

## Medical Policy



### **Orthopedic Footwear (Inserts, Arch Support/Removable/Pre-molded, Abduction/Rotation Bars, Footwear, Shoe Modifications – Lifts/Wedges/Heels, Miscellaneous Shoe Additions, Transfer or Replacement)**

#### **Description/Background**

Orthopedic footwear is generally used to assist gait, reduce pain, decrease weight bearing, control movement and minimize worsening of a deformity.

Refer to Therapeutic Shoe for Individuals with Diabetes policy (A5500-A5513) modifications and inserts.

#### **Policy Statement**

Orthopedic footwear is **reasonable and necessary** for members meeting policy guidelines.

#### **Policy Guidelines**

##### **Medicare Member Coverage Criteria:**

Refer to Medicare policy (L33641) and article (A52481) for coverage criteria.

##### **Non-Medicare Member Coverage Criteria:**

Orthopedic footwear is reasonable and necessary for **adult** members (over 21 years of age) if:

- Criteria I (A, B, C, or D) are met; *or*
- Criteria II (A, B, C, D, E, F, G, H, I, or J) are met.

Orthopedic footwear is reasonable and necessary for **pediatric** members (under 21 years of age) if:

- Criteria I (A, B, C or D) are met; *or*
- Criteria III (A, B, C, D, or E) are met.

*(In both adult and pediatric cases, criteria IV and V must also be met)*

- I. Must be ordered by the Member's treating practitioner and any of the following applies:
  - A. Required to accommodate a leg length discrepancy of ¼ inch or greater.

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- B. Required to accommodate a size discrepancy between both feet of one size or greater.
- C. Required to accommodate needs related to a partial foot prosthesis, clubfoot, or plantar fasciitis.
- D. Required to accommodate a brace.

#### II. Adults (skeletally mature feet):

- A. Acute plantar fasciitis
- B. Acute sport-related injuries (including diagnoses related to inflammatory problems, e.g., bursitis, tendonitis)
- C. Calcaneal bursitis (acute or chronic)
- D. Calcaneal spurs (heel spurs)
- E. Conditions related to diabetes (see section above on therapeutic shoes for diabetes for a complete list of medically necessary diagnoses)
- F. Inflammatory conditions (i.e., sesamoiditis; submetatarsal bursitis; synovitis; tenosynovitis; synovial cyst; osteomyelitis; metatarsalgia and plantar fascial fibromatosis)
- G. Medial osteoarthritis of the knee (lateral wedge insoles)
- H. Musculoskeletal/arthropathic deformities (including deformities of the joint or skeleton that impairs walking in a normal shoe, e.g., bunions, hallux valgus, talipes deformities, pes deformities, anomalies of toes)
- I. Neurologically impaired feet (including neuroma; tarsal tunnel syndrome; ganglionic cyst; and neuropathies involving the feet, including those associated with peripheral vascular disease, diabetes, carcinoma, drugs, toxins, and chronic renal disease)

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- J. Vascular conditions (including ulceration, poor circulation, peripheral vascular disease, Buerger's disease (thromboangiitis obliterans), chronic thrombophlebitis).

Foot orthotics have no proven value for back pain, knee pain (other than medial osteoarthritis), pes planus (flat feet), pronation, corns and calluses, hammertoes, hip osteoarthritis, and lower leg injuries.

#### III. Children (skeletally immature feet):

- A. Hallux Valgus deformities
- B. In-toe or out-toe gait
- C. Musculoskeletal weakness (e.g., pronation, pes planus)
- D. Structural deformities (e.g., tarsal coalitions)
- E. Torsional conditions (e.g., metatarsus adductus, tibial torsion, femoral torsion)

*and*, for both adult and pediatric members:

- IV. The member must have symptoms associated with the particular foot condition (foot orthotics are not considered medically necessary when the foot condition does not cause symptoms); *and*
- V. The member has failed to respond to a course of appropriate conservative treatment (e.g., physical therapy, injections, strapping, anti-inflammatory medications). (Orthotics should not be considered first line therapy.)

#### **Exclusions/Limitations:**

##### General

Foot orthotics are considered experimental and investigational for the treatment of joint hypermobility syndrome.

AposTherapy (biomechanical shoe-like device) for the management of various back, hip, and knee conditions is considered experimental and investigational because its effectiveness has not been established.

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The UNFO-S (an adductus-positioning device) for the management of metatarsus adductus and metatarsus varus is considered experimental and investigational because its effectiveness has not been established.

The Orpyx sensory insoles for reduction of diabetic foot ulcer recurrence are considered experimental and investigational because their effectiveness has not been established.

