

Health and Recovery Services Administration (HRSA)



Prosthetic and Orthotic Devices

Billing Instructions

Chapter 388-543 WAC

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About this publication

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Important Contacts

A provider may use HRSA's toll-free lines for questions regarding its programs; however, HRSA's response is based solely on the information provided to the [HRSA] representative at the time of the call or inquiry, and in no way exempts a provider from following the rules and regulations that govern HRSA's programs. [WAC 388-502-0020(2)].

Where do I call for information on becoming a DSHS provider, submitting a change of address or ownership, or to ask questions about the status of a provider application?

Provider Enrollment Unit
866.545.0544

Where do I send my claims?

Hard Copy Claims:
Division of Program Support
PO Box 9248
Olympia WA 98507-9248

Magnetic Tapes/Floppy Disks:
Division of Program Support
Claims Control
PO Box 45560
Olympia, WA 98504-5560

How do I request prior authorization?

All authorization issues, questions or comments should be addressed to:

Write/Call:
Division of Health Services Quality Support
Quality Utilization Section
Durable Medical Equipment
PO Box 45506
Olympia, WA 98504-5506
800.292.8064
360.586.5299 fax

How do I request a Limitation Extension?

Write/Call:
Division of Health Services Quality Support
Quality Utilization Section
Durable Medical Equipment
PO Box 45506
Olympia, WA 98504-5506
800.292.8064
360.586.5299 fax

Where do I address reimbursement issues, questions, or comments?

DME - Program Manager
Professional Rates Section
Division of Operational Support Services
PO Box 45510
Olympia, WA 98504-5510

Where do I call if I have questions regarding electronic billing?

Write/call:
Electronic Billing Unit
PO Box 45512
Olympia, WA 98504-5512
360.725.1267

Important Contacts (cont.)

How do I obtain copies of billing instructions or numbered memoranda?

Check out our web site at:

<http://maa.dshs.wa.gov>

Or write/call:

Provider Relations

PO Box 45562

Olympia WA 98504-5562

800.562.3022

Who do I contact if I have questions regarding...

Payments, denials, general questions regarding claims processing, or Healthy Options?

Provider Relations

800.562.3022

Private insurance or third party liability, other than Healthy Options?

Coordination of Benefits Section

800.562.6136

Definitions & Abbreviations

This section defines terms and abbreviations (includes acronyms) used in these billing instructions.

Artificial limb – See prosthetic device.
[WAC 388-543-1000]

By Report (BR) – A method of reimbursement for covered items, procedures, and services for which the department has no set maximum allowable fees. [WAC 388-543-1000]

Client - An applicant for, or recipient of, DSHS medical care program.

Code of Federal Regulations (CFR) - A codification of the general and permanent rules published in the federal register by the executive departments and agencies of the federal government.

Community Services Office (CSO) - An office of the department that administers social and health services at the community level. [WAC 388-500-0005]

Core Provider Agreement - The basic contract that HRSA holds with providers serving HRSA clients. The provider agreement outlines and defines terms of participation in Medical Assistance.

Date of Delivery – The date the client actually took physical possession of an item or equipment. [WAC 388-543-1000]

Department - The state Department of Social and Health Services (DSHS).
[WAC 388-500-0005]

Expedited Prior Authorization – The process for obtaining authorization for selected durable medical equipment, and related supplies, prosthetics, orthotics, medical supplies and related services, in which providers use a set of numeric codes to indicate to HRSA which acceptable indications/conditions/HRSA-defined criteria are applicable to a particular request for DME authorization.
[WAC 388-543-1000]

Explanation of Benefits (EOB) - A coded message on the Medical Assistance Remittance Advice and Status Report (RA) that gives detailed information about the claim associated with that report.

Explanation of Medicare Benefits (EOMB) – A federal report generated for Medicare providers displaying transaction information regarding Medicare claims processing and payments.

Fee-for-Service – The general payment method HRSA uses to reimburse for covered medical services provided to clients, except those services covered under HRSA’s prepaid managed care programs.
[WAC 388-543-1000]

Health and Recovery Services

Administration (HRSA) - The administration within DSHS authorized by the secretary to administer the acute care portion of Title XIX Medicaid, Title XXI State Children's Health Insurance Program (SCHIP), Title XVI Supplemental Security Income for the Aged, Blind, and Disabled (SSI), and the state-funded medical care programs, with the exception of certain nonmedical services for persons with chronic disabilities.

