

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". At this time, do not use LT and RT modifiers when requesting a DVS authorization. For a pair, request units of "2".

HCPCS CODE/NEW LONG DESCRIPTION	FEE	MAX UNIT
L3215 #Orthopedic footwear, ladies shoe oxford, each	\$ 32.50	2
L3216 #Orthopedic footwear, ladies shoe, depth inlay, each	\$ 45.00	2
L3217 #Orthopedic footwear, ladies shoe, hightop, depth inlay, each	\$ 45.00	2
L3219 #Orthopedic footwear, mens shoe, oxford, each	\$ 40.00	2
L3221 #Orthopedic footwear, mens shoe, depth inlay, each	\$ 52.50	2
L3222 #Orthopedic footwear, mens shoe, hightop, depth inlay, each	\$ 52.50	2
L3230 #Orthopedic footwear, custom (molded to patient model) shoe, depth inlay, each	\$ 90.00	2

= DVS REQUIRED

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