Orthotics (L3000) Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.
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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

According to the Centers for Medicare and Medicaid Services, HCPCS code L3000 (Foot insert, removable, molded to patient model, UCB type, Berkeley Shell, each) is not payable by Medicare.

Reimbursement Guidelines

HCPCS code L3000 is to be used for custom made orthotics (shoe inserts) and not for over the counter shoe inserts.

UnitedHealthcare Community Plan will reimburse L3000 only when accompanied by a written prescription from the provider ordering the orthotic, unless the ordering provider is also the supplier. When the ordering provider is also the supplier, office visit notes are required. When such documentation is not submitted, code L3000 will deny.

When code L3000 is allowed, this code will be limited to a maximum frequency of 2 per year, per foot. Any additional claims submitted for code L3000 will be denied.

State Exceptions

California	HCPCS code L3000 has frequency limited to 1 in 5 years.

Indiana	Per Indiana State requirements, IN Medicaid is exempt from this policy. This limit will be administered within benefit configuration. Indiana MLTSS PathWays is excluded from this policy
Maryland	HCPCS code L3000 is payable without the need for documentation &/or prescription.
Texas	HCPCS code L3000 is not payable to physicians.
Virginia	Per Virginia State requirements, L3000 is exempt from the unit limits.
Wisconsin	Per Wisconsin State requirements, HCPCS code L3000 is allow with a maximum frequency of 1 per year, per foot.

Definitions

UCB or Berkeley Shell	Named for the University of California Biomechanics Laboratories, the developer of several types of rigid inserts.

Questions and Answers

1	**Q:** How do the inserts represented by HCPCS code L3000 differ from the OTC shoe inserts? **A:** These devices fit inside the shoe. Most are molded to a plaster or foam replica of the patient's foot, but some are modeled to electronic images of the foot.
2	**Q:** Why are only 2 per year, per foot allowed? **A:** Because HCPCS code L3000 is for a custom made orthotic, it is not for a disposable shoe insert, they would not need to be replaced frequently.

HCPCS Code

L3000

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

6/28/2024	Policy Version and Template Change State Exceptions Section: Indiana added History section: Entries prior to 6/28/2022 archived
7/12/2010	Policy approved by Payment Policy Committee