Non-Removable). Courtesy of Brett Richey, C.Ped, used with permission.



Shoe A Shoe B Shoe C

Shoe A: Removable Biomechanical Balancing and board-lasted insole. The Biomechanical Balancing is a separate layer.

Shoe B: Biomechanical Balancing of crepe.

Shoe C: Biomechanical Balancing of cork and latex.

The PCC recognizes the following differences between Removable Biomechanical Balancing and Non-Removable Biomechanical Balancing:

1. Removable Biomechanical Balancing is easier to adjust than Non-Removable Biomechanical Balancing because it is removable, and therefore the practitioner can more easily access any area or region of the Biomechanical Balancing. For instance, the practitioner can easily add an additional unload for an ulcer or bony prominence, simply by removing the Biomechanical Balancing and grinding out a suitable unload.
2. The Removable Biomechanical Balancing is less torque-resistant than the Non-Removable Biomechanical Balancing because it is not anchored to the lining and outsole. All else being equal, it provides less torque control for the foot than the Non-Removable Biomechanical Balancing. This does not mean that it is necessarily insufficient control, but it would provide less control than a similar Non-Removable Biomechanical Balancing.

Options

The lab's base price of the shoe includes all lab standard options. If the practitioner is going to order items above and beyond the lab standard, the lab is going to charge the practitioner for those items. Each incremental item is separately billable above and beyond the base shoe code. The inlay, too, is separately billable above and beyond the base shoe code. The following chart shows options that are offered by most shoe labs and how they are usually handled:

Item	Most Likely L-Code	Generally Required for Diabetic/Neuropathic Feet?	Generally Required for other medical reasons?
Leather T-Straps for brace (made and attached)	L2270	Not generally.	For people with varus/valgus ankle/foot conditions that require an AFO/brace. See Section D.
Steel Shank	L2360	Yes, often (when used with rocker sole). See chapter BB.	Can be used in conjunction with any rocker sole that needs extra rigidity.
Custom Inlay without firm support (as defined, see Footnote V and see chapter BH)	L3002	Yes, often. Has special needs to unload ulcers and pre-ulcerative spots. Must be total contact.	Used for all wearers of custom footwear to balance and protect foot.
Custom Inlay with firm support (as defined, see Footnote V and see chapter BH)	L3010	Yes, often. Has special needs to unload ulcers and pre-ulcerative spots. Must be total contact.	Used for all wearers of custom footwear to balance and protect foot.
Elevation, heel only (see Footnote W)	L3300	Yes, often. Used to manage plantar pressures.	Related to LLD and/or equinus. However, not addressing it will create plantar pressure problems and therefore it should be covered. See chapter BC.
Elevation, heel only (see Footnote W)	L3310	Yes, often. Used to manage plantar pressures.	Related to LLD. However, not addressing it will create plantar pressure problems and therefore it should be covered. See chapter BC.
SACH heel	L3450	Yes, often. Used to manage plantar pressures.	Related to fused ankle. However, not addressing it will create plantar pressure problems and therefore it should be covered. See chapter BC.

Item	Most Likely L-Code	Generally Required for Diabetic/Neuropathic Feet?	Generally Required for other medical reasons?
Wedge, external, medial or lateral	L3370	Yes, often. Used to manage plantar pressures.	Often used to manage biomechanical gait for a number of issues.
Metatarsal bar between outsole and midsole (see chapter BB)	L3410	Yes, often. Used to manage plantar pressures.	Often used to manage biomechanical gait for a number of issues.
Rocker sole between outsole and midsole (see Footnote W and chapter BB)	L3649/ L3BBB	Yes, often. Used to manage plantar pressures.	Often used to manage biomechanical gait for a number of issues.
Leather tip on sole	L3550	Not generally	Used to protect soles from dragging foot gait.
Taps, heel or toe	L3550	Not generally	Used to protect soles from dragging foot gait.
Hook-and-loop closure substituted for laces (leather covered) (see Footnote Z)	L3580	Not generally	Used to allow easier donning and doffing, generally for people who have difficulty tying.
Caliper plate, installation	L3610	Not generally	For people with ankle conditions that require an AFO/ brace.
Solid stirrup, installation	L3630	Not generally	For people with ankle conditions that require an AFO/ brace.
Toe Filler (i.e. trans metatarsal) with insole (see previous section)	L5000	Yes, often (see previous section).	Can also be for traumatic amputations.
Filler for missing toe (see previous section)	L5999	Yes, often (see previous section).	Can also be for traumatic amputations.

