



# Geisinger Health Plan Policies and Procedure Manual

**Policy: MP034**

**Section: Medical Benefit Policy**

**Subject: Foot Orthotics**

**Applicable line of business:**

<b>Commercial</b>	<b>x</b>	<b>Medicaid</b>	<b>x</b>
<b>Medicare</b>	<b>x</b>	<b>ACA</b>	<b>x</b>
<b>CHIP</b>	<b>x</b>		

**I. Policy:** Foot Orthotics

**II. Purpose/Objective:**

To provide a policy of coverage regarding Foot Orthotics

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**Commercial**

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicare**

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

**CHIP**

Geisinger Health Plan Kids (GHP Kids) is a Children’s Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicaid**

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization

**V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

### **Medicaid Business Segment**

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

### **ADDITIONAL DEFINITIONS:**

A **depth shoe** is one that: 1) has a full length, heel-to-toe filler that when removed, provides a minimum of 3/16" of additional depth used to accommodate custom-molded or customized inserts; 2) is made from leather or other suitable material of equal quality; 3) has some form of shoe closure and 4) is available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoe according to 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.) This includes a shoe with or without an internally seamless toe.

A **custom-molded shoe** is one that 1) is constructed over a positive model of the patient' s foot, 2) is made from leather or other suitable material of equal quality, 3) has removable inserts that can be altered or replaced as the patient' s condition warrants and 4) has some form of shoe closure. This includes a shoe with or without an internally seamless toe.

An **insert** is a total contact, multiple density, removable inlay that is directly molded to the patient' s foot or a model of the patient' s foot and that is made of a suitable material with regard to the patient' s condition.

**Rigid rocker bottoms** are exterior elevations with apex position for 51 percent to 75 percent distance measured from the back end of the heel. The apex is a narrowed or pointed end of an anatomical structure. The apex must be positioned behind the metatarsal heads and tapering off sharply to the front tip of the sole. Apex height helps to eliminate pressure at the metatarsal heads. Rigidity is ensured by the steel in the shoe. The heel of the shoe tapers off in the back in order to cause the heel to strike in the middle of the heel.

**Roller bottoms** (sole or bar) are the same as rocker bottoms, but the heel is tapered from the apex to the front tip of the sole.

**Wedges** (posting) are either of hind foot, fore foot, or both and may be in the middle or to the side. The function is to shift or transfer weight bearing upon standing or during ambulation to the opposite side for added support, stabilization, equalized weight distribution, or balance.

**Metatarsal bars** are exterior bars which are placed behind the metatarsal heads in order to remove pressure from the metatarsal heads. The bars are of various shapes, heights, and construction depending on the exact purpose.

**Offset heel** is a heel flanged at its base either in the middle, to the side, or a combination, that is then extended upward to the shoe in order to stabilize extreme positions of the hind foot.

A **deluxe feature** does not contribute to the therapeutic function of the shoe. It may include, but is not limited to style, color, or type of leather.

The **Certifying Physician** provides the medical care for the beneficiary. The certifying physician must be an M.D. or D.O., and may not be a podiatrist.

The **Prescribing Physician** actually writes the order for the therapeutic shoe, modifications and inserts. The prescribing physician may be a podiatrist, M.D, or D.O.

The **Contracted Vendor** is the participating person or entity that actually furnishes the shoe, modification, and/or insert to the beneficiary and that bills Medicare. The supplier may be a podiatrist, pedorthist, orthotist, prosthetist, or other qualified individual.

## **SECTION 1**

### **FOOT ORTHOTICS (Not Related to Diabetic Conditions)**

**For Medicaid Line of Business, Foot Orthotics requires Prior Authorization by a Plan Medical Director or Designee**

**Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.**

#### **HCPCS CODING FOR FOOT ORTHOSIS:**

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

- 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 orthotic, 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, rotation positioning device, including shoe(s)
- L3150 Foot, rotation positioning device, without shoe(s)
- L3160 Foot, adjustable shoe styled positioning device
- L3170 Foot, plastic heel stabilizer
- 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 metatarsus, 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 (skates)  
 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  
 L3485 Heel, pad, removable for spur  
 L3500 Miscellaneous shoe addition, insole, leather  
 L3510 Miscellaneous shoe addition, insole, rubber  
 L3520 Miscellaneous shoe addition, insole, felt covered with leather  
 L3530 Miscellaneous shoe addition, sole, half  
 L3540 Miscellaneous shoe addition, sole full  
 L3550 Miscellaneous shoe addition, toe tap, standard  
 L3560 Miscellaneous shoe addition, toe tap, horseshoe  
 L3570 Miscellaneous shoe addition, special extension to instep (leather with eyelets)  
 L3580 Miscellaneous shoe addition, convert instep to velcro closure  
 L3590 Miscellaneous shoe addition, convert firm shoe counter to soft counter  
 L3595 Miscellaneous 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  
 Sides  
 L3649 ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED

