

UnitedHealthcare Community Plan of New Jersey (UHCCP-NJ)	UHCCP-NJ POLICY
TITLE: Orthopedic Footwear and Inserts Policy	UHCCP-NJ product(s): NJ FamilyCare/Medicaid/ FIDE-SNP/MLTSS
	NUMBER:
EFFECTIVE DATE: Oct 1, 2020	PAGE 1 of 4
LATEST REVISION: Feb 11, 2020	AUTHORIZED BY: Chief Medical Officer, Health Services Director
FOR PLAN USE ONLY Annual Review Date: August 2021	REFERENCES: N.J.A.C. 10:55-1.5 Medicare Benefit Policy Manual

SCOPE: UHCCP-NJ product(s): NJ FamilyCare/Medicaid/FIDE-SNP/MLTSS

PURPOSE:

This Policy provides guidelines UHCCP-NJ shall use to determine reimbursement for Orthopedic Footwear and Inserts prescribed to an eligible member by an eligible provider. This Policy establishes allowable quantity limits per calendar year for the HCPCS codes referenced herein.

DEFINITIONS:

Orthopedic Footwear¹

Special or customized footwear which includes but is not limited to the following:

Custom-Molded Shoes

Shoes that are: constructed over a positive model of the member's foot; made from leather or other suitable material of equal quality, have removable inserts that can be altered or replaced as the member's condition warrants; and have some form of shoe closure.

Depth Shoes

Shoes that: have a full-length heel-to-toe filler that, when removed, provides a minimum of 3/16 inch of additional depth used to accommodate custom molded or customized inserts, are made of leather or other suitable material of equal quality, have some form of foot closure, and are available in full and half sizes with a minimum of 3 widths so that the sole is graded to the size and width of the upper portions of the shoes according to the American standard last sizing schedule (the numerical

¹ Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15; Revised; Available at [Medicare Benefit Policy Manual, Chapter 15](#). (Accessed December 2019)

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shoe sizing system used for shoes sold in the United States or its equivalent).

Orthopedic Inserts¹

Inserts are total contact, multiple density, removable inlays that are directly molded or formed to the patient's foot or a model of the patient's foot or directly carved from a patient specific, rectified electronic model and that are made of a suitable material with regard to the patient's condition.

HCPCS Codes and Descriptions impacted by this Policy

HCPCS CODE	DESCRIPTION
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR

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L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH

POLICY:

The following requirements apply to Orthopedic Footwear and Inserts:

- a. For procedure codes L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, and L3090 up to 4 units of Orthopedic Inserts (2 left & 2 right) or 2 pairs of inserts may be provided to the same member during a calendar year.
- b. For procedure codes L3201, L3202, L3203, L3204, L3205, L3206, L3207, L3215, L3216, L3217, L3219, L3221 and L3222 up to 2 units (1 left & 1 right) or 1 pair of Orthopedic Footwear may be provided to the same member during a calendar year.
- c. This policy enforces the denial of units billed above the maximum allowed within a calendar year for the Orthopedic Footwear and Inserts HCPCS codes listed above.

If additional quantities are required above the allowed limits, UHCCP-NJ will manage by denial of request; and upon review by a UHC Medical Director, UHCCP-NJ may provide approval on appeal on a case-by-case basis.

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The CPT codes and nomenclature used in this Policy are subject to revision and/or change by the American Medical Association. In the event of such changes, the Policy shall continue to be in force, albeit applied to the new or amended coding so issued until such time as the Policy is reviewed and updated to reflect the new or amended coding.

Revision: 12/24/19 JF, 2/7/20 JF, 2/11/20 JF

APPROVED BY:

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2/11/20

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