Footnote V: For more information on the PCC's coding of foot orthoses, see chapter BH.
The inlay consists of a molded single or multi-density layers that interfaces between the plantar surface of the foot and the Biomechanical Balancing layer. A custom foot orthosis consists of the combination of the Biomechanical Balancing and the inlay. A replacement inlay would have to be specifically molded and shaped for the specific pair of shoes it was fitting into.

Footnote W: Rocker soles versus elevations: Rocker soles are covered for people with diabetes/foot neuropathy because they are used to unload the forefoot—specifically under an ulcer or a pre-ulcerative area. Elevations are not as directly related to neuropathic foot unloading, but the PCC recommends coverage since LLDs can create plantar pressure issues which can be severe for neuropathic feet.

Footnote Z: Hook-and-loop straps: Usually required for ease of closure. This is especially true in people with mobility (i.e. stroke) and hand issues (i.e. Rheumatoid Arthritis). Sometimes used for fluctuating edema, but both laces and straps can be used for fluctuating edema. The straps are not necessary for edema, so they should not be necessary for diabetes management.

ITEM	CODE	DESCRIPTION
High Top Construction, up to 6"	L3649	Special construction above lab standard
High Top Construction above 6"	L3649	Special construction above lab standard
Ankle and Boot Top Reinforcement (Polypro)	L3649	Special construction above lab standard
Heel counter rigid (medial and lateral)	L3649	Special construction above lab standard
Extended heel counter (medial or lateral)	L3649	Special construction above lab standard
Wide base	L3649	Special construction above lab standard
Extra heavy duty construction	L3649	Special construction above lab standard
Heavy duty construction	L3649	Special construction above lab standard
Extra lightweight construction	L3649	Special construction above lab standard
Washable shoe construction	L3649	Special construction above lab standard
Waterproofing	L3649	Special construction above lab standard
Special leathers (exotic, deerskin, nubuck, boot leather, fleece, etc.)	L3649	Special upper work above lab standard
Leather heel bumpers	L3649	Special upper work above lab standard
Outside kiltie flap	L3649	Special upper work above lab standard
Pull loops	L3649	Special upper work above lab standard
Reinforcement stays, steel	L3649	Special upper work above lab standard
Toe caps, leather	L3649	Special upper work above lab standard
Zippers	L3649	Special upper work above lab standard
Metal eyelets	L3649	Special upper work above lab standard
Strap and buckle	L3649	Special upper work above lab standard
Tongue: Bellows	L3649	Special tongue above lab standard
Tongue: Fringe	L3649	Special tongue above lab standard
Tongues: extra padding	L3649	Special tongue above lab standard
Lining: specialty padding materials	L3649	Special lining above lab standard
Lining: antimicrobial materials	L3649	Special lining above lab standard
Lining: full leather	L3649	Special lining above lab standard
Lining: full synthetic (hypoallergenic)	L3649	Special lining above lab standard
Lining: special thermal protection (i.e. Thinsulate)	L3649	Special lining above lab standard
Lining: Genuine lambs wool	L3649	Special lining above lab standard
Collars: Inside padded collar	L3649	Special collars above lab standard
Collars: Leather Line Top	L3649	Special collars above lab standard
Collars: Outside padded collar	L3649	Special collars above lab standard
Welts, hand sewn	L3649	Special sole work above lab standard
Welts, cement	L3649	Special sole work above lab standard
Sole: golf	L3649	Special sole work above lab standard
Sole: leather	L3649	Special sole work above lab standard