## SECTION 2

### DIABETIC FOOT ORTHOSES:

Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

For Medicaid Line of Business, Diabetic Foot Orthoses requires Prior Authorization by a Plan Medical Director or Designee

#### 1. CRITERIA FOR COVERAGE:

Diabetic shoes, inserts and/or modifications to the shoes are covered if the following criteria are met:

- a. The member has been diagnosed with diabetes mellitus; and
- b. The member has one or more of the following conditions:
  - Previous amputation of the other foot, or part of either foot, or
  - History of previous foot ulceration of either foot, or
  - History of pre-ulcerative calluses of either foot, or
  - Peripheral neuropathy with evidence of callus formation of either foot, or
  - Foot deformity of either foot, or
  - Poor circulation of either foot; and
- c. The certifying physician who is managing the member's systemic diabetes condition has certified that indications (a) and (b) are met and that he/she is treating the member under a comprehensive plan of care for his/her diabetes and that the member requires diabetic shoes; and
- d. The footwear (shoes, inserts modifications) must be prescribed by a podiatrist or other qualified physician, knowledgeable in the fitting of diabetic shoes and inserts. The footwear must be fitted and furnished by a podiatrist or other qualified individual such as but not limited to a pedorthist, orthotist or prosthetist.

#### 2. LIMITATIONS:

1. Separate inserts may be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed. This footwear must meet the definitions found in this policy for depth shoes or custom-molded shoes. In addition, the inserts furnished must fully meet the definition of an insert set forth in this policy. Inserts which will be used in non-covered shoes are **NOT COVERED** (per DME MAC L11535)
2. A custom-molded shoe is covered when the patient has a foot deformity which cannot be accommodated by a depth shoe. The nature and severity of the deformity must be well documented. If there is insufficient justification for a custom-molded shoe but the general coverage criteria are met, payment will be based on the allowance for the least costly medically necessary alternative.
3. Not intended as a comprehensive list, the following are the most common shoe modifications: rigid rocker bottoms , roller bottoms , wedges, metatarsal bars, or offset heels. Other modifications to diabetic shoes include, but are not limited to flared heels and inserts for missing toes. Deluxe features of diabetic shoes are **NOT COVERED** (per DME MAC L11535).
4. Shoes, inserts, and/or modifications that are provided to patients who do not meet the coverage criteria are **NOT COVERED** (per DME MAC L11535).
5. There is no separate payment for the fitting of the shoes, inserts or modifications or for the certification of need or prescription of the footwear.

### Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis

### HCPCS CODING FOR DIABETIC FOOT ORTHOSES:

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or*

**the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.**

- A5500 For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
- A5501 For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom-molded shoe), per shoe
- A5503 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe
- A5504 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
- A5505 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe
- A5506 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
- A5507 For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
- A5508 for diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
- A5510 For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe
- A5512 For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer or 3/6 inch material of shore a 40 durometer (or higher), prefabricated, each
- A5513 For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer or 3/6 inch material of shore a 40 durometer (or higher), prefabricated, each
- A5514 FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

**REFERENCES:**

The General Assembly of Pennsylvania, House Bill No. 656

Managed Care Association of Pennsylvania, Legislative Alert, Diabetic Supply Mandate Approved By The Senate, Oct, 7, 1998

Noridian Healthcare Solutions. DME MAC L33686 Ankle-Foot/Knee-Ankle-Foot Orthosis

<https://med.noridianmedicare.com/documents/2230703/7218263/Ankle-Foot+Knee-Ankle-Foot+Orthosis+LCD+and+PA>

Noridian Healthcare Solutions. DME MAC L33641 Orthopedic Footwear

<https://med.noridianmedicare.com/documents/2230703/7218263/Orthopedic+Footwear+LCD+and+PA/4405657c-dfe0-4d5c-98d7-6c1865cea4be>

Noridian Healthcare Solutions. DME MAC L33369 Therapeutic Shoes for Persons with Diabetes

<https://med.noridianmedicare.com/documents/2230703/7218263/Therapeutic+Shoes+for+Persons+with+Diabetes+LCD+and+PA>

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 12/01

**Revised:** 1/04 (Coding, references); 1/05 (reformatting, Healthwise Options attachment); 2/08(wording), 3/11 (refs), 3/13 (added indication), 3/15 (added Medicaid headers)

**Reviewed:** 12/02; 2/06; 2/07; 2/09; 2/10, 3/12, 3/14, 3/16, 2/17, 2/18, 2/19, 2/20, 2/21, 2/22, 2/23, 2/24, 2/25

**CMS UM Oversight Committee Approval:** 12/23, 5/24, 4/25

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Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.