Deluxe features of therapeutic shoes have no proven value. A deluxe feature is defined as a feature that does not contribute to the therapeutic function of the shoe. It may include, but is not limited to style, color, or type of leather.

#### Shoe modifications and replacements:

Medical necessity criteria for replacements of or modifications to existing customized shoes is based on the same criteria noted for the shoe itself. Replacement of a pair of shoes, or modifications, should be based on necessity (e.g., worn out, loss of effectiveness), not for convenience or style change.

#### **Coding Guidelines**

The right (RT) and/ or left (LT) modifiers must be used with all footwear HCPCS codes in this policy. When the same code for bilateral items (left and right) are billed on the same date of service, bill for both items on the same claim line using the RT/LT modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

#### **Charcot Restraint Orthotic Walker – CROW Boot – Coding**

Code L4631 describes a Charcot's restraint orthotic walker (CROW) orthosis. Code L4631 is a custom fabricated ankle-foot orthosis which has all of the following characteristics:

1. Designed to maintain the foot at a fixed position of 0° (i.e., perpendicular to the lower leg); and,
2. Allows for varus or valgus deformity correction; and,
3. Contains a rocker bottom sole with a custom arch support; and,
4. Incorporates a rigid anterior tibial shell; and,
5. Used by a beneficiary who is ambulatory; and,

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6. Has a soft interface
7. Totally encapsulated.

Code L4631 includes all additions including straps and closures. No additional codes may be billed with code L4631.

#### **HCPCS Level II Codes and Description**

L3000 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH

L3001 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH

L3002 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH

L3003 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH

L3010 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH

L3020 FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH

L3030 FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH

L3031 FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH

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,

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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 ROTATION 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

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- 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 (ORTHOISIS)
- L3225 ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOISIS)
- 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

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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



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- 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

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L4631 ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED

#### **Important Note:**

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

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Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

#### **Cross Reference to Related Policies and Procedures**

1. CGS Administrators, LLC. Jurisdiction B DME MAC, Orthopedic Footwear. Local Coverage Determination No. L33641 Last accessed/reviewed December 10, 2024.
2. Noridian Healthcare Solutions, LLC. Orthopedic Footwear. Local Coverage Determination No. L33641. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised January 1, 2020. Reviewed December 17, 2019, December 2020. Last accessed/reviewed December 5, 2022
3. Aetna: Foot Orthotics  
[http://www.aetna.com/cpb/medical/data/400\\_499/0451.html](http://www.aetna.com/cpb/medical/data/400_499/0451.html) Last accessed/reviewed December 10, 2024.
4. Cigna; Coverage Policy Number 0543 Orthotic Devices and Shoes;  
[https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm\\_0543\\_coveragepositioncriteria\\_orthotic\\_devices\\_shoes.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0543_coveragepositioncriteria_orthotic_devices_shoes.pdf) Last accessed/reviewed December 10, 2024.
5. Rubin G, Cohen E. Prostheses and orthoses for the foot and ankle. Clin Podiatr Med Surg. 1988;5(3):695-719.
6. Lockard MA. Foot orthoses. Phys Ther. 1988;68(12):1866-1873.
7. Esquenazi A, Leonard JA, Meier RH 3d, et al. Prosthetics, orthotics, and assistive devices. 3. Prosthetics. Arch Phys Med Rehabil. 1989;70(5-S):S206-S209.
8. Hicks JE, Leonard JA Jr, Nelson VS, et al. Prosthetics, orthotics, and assistive devices. 4. Orthotic management of selected disorders. Arch Phys Med Rehabil. 1989;70(5-S):S210-S217.
9. Hoffinger SA. Evaluation and management of pediatric foot deformities. Pediatr Clin North Am. 1996;43(5):1091-111.

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11. Egan M, Brosseau L, Farmer M, et al. Splints and orthosis for treating rheumatoid arthritis. *Cochrane Database Syst Rev*. 2001;(4):CD004018.
12. Crawford F, Thomson C. Interventions for treating plantar heel pain. *Cochrane Database Syst Rev*. 2003;(3):CD000416.
13. Gross MT, Foxworth JL. The role of foot orthoses as an intervention for patellofemoral pain. *J Orthop Sports Phys Ther*. 2003;33(11):661-670.
14. Marks R, Penton L. Are foot orthotics efficacious for treating painful medial compartment knee osteoarthritis? A review of the literature. *Int J Clin Pract*. 2004;58(1):49-57.
15. Sahar T, Cohen MJ, Ne'eman V, et al. Insoles for prevention and treatment of back pain. *Cochrane Database Syst Rev*. 2007;(4):CD005275.
16. Ashford R, Kippen C, Rome K. Interventions for pes planus (Protocol for Cochrane Review). *Cochrane Database Syst Rev*. 2005;(1):CD005120.
17. Ferrari J, Higgins JPT, Prior TD. Interventions for treating hallux valgus (abductovalgus) and bunions. *Cochrane Database Syst Rev*. 2004;(1):CD000964.
18. Brouwer RW, Jakma TS, Verhagen AP, et al. Braces and orthoses for treating osteoarthritis of the knee. *Cochrane Database Syst Rev*. 2005;(1):CD004020.
19. Powell M, Seid M, Szer IS. Efficacy of custom foot orthotics in improving pain and functional status in children with juvenile idiopathic arthritis: A randomized trial. *J Rheumatol*. 2005;32(5):943-950.
20. Farrow SJ, Kingsley GH, Scott DL. Interventions for foot disease in rheumatoid arthritis: A systematic review. *Arthritis Rheum*. 2005;53(4):593-602.
21. Clark H, Rome K, Plant M, et al. A critical review of foot orthoses in the rheumatoid arthritic foot. *Rheumatology (Oxford)*. 2006;45(2):139-145.
22. Reilly KA, Barker KL, Shamley D. A systematic review of lateral wedge orthotics—how useful are they in the management of medial compartment osteoarthritis? *Knee*. 2006;13(3):177-183.

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#### **Change/Authorization History**

<b>Revision Number</b>	<b>Date</b>	<b>Description of Change</b>	<b>Prepared/Reviewed by</b>	<b>Approved by</b>	<b>Review Date:</b>	<b>Effective Date:</b>
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01	Jan.2008	Under Exclusions, HCPCS code A 9283 was added	Susan Glomb	Ken Fasse		
02		Annual Review / no changes	Susan Glomb	Ken Fasse	Dec. 2008	
03	10-01-09	Policy update. Revised RT/LT modifier instructions. Changed SADMERC to PDAC	Susan Glomb	Ken Fasse		
04	12-22-09	Policy updated to include CROW walker information. Annual Review/ no additional changes	Susan Glomb	Ken Fasse	Dec. 2009	
05	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
06	03-21-11	Added info that providers must include when submitting a claim for Replacement Orthopedic Footwear.	Susan Glomb	Ken Fasse		
07	6-30-11	Policy updated to reflect current practice.	Susan Glomb	Dr. B. Almasri		
08	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
09	11-30-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	

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10	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
11	08-21-12	Added Metatarsalgia to coverage criteria for adults.	Susan Glomb	Dr. B. Almasri	August 2012	
12	12-3-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12	
13	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
14	12-4-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
15	12-16-15	Annual Review. Included information regarding refereeing to Medicare coverage for Medicare members. Updated references.	Lisa Wojno	Dr. B. Almasri		
16	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
17	12-20-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017	
18	12-12-18	Annual review. Per Medicare guidelines, an order is not required for a heel or sole replacement or transfer of a shoe to a brace. Medicare references updated.	Carol Dimech	Dr. C. Lerchin	December 2018	
19	12-17-19	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	December 2019	December 2019
20	8-27-20	Revised Coverage Criteria verbiage for clarity: Orthopedic footwear is reasonable and necessary for <b>adult</b>	Carol Dimech	Dr. C. Lerchin	August 27, 2020	

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		members (over 21 years of age) if: Criteria I (A, B, C, or D) are met; <i>or</i> Criteria II (A, B, C, D, E, F, G, H, I, or J) are met Orthopedic footwear is reasonable and necessary for <b>pediatric</b> members (under 21 years of age) if: Criteria I (A, B, C or D) are met; <i>or</i> Criteria III (A, B, C, D, or E) are met <i>(In both adult and pediatric cases, criteria IV and V must also be met)</i>				August 2020
21	12-11-20	Annual Review. Updated 'physician' to 'practitioner'.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
22	12-8-21	Annual review. Added NCD, LCD verbiage to "Important Note". The AposTherapy, UNFO-S and Orpyx are considered experimental and investigational because their effectiveness has not been established.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	December 8, 2021	December 8, 2021
23	9-9-22	Added new HCPCS code K1015 to non-covered code list; added references.	Carol Dimech	Dr. C. Lerchin	9-9-22	4-1-21
24	12-5-22	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	12-5-22	December 2022
25	4-6-23	Added HCPCS code L4631 description,	Carol Dimech	Dr. C. Lerchin	4-6-23	

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		clarification of coding for CROW orthosis.				
26	12-6-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 6, 2023	December 6, 2023
27	12-10-24	Annual review. Removed HCPCS code K1015; per CMS, this code is considered “deleted” effective 1/1/24.	Carol Dimech	Dr. C. Lerchin	12-10-24	12-10-24