Sole: lug	L3649	Special sole work above lab standard
Sole: work rated: oil resistant	L3649	Special sole work above lab standard
Sole: other specialty soling	L3649	Special sole work above lab standard
Metatarsal guards	L3649	Special safety features above lab standard
Safety toes, fiberglass	L3649	Special safety features above lab standard
Safety toes, plastic	L3649	Special safety features above lab standard
Safety toes, steel	L3649	Special safety features above lab standard
Brace Channels Removed	L3649	Service for brace work
Brace re-enforcement	L3649	Service for brace work
Leather covers on insoles	L3649	Additional work done to inlay above lab standard
Specialty top covers	L3649	Additional work done to inlay above lab standard
Reassemble broken casts	L3649	Special services
Cast adjustment for inferior cast	L3649	Special services
Duplicate Cast	L3649	Special services
Cast from existing shoes	L3649	Special services
Pattern change	L3649	Special services
Shoe laces, extra	L3649	Special services
Cast cosmetic front	L3649	Special services for cosmetic purposes
Double Soles Repair	L3649	Repair Services
Full re-cover high	L3649	Repair Services
Full re-cover low	L3649	Repair Services
Heel Tip- Neolite Repair	L3649	Repair Services
High top converted from oxford	L3649	Repair Services
Recondition old base/ high tops	L3649	Repair Services
Recondition old base/ low shoes	L3649	Repair Services
Re-stance heels or part of base	L3649	Repair Services
Single Soles Repair	L3649	Repair Services
Toe Cap Repair	L3649	Repair Services

Note: The PCC recommends non-coverage of these L3649 items, as these items are outside the traditional realm of Covered and/or "Medically Necessary" items and almost all are special services, features, or options that are primarily for the benefit of the patient's aesthetic and/or work related needs. Non-coverage will allow beneficiaries to get shoes exactly how they want them using the market mechanism, and without interference of the third-party payor system.

The main codes currently in existence are:

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

These code descriptions are not ME-CE—and have caused much confusion. In addition, there are important codes missing from this area regarding newer advances, and they should be added.

As such, the PCC recommends the following:

Old Description	PCC/New Description	Explanation
L3230 ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	L3230 Pedorthic Custom Made Shoe, base model, any gender, low top with adjustable closure, closed toe, any bottom construction, any material bottom, room for separate depth inlay or foot orthosis, each foot.	This is the code for a lab's "low top base shoe" with lab standard: 1) uppers, 2) linings, 3) closure, 4) outsoles/heels, 5) collars, 6) toe and heel treatments, and 7) cast modification work. It does not include the inlay or foot orthosis, nor does it include any other options and/or items which carry an incremental charge.
L3250 ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	L3250 Pedorthic Custom Molded Shoe, base model, any gender, low top with adjustable closure, closed toe, any bottom construction, any material bottom, room for and includes the removable partial foot prosthesis with arch support and any level of calcaneal control, each foot.	This is the code for a lab's "low top base shoe" with lab standard: 1) uppers, 2) linings, 3) closure, 4) Biomechanical Balancing, 5) outsoles/heels, 6) collars, 7) toe and heel treatments, and 8) cast modification work. It includes the removable partial foot prosthesis. It does not include any other options and/or items which carry an incremental charge.
L3251 FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	Discontinue use	This code can be replaced with the base shoe code plus add-ons. It is not needed. See FN A.
L3252 FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	L3252 Pedorthic Custom Molded Shoe, base model, any gender, low top with adjustable closure, closed toe, any bottom construction, any material bottom, room for separate depth inlay or foot orthosis, each foot.	This is the code for a lab's "low top base shoe" with lab standard: 1) uppers, 2) linings, 3) closure, 4) Biomechanical Balancing, 5) outsoles/heels, 6) collars, 7) toe and heel treatments, and 8) cast modification work. It does not include the inlay or foot orthosis, nor does it include any other options and/or items which carry an incremental charge.

