PROSTHETIC AND ORTHOTIC DEVICES
Billing Guide

April 1, 2016

About this guide*

This publication takes effect April 1, 2016, and supersedes earlier billing guides to this program.

Services, equipment, or both, related to any of the programs listed below, must be billed using their program-specific billing guides:

- Wheelchairs & Durable Medical Equipment and Supplies Billing Guide
- Medical Nutrition Billing Guide
- Home Infusion Therapy Billing Guide

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
Important Changes to Apple Health Effective April 1, 2016	**Effective April 1, 2016,** important changes are taking place that **all providers** need to know. Information has been added regarding a new policy for early enrollment into managed care, the implementation of fully integrated managed care in the SW WA region, Apple Health Core Connections for foster children, Behavioral Health Organizations (formerly RSNs), and contact information for Southwest Washington.	Program changes

* This publication is a billing instruction.

Table of Contents

Important Changes to Apple Health Effective April 1, 2016 5
New MCO enrollment policy – earlier enrollment 5
How does this policy affect providers? 6
Behavioral Health Organization (BHO) 6
Fully Integrated Managed Care (FIMC) 6
Apple Health Core Connections (AHCC) 7
AHCC complex mental health and substance use disorder services 7
Contact Information for Southwest Washington 8

Available Resources 9

Definitions 10

About the Program 11
What is the purpose of the Prosthetic and Orthotic Devices (P&O) program? 11

Client Eligibility 12
How can I verify a patient's eligibility? 12
What if the client has third-party liability (TPL) coverage? 13
Are clients enrolled in an agency-contracted managed care organization (MCO) eligible? 13

Coverage 14
What is covered? 14
What are the general conditions of coverage? 14
What are habilitative services under this program? 15
Billing for habilitative services 15
What if a service is covered but considered experimental or has restrictions or limitations? 16
How can I request that equipment/supplies be added to the "covered" list in this billing guide? 16
What is not covered? 16

Coverage Table 19

Provider Requirements 75
Who does the agency reimburse for providing prosthetic and orthotic (P&O) devices, related supplies and services to agency clients? 75
Which providers are eligible and what are the requirements? 76
How can interested parties request that equipment/supplies be added to the "covered" list in this billing guide? 77

Alert! This Table of Contents is automated. Click on a page number to go directly to the page.

Authorization **78**

What is prior authorization (PA)? 78
Is PA required? 78
How do I request PA? 78
What are the general policies for PA? 79
What does the agency require when submitting photos and X-rays for medical and P&O requests? 81
What is expedited prior authorization (EPA)? 82
EPA criteria coding table 83

Reimbursement **89**

What is the general reimbursement for prosthetic and orthotic (P&O) devices and related supplies and services? 89
What is the specific reimbursement for P&O devices? 90
Who owns the purchased P&O devices and related supplies? 91

Billing and Claim Forms **93**

What are the general billing requirements? 93
How is the CMS-1500 claim form completed? 93
How are Medicare crossovers submitted? 93
What does the agency require from the provider-generated EOMB to process a crossover claim? 94

Important Changes to Apple Health Effective April 1, 2016

These changes are important to all providers because they may affect who will pay for services.

Providers serving any Apple Health client should always check eligibility and confirm plan enrollment by asking to see the client's Services Card and/or using the ProviderOne Managed Care Benefit Information Inquiry functionality (HIPAA transaction 270). The response (HIPAA transaction 271) will provide the current managed care organization (MCO), fee-for-service, and Behavioral Health Organization (BHO) information. A Provider FAQ is available on the Washington Apple Health (Medicaid) providers webpage.

New MCO enrollment policy – earlier enrollment

Beginning April 1, 2016, Washington Apple Health (Medicaid) implemented a new managed care enrollment policy placing clients into an agency-contracted MCO **the same month** they are determined eligible for managed care as a new or renewing client. This policy eliminates a person being placed temporarily in fee-for-service while they are waiting to be enrolled in an MCO or reconnected with a prior MCO.

- **New clients** are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health Managed Care.

- **Renewing clients** are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Clients currently in fee-for-service or currently enrolled in an MCO are not affected by this change. Clients in fee-for-service who have a change in the program they are eligible for may be enrolled into Apple Health Managed Care depending on the program. In those cases, this enrollment policy will apply.

How does this policy affect providers?

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's **Get Help Enrolling** page.

- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's new policies.

Behavioral Health Organization (BHO)

The Department of Social and Health Services (DSHS) manages the contracts for behavioral health (mental health and substance use disorder (SUD)) services for nine of the Regional Service Areas (RSA) in the state, excluding Clark and Skamania counties in the Southwest Washington (SW WA) Region. BHOs will replace the Regional Support Networks (RSNs). Inpatient mental health services continue to be provided as described in the inpatient section of the Mental Health Billing Guide. BHOs use the Access to Care Standards (ACS) for mental health conditions and American Society of Addiction Medicine (ASAM) criteria for SUD conditions to determine client's appropriateness for this level of care.

Fully Integrated Managed Care (FIMC)

Clark and Skamania Counties, also known as SW WA region, is the first region in Washington State to implement the FIMC system. This means that physical health services, all levels of mental health services, and drug and alcohol treatment are coordinated through one managed care plan. Neither the RSN nor the BHO will provide behavioral health services in these counties.

Clients must choose to enroll in either Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW). If they do not choose, they are auto-enrolled into one of the two plans. Each plan is responsible for providing integrated services that include inpatient and outpatient behavioral health services, including all SUD services, inpatient mental health and all levels of outpatient mental health services, as well as providing its own provider credentialing, prior authorization requirements and billing requirements.

Beacon Health Options provides mental health crisis services to the entire population in Southwest Washington. This includes inpatient mental health services that fall under the Involuntary Treatment Act for individuals who are not eligible for or enrolled in Medicaid, and short-term substance use disorder (SUD) crisis services in the SW WA region. Within their available funding, Beacon has the discretion to provide outpatient or voluntary inpatient mental health services for individuals who are not eligible for Medicaid. Beacon Health Options is also

responsible for managing voluntary psychiatric inpatient hospital admissions for non-Medicaid clients.

In the SW WA region some clients are not enrolled in CHPW or Molina for FIMC, but will remain in Apple Health fee-for-service managed by the agency. These clients include:

- Dual eligible – Medicare/Medicaid
- American Indian/Alaska Native (AI/AN)
- Medically needy
- Clients who have met their spenddown
- Noncitizen pregnant women
- Individuals in Institutions for Mental Diseases (IMD)
- Long-term care residents who are currently in fee-for-service
- Clients who have coverage with another carrier

Since there is no BHO (RSN) in these counties, Medicaid fee-for-service clients receive complex behavioral health services through the Behavioral Health Services Only (BHSO) program managed by MHW and CHPW in SW WA region. These clients choose from CHPW or MHW for behavioral health services offered with the BHSO or will be auto-enrolled into one of the two plans. A BHSO fact sheet is available online.

Apple Health Core Connections (AHCC)

Coordinated Care of Washington (CCW) will provide all physical health care (medical) benefits, lower-intensity outpatient mental health benefits, and care coordination for all Washington State foster care enrollees. These clients include:

- Children and youth under the age of 21 who are in foster care
- Children and youth under the age of 21 who are receiving adoption support
- Young adults age 18 to 26 years old who age out of foster care on or after their 18th birthday

American Indian/Alaska Native (AI/AN) children will not be auto-enrolled, but may opt into CCW. All other eligible clients will be auto-enrolled.

AHCC complex mental health and substance use disorder services

AHCC clients who live in Skamania or Clark County receive complex behavioral health benefits through the Behavioral Health Services Only (BHSO) program in the SW WA region. These clients will choose between CHPW or MHW for behavioral health services, or they will be auto-enrolled into one of the two plans. CHPW and MHW will use the BHO Access to Care Standards

to support determining appropriate level of care, and whether the services should be provided by the BHSO program or CCW.

AHCC clients who live outside Skamania or Clark County will receive complex mental health and substance use disorder services from the BHO and managed by DSHS.

Contact Information for Southwest Washington

Beginning on April 1, 2016, there will not be an RSN/BHO in Clark and Skamania counties. Providers and clients must call the agency-contracted MCO for questions, or call Beacon Health Options for questions related to an individual who is not eligible for or enrolled in Medicaid.

If a provider does not know which MCO a client is enrolled in, this information can located by looking up the patient assignment in ProviderOne.

To contact Molina, Community Health Plan of Washington, or Beacon Health Options, please call:

MOLINA HEALTHCARE	Molina Healthcare of Washington, Inc. 1-800-869-7165

COMMUNITY HEALTH PLAN of Washington	Community Health Plan of Washington 1-866-418-1009

Beacon Health Options	Beacon Health Options 1-855-228-6502

Available Resources

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the agency's Resources Available web page
Finding out about payments, denials, claims processing, or agency-contracted managed care organizations	
Electronic or paper billing.	
Finding agency documents (e.g., billing guides, fee schedules)	
Private insurance or third-party liability, other than agency-contracted managed care	
Requesting that equipment/supplies be added to the **covered** list in this guide	(800) 562-3022 (toll free) (866) 668-1214 (fax)(toll free)
Requesting prior authorization or a limitation extension	
Questions about the payment rate listed in the fee schedule	Cost Reimbursement Analyst Professional Reimbursement PO Box 45510 Olympia, WA 98504-5510 (360) 753-9152 (fax)

Definitions

This section defines terms and abbreviations, including acronyms, used in this billing guide. Refer to Chapter 182-500 WAC for a complete list of definitions for Washington Apple Health.

Artificial limb – See prosthetic device. (WAC 182- 543-1000)

Code of Federal Regulations (CFR) - Rules adopted by the federal government.

Date of Delivery – The date the client actually took physical possession of an item or equipment. (WAC 182- 543-1000)

Health Care Financing Administration Common Procedure Coding System (HCPCS) – A coding system established by the Health Care Financing Administration to define services and procedures. (WAC 182- 543-1000)

Orthotic Device or Orthotic – A corrective or supportive device that:

- Prevents or corrects physical deformity or malfunction.
- Supports a weak or deformed portion of the body. (WAC 182- 543-1000)

Plan of Care (POC) – (Also known as **plan of treatment (POT).** A written plan of care that is established and periodically reviewed and signed by both a physician and a home health agency provider, that describes the home health care to be provided at the client's residence. (WAC 182- 551-2010)

Prosthetic device or prosthetic – A replacement, corrective, or supportive device prescribed by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice as defined by state law, to:

- Artificially replace a missing portion of the body.
- Prevent or correct physical deformity or malfunction.
- Support a weak or deformed portion of the body. (WAC 182- 543-1000)

Resource Based Relative Value Scale (RBRVS) – A scale that measures the relative value of a medical service or intervention, based on amount of physician resources involved. (WAC 182- 543-1000)

About the Program

(WAC 182- 543-1100)

What is the purpose of the Prosthetic and Orthotic Devices (P&O) program?

The Prosthetic and Orthotic Devices (P&O) program makes accessible to eligible agency clients the purchase of medically necessary P&O and related supplies when they are not included in other reimbursement method (e.g., inpatient hospital diagnosis related group (DRG), nursing facility daily rate, health maintenance organization (HMO), or managed care organizations (MCOs)). The federal government considers P&O and related supplies as optional services under the Medicaid program, except when:

- Prescribed as an integral part of an approved plan of treatment under the Home Health program.
- Required under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

The agency may reduce or eliminate coverage for optional services, consistent with legislative appropriations.

Client Eligibility

How can I verify a patient's eligibility?

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. **Verify the patient's eligibility for Washington Apple Health.** For detailed instructions on verifying a patient's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current ProviderOne Billing and Resource Guide.

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

Step 2. **Verify service coverage under the Washington Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's Health Care Coverage—Program Benefit Packages and Scope of Service Categories web page.

Note: Patients who wish to apply for Washington Apple Health can do so in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org.

2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY).

3. By mailing the application to:
   Washington Healthplanfinder
   PO Box 946
   Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

What if the client has third-party liability (TPL) coverage?

If the client has third-party liability (TPL) coverage (excluding Medicare), providers must still obtain prior authorization (PA) before providing any service requiring PA.

Are clients enrolled in an agency-contracted managed care organization (MCO) eligible?

(WAC 182-538-060 and 182-538-095)

Yes. Most Medicaid-eligible clients are enrolled in one of the agency's contracted managed care organizations (MCO). For these clients, managed care enrollment will be displayed on the client benefit inquiry screen in ProviderOne. All services must be requested through the client's primary care provider (PCP). Clients can contact their MCO by calling the telephone number provided to them.

