

## ORTHOPEDIC FOOTWEAR

## REQUIRED DOCUMENTATION

**All Claims for Orthopedic Footwear**

**Standard Written Order (SWO) contains all of the following elements:**

Beneficiary's name or Medicare Beneficiary Identifier (MBI)

Order Date

General description of the item

The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand

For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).

For supplies – In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately)

Quantity to be dispensed, if applicable

Treating Practitioner Name or NPI

Treating Practitioner's signature

Practitioner's signature on the written order meets CMS Signature Requirements

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>

Standard Written Order was obtained prior to submitting the claim to Medicare

The order is dated on or after a documented beneficiary visit with the prescribing practitioner

Changes/corrections to the order have been initialed/signed and dated by the ordering practitioner

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

**Delivery Documentation**

Beneficiary's name

Delivery address

Quantity delivered

A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number.

Signature of person accepting delivery

Relationship to beneficiary

Delivery date (date of service equals date of delivery)

**NOTE:** For information on supplier product specific service requirements, see the DMEPOS Quality Standards at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html>

**Medical Records**

The medical record documentation supports that:

The beneficiary is ambulatory; and



The shoes, inserts, and modifications are an integral part of a leg brace (coded as L1900, L1920, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2050, L2060, L2080, or L2090); and

The shoes, inserts, and modifications are medically necessary for the proper functioning of the leg brace; and

The leg brace, to which the shoes are an integral part, is medically necessary (refer to the Ankle-Foot/Knee-Ankle-Foot Orthosis Local Coverage Determination and LCD-related Policy Article where applicable).

#### Claims for Prosthetic Shoes (L3250)

The shoes are an integral part of a prosthesis for a beneficiary with a partial foot amputation (refer to the ICD-10-CM Codes section in the Orthopedic Footwear LCD-related Policy Article).

The shoes are custom fabricated from a model of a beneficiary and have removable custom fabricated inserts designed for toe or distal partial foot amputation.

#### Claims for Oxford Shoes (L3224, L3225, L3215, or L3219)

L3224 and L3225:

The oxford shoes are an integral part of a covered brace.

L3215 and L3219:

The oxford shoes are not an integral part of a covered brace.

#### Claims for Other Shoes, High Top, Depth Inlay or Custom for Non-Diabetics (L3649, L3216, L3217, L3221, L3222, L3230, L3251, L3252, L3253)

L3649:

The shoes are an integral part of a covered brace.

L3216, L3217, L3221, L3222, L3230, L3251, L3252, L3253:

The shoes are not an integral part of a covered brace.

#### Claims for Covered Modifications (L3455, L3460, L3530, L3540, L3600, L3610, L3620, L3630, L3640)

The heel replacements that are coded as L3455 and L3460, the sole replacements that are coded as L3530 and L3540, and the shoe transfers that are coded as L3600, L3610, L3620, L3630 and L3640 are provided for use with shoes that are an integral part of a covered brace.

#### Claims for Inserts and Other Shoe

The inserts and other shoe modifications that are coded as L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3550, L3560, L3570, L3580, L3590 and L3595 are provided for use with shoes that are an integral part of a covered brace.

#### Non-covered Items

Shoes are denied as non-covered when they are put on or over a partial foot prosthesis or other lower extremity prosthesis which is attached to the residual limb by other mechanisms because there is no Medicare benefit for these items:

L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600.

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

**REMINDERS**

- Items with no physician or other licensed health care provider order must be submitted with an “EY” modifier added to each affected HCPCS code.
- Suppliers must add a KX modifier to codes for shoes, related modifications, inserts, heel/sole replacements, and shoe transfers **only** when the items are an integral part of a leg brace.
- Shoes incorporated into a brace must be billed by the same supplier billing for the brace.
- If the shoe and related modifications, inserts, and heel/sole replacements are not an integral part of a brace, the GY modifier must be added to each code.
- If a KX or GY modifier is not included on the claim line, the claim line will be rejected as missing information.
- When billing for prosthetic shoes (L3250) and related items, the diagnosis code, describing the condition which necessitates the prosthetic shoes, must be included on each claim for the prosthetic shoes and related items (refer to the ICD-10-CM codes section in the Orthopedic Footwear LCD-related Policy Article).
- When HCPCS 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 or Item 19 of the CMS-1500 claim form.
- The right (RT) and/or left (LT) modifiers must be used with all footwear HCPCS codes in this policy. If bilateral items are billed on the same date of service, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line.

**ONLINE RESOURCES**

- Local Coverage Determinations (LCDs) and Policy Articles
  - JB: <https://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
  - JC: <https://www.cgsmedicare.com/jc/coverage/lcdinfo.html>
- Medicare Coverage for Shoes – Correct Coding – Revised
  - JB: <https://www.cgsmedicare.com/jb/pubs/news/2021/10/cope23762.html>
  - JC: <https://www.cgsmedicare.com/jc/pubs/news/2014/1114/cope27514.html>
- DME MAC Supplier Manual
  - JB: <https://www.cgsmedicare.com/jb/pubs/supman/index.html>
  - JC: <https://www.cgsmedicare.com/jc/pubs/supman/index.html>
- DMEPOS Quality Standards: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html>

**NOTE:** It is expected that the beneficiary’s medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary’s file.

**DISCLAIMER**

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.