Old Description	PCC/New Description	Explanation
	L3BIA (must currently use L3649) Pedorthic Custom Molded Shoe, base model, any gender, low top with adjustable closure, closed toe, any bottom construction, any material bottom, room for separate depth inlay or foot orthosis, used as an integral part of an attached AFO, each foot.	This is the code for a lab's "low top base shoe" with lab standard: 1) uppers, 2) linings, 3) closure, 4) Biomechanical Balancing, 5) outsoles/heels, 6) collars, 7) toe and heel treatments, and 8) cast modification work. It does not include the inlay or foot orthosis, nor does it include any other options and/or items which carry an incremental charge. This code is used for a shoe used as an integral part of an attached AFO of any type. Medicare currently provides a unique code for OTS shoes attached to a metal brace, but does not provide a unique code for Custom Shoes attached to a brace. This is an inconsistency and inefficiency that should be corrected. The PCC believes a separate code is required for Custom Shoe attached to a brace to address current and new technology.
L3253 FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	Discontinue use	This code can be replaced with the base shoe code plus add-ons. It is not needed. See FN A.
	L3BIB (must currently use L3649) Pedorthic Custom Molded Sandal, base model, any gender, low top with adjustable closure, open toe, any bottom construction, any material bottom, room for separate depth inlay or foot orthosis, each foot.	This is the code for a lab's "low top base sandal" with lab standard: 1) uppers, 2) linings, 3) closure, 4) Biomechanical Balancing, 5) outsoles/heels, 6) collars, 7) heel treatments, and 8) cast modification work. It does not include the inlay or foot orthosis, nor does it include any other options and/or items which carry an incremental charge. The PCC recognizes that a custom sandal could be fantastic for a beneficiary in need, and indeed in warmer climates or in cases of hyperhydrosis, could be a very important part of the beneficiary's care.

FAQ:

Q: Can the practitioner bill separately for base shoe options if the wholesale shoe lab does not bill the practitioner separately for such base shoe options (i.e. says "laces or straps, same price" or "nubuck or leather uppers—same price")?

A: No, given the PCC's commitment to incremental coding for incremental cost/work, the PCC feels that anything that a manufacturer is willing to include in the base shoe cannot be separately billed. The PCC believes that this provides bright-line guidance for practitioners and allows a verifiable paper-trail for audits, etc. The practitioner has to pay the lab incrementally as a necessary pre-condition to bill for the incremental item.

Q: If the wholesale lab offers a package price, above the base price, can the practitioner separately bill the components of the package?

A: Yes, there is a premium charged over the base price, so the premium is covering the items/options in the package. The PCC requires that the wholesale shoe lab maintain a separate ala carte price list of each individual item. The PCC recommends that any "package savings" be allocated pro-rata across the base shoe and all options. For instance, if the package includes the base shoe and 6 other items (i.e. where each other item is an insole for one foot or a shoe modification for one foot), and the package price has a 10% savings over the ala carte pricing, then when allocating out the 10% savings, the savings should be allocated pro-rata to the base shoe and each item in the package based on the ala carte pricing.

Q: What code should you use if the wholesale custom shoe lab offers other services and/or options not listed in this chapter?

A: Use L3649 with a description. The PCC understands that custom shoe labs will always be adding new services, materials, and options, and that no static code set could stay abreast of the changes in the industry. The PCC favors coverage of all Medically Necessary L3649 items. Beneficiaries should be allowed to pay for Non-Medically Necessary features and benefits so that they can get custom shoes exactly how they want them using the market mechanism, and without interference of the third-party payor system.

Q: How do I code out the complex custom footwear that incorporates custom AFOs, etc?

A: See Section D.

Q: What about a custom slip-on shoe, does the PCC think that these should be covered?

A: No. The PCC needs to draw a reasonable line somewhere, and wants to draw it in such a way that will limit potential fraud and abuse. As discussed in the chapter on OTS shoes, the PCC believes that medically necessary shoes should have an adjustable closure, to properly manage the biomechanics of the foot.

Q: The shoe labs offer many different types of custom inlays, how should they be coded and how should incremental layers be coded?

A: See chapter BH on foot orthoses to see the decision rules on how to code foot orthoses, including ones used as inlays for custom shoes.

Q: If you have a Custom Molded Shoe with a removable Toe Filler that met the definition of L5000, can you bill the underlying shoe code and the L5000, or is there a different code you must use?

A: No, the code L3250 is a combination code for the L5000 and a shoe code. The L3250 can have add-on codes, just like a normal custom molded shoe. This is a departure from the add-on logic inherent in this code set, yet this code is an important code for Medicare, and PCC did not think it appropriate to recommend discontinuing a code that is so important to Medicare, just on the basis that it departs from the logic of an add-on system.