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 388-543-1000]

Internal Control Number (ICN) - A 17-digit number that appears on your Remittance Advice and Status Report (RA) by the client's name. Each claim is assigned an ICN when it is received by HRSA. The number identifies that claim throughout the claim's history.

Limitation Extension – A process for requesting and approving covered services and reimbursement that exceeds a coverage limitation (quantity, frequency, or duration) set in WAC, billing instructions, or numbered memoranda. Limitation extensions require prior authorization. [WAC 388-543-1000]

Managed Care - A prepaid comprehensive system of medical and health care delivery including preventive, primary, specialty, and ancillary health services.
[WAC 388-538-050]

Maximum Allowable - The maximum dollar amount for which a provider may be reimbursed by HRSA for specific services, supplies, or equipment.

Medicaid - The state and federally funded aid program that covers the Categorically Needy (CNP) and Medically Needy (MNP) programs.

Medical Identification card(s) – Medical Identification cards are the forms DSHS uses to identify clients of medical programs. These cards are good only for the dates printed on them. Clients will receive a Medical Identification card in the mail each month they are eligible. These cards are also known as DSHS Medical ID cards and were formerly called medical coupons or MAID cards.

Medical Management, Division of (DMM)

- A division within the Medical Assistance Administration responsible for the administration of the quality improvement and assurance programs, utilization review and management, and prior authorization for fee-for-service program.

Medically Necessary - A term for describing [a] requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all. [WAC 388-500-0005]

Medicare - The federal government health insurance program for certain aged or disabled clients under Titles II and XVIII of the Social Security Act. Medicare has two parts:

- "Part A" covers the Medicare inpatient hospital, post-hospital skilled nursing facility care, home health services, and hospice care.
- "Part B" is the supplementary medical insurance benefit (SMIB) covering the Medicare doctor's services, outpatient hospital care, outpatient physical therapy and speech pathology services, home health care, and other health services and supplies not covered under Part A of Medicare. [WAC 388-500-0005]

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

- Prevents or corrects physical deformity or malfunction; or
- Supports a weak or deformed portion of the body. [WAC 388-543-1000]

Patient Identification Code (PIC) - An alphanumeric code that is assigned to each HRSA client consisting of:

- First and middle initials (a dash (-) must be entered if the middle initial is not indicated).
- Six-digit birthdate, consisting of numerals only (MMDDYY).
- First five letters of the last name (and spaces if the name is fewer than five letters).
- Alpha or numeric character (tiebreaker).

Prior Authorization – A process by which clients or providers must request and receive HRSA approval for certain medical equipment and related supplies, prosthetics, orthotics, medical supplies and related services, based on medical necessity, before the services are provided to clients, as a precondition for provider reimbursement. Expedited prior authorization and limitation extension are types of prior authorization. Also see WAC 388-501-0165.

[WAC 388-543-1000]

Program Support, Division of (DPS) – The division within HRSA responsible for providing administrative services for the following:

- Claims Processing;
- Family Planning Services;
- Administrative Match Services to Schools and Health Departments;
- Managed Care Contracts; and
- Provider Enrollment/Relations

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; or
- Support a weak or deformed portion of the body. [WAC 388-543-1000]

Provider or Provider of Service - An institution, agency, or person:

- Who has a signed agreement [Core Provider] with the department to furnish medical care, goods, and/or services to clients; and
- Is eligible to receive payment from the department. [WAC 388-500-0005]

Remittance Advice and Status Report (Referred to as “RAs”)- A report produced by the Medicaid Management Information System (MMIS) that provides detailed information concerning submitted claims and other financial transactions.

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 388-543-1000]

Revised Code Of Washington (RCW) - Washington State laws.

Third Party - Any entity that is or may be liable to pay all or part of the medical cost of care of a federal Medicaid or state medical program client.

Usual and Customary Charge – The amount the provider typically charges to 50% or more of his or her non-Medicaid clients, including clients with other third-party coverage. [WAC 388-543-1000]

Washington Administrative Code (WAC) - Codified rules of the State of Washington.

About the Program

What is the purpose of the Prosthetic and Orthotic Devices program? (Refer to WAC 388-543-1100)

The Medical Assistance Administration's (HRSA) Prosthetic and Orthotic (P&O) Devices program makes the purchase of medically necessary P&O devices accessible to eligible HRSA clients when the P&O devices are not included in other reimbursement methodologies (e.g., inpatient hospital DRG, nursing facility daily rate, HMO, or managed health care programs). The federal government deems P&O devices 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; or
- Required under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Notifying Clients of Their Rights (Advance Directives) (42 CFR, Subpart I)

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give **all adult clients** written information about their right, under state law, to make their own health care decisions.