All medical services covered under an agency-contracted MCO must be obtained by the client through designated facilities or providers. The MCO is responsible for both of the following:

- Payment of covered services
- Payment of services referred by a provider participating with the MCO to an outside provider

The agency does not pay for medical equipment and/or services provided to a client who is enrolled in an agency-contracted MCO, but did not use one of the plan's participating providers**.** (See WAC 182-543-1100)

> **Note:** To prevent billing denials, check the client's eligibility **prior** to scheduling services and at the **time of the service**, and make sure proper authorization or referral is obtained from the agency-contracted MCO, if appropriate. See the agency's ProviderOne Billing and Resource Guide for instructions on how to verify a client's eligibility.

Coverage

(WAC 182-543-1100)

What is covered?

The agency covers the prosthetice and orthotic (P&O) devices, repairs, and labor charges listed in the Coverage Table in this billing guide.

The agency covers a replacement prosthesis only when the purchase of a replacement prosthesis is less costly than repairing or modifying a client's current prosthesis.
(See WAC 182-543-5000(3)).

What are the general conditions of coverage?

(WAC 182-543-1100)

The agency covers the P&O devices listed in the Coverage Table in this billing guide when all of the following apply. The P&O devices must be:

- Medically necessary. The provider or client must submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to:
  - ✓ A physiological description of the client's disease, injury, impairment, or other ailment, and any changes in the client's condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist.
  - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client's ability to use the requested equipment, when applicable.
- Within the scope of an eligible client's benefit package (see Client Eligibility).
- Within accepted medical or physical medicine community standards of practice.
- Prior authorized (see Authorization).
- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the agency is billed for co-pay and/or deductible only, the prescriber must use the *Prescription* form, HCA 13-794, to write the prescription.

The *Prescription* form, HCA 13-794 must:

- ✓ Be signed and dated by the prescriber.
- ✓ Be no older than one year from the date the prescriber signs the prescription.
- ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

- Bill the agency as the payer of last resort.

Note: The agency evaluates by-report (BR) items, procedures, or services for medical appropriateness and reimbursement value on a case-by-case basis.

What are habilitative services under this program?

Habilitative services are those medically necessary services provided to help a client partially or fully attain or maintain developmental age-appropriate skills that were not fully acquired due to a congenital, genetic, or early-acquired health condition. Such services are required to maximize the client's ability to function in his or her environment.

Effective January 1, 2014, and applicable to those clients in the expanded population and covered by the Alternative Benefit Plan (ABP) only, the agency will cover prosthetic and orthotic devices to treat one of the qualifying conditions listed in the agency's Habilitative Services Billing Guide, under *Client Eligibility*.

All other program requirements are applicable to a habilitative service and should be followed unless otherwise directed (e.g., prior authorization).

Billing for habilitative services

Habilitative services must be billed using one of the qualifying diagnosis codes listed in the agency's *Habilitative Services Billing Guide* in the primary diagnosis field on the claim form.

What if a service is covered but considered experimental or has restrictions or limitations?

(WAC 182-543-1100(3) and (4))

The agency evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by WAC 182-531-0050, under the provisions of WAC 182-501-0165 which relate to medical necessity.

The agency evaluates a request for a covered service that is subject to limitations or other restrictions and approves such a service beyond those limitations or restrictions when medically necessary, under the standards for covered services in WAC 182-501-0165 (see limitation extensions).

How can I request that equipment/supplies be added to the "covered" list in this billing guide?

(WAC 182-543-2100)

An interested party may ask the agency to include new P&O devices and related supplies and services in this billing guide by sending a written request to the agency's DME Program Manager (see Available Resources, plus all of the following:

- Manufacturer's literature
- Manufacturer's pricing
- Clinical research/case studies (including FDA approval, if required)
- Any additional information the requestor feels is important

What is not covered?

(WAC 182-543-6000)

The agency pays only for P&O devices and related supplies and services listed as covered in this billing guide. The agency evaluates a request for P&O devices and related supplies and services listed as noncovered within this billing guide and in WAC 182-501-0070, under the provisions of WAC 182-501-0160.

The agency considers all requests for covered P&O devices and related supplies and services, under the provisions of WAC 182-501-0165 which relate to medical necessity. When the agency considers that a request does not meet the requirements for medical necessity, or the definition(s) of covered item(s), the client may appeal that decision under the provisions of WAC 182-501-0165.

The agency specifically excludes services and equipment in this billing guide from fee-for-service (FFS) scope of coverage when the services and equipment do not meet the definition for a covered item, or the services are not typically medically necessary. This exclusion does not apply if the services and equipment are:

- Required under the EPSDT program.
- Included as part of an MCO service package.
- Included in a waivered program.
- Part of one of the Medicare programs for qualified Medicare beneficiaries.

Services and equipment that are not covered include, but are not limited to:

- Services, procedures, devices, or the application of associated services that the Food and Drug Administration (FDA) and/or the Centers for Medicare and Medicaid Services (CMS) consider investigative or experimental on the date the services are provided.

- Any service specifically excluded by statute.

- More costly services or equipment when the agency determines that less costly, equally effective services or equipment are available.

- Hairpieces or wigs.

- Material or services covered under manufacturer's warranties.

- Shoe lifts less than one inch, arch supports, and nonorthopedic shoes.

- Supplies and equipment used during a physician office visit, such as tongue depressors and surgical gloves.

- Prosthetic devices dispensed for cosmetic reasons.

- Personal and comfort items that do not meet the definition of a prosthetic or orthotic device (see Definitions), including, but not limited to:

    - ✓ Clothing and accessories, such as coats, gloves (including wheelchair gloves), hats, scarves, slippers, and socks.

- ✓ Cosmetics, including corrective formulations, hair depilatories, and products for skin bleaching, commercial sunscreens, and tanning.

- ✓ Impotence devices.

Note: The agency evaluates a request for any equipment or devices that are listed as noncovered in this billing guide under the provisions of WAC 182-501-0160. (See WAC 182-543-1100(2).

Coverage Table

Column	Abbreviation	Definition
Code Status Indicators	NC	Noncovered item
	N	New
	DC	Same/similar code in fee schedule
	DP	Service is managed through a different program
	U	Update
	P	Policy change
PA	Y	Requires prior authorization
PA	Y*	Requires prior authorization for clients 17 years of age and older
Lic (License)	Y	Licensure required
Lic (License)	***	The item can be provided by a DME or pharmacy provider as long as other licensure requirements have been met

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
DC	A4280			Adhesive skin support attachment for use with external breast prosthesis, each	
	A5500			For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	Limit one per foot every 12 months
	A5501			For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Limit one per foot every 12 months
	A5503			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	Limit one per foot every 12 months
	A5504			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedges, per shoe	Limit one per foot every 12 months
	A5505			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	Limit one per foot every 12 months

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	A5506			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	Limit one per foot every 12 months
	A5507	Y		For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay or custom molded shoe, per shoe	
	A5508			For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	Limit one per foot every 12 months
	A5510			For diabetics only, direct formed, compression molded to patient’s foot without external heat source, multiple density insert(s) prefabricated, per shoe	Limit one per foot every 12 months
	A5512			For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	Limit one per foot every 12 months
	A5513			For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each	Limit one per foot every 12 months
NC	E1800			Dynamic adjustable elbow extension/flexion device, includes soft interface material	
NC	E1801			Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.	
NC	E1802			Dynamic adjustable forearm pronation/supination device, includes soft interface material	
NC	E1805			Dynamic adjustable wrist extension/flexion device, includes soft interface material	
NC	E1806			Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories.	
NC	E1810			Dynamic adjustable knee extension/flexion device, includes soft interface material	
NC	E1811			Static progressive stretch knee device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories.	
NC	E1815			Dynamic adjustable ankle extension/flexion, includes soft interface material	