CHAPTER BJ: REPAIR CODES

Overview

The current code sets have a repair code for time spent repairing orthotic devices (L4205), but no similar code for time spent on shoe codes and/or shoe modifications. However, there are certain shoe repair L-codes for items that are most prone to needing repair, i.e. full and half soles (see chapter BE).

The PCC supports the creation of an incremental repair code for shoe codes other than full and half soles because such a code meets four important public policy concerns: 1) repairs are often cheaper than replacement—keeping health care costs down, 2) repairs are more environmentally friendly—keeping down destruction of new resources by preserving old ones, 3) a repaired "old shoe" gives the patient a backup pair to switch off to for emergencies[1], 4) it is inappropriate to treat the covered shoe code as a lesser code than a covered orthotic code—if a shoe code is worthy of being covered it is worthy of being repaired.

All repairs must meet the following tests to be covered: 1) the underlying device had to be originally covered, 2) the repair must be medically necessary, 3) the repaired device must have a reasonable useful life once repaired, 4) the repair must be cheaper than a replacement, 5) the patient must pay their appropriate co-pay for the repair, 6) the repair must be incremental and distinct from the original fitting and adjusting of the device—it cannot be part of that initial fitting and adjusting process, and 7) the time must actually be spent on repairing the device.

Currently, there is a bright line rule of 90 days to determine whether repairs are incremental, or part of the original fitting of the device. The 90 day rule has been criticized by practitioners as it allows no provision for repairs that are a result of medical changes, damage or breakage not related to product construction, abuse or damage caused by trauma, falls or other incidental issues (i.e., damage outside the control or responsibility of the provider). The PCC believes that such situations are common enough that they warrant an incremental code and that when that code is used, that the practitioner needs to provide supplemental documentation to establish medical necessity and that the repair falls within the rules.

Medicare policy dictates that code L4205 (Repair of orthotic device, labor component, per 15 minutes) may only be billed for time involved with the actual repair of a covered orthosis or for medically necessary adjustments made more than 90 days after delivery.

Medicare policy dictates that code L4205 must not be used to bill for time involved with other professional services including, but not limited to:

- Evaluating the patient
- Taking measurements, making a cast, making a model, use of CAD/CAM
- Making modifications to a prefabricated item to fit it to the individual patient
- Follow-up visits
- Making adjustments at the time of or within 90 days after delivery

Reimbursement for these services is included in the allowance for the HCPCS codes which describe the orthosis.

Similarly, code L4210 (Repair of orthotic device, repair or replace minor parts) must not be used for casting supplies or other materials used in the fitting or fabrication of an orthosis. The L4210 code has a slightly higher reimbursement than the L4205 to account for the minor parts and supplies used for these types of repairs.

For the purposes of this code, a lower extremity orthotic device is orthotic device described in Section D of this guide, or any orthotic device described in chapter BH or L5000. A shoe code is any other code within the L3xxx series that is not an orthotic.

The PCC suggests the following code sets:

Old Description	PCC/New Description	Explanation
L4205 REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	L4205 Repair, Labor Component, Covered Orthotic Device, after 90 days from dispensing, per 15 minutes or fraction thereof.	This code is the same code and rules as currently defined for L4205. Medicare covers this code, so practitioners are advised to keep abreast of Medicare guidelines and to the extent they differ from PCC guidance, the Medicare guidance controls.
	L3BJA (must currently use L3649) Repair, Labor Component, Covered Orthotic Device, within 90 days from dispensing-special circumstance, per 15 minutes or fraction thereof.	This code is similar to the L4205, but allows for special repairs within the 90 day window when the practitioner can prove that the repairs are not the fault of the practitioner. The practitioner should have specific documentation in the files relating to these repairs and should submit this documentation when filing this code.
	L3BJB (must currently use L3649) Repair, Labor Component, Covered Shoe Device, not resoles, after 90 days from dispensing, per 15 minutes or fraction thereof.	This code is similar to the L4205, but handles covered shoe codes other than resoling. Any such repair should meet all of the tests documented above.
	L3BJC (must currently use L3649) Repair, Labor Component, Covered Shoe Device, not resoles, within 90 days from dispensing-special circumstance, per 15 minutes or fraction thereof.	This code is similar to the code above, but allows for special repairs within the 90 day window when the practitioner can prove that the repairs are not the fault of the practitioner. The practitioner should have specific documentation in the files relating to these repairs and should submit this documentation when filing this code.
L4210 REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	L4210 Repair, Labor & Minor Parts Component, Covered Orthotic Device, after 90 days from dispensing, per 15 minutes or fraction thereof.	This code is the same code and rules as currently defined for L4210. Medicare covers this code, so practitioners are advised to keep abreast of Medicare guidelines and to the extent they differ from PCC guidance, the Medicare guidance controls.

