

Prosthetic Shoe (NCD 280.10)

Guideline Number: MPG263.06
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[↪ Terms and Conditions](#)

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<p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> KX Modifier
<p>Related Medicare Advantage Coverage Summaries</p> <ul style="list-style-type: none"> Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid Shoes and Foot Orthotics

Policy Summary

[↪ See Purpose](#)

Overview

A prosthetic shoe (a device used when all or a substantial portion of the front part of the foot is missing) can be covered as a terminal device; i.e., a structural supplement replacing a totally or substantially absent foot.

Guidelines

The prosthetic shoe function is distinct from that of excluded orthopedic shoe and supportive foot devices which are used by individuals whose feet, although impaired, are essentially intact. The coverage of artificial legs and arms includes payment for terminal devices such as hands or hooks even though the patient may not require an artificial limb. (Section 1862(a) (8) of the Act excludes payment for orthopedic shoes or other supportive devices for the feet.)

Coding Guidelines

Code L3250 may be used only for a shoe that is custom fabricated from a model of a beneficiary and has a custom fabricated removable insert designed for distal partial foot or toe amputation. The insert is held onto the leg by the shoe. 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. Prosthetic shoes (L3250) are covered if they are an integral part of a prosthesis for a beneficiary with a partial foot amputation.

The left (LT) and/or right (RT) modifiers must be used with billing this code. Effective for claims with dates of service (DOS) on or after 3/1/2019, when the same code for bilateral items (left and right) is billed on the same date of service, bill each item on two separate claim lines using the LT and RT modifiers and 1 unit of service (UOS) on each claim line. Do not use the LTRT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers LT and/or RT, or with LTRT on the same claim line and 2 UOS, will be rejected as incorrect coding.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws

that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each

Modifier	Description
KX	Requirements specified in the medical policy have been met
LT	Left side
RT	Right side

Diagnosis Code	Description
Q72.00	Congenital complete absence of unspecified lower limb
Q72.01	Congenital complete absence of right lower limb
Q72.02	Congenital complete absence of left lower limb
Q72.03	Congenital complete absence of lower limb, bilateral
Q72.30	Congenital absence of unspecified foot and toe(s)
Q72.31	Congenital absence of right foot and toe(s)
Q72.32	Congenital absence of left foot and toe(s)
Q72.33	Congenital absence of foot and toe(s), bilateral
Q72.70	Split foot, unspecified lower limb
Q72.71	Split foot, right lower limb
Q72.72	Split foot, left lower limb
Q72.73	Split foot, bilateral
S98.011A	Complete traumatic amputation of right foot at ankle level, initial encounter
S98.011D	Complete traumatic amputation of right foot at ankle level, subsequent encounter
S98.012A	Complete traumatic amputation of left foot at ankle level, initial encounter
S98.012D	Complete traumatic amputation of left foot at ankle level, subsequent encounter
S98.019A	Complete traumatic amputation of unspecified foot at ankle level, initial encounter
S98.019D	Complete traumatic amputation of unspecified foot at ankle level, subsequent encounter
S98.021A	Partial traumatic amputation of right foot at ankle level, initial encounter
S98.021D	Partial traumatic amputation of right foot at ankle level, subsequent encounter
S98.022A	Partial traumatic amputation of left foot at ankle level, initial encounter
S98.022D	Partial traumatic amputation of left foot at ankle level, subsequent encounter
S98.029A	Partial traumatic amputation of unspecified foot at ankle level, initial encounter
S98.029D	Partial traumatic amputation of unspecified foot at ankle level, subsequent encounter
S98.111A	Complete traumatic amputation of right great toe, initial encounter
S98.111D	Complete traumatic amputation of right great toe, subsequent encounter
S98.112A	Complete traumatic amputation of left great toe, initial encounter
S98.112D	Complete traumatic amputation of left great toe, subsequent encounter
S98.119A	Complete traumatic amputation of unspecified great toe, initial encounter
S98.119D	Complete traumatic amputation of unspecified great toe, subsequent encounter
S98.121A	Partial traumatic amputation of right great toe, initial encounter
S98.121D	Partial traumatic amputation of right great toe, subsequent encounter

