



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:

Table with 3 columns: Code, Brief Description, Maximum Quantity/Frequency. Rows include codes L3000 through L3090 with descriptions of various foot inserts and arch supports.

L3100	Hallus-valgus night dynamic splint	1 insert 2x/year (Left or Right) or 1 pair of inserts/year
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The table below shows the updated adult orthopedic shoe/shoe addition codes and the maximum quantity/frequency in the DME Procedure Code Manual:

<b>Code</b>	<b>Brief Description</b>	<b>Maximum Quantity/Frequency</b>
L3215	Orthopedic footwear, ladies shoe, oxford, each	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3219	Orthopedic footwear, mens shoe, oxford, each	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3221	Orthopedic footwear, mens shoe, depth inlay, each	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis) (each)	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis) (each)	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3230	Orthopedic footwear, custom (molded to patient) shoe, depth inlay, each	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	1 shoe 2x/year (Left or Right) or 1 pair of shoes/year
L3253	Foot, molded shoe, plastazote (or similar), custom fitted, each	1 shoe 2x/year (Left or Right) 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 to instep (leather with eyelets)	1 addition, 2x/year
L3580	Orthopedic shoe addition, convert instep to Velcro closure	1 addition, 2x/year

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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](mailto:OHIPMEDPA@health.ny.gov) or telephone at 1-800-342-3005.