Old Description	PCC/New Description	Explanation
	L3BJD (must currently use L3649) Repair, Labor & Minor Parts Component, Covered Orthotic Device, within 90 days from dispensing-special circumstance, per 15 minutes or fraction thereof.	This code is similar to the L4210, but allows for special repairs within the 90 day window when the practitioner can prove that the repairs are not the fault of the practitioner. The practitioner should have specific documentation in the files relating to these repairs and should submit this documentation when filing this code.
	L3BJE (must currently use L3649) Repair, Labor & Minor Parts Component, Covered Shoe Device, not resoles, after 90 days from dispensing, per 15 minutes or fraction thereof.	This code is similar to the L4210, but handles covered shoe codes other than resoling. Any such repair should meet all of the tests documented above.
	L3BJF (must currently use L3649) Repair, Labor & Minor Parts Component, Covered Shoe Device, not resoles, within 90 days from dispensing-special circumstance, per 15 minutes or fraction thereof.	This code is similar to the code above, but allows for special repairs within the 90 day window when the practitioner can prove that the repairs are not the fault of the practitioner. The practitioner should have specific documentation in the files relating to these repairs and should submit this documentation when filing this code.

FAQ:

Q: Is this an area where Medicare/third party payors give extra scrutiny to potential up-coding?

A: Yes, these codes are a potential area for Fraud and Abuse and are often scrutinized. The PCC recommends that all practitioners keep meticulous notes on the repair work that they do and bill for to ensure they can meet the tests indicated above, namely 1) the underlying device had to be originally covered, 2) the repair must be medically necessary, 3) the repaired device must have a reasonable useful life once repaired, 4) the repair must be cheaper than a replacement, 5) the patient must pay their appropriate co-pay for the repair, 6) the repair must be incremental and distinct from the original fitting and adjusting of the device—it cannot be part of that initial fitting and adjusting process, and 7) the time must actually be spent on repairing the device.

Q: I am doing major work on a covered foot orthosis (L3020) which was dispensed over a year ago. The topcover and met pad needs to be repaired. In addition, the doctor is now asking that a medial wedge be added to the bottom of the device. How do I code this?

A: The repair of the topcover and met pad are coded using L4210 because you are using time and minor parts (and assuming all of the other tests were met). The wedge is an incremental feature, not a repair of the original device. It would be billed using L3BHO, the new code for rearfoot additions. Again, this incremental code can only be billed if the rearfoot additions code was not originally used, since the PCC allows for only one unit of service. For more information, see chapter BH on foot orthoses.

(Chapter Footnotes)

[1] It is unreasonable to assume that someone who needs special shoes can get by with just one pair of shoes.

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CHAPTER BK: OFFICIAL MEDICARE LCD FOR ORTHOPEDIC FOOTWEAR (L11467)

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must (1) be eligible for a defined Medicare benefit category, (2) be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member, and (3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Statutory coverage criteria for orthopedic footwear are specified in the related Policy Article.

Prosthetic shoes (L3250) are covered if they are an integral part of a prosthesis for patients with a partial foot amputation (ICD-9 diagnosis codes 755.31, 755.38, 755.39, 895.0-896.3). Claims for prosthetic shoes for other ICD-9 diagnosis codes will be denied as not medically necessary.

HCPCS MODIFIERS:

EY – No physician or other licensed health care provider order for this item or service
KX - Specific required documentation on file
LT - Left side
RT - Right side

- A9283 FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, 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, 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
- L3140 FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES
- L3150 FOOT, ABDUCTION ROTATATION BAR, WITHOUT SHOES

- L3160 FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE
- 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
- 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

ICD-9 Codes that Support Medical Necessity

The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on “Indications and Limitations of Coverage and/or Medical Necessity” for other coverage criteria and payment information.

