

# Prescription Footwear Benefit Update

## Pharmacy and DME Providers:

**Per legislation, benefit limits based on medical necessity have been established for Prescription footwear effective for dates of service on and after April 1, 2011.**

**Prescription footwear is orthopedic shoes, shoe modifications or shoe additions. Benefit coverage is limited to:**

- **Children under 21 years of age** who require orthopedic footwear to correct, accommodate or prevent a physical deformity or range of motion malfunction in a diseased or injured part of the ankle or foot; to support a weak or deformed structure of the ankle or foot.
- **When a shoe is attached to a lower limb orthotic brace. Prior Approval** is required for beneficiaries who are age 21 and older, using **only** codes L3224 and L3225 and any addition and/or modifications to those shoe codes.
- **As a component of a comprehensive diabetic treatment plan** to treat amputation, or pre-ulcerative calluses, or peripheral neuropathy with evidence of callus formation of either foot, or a foot deformity or poor circulation. For DVS authorization and billing, **see below for codes** limited to shoes, inserts and/or modifications for diabetics only.

Reimbursement for footwear continues with screen price rules (see provider manual) until April 30, 2011. Future notices will provide information on maximum reimbursable amounts (MRA) for footwear as of May 1, 2011.

<b>NEW CODES</b>	<b>SHORT DESCRIPTION</b>	<b>FEE</b>
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	53.35
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	160.04
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	26.08
A5504	# For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	26.08
A5505	# For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	26.08

A5506	# For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heels(s), per shoe	26.08
A5507	# For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	26.08
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 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	21.77
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 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	32.49

Questions may be directed to the Division of Provider Relations and Utilization Management,  
1 800 342-3005, option 1.