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
NC	E1816			Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories.	
NC	E1818			Bi-directional progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	
NC	E1820			Replacement soft interface material, dynamic adjustable extension/flexion device	
NC	E1821			Replacement soft interface material/cuffs for bi-directional static progressive stretch device	
NC	E1825			Dynamic adjustable finger extension/flexion device, includes soft interface material	
NC	E1830			Dynamic adjustable toe extension/flexion device, includes soft interface material	
NC	E1840			Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	
NC	E1841			Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories.	
	K0672	Y		Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each.	Limit 1 per limb per year
	K0901	Y		Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Limit 1 per limb per year
	K0902	Y		Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Limit 1 per limb per year
	L0112	Y	Y	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Limit 1 per limb per year
	L0113	Y	Y	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment.	Limit 1 per limb per year
	L0120		***	Cervical, flexible, nonadjustable (foam collar)	Limit 1 per limb per year
	L0130		Y	Cervical, flexible, thermoplastic collar, molded to patient	Limit 1 per limb per year
	L0140		***	Cervical, semi-rigid, adjustable (plastic collar)	Limit 1 per limb per year
	L0150		***	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0160			Cervical, semi-rigid, wire frame occipital/mandibular support	Limit 1 per limb per year
	L0170	Y	Y	Cervical, collar, molded to patient model	Limit 1 per limb per year
	L0172		***	Cervical, collar, semi-rigid thermoplastic foam, two piece	Limit 1 per limb per year
	L0174		***	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	Limit 1 per limb per year
	L0180			Cervical, multiple post collar, occipital/mandibular supports, adjustable	Limit 1 per limb per year
	L0190			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	Limit 1 per limb per year
	L0200			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	Limit 1 per limb per year
	L0220		***	Thoracic, rib belt, custom fabricated	Limit 1 per limb per year
	L0450	Y		TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intevertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0452	Y		TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	Limit 1 per limb per year
	L0454	Y		TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross truck motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0455	Y		TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0456	Y		TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross truck motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0457	Y		TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	Limit 1 per limb per year
	L0458	Y	Y	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphold, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	Limit 1 per limb per year
	L0460	Y	Y	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	Limit 1 per limb per year
	L0462	Y	Y	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0464	Y	Y	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0466	Y	Y	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0467	Y		TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Limit 1 per limb per year
	L0468	Y		TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacroccococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes filling and adjustment	Limit 1 per limb per year
	L0469	Y		TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0470	Y		TLSO, triplanar-control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce the load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0472	Y		TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0480	Y	Y	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Limit 1 per limb per year
	L0482	Y	Y	TLSO, triplanar control, one piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Limit 1 per limb per year
	L0484	Y	Y	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0486	Y	Y	TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Limit 1 per limb per year
	L0490			TLSO, sagittal-coronal control, one piece rigid plastic shell with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0491		Y	TLSO, Sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction area	Limit 1 per limb per year
	L0492		Y	TLSO, Sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction	Limit 1 per limb per year
	L0621	Y		Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0622	Y		Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Limit 1 per limb per year
	L0623	Y		Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0624	Y		Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0625	Y		Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L - 5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0626	Y		Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0627	Y		Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intractivitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0628	Y		Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0629	Y		Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	Limit 1 per limb per year
	L0630	Y		Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0631	Y		Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0632	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Limit 1 per limb per year
	L0633	Y		Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/Panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0634	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/Panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	Limit 1 per limb per year
	L0635	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0636	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	Limit 1 per limb per year
	L0637	Y		Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0638	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Limit 1 per limb per year
	L0639	Y		Lumbar-sacral orthosis, sagittal-control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L0640	Y		Lumbar-sacral orthosis, sagittal-control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0641	Y		Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Limit 1 per limb per year
	L0642	Y		Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Limit 1 per limb per year
	L0643	Y		Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Limit 1 per limb per year
	L0648	Y		Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Limit 1 per limb per year
	L0649	Y		Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Limit 1 per limb per year
	L0650	Y		Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L0651			Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	Limit 1 per limb per year
	L0700	Y	Y	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)	Limit 1 per limb per year
	L0710	Y	Y	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	Limit 1 per limb per year
	L0810		Y	Halo procedure, cervical halo incorporated into jacket vest	Limit 1 per limb per year
	L0820		Y	Halo procedure, cervical halo incorporated into plaster body jacket	Limit 1 per limb per year
	L0830	Y	Y	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	Limit 1 per limb per year
	L0859		Y	Addition to halo procedures, magnetic resonance image compatible system	Limit 1 per limb per year
	L0861	Y	Y	Addition to halo procedure, replacement liner/interface material	Limit 1 per limb per year
	L0970	Y	Y ***	TLSO, corset front	Limit 1 per limb per year
	L0972	Y		LSO, corset front	Limit 1 per limb per year
	L0974	Y		TLSO, full corset	Limit 1 per limb per year
	L0976	Y	Y ***	LSO, full corset	Limit 1 per limb per year
	L0978		***	Axillary crutch extension	Limit 1 per limb per year
	L0980		***	Peroneal straps, pair	Limit 1 per limb per year
	L0982		***	Stocking supporter grips, set of four (4)	Limit 1 per limb per year
	L0984	Y	***	Protective body sock, each	Limit 1 per limb per year
	L0999	Y		Addition to spinal orthosis, not otherwise specified	Limit 1 per limb per year
	L1000	Y*	Y	CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L1001	Y		Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1005	Y	Y	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Limit 1 per limb per year
	L1010		Y	Addition to CTLSO or scoliosis orthosis, axilla sling	Limit 1 per limb per year
	L1020		Y	Addition to CTLSO or scoliosis orthosis, kyphosis pad	Limit 1 per limb per year
	L1025		Y	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	Limit 1 per limb per year
	L1030		Y	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	Limit 1 per limb per year
	L1040		Y	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	Limit 1 per limb per year
	L1050		Y	Addition to CTLSO or scoliosis orthosis, sternal pad	Limit 1 per limb per year
	L1060		Y	Addition to CTLSO or scoliosis orthosis, thoracic pad	Limit 1 per limb per year
	L1070		Y	Addition to CTLSO or scoliosis orthosis, trapezius sling	Limit 1 per limb per year
	L1080		Y	Addition to CTLSO or scoliosis orthosis, outrigger	Limit 1 per limb per year
	L1085		Y	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	Limit 1 per limb per year
	L1090		Y	Addition to CTLSO or scoliosis orthosis, lumbar sling	Limit 1 per limb per year
	L1100		Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	Limit 1 per limb per year
	L1110	Y*	Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	Limit 1 per limb per year
	L1120	Y*	Y	Addition to CTLSO or scoliosis orthosis, cover for upright, each	Limit 1 per limb per year
	L1200	Y*	Y	TLSO, inclusive of furnishing initial orthosis only	Limit 1 per limb per year
	L1210		Y	Addition to TLSO, (low profile), lateral thoracic extension	Limit 1 per limb per year
	L1220		Y	Addition to TLSO, (low profile), anterior thoracic extension	Limit 1 per limb per year
	L1230		Y	Addition to TLSO, (low profile), Milwaukee type superstructure	Limit 1 per limb per year
	L1240		Y	Addition to TLSO, (low profile), lumbar derotation pad	Limit 1 per limb per year
	L1250		Y	Addition to TLSO, (low profile), anterior ASIS pad	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L1260		Y	Addition to TLSO, (low profile), anterior thoracic derotation pad	Limit 1 per limb per year
	L1270		Y	Addition to TLSO, (low profile), abdominal pad	Limit 1 per limb per year
	L1280		Y	Addition to TLSO, (low profile), rib gusset (elastic), each	Limit 1 per limb per year
	L1290		Y	Addition to TLSO, (low profile), lateral trochanteric pad	Limit 1 per limb per year
	L1300	Y*	Y	Other scoliosis procedure, body jacket molded to patient model	Limit 1 per limb per year
	L1310	Y*	Y	Other scoliosis procedures, postoperative body jacket	Limit 1 per limb per year
	L1499	Y	Y	Spinal orthosis, not otherwise specified	Limit 1 per limb per year
	L1600			HO, abduction control of hip joints, flexible, Frejka type, with cover, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1610			HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1620			HO, abduction control of hip joints, flexible, (Pavlik Harness), prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1630		Y	HO, abduction control of hip joints, semi-flexible (Von Rosen type), prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1640		Y	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	Limit 1 per limb per year
	L1650			HO, abduction control of hip joints, static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1652			Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	Limit 1 per limb per year
	L1660			HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1680		Y	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Limit 1 per limb per year
	L1685		Y	HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated	Limit 1 per limb per year
	L1686		Y	HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L1690	Y	Y	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1700	Y	Y	Legg Perthes orthosis (Toronto type), custom fabricated	Limit 1 per limb per year
	L1710	Y	Y	Legg Perthes orthosis (Newington type), custom fabricated	Limit 1 per limb per year
	L1720	Y	Y	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	Limit 1 per limb per year
	L1730		Y	Legg Perthes orthosis (Scottish Rite type), custom fabricated	Limit 1 per limb per year
	L1755	Y	Y	Legg Perthes orthosis (Patten bottom type), custom fabricated	Limit 1 per limb per year
	L1810		***	KO, elastic with joints, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
NC	L1812			Knee orthosis, elastic with joints, prefabricated, off-the-shelf	
	L1820		***	KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1830		***	KO, Immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1831			Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1832			KO, adjustable knee joints (Unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1833			Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Limit 1 per limb per year
	L1834	Y	Y	KO, without knee joints, rigid, custom fabricated	Limit 1 per limb per year
	L1836			Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1840		Y	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Limit 1 per limb per year
	L1843			KO, single upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1844	Y		KO, single upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, custom fabricated	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L1845			KO, double upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1846	Y	Y	KO, double upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, custom fabricated	Limit 1 per limb per year
	L1847			KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1848			Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Limit 1 per limb per year
	L1850			KO, Swedish type, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1860	Y	Y	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	Limit 1 per limb per year
	L1900		Y	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	Limit 1 per limb per year
	L1902		***	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1904		Y	AFO, molded ankle gauntlet, custom fabricated	Limit 1 per limb per year
	L1906		***	AFO, multiligamentus ankle support, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1907		Y	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	Limit 1 per limb per year
	L1910			AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1920		Y	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	Limit 1 per limb per year
	L1930			Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1932			AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1940		Y	Ankle foot orthosis, plastic or other material, custom fabricated	Limit 1 per limb per year
	L1945	Y	Y	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	Limit 1 per limb per year See EPA Criteria Table
	L1950	Y	Y	AFO, spiral, (IRM type), plastic, custom fabricated	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L1951	Y	Y	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1960		Y	AFO, posterior solid ankle, plastic, custom fabricated	Limit 1 per limb per year
	L1970		Y	AFO, plastic, with ankle joint, custom fabricated	Limit 1 per limb per year
	L1971	Y	Y	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L1980		Y	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar “BK” orthosis), custom fabricated	Limit 1 per limb per year
	L1990		Y	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar “BK” orthosis), custom fabricated	Limit 1 per limb per year
	L2000		Y	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar “AK” orthosis), custom fabricated	Limit 1 per limb per year
	L2005	Y	Y	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Limit 1 per limb per year
	L2010		Y	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar “AK” orthosis), without knee joint, custom fabricated	Limit 1 per limb per year
	L2020		Y	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar “AK” orthosis), custom fabricated	Limit 1 per limb per year
	L2030		Y	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar “AK” orthosis), without knee joint, custom fabricated	Limit 1 per limb per year
	L2034	Y	Y	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion	Limit 1 per limb per year
	L2035			KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L2036	Y	Y	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Limit 1 per limb per year
	L2037	Y	Y	KAFO, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Limit 1 per limb per year
	L2038	Y	Y	KAFO, full plastic, with or without free motion knee, with or without free motion ankle, multiaxis ankle, (Lively orthosis or equal), custom fabricated	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L2040		Y	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	Limit 1 per limb per year
	L2050		Y	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	Limit 1 per limb per year
	L2060		Y	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	Limit 1 per limb per year
	L2070		Y	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	Limit 1 per limb per year
	L2080		Y	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	Limit 1 per limb per year
	L2090		Y	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	Limit 1 per limb per year
	L2106		Y	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	Limit 1 per limb per year
	L2108	Y	Y	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	Limit 1 per limb per year
	L2112			AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L2114			AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L2116			AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L2126	Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	Limit 1 per limb per year
	L2128	Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	Limit 1 per limb per year
	L2132			KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L2134			KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L2136			KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L2180			Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	Limit 1 per limb per year
	L2182			Addition to lower extremity fracture orthosis, drop lock knee joint	Limit 1 per limb per year
	L2184			Addition to lower extremity fracture orthosis, limited motion knee joint	Limit 1 per limb per year
	L2186			Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L2188			Addition to lower extremity fracture orthosis, quadrilateral brim	Limit 1 per limb per year
	L2190			Addition to lower extremity fracture orthosis, waist belt	Limit 1 per limb per year
	L2192			Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	Limit 1 per limb per year
	L2200			Addition to lower extremity, limited ankle motion, each joint	Limit 1 per limb per year
	L2210			Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	Limit 1 per limb per year
	L2220			Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Limit 1 per limb per year
	L2230			Addition to lower extremity, split flat caliper stirrups and plate attachment	Limit 1 per limb per year
	L2232	Y	Y	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	Limit 1 per limb per year
	L2240			Addition to lower extremity, round caliper and plate attachment	Limit 1 per limb per year
	L2250			Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	Limit 1 per limb per year
	L2260			Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	Limit 1 per limb per year
	L2265			Addition to lower extremity, long tongue stirrup	Limit 1 per limb per year
	L2270			Addition to lower extremity, varus/valgus correction (“T”) strap, padded/lined or malleolus pad	Limit 1 per limb per year
	L2275			Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	Limit 1 per limb per year
	L2280		Y	Addition to lower extremity, molded inner boot	Limit 1 per limb per year
	L2300			Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	Limit 1 per limb per year
	L2310			Addition to lower extremity, abduction bar, straight	Limit 1 per limb per year
	L2320			Addition to lower extremity, nonmolded lacer	Limit 1 per limb per year
	L2330		Y	Addition to lower extremity, lacer molded to patient model	Limit 1 per limb per year
	L2335			Addition to lower extremity, anterior swing band	Limit 1 per limb per year
	L2340		Y	Addition to lower extremity, pretibial shell, molded to patient model	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L2350		Y	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	Limit 1 per limb per year
	L2360			Addition to lower extremity, extended steel shank	Limit 1 per limb per year
	L2370			Addition to lower extremity, Patten bottom	Limit 1 per limb per year
	L2375			Addition to lower extremity, torsion control, ankle joint and half solid stirrup	Limit 1 per limb per year
	L2380			Addition to lower extremity, torsion control, straight knee joint, each joint	Limit 1 per limb per year
	L2385			Addition to lower extremity, straight knee joint, heavy duty, each joint	Limit 1 per limb per year
	L2387	Y		Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	Limit 1 per limb per year
	L2390			Addition to lower extremity, offset knee joint, each joint	Limit 1 per limb per year
	L2395			Addition to lower extremity, offset knee joint, heavy duty, each joint	Limit 1 per limb per year
	L2397			Addition to lower extremity orthosis, suspension sleeve	Limit 1 per limb per year
	L2405			Addition to knee joint, drop lock, each.	Limit 1 per limb per year
	L2415			Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	Limit 1 per limb per year
	L2425			Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	Limit 1 per limb per year
	L2430			Addition to knee joint, ratchet lock for active and progressive extension, each joint	Limit 1 per limb per year
	L2492			Addition to knee joint, lift loop for drop lock ring	Limit 1 per limb per year
	L2500			Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	Limit 1 per limb per year
	L2510		Y	Addition to lower extremity, thigh/weight bearing, quadric-lateral brim, molded to patient model	Limit 1 per limb per year
	L2520			Addition to lower extremity, thigh/weight bearing, quadric-lateral brim, custom fitted	Limit 1 per limb per year
	L2525	Y	Y	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	Limit 1 per limb per year
	L2526			Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L2530			Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	Limit 1 per limb per year
	L2540		Y	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	Limit 1 per limb per year
	L2550			Addition to lower extremity, thigh/weight bearing, high roll cuff	Limit 1 per limb per year
	L2570			Addition to lower extremity, pelvic control, hip joint Clevis type, two position joint, each	Limit 1 per limb per year
	L2580			Addition to lower extremity, pelvic control, pelvic sling	Limit 1 per limb per year
	L2600			Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	Limit 1 per limb per year
	L2610			Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	Limit 1 per limb per year
	L2620			Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	Limit 1 per limb per year
	L2622			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	Limit 1 per limb per year
	L2624			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	Limit 1 per limb per year
	L2627	Y	Y	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	Limit 1 per limb per year
	L2628	Y		Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	Limit 1 per limb per year
	L2630			Addition to lower extremity, pelvic control, band and belt, unilateral	Limit 1 per limb per year
	L2640			Addition to lower extremity, pelvic control, band and belt, bilateral	Limit 1 per limb per year
	L2650			Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	Limit 1 per limb per year
	L2660			Addition to lower extremity, thoracic control, thoracic band	Limit 1 per limb per year
	L2670			Addition to lower extremity, thoracic control, paraspinal uprights	Limit 1 per limb per year
	L2680			Addition to lower extremity, thoracic control, lateral support uprights	Limit 1 per limb per year
	L2750		Y	Addition to lower extremity orthosis, plating chrome or nickel, per bar	Limit 1 per limb per year
	L2755		Y	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	Limit 1 per limb per year
	L2760			Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L2768	Y	Y	Orthotic side bar disconnect device, per bar	Limit 1 per limb per year
	L2780		Y	Addition to lower extremity orthosis, noncorrosive finish, per bar	Limit 1 per limb per year
	L2785			Addition to lower extremity orthosis, drop lock retainer, each	Limit 1 per limb per year
	L2795			Addition to lower extremity orthosis, knee control, full kneecap	Limit 1 per limb per year
	L2800			Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull	Limit 1 per limb per year
	L2810			Addition to lower extremity orthosis, knee control, condylar pad	Limit 1 per limb per year
	L2820		Y	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	Limit 1 per limb per year
	L2830		Y	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	Limit 1 per limb per year
	L2840			Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	Limit 1 per limb per year
	L2850			Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	Limit 1 per limb per year
NC	L2861			Addition to lower extremity joint, knee or ankle, concentric adjustable torsion	
	L2999	Y	Y	Lower extremity orthoses, not otherwise specified	Limit 1 per limb per year
	L3000	Y		Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each	Limit 1 per limb per year See EPA criteria table
DC	L3001			Foot insert, removable, molded to patient model, Spenco, each.	
DC	L3002			Foot insert, removable, molded to patient model, Plastazote or equal, each	
DC	L3003			Foot insert, removable, molded to patient model, silicone gel, each	
NC	L3010			Foot insert, removable, molded to patient model, longitudinal arch support, each	
DC	L3020			Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	
	L3030	Y		Foot insert, removable, formed to patient foot, each	Limit 1 per limb per year See EPA criteria table
	L3031	Y		Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
NC	L3040			Foot, arch support, removable, premolded, longitudinal, each	
NC	L3050			Foot, arch support, removable, premolded, metatarsal, each	
NC	L3060			Foot, arch support, removable, premolded longitudinal/metatarsal, each	
NC	L3070			Foot, arch support, nonremovable, attached to shoe, longitudinal, each	
NC	L3080			Foot, arch support, nonremovable, attached to shoe, metatarsal, each	
NC	L3090			Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	
	L3100			Hallus-Valgus night dynamic splint	Limit 1 per limb per year
	L3140			Foot, abduction rotation bar, including shoes	Limit 1 per limb per year
	L3150			Foot, abduction rotation bar, without shoes	Limit 1 per limb per year
DC	L3160			Foot, adjustable shoe-styled positioning device	
	L3170	Y		Foot, plastic, silicone or equal, heel stabilizer, each.	Limit 1 per limb per year
DC	L3201			Orthopedic shoe, oxford with supinator or pronator, infant	
DC	L3202			Orthopedic shoe, oxford with supinator or pronator, child	
DC	L3203			Orthopedic shoe, oxford with supinator or pronator, junior	
DC	L3204			Orthopedic shoe, hightop with supinator or pronator, infant	
DC	L3206			Orthopedic shoe, hightop with supinator or pronator, child	
DC	L3207			Orthopedic shoe, hightop with supinator or pronator, junior	
NC	L3208			Surgical boot, each, infant	
NC	L3209			Surgical boot, each, child	
NC	L3211			Surgical boot, each, junior	
NC	L3212			Benesch boot, pair, infant	
NC	L3213			Benesch boot, pair, child	
NC	L3214			Benesch boot, pair, junior	
	L3215	Y		Orthopedic footwear, ladies shoe, oxford, each	Limit one pair every 12 months See EPA criteria table