Diagnosis Code	Description
S98.122A	Partial traumatic amputation of left great toe, initial encounter
S98.122D	Partial traumatic amputation of left great toe, subsequent encounter
S98.129A	Partial traumatic amputation of unspecified great toe, initial encounter
S98.129D	Partial traumatic amputation of unspecified great toe, subsequent encounter
S98.131A	Complete traumatic amputation of one right lesser toe, initial encounter
S98.131D	Complete traumatic amputation of one right lesser toe, subsequent encounter
S98.132A	Complete traumatic amputation of one left lesser toe, initial encounter
S98.132D	Complete traumatic amputation of one left lesser toe, subsequent encounter
S98.139A	Complete traumatic amputation of one unspecified lesser toe, initial encounter
S98.139D	Complete traumatic amputation of one unspecified lesser toe, subsequent encounter
S98.141A	Partial traumatic amputation of one right lesser toe, initial encounter
S98.141D	Partial traumatic amputation of one right lesser toe, subsequent encounter
S98.142A	Partial traumatic amputation of one left lesser toe, initial encounter
S98.142D	Partial traumatic amputation of one left lesser toe, subsequent encounter
S98.149A	Partial traumatic amputation of one unspecified lesser toe, initial encounter
S98.149D	Partial traumatic amputation of one unspecified lesser toe, subsequent encounter
S98.211A	Complete traumatic amputation of two or more right lesser toes, initial encounter
S98.211D	Complete traumatic amputation of two or more right lesser toes, subsequent encounter
S98.212A	Complete traumatic amputation of two or more left lesser toes, initial encounter
S98.212D	Complete traumatic amputation of two or more left lesser toes, subsequent encounter
S98.219A	Complete traumatic amputation of two or more unspecified lesser toes, initial encounter
S98.219D	Complete traumatic amputation of two or more unspecified lesser toes, subsequent encounter
S98.221A	Partial traumatic amputation of two or more right lesser toes, initial encounter
S98.221D	Partial traumatic amputation of two or more right lesser toes, subsequent encounter
S98.222A	Partial traumatic amputation of two or more left lesser toes, initial encounter
S98.222D	Partial traumatic amputation of two or more left lesser toes, subsequent encounter
S98.229A	Partial traumatic amputation of two or more unspecified lesser toes, initial encounter
S98.229D	Partial traumatic amputation of two or more unspecified lesser toes, subsequent encounter
S98.311A	Complete traumatic amputation of right midfoot, initial encounter
S98.311D	Complete traumatic amputation of right midfoot, subsequent encounter
S98.312A	Complete traumatic amputation of left midfoot, initial encounter
S98.312D	Complete traumatic amputation of left midfoot, subsequent encounter
S98.319A	Complete traumatic amputation of unspecified midfoot, initial encounter
S98.319D	Complete traumatic amputation of unspecified midfoot, subsequent encounter
S98.321A	Partial traumatic amputation of right midfoot, initial encounter
S98.321D	Partial traumatic amputation of right midfoot, subsequent encounter
S98.322A	Partial traumatic amputation of left midfoot, initial encounter
S98.322D	Partial traumatic amputation of left midfoot, subsequent encounter
S98.329A	Partial traumatic amputation of unspecified midfoot, initial encounter
S98.329D	Partial traumatic amputation of unspecified midfoot, subsequent encounter
S98.911A	Complete traumatic amputation of right foot, level unspecified, initial encounter
S98.911D	Complete traumatic amputation of right foot, level unspecified, subsequent encounter

Diagnosis Code	Description
S98.912A	Complete traumatic amputation of left foot, level unspecified, initial encounter
S98.912D	Complete traumatic amputation of left foot, level unspecified, subsequent encounter
S98.919A	Complete traumatic amputation of unspecified foot, level unspecified, initial encounter
S98.919D	Complete traumatic amputation of unspecified foot, level unspecified, subsequent encounter
S98.921A	Partial traumatic amputation of right foot, level unspecified, initial encounter
S98.921D	Partial traumatic amputation of right foot, level unspecified, subsequent encounter
S98.922A	Partial traumatic amputation of left foot, level unspecified, initial encounter
S98.922D	Partial traumatic amputation of left foot, level unspecified, subsequent encounter
S98.929A	Partial traumatic amputation of unspecified foot, level unspecified, initial encounter
S98.929D	Partial traumatic amputation of unspecified foot, level unspecified, subsequent encounter

References

CMS National Coverage Determinations (NCDs)

[NCD 280.10 Prosthetic Shoe](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
L33641 Orthopedic Footwear	A52481 Orthopedic Footwear – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY, MP
N/A	A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY, MP

CMS Benefit Policy Manual

[Chapter 15: § 130 Leg. Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
09/09/2020	Supporting Information <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG263.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).