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Orthopedic Footwear Quantity Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Providers

Effective **January 1, 2025**, service limits for all adult orthopedic shoes, shoe additions, shoe inserts, (removable, molded to patient model), and arch supports (removable, pre-molded and non-removable attached to shoe) have been aligned for consistency. All adult shoes and inserts will have an allowed frequency of one (shoe or insert), 2x/year, allowing them to be dispensed individually or as a pair. Claims processing and frequencies in our eMedNY system have been aligned to correspond to the allowed frequency currently in the DMEPOS Procedure Code Manual.

The table below shows the updated shoe insert codes and the maximum quantity/frequency in the DME Procedure Code Manual:

Code	Brief Description	Maximum Quantity/Frequency
L3000	Foot, insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3001	Foot, insert, removable, molded to patient model, Spenco, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3002	Foot, insert, removable, molded to patient model, plastazote or equal, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3003	Foot, insert, removable, molded to patient model, silicone gel, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3020	Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3030	Foot, insert, removable, formed to patient foot, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3040	Foot, arch support, removable, premolded, longitudinal, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3050	Foot, arch support, removable, premolded, metatarsal, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	1 insert 2x/year (Left or Right) or 1 pair of inserts/year

L3100	Hallus-valgus night dynamic splint	1 insert 2x/year (Left or Right)
		or 1 pair of inserts/year

The table below shows the updated adult orthopedic shoe/shoe addition codes and the maximum quantity/frequency in the DME Procedure Code Manual:

Code	Brief Description	Maximum Overtitu/Frances
1 2245	Orthopodia factuage ladice above syferal	Quantity/Frequency
L3215	Orthopedic footwear, ladies shoe, oxford,	1 shoe 2x/year (Left or Right)
1 2216	Orthopodia footuseer ledies sheet depth inless	or 1 pair of shoes/year
L3216	Orthopedic footwear, ladies shoe, depth inlay,	1 shoe 2x/year (Left or Right)
1 2047	each	or 1 pair of shoes/year
L3217	Orthopedic footwear, ladies shoe, hightop,	1 shoe 2x/year (Left or Right)
1 2040	depth inlay, each	or 1 pair of shoes/year
L3219	Orthopedic footwear, mens shoe, oxford, each	1 shoe 2x/year (Left or Right)
1 2004		or 1 pair of shoes/year
L3221	Orthopedic footwear, mens shoe, depth inlay,	1 shoe 2x/year (Left or Right)
1 2000	each	or 1 pair of shoes/year
L3222	Orthopedic footwear, mens shoe, hightop,	1 shoe 2x/year (Left or Right)
1.0004	depth inlay, each	or 1 pair of shoes/year
L3224	Orthopedic footwear, woman's shoe, oxford,	1 shoe 2x/year (Left or Right)
	used as an integral part of a brace (orthosis) (each)	or 1 pair of shoes/year
L3225	Orthopedic footwear, man's shoe, oxford,	1 shoe 2x/year (Left or Right)
	used as an integral part of a brace (orthosis)	or 1 pair of shoes/year
	(each)	
L3230	Orthopedic footwear, custom (molded to	1 shoe 2x/year (Left or Right)
	patient) shoe, depth inlay, each	or 1 pair of shoes/year
L3250	Orthopedic footwear, custom molded shoe,	1 shoe 2x/year (Left or Right)
	removable inner mold, prosthetic shoe, each	or 1 pair of shoes/year
L3252	Foot, shoe molded to patient model,	1 shoe 2x/year (Left or Right)
	plastazote (or similar), custom fabricated,	or 1 pair of shoes/year
	each	
L3253	Foot, molded shoe, plastazote (or similar),	1 shoe 2x/year (Left or Right)
	custom fitted, each	or 1 pair of shoes/year
L3260	Surgical boot/shoe, each	1 surgical boot, 2x/year or 1
		pair of surgical boots
L3265	Plastazote sandal, each	1 sandal, 2x/year or 1 pair of
		sandals
L3320	Lift, elevation, heel and sole, cork, per inch	4 inches, 2x/year
L3500	Orthopedic shoe addition, insole, leather	1 addition, 2x/year
L3510	Orthopedic shoe addition, insole, rubber	1 addition, 2x/year
L3520	Orthopedic shoe addition, insole, felt covered with leather	1 addition, 2x/year
L3540	Orthopedic shoe addition, sole, half	1 addition, 2x/year
L3550	Orthopedic shoe addition, toe tap standard	1 addition, 2x/year
L3560	Orthopedic shoe addition, toe tap, horseshoe	1 addition, 2x/year
L3570	Orthopedic shoe addition, special extension	1 addition, 2x/year
	to instep (leather with eyelets)	, . ,
L3580	Orthopedic shoe addition, convert instep to	1 addition, 2x/year
	Velcro closure	

L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	1 addition, 2x/year
L3595	Orthopedic shoe addition, March bar	1 addition, 2x/year
L3649	#Orthopedic shoe, modification, addition, or transfer, not otherwise specified (more than two procedures require prior approval)	1 modification, 2x/year

Infant, child, and junior shoe frequencies and quantities remain the same.

Questions on this update should be directed to the Bureau of Medial Review by email at OHIPMEDPA@health.ny.gov or telephone at 1-800-342-3005.