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
NC	L3216			Orthopedic footwear, ladies shoe, depth inlay, each	
NC	L3217			Orthopedic footwear, ladies shoe, hightop, depth inlay, each	
	L3219	Y		Orthopedic footwear, mens shoe, oxford, each	Limit one pair every 12 months See EPA criteria table
DC	L3221			Orthopedic footwear, mens shoe, each. depth inlay	
DC	L3222			Orthopedic footwear, mens shoe, hightop, depth inlay, each	
DC	L3224			Orthopedic footwear, woman's shoe, oxford, used as an integral part of brace (orthosis)	
DC	L3225			Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	
	L3230	Y		Orthopedic footwear, custom shoe, depth inlay, each.	Limit 1 per limb per year
DC	L3250			Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	
DC	L3251			Foot, shoe molded to patient model, silicone shoe, each	
DC	L3252			Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	
DC	L3253			Foot, molded shoe Plastazote (or similar), custom fitted, each	
DC	L3254			Nonstandard size or width	
DC	L3255			Nonstandard size or length	
DC	L3257			Orthopedic footwear, additional charge for split size	
NC	L3260			Surgical boot/shoe, each	
NC	L3265			Plastazote sandal, each	
DC	L3300			Lift, elevation, heel, tapered to metatarsals, per inch	
	L3310	Y		Lift, elevation, heel and sole, neoprene, per inch	Limit 1 per limb per year See EPA criteria table
	L3320	Y		Lift, elevation, heel and sole, cork, per inch	Limit 1 per limb per year See EPA criteria table
DC	L3330			Lift, elevation, metal extension (skate)	
DC	L3332			Lift, elevation, inside shoe, tapered, up to one-half inch	

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L3334	Y		Lift, elevation, heel, per inch	Limit 1 per limb per year See EPA criteria table
	L3340	Y		Heel wedge, SACH	Limit 1 per limb per year
	L3350	Y		Heel wedge	Limit 1 per limb per year
	L3360	Y		Sole wedge, outside sole	Limit 1 per limb per year
DC	L3370			Sole wedge, between sole	
DC	L3380			Clubfoot wedge	
DC	L3390			Outflare wedge	
	L3400	Y		Metatarsal bar wedge, rocker	Limit 1 per limb per year
	L3410	Y		Metatarsal bar wedge, between sole	Limit 1 per limb per year
	L3420	Y		Full sole and heel wedge, between sole	Limit 1 per limb per year
	L3430			Heel, counter, plastic reinforced	Limit 1 per limb per year
DC	L3440			Heel, counter, leather reinforced	
DC	L3450			Heel, SACH cushion type	
DC	L3455			Heel, new leather, standard	
DC	L3460			Heel, new rubber, standard	
DC	L3465			Heel, Thomas with wedge	
DC	L3470			Heel, Thomas extended to ball	
DC	L3480			Heel, pad and depression for spur	
DC	L3485			Heel, pad, removable for spur	
DC	L3500			Orthopedic shoe addition, insole, leather	
DC	L3510			Orthopedic shoe addition, insole, rubber	
DC	L3520			Orthopedic shoe addition, insole, felt covered with leather	
DC	L3530			Orthopedic shoe addition, sole, half	
DC	L3540			Orthopedic shoe addition, sole, full	
DC	L3550			Orthopedic shoe addition, toe tap, standard	
DC	L3560			Orthopedic shoe addition, toe tap, horseshoe	
DC	L3570			Orthopedic shoe addition, special extension to instep (leather with eyelets)	
DC	L3580			Orthopedic shoe addition, convert instep to velcro closure	
DC	L3590			Orthopedic shoe addition, convert firm shoe counter to soft counter	
DC	L3595			Orthopedic shoe addition, March bar	

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
DC	L3600			Transfer of an orthosis from one shoe to another, caliper plate, existing	
DC	L3610			Transfer of an orthosis from one shoe to another, caliper plate, new	
	L3620			Transfer of an orthosis from one shoe to another, solid stirrup, existing.	One in a 12 month period allowed without PA
DC	L3630			Transfer of an orthosis from one shoe to another, solid stirrup, new	
DC	L3640			Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	
DC	L3649			Orthopedic shoe, modification, addition or transfer, not otherwise specified	
	L3650		***	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	Limit 1 per year
	L3660		***	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	Limit 1 per year
	L3670		***	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	Limit 1 per year
	L3671	Y	Y	SO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per year
	L3674			Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
DC	L3675			SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	
	L3677	Y	Y	Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3678	Y		Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Limit 1 per limb per year
	L3702	Y	Y	EO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3710		***	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3720			EO, double upright with forearm/arm cuffs, free motion, custom fabricated	Limit 1 per limb per year
	L3730	Y	Y	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L3740	Y	Y	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Limit 1 per limb per year
	L3760			EO, with adjustable position, locking joints, prefabricated, includes fitting and adjustment, any type	Limit 1 per limb per year
	L3762		***	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3763	Y	Y	EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3764	Y	Y	EWHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3765	Y	Y	EWHFO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3766	Y	Y	EWHFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom	Limit 1 per limb per year
	L3806	Y	Y	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3807			WHFO without joint(s), prefabricated, includes fitting and adjustment, any type	Limit 1 per limb per year
	L3808	Y	Y	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3809	Y		Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	Limit 1 per limb per year
DC	L3891			Addition to upper extremity joint, wrist or elbow, concentric adjustable	
	L3900		Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Limit 1 per limb per year
	L3901	Y	Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	Limit 1 per limb per year
	L3904	Y	Y	WHFO, external powered, electric, custom fabricated	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L3905	Y	Y	WHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes	Limit 1 per limb per year
	L3906		Y	WHO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.	Limit 1 per limb per year
	L3908		***	WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L3912		***	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L3913	Y	Y	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3915	Y	***	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3916	Y		Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	Limit 1 per limb per year
	L3917			HO, metacarpal fracture orthosis, prefabricated, includes fitting	Limit 1 per limb per year
	L3918	Y		Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	Limit 1 per limb per year
	L3919	Y	Y	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3921	Y	Y	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3923			HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3924	Y		Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Limit 1 per limb per year
	L3925	Y	***	Finger orthosis, proximal interphalangeal (Pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment.	Limit 1 per limb per year
	L3927	Y		Finger orthosis, proximal interphalangeal (Pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment.	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L3929	Y		Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3930	Y		Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	Limit 1 per limb per year
	L3931	Y		Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3933	Y	Y	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3935	Y	Y	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3956	Y	Y	Addition of joint to upper extremity orthosis, any material; per joint	Limit 1 per limb per year
	L3960			SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L3961	Y	Y	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3962			SEWHO, abduction positioning, Erb's palsey design, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L3967	Y		SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustments	Limit 1 per limb per year
	L3971	Y		SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface	Limit 1 per limb per year
	L3973	Y		SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints	Limit 1 per limb per year
	L3975	Y	Y	SEWHFO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit 1 per limb per year
	L3976	Y		SEWHFO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustments	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L3977	Y		SEWHFO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustments	Limit 1 per limb per year
	L3978	Y		SEWHFO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion	Limit 1 per limb per year
	L3980		***	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L3981	Y		Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting	Limit 1 per limb per year
	L3982			Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L3984			Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L3995			Addition to upper extremity orthosis, sock, fracture or equal, each	Limit 1 per limb per year
	L3999	Y	Y	Upper limb orthosis, not otherwise specified	Limit 1 per limb per year
	L4000	Y	Y	Replace girdle for spinal orthosis (CTLSO or SO)	Limit 1 per year
	L4002	Y	Y	Replacement strap, any orthosis, includes all components, any length, any type	
	L4010		Y	Replace trilateral socket brim	
	L4020		Y	Replace quadrilateral socket brim, molded to patient model	
	L4030		Y	Replace quadrilateral socket brim, custom fitted	
	L4040		Y	Replace molded thigh lacer	
	L4045		Y	Replace nonmolded thigh lacer	
	L4050		Y	Replace molded calf lacer	
	L4055		Y	Replace nonmolded calf lacer	
	L4060		Y	Replace high roll cuff	
	L4070		Y	Replace proximal and distal upright for KAFO	
	L4080		Y	Replace metal bands KAFO, proximal thigh	
	L4090		Y	Replace metal bands KAFO–AFO, calf or distal thigh	
	L4100		Y	Replace leather cuff KAFO, proximal thigh	
	L4110		Y	Replace leather cuff KAFO–AFO, calf or distal thigh	
	L4130		Y	Replace pretibial shell	
	L4205	Y	Y	Repair of orthotic device, labor component, per 15 minutes	
	L4210	Y	Y	Repair of orthotic device, repair or replace minor parts	

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L4350		***	Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L4360	Y		Pneumatic ankle foot orthosis, with or without joints, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L4361	Y		Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	Limit 1 per limb per year
	L4370	Y	***	Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L4386	Y	***	Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L4387	Y		Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	Limit 1 per limb per year
DC	L4392			Replacement soft interface material, static AFO	
DC	L4394			Replace soft interface material, foot drop splint	
	L4396	Y		Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustments	Limit 1 per limb per year
	L4397	Y		Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	Limit 1 per limb per year
DC	L4398			Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustments	
	L4631	Y		Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Limit 1 per limb per year
	L5000		Y	Partial foot, shoe insert with longitudinal arch, toe filler	Limit 1 per limb per year
	L5010		Y	Partial foot, molded socket, ankle height, with toe filler	Limit 1 per limb per year
	L5020		Y	Partial foot, molded socket, tibial tubercle height, with toe filler	Limit 1 per limb per year
	L5050		Y	Ankle, Symes, molded socket, SACH Foot	Limit 1 per limb per year
	L5060	Y	Y	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Limit 1 per limb per year
	L5100		Y	Below knee, molded socket, shin, SACH foot	Limit 1 per limb per year
	L5105	Y	Y	Below knee, plastic socket, joints and thigh lacer, SACH foot	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5150	Y	Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	Limit 1 per limb per year
	L5160	Y	Y	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	Limit 1 per limb per year
	L5200		Y	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	Limit 1 per limb per year
	L5210		Y	Above knee, short prosthesis, no knee joint (“stubbies”), with foot blocks, no ankle joints, each	Limit 1 per limb per year
	L5220	Y	Y	Above knee, short prosthesis, no knee joint (“stubbies”), with articulated ankle/foot, dynamically aligned, each	Limit 1 per limb per year
	L5230	Y	Y	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	Limit 1 per limb per year
	L5250	Y	Y	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Limit 1 per hip per year
	L5270	Y	Y	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	Limit 1 per hip per year
	L5280	Y	Y	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Limit 1 per hip per year
	L5301		Y	Below knee, molded socket, shin, SACH foot, endoskeletal system	Limit 1 per limb per year
	L5312			Knee disarticulation (or through knee) molded socket, single axis knee, pylon, sach foot, endoskeletal system	Limit 1 per limb per year
	L5321		Y	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	Limit 1 per limb per year
	L5331		Y	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	Limit 1 per hip per year
	L5341		Y	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	Limit 1 per hip per year
	L5400		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Limit 1 per limb per year
	L5410		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5420		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Limit 1 per limb per year
	L5430		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment	Limit 1 per limb per year
	L5450		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	Limit 1 per limb per year
	L5460		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	Limit 1 per limb per year
	L5500		Y	Initial, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Limit 1 per limb per year
	L5505	Y	Y	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	Limit 1 per limb per year
	L5510		Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Limit one per client per lifetime per limb
	L5520		Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Limit one per client per lifetime per limb
	L5530	Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Limit 1 per limb per year
	L5535	Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	Limit 1 per limb per year
	L5540	Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	Limit 1 per limb per year
	L5560	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Limit 1 per limb per year
	L5570	Y	Y	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Limit 1 per limb per year
	L5580	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5585	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Limit 1 per limb per year
	L5590	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	Limit 1 per limb per year
	L5595	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Limit 1 per limb per year
	L5600	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	Limit 1 per limb per year
	L5610	Y	Y	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Limit 1 per limb per year
	L5611	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control	Limit 1 per limb per year
	L5613	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Limit 1 per limb per year
	L5614	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control	Limit 1 per limb per year
	L5616		Y	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Limit 1 per limb per year
	L5617		Y	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	Limit 1 per limb per year
	L5618		Y	Addition to lower extremity, test socket, Symes	Limit 1 per limb per year
	L5620		Y	Addition to lower extremity, test socket, below knee	Limit 1 per limb per year
	L5622		Y	Addition to lower extremity, test socket, knee disarticulation	Limit 1 per limb per year
	L5624		Y	Addition to lower extremity, test socket, above knee	Limit 1 per limb per year
	L5626		Y	Addition to lower extremity, test socket, hip disarticulation	Limit 1 per limb per year
	L5628		Y	Addition to lower extremity, test socket, hemipelvectomy	Limit 1 per limb per year
	L5629		Y	Addition to lower extremity, below knee, acrylic socket	Limit 1 per limb per year
	L5630		Y	Addition to lower extremity, Symes type, expandable wall socket	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5631		Y	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	Limit 1 per limb per year
	L5632		Y	Addition to lower extremity, Symes type, PTB brim design socket	Limit 1 per limb per year
	L5634		Y	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	Limit 1 per limb per year
	L5636		Y	Addition to lower extremity, Symes type, medial opening socket	Limit 1 per limb per year
	L5637		Y	Addition to lower extremity, below knee, total contact	Limit 1 per limb per year
	L5638	Y	Y	Addition to lower extremity, below knee, leather socket	Limit 1 per limb per year
	L5639	Y	Y	Addition to lower extremity, below knee, wood socket	Limit 1 per limb per year
	L5640	Y	Y	Addition to lower extremity, knee disarticulation, leather socket	Limit 1 per limb per year
	L5642	Y	Y	Addition to lower extremity, above knee, leather socket	Limit 1 per limb per year
	L5643	Y	Y	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Limit 1 per limb per year
	L5644	Y	Y	Addition to lower extremity, above knee, wood socket	Limit 1 per limb per year
	L5645	Y	Y	Addition to lower extremity, below knee, flexible inner socket, external frame	Limit 1 per limb per year
	L5646	Y	Y	Addition to lower extremity, below knee, air cushion socket	Limit 1 per limb per year
	L5647	Y	Y	Addition to lower extremity, below knee, suction socket	Limit 1 per limb per year
	L5648	Y	Y	Addition to lower extremity, above knee, air cushion socket	Limit 1 per limb per year
	L5649		Y	Addition to lower extremity, ischial containment/narrow M-L socket	Limit 1 per limb per year
	L5650		Y	Addition to lower extremity, total contact, above knee or knee disarticulation socket	Limit 1 per limb per year
	L5651		Y	Addition to lower extremity, above knee, flexible inner socket, external frame	Limit 1 per limb per year
	L5652		Y	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	Limit 1 per limb per year
	L5653		Y	Addition to lower extremity, knee disarticulation, expandable wall socket	Limit 1 per limb per year
	L5654		Y	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	Limit 1 per limb per year
	L5655		Y	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5656		Y	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	Limit 1 per limb per year
	L5658	Y	Y	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	Limit 1 per limb per year
	L5661	Y	Y	Addition to lower extremity, socket insert, multidurometer, Symes	Limit 1 per limb per year
	L5665		Y	Addition to lower extremity, socket insert, multidurometer, below knee	Limit 1 per limb per year
	L5666		Y	Addition to lower extremity, below knee, cuff suspension	Limit 1 per limb per year
	L5668		Y	Addition to lower extremity, below knee, molded distal cushion	Limit 1 per limb per year
	L5670		Y	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)	Limit 1 per limb per year
	L5671		Y	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	Limit 1 per limb per year
	L5672		Y	Addition to lower extremity, below knee, removable medial brim suspension	Limit 1 per limb per year
	L5673		Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Limit 1 per limb per year
	L5676		Y	Addition to lower extremity, below knee, knee joints, single axis, pair	Limit 1 per limb per year
	L5677	Y	Y	Addition to lower extremity, below knee, knee joints, polycentric, pair	Limit 1 per limb per year
	L5678		Y	Addition to lower extremity, below knee, joint covers, pair	Limit 1 per limb per year
	L5679		Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Limit 1 per limb per year
	L5680		Y	Addition to lower extremity, below knee, thigh lacer, nonmolded	Limit 1 per limb per year
	L5681	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	Limit 1 per limb per year
	L5682	Y	Y	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5683	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	Limit 1 per limb per year
	L5684		Y	Addition to lower extremity, below knee, fork strap	Limit 1 per limb per year
	L5685		Y	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	Limit 1 per limb per year
	L5686		Y	Addition to lower extremity, below knee, back check (extension control)	Limit 1 per limb per year
	L5688		Y	Addition to lower extremity, below knee, waist belt, webbing	Limit 1 per limb per year
	L5690		Y	Addition to lower extremity, below knee, waist belt, padded and lined	Limit 1 per limb per year
	L5692		Y	Addition to lower extremity, above knee, pelvic control belt, light	Limit 1 per limb per year
	L5694		Y	Addition to lower extremity, above knee, pelvic control belt, padded and lined	Limit 1 per limb per year
	L5695		Y	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	Limit 1 per limb per year
	L5696		Y	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	Limit 1 per limb per year
	L5697		Y	Addition to lower extremity, above knee or knee disarticulation, pelvic band	Limit 1 per limb per year
	L5698		Y	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	Limit 1 per limb per year
	L5699		Y	All lower extremity prostheses, shoulder harness	Limit 1 per limb per year
	L5700		Y	Replacement, socket, below knee, molded to patient model	Limit one per client per year
	L5701		Y	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Limit one per client per year
	L5702	Y	Y	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	Limit 1 per hip per year
	L5703	Y	Y	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	Limit 1 per limb per year
	L5704	Y	Y	Custom shaped protective cover, below knee	Limit 1 per limb per year
	L5705	Y	Y	Custom shaped protective cover, above knee	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5706	Y	Y	Custom shaped protective cover, knee disarticulation	Limit 1 per limb per year
	L5707	Y	Y	Custom shaped protective cover, hip disarticulation	Limit 1 per limb per year
	L5710		Y	Addition, exoskeletal knee-shin system, single axis, manual lock	Limit 1 per limb per year
	L5711		Y	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	Limit 1 per limb per year
	L5712		Y	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Limit 1 per limb per year
	L5714		Y	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	Limit 1 per limb per year
	L5716	Y	Y	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	Limit 1 per limb per year
	L5718	Y	Y	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	Limit 1 per limb per year
	L5722		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Limit 1 per limb per year
	L5724	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	Limit 1 per limb per year
	L5726	Y	Y	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	Limit 1 per limb per year
	L5728	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	Limit 1 per limb per year
	L5780		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Limit 1 per limb per year
	L5781	Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Limit 1 per limb per year
	L5782	Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Limit 1 per limb per year
	L5785		Y	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Limit 1 per limb per year
	L5790		Y	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Limit 1 per limb per year
	L5795		Y	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium carbon fiber or equal)	Limit 1 per limb per year
	L5810		Y	Addition, endoskeletal knee-shin system, single axis, manual lock	Limit 1 per limb per year
	L5811		Y	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	Limit 1 per limb per year
	L5812		Y	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5814	Y	Y	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Limit 1 per limb per year
	L5816		Y	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	Limit 1 per limb per year
	L5818		Y	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	Limit 1 per limb per year
	L5822		Y	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Limit 1 per limb per year
	L5824		Y	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	Limit 1 per limb per year
	L5826	Y	Y	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Limit 1 per limb per year
	L5828	Y	Y	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Limit 1 per limb per year
	L5830	Y	Y	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Limit 1 per limb per year
	L5840	Y	Y	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Limit 1 per limb per year
NC	L5845			Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	
	L5848	Y	Y	Addition to, endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable	Limit 1 per limb per year
	L5850		Y	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	Limit 1 per limb per year
	L5855		Y	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	Limit 1 per limb per year
NC	L5856	Y	Y	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	
	L5857	Y	Y	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Limit 1 per limb per year
DC	L5858			Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
NC	L5859			Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered And Programmable Flexion/Extension Assist Control, Includes Any Type Motor(S) Knee-shin pro flex/ext cont.	

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5910		Y	Addition, endoskeletal system, below knee, alignable system	Limit 1 per limb per year
	L5920		Y	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Limit 1 per limb per year
	L5925		Y	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	Limit 1 per limb per year
	L5930	Y		Addition, endoskeletal system, high activity knee control frame	Limit 1 per limb per year
	L5940	Y	Y	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Limit 1 per limb per year
	L5950	Y	Y	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Limit 1 per limb per year
	L5960	Y	Y	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Limit 1 per limb per year
	L5961			Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Limit 1 per limb per year
	L5962	Y	Y	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Limit 1 per limb per year
	L5964	Y	Y	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Limit 1 per limb per year
	L5966	Y	Y	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	Limit 1 per limb per year
	L5968	Y	Y	Addition to lower limb prosthesis, multiaxial ankle with swing phase action dorsiflexion feature	Limit 1 per limb per year
NC	L5969			Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	
	L5970	Y	Y	All lower extremity prostheses, foot, external keel, SACH foot	Limit 1 per limb per year
	L5971	Y	Y	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	Limit 1 per limb per year
	L5972		Y	All lower extremity prostheses, flexible keel foot (safe, sten, bock dynamic or equal)	Limit 1 per limb per year
NC	L5973			Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion	
	L5974		Y	All lower extremity prostheses, foot, single axis ankle/foot	Limit 1 per limb per year
	L5975		Y	All lower extremity prosthesis, combination single axis and flexible keel foot	Limit 1 per limb per year
	L5976		Y	All lower extremity prostheses, energy storing foot (Seattle carbon copy II or equal)	Limit 1 per limb per year
	L5978		Y	All lower extremity prostheses, foot, multi-axial ankle/foot	Limit 1 per limb per year
	L5979	Y	Y	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L5980	Y	Y	All lower extremity prostheses, flex-foot system	Limit 1 per limb per year
	L5981	Y	Y	All lower extremity prostheses, flex-walk system or equal	Limit 1 per limb per year
	L5982	Y	Y	All exoskeletal lower extremity prostheses, axial rotation unit	Limit 1 per limb per year
	L5984	Y	Y	All endoskeletal lower extremity prostheses, axial rotation unit	Limit 1 per limb per year
	L5985	Y	Y	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	Limit 1 per limb per year
	L5986	Y	Y	All lower extremity prostheses, multi-axial rotation unit (MCP or equal)	Limit 1 per limb per year
DC	L5987			All lower extremity prostheses, shank foot system with vertical loading pylon	
	L5988	Y	Y	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Limit 1 per limb per year
	L5990	Y	Y	Addition to lower extremity prosthesis, user adjustable heel height	Limit 1 per limb per year
	L5999	Y	Y	Lower extremity prosthesis, not otherwise specified	Limit 1 per limb per year
	L6000	Y	Y	Partial hand, thumb remaining	Limit 1 per limb per year
	L6010	Y	Y	Partial hand, little and/or ring finger remaining	Limit 1 per limb per year
	L6020	Y	Y	Partial hand, no finger remaining	Limit 1 per limb per year
NC	L6026			Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	
	L6050		Y	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Limit 1 per limb per year
	L6055	Y	Y	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Limit 1 per limb per year
	L6100		Y	Below elbow, molded socket, flexible elbow hinge, triceps pad	Limit 1 per limb per year
	L6110		Y	Below elbow, molded socket (Muenster or Northwestern suspension types)	Limit 1 per limb per year
	L6120	Y	Y	Below elbow, molded double wall split socket, step-up hinges, half cuff	Limit 1 per limb per year
	L6130	Y	Y	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L6200		Y	Elbow disarticulation, molded socket, outside locking hinge, forearm	Limit 1 per limb per year
	L6205	Y	Y	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Limit 1 per limb per year
	L6250		Y	Above elbow, molded double wall socket, internal locking elbow, forearm	Limit 1 per limb per year
	L6300		Y	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Limit 1 per limb per year
	L6310	Y	Y	Shoulder disarticulation, passive restoration (complete prosthesis)	Limit 1 per limb per year
	L6320	Y	Y	Shoulder disarticulation, passive restoration (shoulder cap only)	Limit 1 per limb per year
	L6350	Y	Y	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Limit 1 per limb per year
	L6360	Y	Y	Interscapular thoracic, passive restoration (complete prosthesis)	Limit 1 per limb per year
	L6370	Y	Y	Interscapular thoracic, passive restoration (shoulder cap only)	Limit 1 per limb per year
	L6380		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	Limit 1 per limb per year
	L6382		Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	Limit 1 per limb per year
	L6384		Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	Limit 1 per limb per year
	L6386		Y	Immediate postsurgical or early fitting, each additional cast change and realignment	Limit 1 per limb per year
	L6388		Y	Immediate postsurgical or early fitting, application of rigid dressing only	Limit 1 per limb per year
	L6400		Y	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Limit 1 per limb per year
	L6450	Y	Y	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Limit 1 per limb per year
	L6500		Y	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Limit 1 per limb per year
	L6550		Y	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Limit 1 per limb per year
	L6570		Y	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L6580	Y	Y	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Limit 1 per limb per year
	L6582	Y	Y	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Limit 1 per limb per year
	L6584	Y	Y	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Limit 1 per limb per year
	L6586	Y	Y	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Limit 1 per limb per year
	L6588	Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Limit 1 per limb per year
	L6590	Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Limit 1 per limb per year
	L6600		Y	Upper extremity additions, polycentric hinge, pair	Limit 1 per limb per year
	L6605		Y	Upper extremity additions, single pivot hinge, pair	Limit 1 per limb per year
	L6610		Y	Upper extremity additions, flexible metal hinge, pair	Limit 1 per limb per year
	L6611	Y	Y	Addition to upper extremity prosthesis, external powered, additional switch, any type	Limit 1 per limb per year
	L6615		Y	Upper extremity addition, disconnect locking wrist unit	Limit 1 per limb per year
	L6616		Y	Upper extremity addition, additional disconnect insert for locking wrist unit, each	Limit 1 per limb per year
	L6620		Y	Upper extremity addition, flexion-friction wrist unit	Limit 1 per limb per year
	L6621	Y	Y	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L6623	Y	Y	Upper extremity addition, spring assisted rotational wrist unit with latch release	Limit 1 per limb per year
	L6624	Y	Y	Upper extremity addition, flexion/extension and rotation wrist unit	Limit 1 per limb per year
	L6625	Y	Y	Upper extremity addition, rotational wrist unit with cable lock	Limit 1 per limb per year
	L6628		Y	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	Limit 1 per limb per year
	L6629		Y	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	Limit 1 per limb per year
	L6630		Y	Upper extremity addition, stainless steel, any wrist	Limit 1 per limb per year
	L6632		Y	Upper extremity addition, latex suspension sleeve, each	Limit 1 per limb per year
	L6635		Y	Upper extremity addition, lift assist for elbow	Limit 1 per limb per year
	L6637	Y	Y	Upper extremity addition, nudge control elbow lock	Limit 1 per limb per year
	L6638	Y	Y	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Limit 1 per limb per year
	L6640	Y	Y	Upper extremity additions, shoulder abduction joint, pair	Limit 1 per limb per year
	L6641	Y	Y	Upper extremity addition, excursion amplifier, pulley type	Limit 1 per limb per year
	L6642	Y	Y	Upper extremity addition, excursion amplifier, lever type	Limit 1 per limb per year
	L6645		Y	Upper extremity addition, shoulder flexion-abduction joint, each	Limit 1 per limb per year
	L6646	Y	Y	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	Limit 1 per limb per year
	L6647		Y	Upper extremity addition, shoulder lock mechanism, body powered actuator	Limit 1 per limb per year
	L6648	Y	Y	Upper extremity addition, shoulder lock mechanism, external powered actuator	Limit 1 per limb per year
	L6650		Y	Upper extremity addition, shoulder universal joint, each	Limit 1 per limb per year
	L6655		Y	Upper extremity addition, standard control cable, extra	Limit 1 per limb per year
	L6660		Y	Upper extremity addition, heavy duty control cable	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L6665		Y	Upper extremity addition, Teflon, or equal, cable lining	Limit 1 per limb per year
	L6670		Y	Upper extremity addition, hook to hand, cable adapter	Limit 1 per limb per year
	L6672		Y	Upper extremity addition, harness, chest or shoulder, saddle type	Limit 1 per limb per year
	L6675		Y	Upper extremity addition, harness, figure of eight type, for single control	Limit 1 per limb per year
	L6676		Y	Upper extremity addition, harness, figure of eight type, for dual control	Limit 1 per limb per year
	L6677	Y	Y	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow.	Limit 1 per limb per year
	L6680		Y	Upper extremity addition, test socket, wrist disarticulation or below elbow	Limit 1 per limb per year
	L6682		Y	Upper extremity addition, test socket, elbow disarticulation or above elbow	Limit 1 per limb per year
	L6684		Y	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	Limit 1 per limb per year
	L6686		Y	Upper extremity addition, suction socket	Limit 1 per limb per year
	L6687		Y	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	Limit 1 per limb per year
	L6688		Y	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	Limit 1 per limb per year
	L6689	Y	Y	Upper extremity addition, frame type socket, shoulder disarticulation	Limit 1 per limb per year
	L6690	Y	Y	Upper extremity addition, frame type socket, interscapular-thoracic	Limit 1 per limb per year
	L6691	Y	Y	Upper extremity addition, removable insert, each	Limit 1 per limb per year
	L6692	Y	Y	Upper extremity addition, silicone gel insert or equal, each	Limit 1 per limb per year
	L6693	Y	Y	Upper extremity addition, external locking elbow, forearm counterbalance	Limit 1 per limb per year
	L6694		Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism.	Limit to one per client per year without PA
	L6695		Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L6696	Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Limit 1 per limb per year
	L6697		Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Limit 1 per limb per year
	L6698	Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	Limit 1 per limb per year
	L6703	Y	Y	Terminal device, passive hand/mitt, any material, any size	Limit 1 per limb per year
	L6704	Y	Y	Terminal device, sport/recreational/work attachment, any material, any size	Limit 1 per limb per year
	L6706	Y	Y	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	Limit 1 per limb per year
	L6707	Y	Y	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Limit 1 per limb per year
	L6708	Y	Y	Terminal device, hand, mechanical, voluntary opening, any material, any size	Limit 1 per limb per year
	L6709	Y	Y	Terminal device, hand, mechanical, voluntary closing, any material, any size	Limit 1 per limb per year
	L6711	Y	Y	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric.	Limit 1 per limb per year
	L6712	Y	Y	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric.	Limit 1 per limb per year
	L6713	Y	Y	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric.	Limit 1 per limb per year
	L6714	Y	Y	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric.	Limit 1 per limb per year
NC	L6715			Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	
	L6721	Y	Y	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined.	Limit 1 per limb per year
	L6722	Y	Y	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined.	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L6810	Y	Y	Terminal device, pincher tool, Otto Bock or equal	Limit 1 per limb per year
NC	L6880			Electric hand, switch or myolelectric controlled independently articulating, digits, any grasp pattern or combination of grasp patterns, includes motor(s)	
	L6881	Y	Y	Automatic grasp feature, addition to upper limb prosthetic terminal device	Limit 1 per limb per year
	L6882	Y	Y	Microprocessor control feature, addition to upper limb prosthetic terminal device	Limit 1 per limb per year
	L6883	Y	Y	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Limit 1 per limb per year
	L6884	Y	Y	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	Limit 1 per limb per year
	L6885	Y	Y	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Limit 1 per limb per year
	L6890		Y	Terminal device, glove for above hands, production glove	Limit 1 per limb per year
	L6895	Y	Y	Terminal device, glove for above hands, custom glove	Limit 1 per limb per year
	L6900	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Limit 1 per limb per year
	L6905	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Limit 1 per limb per year
	L6910	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Limit 1 per limb per year
	L6915	Y	Y	Hand restoration (shading and measurements included), replacement glove for above	Limit 1 per limb per year
	L6920	Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Limit 1 per limb per year
	L6925	Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Limit 1 per limb per year
	L6930	Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L6935	Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Limit 1 per limb per year
	L6940	Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Limit 1 per limb per year
	L6945	Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Limit 1 per limb per year
	L6950	Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Limit 1 per limb per year
	L6955	Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Limit 1 per limb per year
	L6960	Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Limit 1 per limb per year
	L6965	Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Limit 1 per limb per year
	L6970	Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Limit 1 per limb per year
	L6975	Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L7007	Y	Y	Electric hand, switch or myoelectric controlled, adult	Limit 1 per limb per year
	L7008	Y	Y	Electric hand, switch or myoelectric, controlled, pediatric	Limit 1 per limb per year
	L7009	Y	Y	Electric hook, switch or myoelectric controlled, adult	Limit 1 per limb per year
	L7040	Y	Y	Prehensile actuator, Hosmer or equal, switch controlled	Limit 1 per limb per year
	L7045	Y	Y	Electronic hook, child, Michigan or equal, switch controlled	Limit 1 per limb per year
	L7170	Y	Y	Electronic elbow, Hosmer or equal, switch controlled	Limit 1 per limb per year
	L7180	Y	Y	Electronic elbow, Boston, Utah or equal, myoelectronically controlled	Limit 1 per limb per year
	L7181	Y	Y	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Limit 1 per limb per year
	L7185	Y	Y	Electronic elbow, adolescent, Variety Village or equal, switch controlled	Limit 1 per limb per year
	L7186	Y	Y	Electronic elbow, child, Variety Village or equal, switch controlled	Limit 1 per limb per year
	L7190	Y	Y	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Limit 1 per limb per year
	L7191	Y	Y	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Limit 1 per limb per year
NC	L7259			Electronic wrist rotator, any type	
	L7360	Y	Y	Six volt battery, Otto Bock or equal, each	Limit 1 per year
	L7362	Y	Y	Battery charger, six volt, each.	Limit 1 per year
	L7364	Y	Y	Twelve volt battery, each	Limit 1 per year
	L7366	Y	Y	Battery charger, twelve volt, each.	Limit 1 per year
	L7367	Y	Y	Lithium ion battery, replacement	Limit 1 per year
	L7368	Y	Y	Lithium ion battery charger replacement only	Limit 1 per year
	L7400	Y	Y	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	Limit 1 per limb per year
	L7401	Y	Y	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	Limit 1 per limb per year

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L7402	Y	Y	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	Limit 1 per limb per year
	L7403	Y	Y	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	Limit 1 per limb per year
	L7404	Y	Y	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	Limit 1 per limb per year
	L7405	Y	Y	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	Limit 1 per limb per year
	L7499	Y	Y	Upper extremity prosthesis, not otherwise specified	Limit 1 per limb per year
	L7510	Y	Y	Repair prosthetic device, repair or replace minor parts **For repair or replacement of cochlear implants only**	Use L8499 for unlisted prosthetic services, including repair and replacement of minor parts
	L7520	Y	Y	Repair of prosthetic device, labor component, per 15 minutes	
	L7600	Y	Y	Prosthetic donning sleeve, any material, each	
NC	L7900			Vacuum erection system	
NC	L7902			Tension Ring, For Vacuum Erection Device, Any Type, Replacement Only, Each Tension ring, vac erect dev	
	L8000		***	Breast prosthesis, mastectomy bra	
	L8001		***	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	Not allowed with L8020 or L8030
	L8002		***	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	Not allowed with L8020 or L8030
	L8010		***	Breast prosthesis, mastectomy sleeve	
	L8015		***	External breast prosthesis garment, with mastectomy form, post mastectomy	
	L8020		***	Breast prosthesis, mastectomy form	
	L8030		***	Breast prosthesis, silicone or equal	
DC	L8035			Custom breast prosthesis, post mastectomy, molded to patient model	See L8020
	L8039	Y		Breast prosthesis, not otherwise specified	
NC	L8040			Nasal prosthesis, provided by a non-physician	
NC	L8041			Midfacial prosthesis, provided by a non-physician	
NC	L8042			Orbital prosthesis, provided by a non-physician	
NC	L8043			Upper facial prosthesis, provided by a non-physician	

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
NC	L8044			Hemi-facial prosthesis, provided by a non-physician	
NC	L8045			Auricular prosthesis, provided by a non-physician	
NC	L8046			Partial facial prosthesis, provided by a non-physician	
NC	L8047			Nasal septal prosthesis, provided by a non-physician	
NC	L8048			Unspecified maxillofacial prosthesis, by report, provided by a non-physician	
NC	L8049			Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	
	L8300		***	Truss, single with standard pad	
	L8310		***	Truss, double with standard pads	
	L8320		***	Truss, addition to standard pad, water pad	
	L8330		***	Truss, addition to standard pad, scrotal pad	
	L8400		Y	Prosthetic sheath, below knee, each	
	L8410		Y	Prosthetic sheath, above knee, each	
	L8415		Y	Prosthetic sheath, upper limb, each	
	L8417		Y	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	
	L8420		Y	Prosthetic sock, multiple ply, below knee, each	
	L8430		Y	Prosthetic sock, multiple ply, above knee, each	
	L8435		Y	Prosthetic sock, multiple ply, upper limb, each	
	L8440		Y	Prosthetic shrinker, below knee, each	
	L8460		Y	Prosthetic shrinker, above knee, each	
	L8465		Y	Prosthetic shrinker, upper limb, each	
	L8470		Y	Prosthetic sock, single ply, fitting, below knee, each	
	L8480		Y	Prosthetic sock, single ply, fitting, above knee, each	
	L8485		Y	Prosthetic sock, single ply, fitting, upper limb, each	
	L8499	Y	Y	Unlisted procedure for miscellaneous prosthetic services	
DP	L8500			Artificial larynx, any type	See Durable Medical Equipment (Other) and Non-CRT Wheelchairs
DP	L8501			Tracheostomy speaking valve	See Respiratory Care
DP	L8505			Artificial larynx replacement battery/accessory, any type	See Respiratory Care
	L8507	Y		Tracheo-esophageal voice prosthesis, patient inserted, any type, each	See Respiratory Care

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L8509	Y		Tracheao-esophogeal voice prosthesis, inserted by a licensed health care provider, any type	
NC	L8510			Voice amplifier	
	L8511	Y		Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	
NC	L8512			Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	One unit = 10 capsules
NC	L8513			Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	
NC	L8514			Tracheoesophageal puncture dilator, replacement only, each	
NC	L8515			Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	
	L8600			Implantable breast prosthesis, silicone or equal	See Physician Related Services
	L8609			Artificial cornea	See Vision Hardware for Clients age 20 and Younger
	L8610			Ocular Implant	See Vision Hardware for Clients age 20 and Younger
NC	L8612			Aqueous shunt	
	L8613			Ossicular implant	See Physician Related Services
	L8614			Cochlear device/system	See Hearing Hardware Billing Guide
	L8615			Headset/headpiece for use with cochlear implant device, replacement	See Hearing Hardware Billing Guide
	L8616			Microphone for use with cochlear implant device, replacement	See Hearing Hardware Billing Guide
	L8617			Transmitting coil for use with cochlear implant device, replacement	See Hearing Hardware Billing Guide

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L8618			Transmitter cable for use with cochlear implant device, replacement	See Hearing Hardware Billing Guide
	L8619			Cochlear implant external speech processor, replacement	See Hearing Hardware Billing Guide
	L8621			Zinc air battery for use with cochlear implant device, replacement, each	See Hearing Hardware Billing Guide
	L8622			Alkaline battery for use with cochlear implant device, any size, replacement, each	See Hearing Hardware Billing Guide
	L8623			Lihium battery for use with cochlear implant device speech processor, other than ear level, replacement, each	See Hearing Hardware Billing Guide
	L8624			Lihium battery for use with cochlear implant device speech processor, ear level replacement, each	See Hearing Hardware Billing Guide
	L8627			CID ext speech process repl	See Hearing Hardware Billing Guide
	L8628			CID ext controller rep	See Hearing Hardware Billing Guide
	L8629			CID transmit coil and cable	See Hearing Hardware Billing Guide
	L8630			Metacarpophalangeal joint implant	See IP Hospital Billing Guide
DP	L8631			Metacarpal phalangeal joint replacement, two or more pieces, metal(e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	See IP Hospital Billing Guide and ASC Billing Guide
	L8641			Metatarsal joint implant	See IP Hospital Billing Guide
	L8642			Hallux implant	See IP Hospital Billing Guide
	L8658			Interphalangeal joint implant	See IP Hospital Billing Guide

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
	L8659			Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	See IP Hospital Billing Guide
	L8670			Vascular graft material, synthetic, implant	See IP Hospital Billing Guide
NC	L8679			Implantable neurostimulator, pulse generator, any type	
	L8680			Implantable neurostimulator electrode, each	See IP Hospital Billing Guide
	L8681			Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	See IP Hospital Provider Guide
	L8682			Implantable neurostimulator radiofrequency receiver	See IP Hospital Billing Guide
	L8683			Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	See IP Hospital Billing Guide
NC	L8684			Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	
NC	L8685			Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
NC	L8686			Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	
NC	L8687			Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
NC	L8688			Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	
NC	L8689			External recharging system for implanted neurostimulator, replacement only	
NC	L8690			Auditory osseointegrated device, includes all internal and external components	
NC	L8691			Auditory osseointegrated device, external sound processor, replacement	
NC	L8693			Aud osseo dev, abutment	
NC	L8695			External recharging system for battery (external) for use with implantable neurostimulator	
	L8696	Y		Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	
DP	L8699	Y		Prosthetic implant, not otherwise specified	

Code Status Indicators	HCPCS Code	PA	Lic	Short Description	Policy/ Comments
DP	L9900	Y		Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	
	S1040	Y		Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
	V2623			Prosthetic eye, plastic, custom	
	V2624			Polishing/resurfacing of ocular prosthesis	
	V2625			Enlargement of ocular prosthesis	
	V2626			Reduction of ocular prosthesis	
	V2627			Scleral cover shell	
	V2628			Fabrication and fitting of ocular conformer	
	V2629	Y		Prosthetic eye, other type	
	V2630			Anter chamber intraocul lens	
	V2631			Iris support intraoclr lens	
	V2632			Post chmbr intraocular lens	

Provider Requirements

Who does the agency reimburse for providing prosthetic and orthotic (P&O) devices, related supplies and services to agency clients?

(WAC 182-543-2000(1))

The agency may reimburse qualified providers for prosthetic and orthotic (P&O) devices, repairs, related supplies, and services on a fee-for-service (FFS) basis as follows:

- Providers who are licensed by the Washington State Department of Health (DOH) in P&O may be reimbursed. This does not apply to medical equipment dealers and pharmacies that do not require licensure to provide selected P&O.
- Medical equipment dealers, pharmacies, and home health agencies under their national provider identifier (NPI) may be reimbursed for medical supplies.
- All HCPCS codes with a *** indicator in the licensure column may be provided by a supplier that has an NPI with a taxonomy of DME or Pharmacy as long as all other licensure requirements have been met.
- Physicians who provide medical equipment and supplies in the physician's office may be reimbursed. The agency may pay separately for medical supplies, subject to the provisions in the agency's current Physician-Related/Professional Services fee schedule.
- Out-of-state P&O providers who meet their state regulations may be reimbursed.

Note: The agency terminates from Medicaid participation any provider who violates program regulations and policies, as described in WAC 182- 502-0030 and WAC 182- 543-5000.

Which providers are eligible and what are the requirements?

(WAC 182-543-2000)

Providers and suppliers of P&O must meet all of the following:

- Meet the general provider requirements in chapter 182-502 WAC
- Be enrolled with Medicaid and Medicare
- Have the proper business license
- Be certified, licensed and/or bonded if required, to perform the services billed to the agency
- Provide instructions for use of equipment
- Furnish to clients only new equipment that includes full manufacturer and dealer warranties
- Bill the agency using only the allowed procedure codes (see Coverage Table)
- Have a valid prescription. To be valid, a prescription must meet all of the following:
  - ✓ Be written on the agency's *Prescription* form, HCA 13-794
  - ✓ Be written by a physician, advanced registered nurse practitioner (ARNP), or physician's assistant certified (PAC)
  - ✓ Be written, signed (including the prescriber's credentials), and dated by the prescriber on the same day and before delivery of the supply, equipment, or device. (prescriptions must not be back-dated)
  - ✓ Be no older than one year from the date the prescriber signs the prescription
  - ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity

Note: For dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the agency is being billed for only the copay and/or deductible, the above does not apply.

How can interested parties request that equipment/supplies be added to the "covered" list in this billing guide?

(WAC 182-543-2100)

Any interested party, such as providers, suppliers, or manufacturers may request the agency to include new equipment/supplies in this billing guide.

- The request should include credible evidence, including but not limited to:
  - ✓ Manufacturer's literature.
  - ✓ Manufacturer's pricing.
  - ✓ Clinical research/case studies (including FDA approval, if required) .
  - ✓ Proof of the Centers for Medicare and Medicaid Services (CMS) certification, if applicable.
  - ✓ Any additional information the requester feels would aid the agency in its determination.

Send requests to:

P&O Program Management Unit
PO Box 45506
Olympia WA 98504-5506

Authorization

What is prior authorization (PA)?

Prior authorization (PA) is the agency's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Expedited prior authorization (EPA) and limitation extensions (LE) are forms of prior authorization.**

> **Note:** Facility or therapist letterhead must be used for any documentation that does not appear on an agency form.

Is PA required?

(WAC 182- 543-7100)

Yes. The agency requires PA for certain purchases and repairs of medically necessary prosthetic and orthotic (P&O) devices and related supplies and services. See the PA column of the Coverage Table for items that require PA.

The agency bases its determination about which P&O devices and related supplies and services require PA or EPA on utilization criteria. The agency considers all of the following when establishing utilization criteria:

- High cost
- Potential for utilization abuse
- Narrow therapeutic indication
- Safety

How do I request PA?

Call or fax the agency all requests for prior authorization (see Available Resources).

What are the general policies for PA?

(WAC 182-543-7100)

For PA requests, the agency requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line item accessory or modification identified as a separate charge. The agency does not accept general standards of care or industry standards for generalized equipment as justification.

When the agency receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date the agency receives the request.

All written requests must be submitted on the *General Information for Authorization* form, HCA 13-835.

All written authorization requests must include a valid prescription prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). This requirement does not apply to claims for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the agency is being billed for co-pay and/or deductible only

The prescriber must use *Prescription* form, 13-794 to write the prescription.

The *Prescription* form, 13-794 must meet all of the following criteria:

- Be signed and dated by the prescriber
- Be no older than one year from the date the prescriber signs the prescription
- State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity

Also note the following for prescriptions:

- The prescriber's signature must have credentials. The agency does not currently accept stamped or electronic signatures.
- Prescriptions must be legible.
- The signature date is the valid date of the prescription.
- For a new request, prescriptions must be no older than 90 days.
- For extensions, prescriptions must be less than one year old.
- All forms must be complete (no blanks) and must be signed by the clinician to include their credentials.

Note: These forms can be downloaded from the agency's forms website.

- If a letter of medical necessity (LMN) is obtained for the services provided remember:
  - ✓ The letter must be signed and dated by the clinician (to include credentials).
  - ✓ The clinician must sign and date chart notes (to include credentials) if used.
  - ✓ The LMN must include client-specific justification for the service and all related accessories/items.
  - ✓ The prescription must be dated prior to LMN and/or chart notes used as a LMN.
  - ✓ The prescription must document **tried and failed** less costly alternatives.
- The agency requires certain information from providers to prior authorize a purchase of equipment. This information includes, but is not limited to:
  - ✓ A detailed description of the item.
  - ✓ Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.
- The agency prior authorizes By Report (BR) items that require PA and are listed in the Coverage Table, only if medical necessity is established and the provider furnishes all of the following information to the agency:
  - ✓ A detailed description of the item or service to be provided
  - ✓ The cost or charge for the item
  - ✓ A copy of the manufacturer's invoice, price-list or catalog with the product description for the item being provided
  - ✓ A detailed explanation of how the requested item differs from an already existing code description
- The agency does not reimburse for the purchase or repair of medical equipment that duplicates equipment the client already owns. If the provider makes such a request, the agency requires the provider to submit a PA request and explain either of the following:
  - ✓ Why the existing equipment no longer meets the client's medical needs
  - ✓ Why the existing equipment could not be repaired or modified to meet those medical needs
- A provider may resubmit a request for PA for an item or service that the agency has denied. The agency requires the provider to include new documentation that is relevant to the request.

- The agency prior authorizes extensive maintenance that the manufacturer recommends be performed by an authorized dealer. The agency requires the client to take responsibility for routine maintenance of a prosthetic or orthotic. If the client does not have the physical or mental ability to perform the task, the agency requires the client's caregiver to be responsible. (See WAC 182- 543-7100)

- Authorizations are valid:

  - ✓ For written requests = Three months from the date of approval, then an extension must be requested.

  - ✓ For telephonic requests = One month from the date of approval, unless otherwise specified.

What does the agency require when submitting photos and X-rays for medical and P&O requests?

For submitting photos and x-rays for medical and P&O requests, use the FastLook™ and FastAttach™ services provided by Medical Electronic Attachment, Inc. (MEA).

You may register with MEA by:

- Going to www.mea-fast.com/.
- Selecting Provider Registration (on the menu bar below the banner).
- Entering **FastWDSHS** in the promotion code box.

Contact MEA at 888-329-9988, ext. 2, with any questions.

When this option is chosen, you can fax your request to the agency and indicate the MEA# in the NEA field (box 18) on the PA Request form.

There is an associated cost, which will be explained by the MEA services.

Note: See the agency ProviderOne Billing and Resource Guide and review Authorization for more information on requesting authorization

What is expedited prior authorization (EPA)?

EPA is designed to eliminate the need for written and telephonic requests for PA for selected prosthetic and orthotic (P&O) procedure codes.

The agency requires a provider to create an authorization number for EPA for selected P&O procedure codes. The process and criteria used to create the authorization number is explained in the following pages. The authorization number must be used when the provider bills the agency.

Upon request, a provider must provide documentation to the agency showing how the client's condition met the criteria for EPA.

> **Note:** A written or telephone request for PA is required when a situation does not meet the EPA criteria for selected P&O procedure codes.

The agency may recoup any payment made to a provider under this section if the provider did not follow the required EPA process and criteria.

To bill the agency for P&O that meet the EPA criteria on the following pages, the vendor must create a 9-digit EPA number. The first 6 digits of the EPA number must be **870000.** The last 3 digits must be the code number of the product and documented medical condition that meets the EPA criteria.

Enter the EPA number on the CMS-1500 claim form in the ***Authorization Number*** field or in the ***Authorization*** field (at claim level or line level) when billing electronically or direct data entry (DDE). With HIPAA implementation, multiple authorization (prior/expedited) numbers can be billed on a claim. If you are billing **multiple** EPA numbers, you must list the 9-digit EPA numbers in ***field 19*** of the paper claim form ***exactly*** as follows (*not all required fields are represented in the example*):

19. Line 1: 870000725/ Line 2: 870000726

If you are only billing one EPA or PA number on a paper CMS-1500 claim form, continue to list the 9-digit EPA number in field 23 of the claim form.

EPA numbers are only for those products listed on the following pages.

EPA numbers are not valid for:

- P&O devices requiring prior authorization through the P&O Devices program.
- Products for which the documented medical condition does not meet **all** of the specified EPA criteria.
- Requests that are for over-the-limit.

Providers must submit the request to the DME Authorization Unit or call for authorization. See Available Resources.

Note: For more information on requesting authorization, see the agency ProviderOne Billing and Resource Guide.

EPA criteria coding table

Prosthetics

Procedure Code	EPA Code	Short Description	Criteria
L5683 L5681	787	Addition to lower extremity, below knee/above knee, socket insert, suction suspension with or without locking mechanism	Initial purchase of one (1) L5683 and L5681 per initial, lower extremity prosthesis (one to wash, one to wear) allowed per 12-month period if any of the following criteria are met: 1) Short residual limb 2) Diabetic 3) History of skin problems/open sores on stump **Note:** 1) If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to DME authorization Unit (see Resources Available) or by calling the authorization toll-free number at 800-562-3022. 2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. 3) EPA is for initial purchase only. It is not to be used for replacements of existing products.

Orthotics

Procedure Code	EPA Code	Short Description	Criteria
L3030	780	Foot insert, removable, formed to patient foot	One (1) pair allowed in a 12-month period if one of the following criteria is met: 1) Severe arthritis with pain 2) Flat feet or pes planus with pain 3) Valgus or varus deformity with pain 4) Plantar fasciitis with pain 5) Pronation **Note:** 1) If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to DME authorization Unit (see Resources Available) or by calling the authorization toll-free number at (800) 562-3022. 2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.
L3310 L3320	781	Lift, elevation, heel & sole, per inch	For a client with a leg length discrepancy, allowed for as many inches as required (must be at least one inch), on one shoe per 12-month period.

Procedure Code	EPA Code	Short Description	Criteria
L3334	782	Lift, elevation, heel, per inch	Allowed for as many inches as required (has to be at least one inch), for a client with a leg length discrepancy, on one shoe per 12-month period. **Note:** 1) Lift is covered per inch, for no less than one (1) inch, for one shoe. **For example:** It is medically necessary for a client to have a two (2) inch lift for the left heel. Bill two units of L3334 using EPA # 870000782. 3) If the medical condition does not meet the criteria specified above, you must obtain prior authorization by submitting a request in writing to DME authorization section (see Resources Available) or by calling the authorization toll-free number at 800-562-3022. 4) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.

Procedure Code	EPA Code	Short Description	Criteria
L3000	784	Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each	Purchase of one (1) pair per 12-month period for a client 16 years of age or younger allowed if any of the following criteria are met: 1) Required to prevent or correct pronation 2) Required to promote proper foot alignment due to pronation 3) For ankle stability as required due to an existing medical condition such as hypotonia, Cerebral Palsy, etc.
			Note: 1) If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to DME authorization Unit (see Resources Available) or by calling the authorization toll-free number at 800-562-3022. 2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. 3) If the client only medically requires one orthotic, right or left, prior authorization must be obtained.

Procedure Code	EPA Code	Short Description	Criteria
L3215 L3219	785	Orthopedic footwear, woman's or man's shoes, oxford.	Purchase of one (1) pair per 12-month period allowed if any of the following criteria are met: 1) When one or both shoes are attached to a brace 2) When one or both shoes are required to accommodate a brace with the exception of L3030 foot inserts 3) To accommodate a partial foot prosthesis 4) To accommodate club foot
			Note: 1) The agency does not allow orthopedic footwear for the following reasons: a) To accommodate L3030 orthotics b) Bunions c) Hammer toes d) Size difference (mismatched shoes) e) Abnormal sized foot 2) The agency only allows the following manufacturers of orthopedic footwear: a) Acor b) Alden Shoe Company c) Jerry Miller d) Markell e) P.W. Minor f) Walkin-Comfort g) Hanger h) Answer 2 i) Keeping Pace 3) If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to DME authorization Unit (see Resources Available) or by calling the authorization toll-free number at (800) 562-3022. 4) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.

Procedure Code	EPA Code	Short Description	Criteria
L1945	786	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction)	Purchase of one per limb allowed per 12-month period if all of the following criteria are met: 1) Client is 16 years of age and younger 2) Required due to a medical condition causing crouched gait
			Note: 1) If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to DME authorization Unit (see Resources Available) or by calling the authorization toll-free number at (800) 562-3022. 2) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.

Reimbursement

(WAC 182-543-9000 and 182- 543-9300)

What is the general reimbursement for prosthetic and orthotic (P&O) devices and related supplies and services?

- The agency reimburses a qualified provider who serves a client who is not enrolled in an agency-contracted managed care organization (MCO) only when all of the following apply:
  - ✓ The provider meets all of the conditions in WAC 182- 502-0016.
  - ✓ The agency does not include the item/service for which the provider is requesting reimbursement in other reimbursement rate methodologies. Other methodologies include, but are not limited to, the following:
    - ➢ Hospice providers' per diem reimbursement
    - ➢ Hospital's diagnosis related group (DRG) reimbursement
    - ➢ MCOs' capitation rate
    - ➢ Nursing facilities' per diem rate
- A provider must not bill the agency for the purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.
- Reimbursement for prosthetic and orthotic (P&O) devices is limited to HCPCS/National Codes with the same level of coverage as Medicare.
- The agency may adopt policies, procedure codes, and/or rates that are different than those set by Medicare, if the agency determines that such actions are in the best interest of its clients.
- The agency may pay for medical services rendered to a client only when the agency is the payer of last resort.
- The agency's maximum payment for medical equipment and supplies is the lesser of either of the following:
  - ✓ Provider's usual and customary charge
  - ✓ Established rates, unless the client is eligible for both Medicare and Medicaid

- The agency determines reimbursement for P&O devices according to a set fee schedule. The agency considers Medicare's current fee schedule when determining maximum allowable fees. For by-report (BR) codes, the agency reimburses 85% of the agreed upon fee.

- The agency sets maximum allowable fees for P&O devices and related supplies and services using available published information, such as:

  - ✓ Commercial databases for price comparisons
  - ✓ Manufacturers' catalogs
  - ✓ Medicare fee schedules
  - ✓ Wholesale prices

- The agency evaluates and updates the maximum allowable fees for P&O devices at least once per year, independent of scheduled legislatively authorized vendor rate increases. Rates remain effective until the next rate change.

What is the specific reimbursement for P&O devices?

(WAC 182- 543-9300)

- The agency's reimbursement for a P&O device includes the cost of any necessary molds.

- The agency's hospital reimbursement rate includes any P&O devices required for surgery and/or placed during the hospital stay.

- Reimbursement for gender dysphoria surgery includes payment for all related prosthetics and supplies.

Who owns the purchased P&O devices and related supplies?

(WAC 182- 543-2250)

- P&O devices and related supplies that the agency purchases for a client are the client's property. The agency reimbursement for covered P&O devices and related supplies includes all of the following:
  - ✓ Any adjustments or modifications to the equipment that are required within three months of the date of delivery. (this does not apply to adjustments required because of changes in the client's medical condition)
  - ✓ Fitting and set-up
  - ✓ Instruction to the client or client's caregiver in the appropriate use of the equipment, device, and/or supplies
- The agency requires a provider to furnish to the agency clients only new equipment that includes full manufacturer and dealer warranties.
- The agency charges the dispensing provider for any costs it incurs to have another provider repair equipment if all of the following apply:
  - ✓ The dispensing provider is unwilling or unable to fulfill the warranty.
  - ✓ The client still needs the equipment.
- The agency rescinds purchase orders for the following reasons:
  - ✓ If the equipment was not delivered to the client before the client:
    - ➢ Dies
    - ➢ Loses medical eligibility
    - ➢ Becomes covered by a hospice agency
    - ➢ Becomes covered by an agency-contracted MCO
  - ✓ A client may become an MCO enrollee before the agency completes the purchase of prescribed medical equipment. If this occurs:
    - ➢ The agency rescinds the purchase order until the managed care primary care provider (PCP) evaluates the client.
    - ➢ The agency requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary (see Definitions).

- The MCO's applicable reimbursement policies apply to the purchase or rental of the equipment.

Note: P&O devices placed during an inpatient hospital stay **are** included in the hospital reimbursement rate. The agency does **not** reimburse separately under these circumstances.

What does the agency pay for P&O devices?

See the **Prosthetic and Orthotic Devices** **fee schedule** web page**.**

Billing and Claim Forms

What are the general billing requirements?

Providers must follow the agency's ProviderOne Billing and Resource Guide. These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments
- When providers may bill a client
- How to bill for services provided to primary care case management (PCCM) clients
- How to bill for clients eligible for both Medicare and Medicaid
- How to handle third-party liability claims
- What standards to use for record keeping

How is the CMS-1500 claim form completed?

Instructions on how to bill professional claims and crossover claims electronically can be found on the agency's Medicaid Providers Training page under Medicaid 101. Also, see Appendix I of the agency's ProviderOne Billing and Resource Guide for general instructions on completing the CMS-1500 claim form.

How are Medicare crossovers submitted?

See the agency's ProviderOne Billing and Resource Guide for general instructions on how to submit Medicare crossovers.

What does the agency require from the provider-generated EOMB to process a crossover claim?

Header-level information on the EOMB must include all the following:

- **Medicare** as the identified payer
- The Medicare claim paid or process date
- The client's name (if not in the column level)
- Medicare reason codes
- Text in font size 12 or greater

Column-level labels on the EOMB for the 1500 claim form must include all the following:

- Client's name
- Date of service
- Number of service units (whole number) (NOS)
- Procedure code (PROC)
- Modifiers (MODS)
- Billed amount
- Allowed amount
- Deductible
- Amount paid by Medicare (PROV PD)
- Medicare adjustment reason codes and remark codes
- Text in font size 12