For HCPCS code L3250:

755.31 TRANSVERSE DEFICIENCY OF LOWER LIMB
755.38 LONGITUDINAL DEFICIENCY TARSALS OR METATARSALS COMPLETE OR PARTIAL (WITH OR WITHOUT INCOMPLETE PHALANGEAL DEFICIENCY)
755.39 LONGITUDINAL DEFICIENCY PHALANGES COMPLETE OR PARTIAL
895.0 - 896.3 TRAUMATIC AMPUTATION OF TOE(S) (COMPLETE) (PARTIAL) WITHOUT COMPLICATION - TRAUMATIC AMPUTATION OF FOOT (COMPLETE) (PARTIAL) BILATERAL COMPLICATED

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

An order is not required for a heel or sole replacement or transfer of a shoe to a brace.

When billing for a shoe that is an integral part of a leg brace or for related modifications, inserts, heel/sole replacements or shoe transfer, a KX modifier must be added to the code. If the shoe or related item is not an integral part of a leg brace, the KX modifier must not be used.

When billing for prosthetic shoes (L3250) and related items, an ICD-9 diagnosis code (specific to the 5th digit), describing the condition which necessitates the prosthetic shoes, must be included on each on each claim for the prosthetic shoes and related items.

When code L3649 with a KX modifier is billed, the claim must include a narrative description of the item provided as well as a brief statement of the medical necessity for the item. This must be entered in the narrative field of an electronic claim.

Refer to the Supplier Manual for more information on documentation requirements.

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

Shoes, inserts, and modifications are covered in limited circumstances. They are covered in selected patients with diabetes for the prevention or treatment of diabetic foot ulcers. However, different codes (A5500-A5511) [Editor's Note: now A5500-A5513] are used for footwear provided under this benefit. See the medical policy on Therapeutic Shoes for Diabetics for details.

Shoes are also 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, 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 noncovered 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.

CODING GUIDELINES

Oxford shoes that are an integral part of a brace are billed using codes L3224 or L3225 with a KX modifier. For these codes, one unit of service is each shoe. Oxford shoes that are not part of a leg brace must be billed with codes L3215 or L3219 without a KX modifier.

Other shoes (e.g., high top, depth inlay or custom shoes for non-diabetics, etc.) that are an integral part of a brace are billed using code L3649 with a KX modifier. Other shoes that are not an integral part of a brace must be billed using codes L3216, L3217, L3221, L3222, L3230, L3251-L3253, or L3649 without a KX modifier.

Depth-inlay or custom molded shoes for diabetics (A5500-A5501) and related inserts and modifications (A5503-A5511) [Editor's Note: now A5500-A5513] are billed using these A codes whether or not the shoe is an integral part of a brace. (See policy on Therapeutic Shoes for Diabetics for coverage, documentation, and additional coding guidelines.)

Code A9283 (foot pressure off-loading/ supportive device) is used for a item that is designed primarily to reduce pressure on the sole or heel of the foot but that does not meet the definition of:
a) A therapeutic shoe for diabetics or related insert or modification; or
b) An orthopedic shoe or modification; or
c) A walking boot.
It may be a shoe-like item, an item that is used inside a shoe and may or may not extend outside the shoe, or an item that is attached to a shoe. It may be prefabricated or custom fabricated.

Code L3250 may be used only for a shoe that is custom fabricated from a model of a patient and has a removable custom fabricated insert designed for toe or distal partial foot amputation. The shoe serves to hold the insert on the

leg. Code L3250 must not be used for a shoe that is put on other types of leg prostheses (L5010-L5600) that are attached to the residual limb by other mechanisms.

The right (RT) and left (LT) modifiers must be used with footwear codes. When bilateral items are provided on the same date of service, bill both on the same claim line using the LTRT modifier and 2 units of service.

Suppliers should contact Medicare Pricing, Data Analysis and Coding (PDCA) at www.dmepdac.com for guidance on the correct coding of these items. The PDAC is the successor to the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC).