

## New York Medicaid Prior Authorization Requirements Orthotics

Refer to [the New York Medicaid Prior Authorization Requirements Orthotics](#) January 2021 for further information.

**Effective Date:** April 1, 2021

### Applicable Codes

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
L3221	Orthopedic footwear, mens shoe, depth inlay, each
L3216	Orthopedic footwear, ladies shoe, depth inlay, each
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined