

LCD for Orthopedic Footwear (L11467)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L11467

LCD Title

Orthopedic Footwear

Contractor's Determination Number

ORFW

AMA CPT / ADA CDT Copyright Statement

CPT codes, descriptions and other data only are copyright 2008 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CMS National Coverage Policy

CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.10

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 01/01/1995

Original Determination Ending Date

Revision Effective Date

For services performed on or after 10/01/2009

Revision Ending Date

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.

Coverage Topic

Braces (arm, leg, back, and neck)

Therapeutic Shoes

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY – No physician or other licensed health care provider order for this item or service

GY - Item or service statutorily excluded or does not meet the definition of any Medicare benefit

KX - Requirements specified in the medical policy have been met

LT - Left side

RT - Right side

HCPCS CODES:

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 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

Coding Information

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

Coding Information

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

Coding Information

- 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 -](#) TRAUMATIC AMPUTATION OF TOE(S) (COMPLETE) (PARTIAL) WITHOUT
[896.3](#) COMPLICATION - TRAUMATIC AMPUTATION OF FOOT (COMPLETE) (PARTIAL)
BILATERAL COMPLICATED

Diagnoses that Support Medical Necessity

For the specific HCPCS code indicated above, refer to the previous section.

For all other HCPCS codes, diagnoses are not specified.

ICD-9 Codes that DO NOT Support Medical Necessity

For the specific HCPCS code indicated above, all ICD-9 codes that are not specified in the previous section.

For all other HCPCS codes, ICD-9 codes are not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

For the specific HCPCS code indicated above, all diagnoses that are not specified in the previous section.

For all other HCPCS codes, diagnoses are not specified.

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.

KX and GY MODIFIERS:

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.

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, it will be rejected as missing information.

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.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Reserved for future use.

Advisory Committee Meeting Notes

Start Date of Comment Period

General Information

End Date of Comment Period

Start Date of Notice Period

01/01/1995

Revision History Number

ORFW006

Revision History Explanation

Revision Effective Date: 10/01/2009

HCPCS CODES AND MODIFIERS:

Added: GY modifier.

Revised: KX modifier.

DOCUMENTATION REQUIREMENTS:

Added: GY modifier instructions.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11467 from DME PSC TriCenturion (77011) LCD L11467.

Revision Effective Date: 01/01/2008

HCPCS CODES AND MODIFIERS:

Added: A9283

Revision Effective Date: 07/01/2007

INDICATONS AND LIMITATIONS:

Removed: DMERC references.

DOCUMENTATION REQUIREMENTS:

Removed: DMERC references.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

HCPCS CODES AND MODIFIERS:

Added: L3031

Revised: L3170, L3215, L3216, L3217, L3219, L3221, L3222, L3230.

Revision Effective Date: 10/01/2005

LMRP converted to LCD and Policy Article.

DOCUMENTATION REQUIREMENTS:

Eliminated: Requirement for an ICD-9 code on the order for L3250.

Deleted: Reference to filing hard copy claims.

General Information

Revision Effective Date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: EY modifier.

Discontinued: L3218, L3223

Revised: L3260

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Standard language concerning coverage of items without an order.

DOCUMENTATION REQUIREMENTS:

Added: Standard language concerning use of EY modifier for items without an order.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

07/01/2002 - Replaced the ZX modifier with KX. Updated the codes for therapeutic shoes for diabetics.

07/01/2000 – Added reasonable and necessary language to Coverage and Payment Rules section.

09/04/2004 - This policy was updated by the ICD-9 Code Annual Update for 2004-2005.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A35348 - Orthopedic Footwear - Policy Article - Effective October 2009](#)

LCD Attachments

There are no attachments for this LCD

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A35348

Article Type

Article

Key Article

Yes

Article Title

Orthopedic Footwear - Policy Article - Effective October 2009

AMA CPT / ADA CDT Copyright Statement

CPT codes, descriptions and other data only are copyright 2008 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

Article Information

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

10/01/2005

Article Revision Effective Date

10/01/2009

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) 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

Article Information

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) 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 an 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/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) is billed on the same date of service, bill for both items on the same claim line using the RTLTL modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coverage Topic

Braces (arm, leg, back, and neck)
Therapeutic Shoes

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 10/01/2009

CODING GUIDELINES:

Revised: RT/LT modifier instructions.

Changed: SADMERC to PDAC.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A35348 from DME PSC TriCenturion (77011) Article A35348.

Revision Effective Date: 01/01/2008

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Noncoverage of A9283.

CODING GUIDELINES:

Added: Definition of A9283.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

CODING GUIDELINES:

Eliminated: Guideline for L3215-L3230 because code narrative has been revised.

Revision Effective Date: 10/01/2005

LMRP converted to LCD and Policy Article.

CODING GUIDELINES:

Added: Clarification of unit of service for codes L3215-L3230.

Related Documents

LCD(s)

[L11467 - Orthopedic Footwear](#)