

Diabetic and Other Orthopedic Shoes Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses 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.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

*UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. *CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy identifies circumstances in which UnitedHealthcare Community Plan will reimburse physicians or other qualified health care professionals for orthotics and specialty shoes.

Reimbursement Guidelines

UnitedHealthcare Community Plan reimburses for orthotics and specialty shoes when billed with the appropriate Health Care Procedural Coding System (HCPCS®) code along with the appropriately corresponding International Classification of Diseases-10th Edition (ICD-10) diagnostic code. UnitedHealthcare Community Plan will not reimburse for diabetic shoes or orthotics provided to patients without a diagnosis of diabetes reflected on the claim. Similarly, UnitedHealthcare Community Plan will not reimburse for non-diabetic shoes or orthotics to patients with a diagnosis of diabetes reflected on the submitted claim, as there are more appropriate codes that should be utilized.

The following procedure to diagnosis lists were derived by identifying correct coding between HCPCS® and ICD-10.

Claims for codes on the “Diabetic Shoes” list should be submitted with a diagnosis from the “Diabetes Diagnosis” list in the attachments section.

Diabetic Shoes HCPCS codes

A5500	A5501	A5503	A5504	A5505	A5506
A5507	A5508	A5510	A5512	A5513	A5514

Claims for codes on the “Orthopedic Shoes” list should not be submitted with a diagnosis from the “Diabetes Diagnosis” list in the attachments section.

Orthopedic Shoes HCPCS codes

L3201	L3202	L3203	L3204	L3206	L3207	L3215
L3216	L3217	L3219	L3221	L3222	L3224	L3225
L3230	L3250	L3251	L3252	L3253	L3257	L3265

State Exceptions

Indiana	HCPCS code A5513 will have a MFD of 2 per day
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Questions and Answers

1	<p>Q: To determine reimbursement for reported HCPCS procedure codes, should ICD-10 diagnosis codes be reported at the claim level or claim line level?</p> <p>A: Report ICD-10 diagnosis at the claim line level of the HCPCS procedure code to be considered for reimbursement.</p>
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Attachments

<p><u>ICD-10 Diabetic Diagnosis Code List</u></p>	<p>This list contains diabetes ICD-10 diagnosis codes that should be billed with the HCPCS codes on the Diabetic Shoes list.</p>
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Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

6/1/2026	Annual Review: Policy date and version update History section: Entries prior to 6/1/2024 archived
4/20/2025	Policy date and version update
11/14/2011	Policy implemented by UnitedHealthcare Community & State