

PRESCRIPTION FOOTWEAR 2006 HCPCS CHANGES

Effective for **dates of service on or after 1/1/06**, HCPCS has changed the definition of the following codes to specify **"each"**. Previously, these procedure codes were priced as a "pair".

HCPCS CODE/NEW LONG DESCRIPTION	FEE
L3215 #Orthopedic footwear, ladies shoe oxford, each	\$ 32.50
L3216 #Orthopedic footwear, ladies shoe, depth inlay, each	\$ 45.00
L3217 #Orthopedic footwear, ladies shoe, hightop, depth inlay, each	\$ 45.00
L3219 #Orthopedic footwear, mens shoe, oxford, each	\$ 40.00
L3221 #Orthopedic footwear, mens shoe, depth inlay, each	\$ 52.50
L3222 #Orthopedic footwear, mens shoe, hightop, depth inlay, each	\$ 52.50
L3230 #Orthopedic footwear, custom (molded to patient model) shoe, depth inlay, each	\$ 90.00

= DVS REQUIRED

- DVS has now been programmed to recognize and authorize the use of the **LT** (left side) and **RT** (right side) modifiers with the same procedure code on the same date of service when the procedure code description is side specific.
- **Disregard previous instructions** (12/05 Provider Communication) **not to use LT and RT modifiers when requesting DVS authorizations.**
- When the code description is side specific, a **separate** DVS authorization **must** be requested and obtained for **each shoe**, using the **LT or RT** modifier with a requested **quantity of "1"**.
- For a DVS authorization, the modifier must immediately follow the procedure code, with no spaces between the modifier and code.
- The modifier must be the first occurrence of the possible four modifiers on the claim, and the entire seven characters (five digit procedure code plus two digit modifier) must exactly match the seven characters which were authorized through DVS.
- If the charge is greater than the fee listed, attach an invoice to the claim which shows the actual acquisition cost for manual pricing.
- To allow for transition to use of modifiers with DVS, for **dates of service 1/1/06-2/15/06 only**, manual pricing of a pair will be allowed when requested on the claim submission.

For instructions on obtaining DVS authorizations, go to

http://www.emedny.org/ProviderManuals/AllProviders/MEVS/MEVS_Provider_Manual/1_7/MEVS%20Provider%20Manual.pdf

For the **Medicaid definition and minimum specifications** for Orthopedic Footwear, see page 26 of the DME Policy Section, available at:

http://www.emedny.org/ProviderManuals/DME/PDFS/DME_Policy_Section.pdf