Clients have the right to:

- Accept or refuse medical treatment;
- Make decisions concerning their own medical care; and
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care.

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Client Eligibility

Who is eligible for P&O Devices? (Refer to Chapter 388-529 WAC)

Clients presenting Medical Identification cards with the following identifiers* **are eligible** for P&O devices:

Medical Program Identifier	Medical Program
CNP	Categorically Needy Program – These clients are dual eligible (Medicare/Medicaid)
CNP Children’s Health	Categorically Needy Program - Children’s Health
CNP CHIP	Categorically Needy Program - Children’s Health Insurance Program
GA-U No Out of State Care	General Assistance - Unemployable
LCP MNP	Limited Casualty Program-Medically Needy Program
MNP QMB	Medically Needy Program-Qualified Medicare Beneficiaries – These clients are dual eligible (Medicare/Medicaid)

***Note: To clarify**, clients presenting Medical ID cards with the following identifiers **are not eligible** for P&O devices:

- ✓ **QMB-Medicare Only** (Qualified Medicare Beneficiary-Medicare Only) (See *Billing* section)
- ✓ **MIP-EMER Hospital Only – No out-of-state care** (Medically Indigent Program-EMER Hospital Only – No out-of-state care)

Are clients enrolled in Healthy Options managed care eligible for P&O devices? (Refer to WAC 388-538-060 and 095)

YES! Clients with an identifier in the HMO column on their Medical Identification card are enrolled in one of HRSA's Healthy Options managed care plans. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their PCP by calling the telephone number located on their Medical Identification card.

All medical services covered under a managed health care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for:

- Payment of covered services; and
- Payment of services referred by a provider participating with the plan to an outside provider.

To prevent billing denials, please check the client's Medical Identification card **prior** to scheduling services and at the **time of service** to make sure proper authorization or referral is obtained from the PCP and/or plan.

HRSA does not cover P&O devices provided by a nonparticipating provider for a client who is enrolled in a HRSA-contracted managed care plan. (Refer to WAC 388-543-1400 [9])

Are clients enrolled in Primary Care Case Manager/Management (PCCM) eligible for P&O devices?

Yes! For the client who has chosen to obtain care with a PCCM, the identifier in the HMO column will be "PCCM." These clients must obtain or be referred for services via the PCCM. The PCCM is responsible for coordination of care just like the PCP would be in a plan setting. Please refer to the client's Medical Identification card for the PCCM. (See the *Billing* section for further information.)

Note: To prevent billing denials, please check the client's Medical Identification card **prior** to scheduling services and at the **time of the service** to make sure proper authorization or referral is obtain from the PCCM.

Coverage

What is covered? (Refer to WAC 388-543-1100)

- The Department of Social and Health Services (DSHS) covers the P&O devices, repairs, and labor charges listed in the *Fee Schedule* (section H) of this billing instruction.
- DSHS covers a replacement prosthesis only when the purchase of a replacement prosthesis is less costly than repairing or modifying a client's current prosthesis. (WAC 388-543-2600[3])

Note: Those HCPCS codes with a “#” symbol in the maximum allowable column of the fee schedule are not covered by DSHS.

What are the general conditions of coverage?

(Refer to WAC 388-543-1100)

DSHS covers the P&O devices listed in the *Fee Schedule* (section H) of this billing instruction when all of the following apply. The P&O devices must be:

- Medically necessary (see *Definitions* section). 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, the following:
 - ✓ 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; or
 - ✓ 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 medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see *Authorization* section);

- Prescribed by a physician or other licensed practitioner of the healing arts and within the scope of his or her practice as defined by state law. The prescription must state the specific item or service requested, diagnosis, prognosis, estimated length of need (weeks or months, not to exceed six months before being reevaluated), and quantity; and
- All written prior authorization requests must include a copy of the prescription upon submittal.
- Billed to the department as the payer of last resort only. DSHS does not pay first and then collect from Medicare.

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

What if a service is covered but considered experimental or has restrictions or limitations? (Refer to WAC 388-543-1100 [3] and [4])

- DSHS 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 388-531-0050, under the provisions of WAC 388-501-0165 which relate to medical necessity.
- DSHS 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 388-501-0165 (see page F.3 for limitation extensions).

How can I request that equipment/supplies be added to the “covered” list in this billing instruction? (WAC 388-543-1100 [7])

An interested party may request DSHS to include new P&O devices and related supplies and services in these billing instructions by sending a written request to DSHS’s Quality Utilization Section (see *Important Contacts* section), plus all of the following:

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

What is not covered? (Refer to WAC 388-543-1300)

DSHS pays only for P&O devices and related supplies and services that are medically necessary, listed as covered, meet the definition of prosthetics and orthotics (see *Definitions* section), and prescribed per the provider requirements in this billing instruction (see *Provider Requirements* section).

DSHS considers all requests for covered P&O devices and related supplies and services, and noncovered P&O devices and related supplies and services, under the provisions of WAC 388-501-0165 which relate to medical necessity. When DSHS considers that a request does not meet the requirements for medical necessity, the definition(s) of covered item(s), or is not covered, the client may appeal that decision under the provisions of WAC 388-501-0165.

DSHS specifically excludes services and equipment in this billing instruction 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 a managed care plan service package;
- Included in a waived program; or
- 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) (formerly known as Health Care Financing Administration [HCFA]) consider investigative or experimental on the date the services are provided;
- Any service specifically excluded by statute;
- More costly services or equipment when DSHS determines that less costly, equally effective services or equipment are available;
- Hairpieces or wigs;
- Material or services covered under manufacturer's warranties;
- Procedures, prosthetics, or supplies related to gender dysphoria surgery;
- 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;

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- Prosthetic devices dispensed for cosmetic reasons;
- Personal and comfort items that do not meet the definition of a prosthetic or orthotic device (see *Definitions* section), including, but not limited to, the following:
 - ✓ 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 sun screens, and tanning; and
 - ✓ Impotence devices;

Note: DSHS evaluates a request for any equipment or devices that are listed as noncovered in this billing instruction under the provisions of WAC 388-501-0165. (Refer to WAC 388-543-1100[2])

Prosthetic and Orthotic Devices Coverage Table

Column	Abbreviation	Definition
Code Status Indicators	#	Non-covered item
	N	New
	D	Discontinued
	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)	Y**	Licensure required if prescribing treatment of scoliosis
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	Procedure Code	PA	Lic	Description	Policy/ Comments
#	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	
	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	
	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	
	A5504			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedges, per shoe	
	A5505			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	
	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	

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Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	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	
#	A5510			For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s) prefabricated, per shoe	
	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	
	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	
#	E1800			Dynamic adjustable elbow extension/flexion device, includes soft interface material	
#	E1801			Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.	
#	E1802			Dynamic adjustable forearm pronation/supination device, includes soft interface material	
#	E1805			Dynamic adjustable wrist extension/flexion device, includes soft interface material	
#	E1806			Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories.	
#	E1810			Dynamic adjustable knee extension/flexion device, includes soft interface material	
#	E1811			Static progressive stretch knee device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories.	
#	E1815			Dynamic adjustable ankle extension/flexion, includes soft interface material	
#	E1816			Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories.	
#	E1818			Bi-directional progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	

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Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	E1820			Replacement soft interface material, dynamic adjustable extension/flexion device	
#	E1821			Replacement soft interface material/cuffs for bi-directional static progressive stretch device	
#	E1825			Dynamic adjustable finger extension/flexion device, includes soft interface material	
#	E1830			Dynamic adjustable toe extension/flexion device, includes soft interface material	
#	E1840			Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	
#	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.	
	L0112	Y	Y	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	
	L0113	Y	Y	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	
	L0120		***	Cervical, flexible, nonadjustable (foam collar)	
	L0130		Y	Cervical, flexible, thermoplastic collar, molded to patient	
	L0140		***	Cervical, semi-rigid, adjustable (plastic collar)	
	L0150		***	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	
	L0160			Cervical, semi-rigid, wire frame occipital/mandibular support	
	L0170	Y	Y	Cervical, collar, molded to patient model	
	L0172		***	Cervical, collar, semi-rigid thermoplastic foam, two piece	
	L0174		***	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	
	L0180			Cervical, multiple post collar, occipital/mandibular supports, adjustable	
	L0190			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	
	L0200			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	
D	L0210	-	***	Thoracic, rib belt	Removed January 2010

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Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L0220		***	Thoracic, rib belt, custom fabricated	
	L0430	Y	Y**	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)	
	L0450		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, prefabricated, includes fitting and adjustment	
	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	
	L0454		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, includes fitting and adjustment	
	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 trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	
	L0458		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 xiphoid, 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	

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Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L0460		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	
	L0462		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	
	L0464		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	
	L0466		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	
	L0468		Y**	TLSO, sagittal 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, includes fitting and shaping the frame, prefabricated, includes filling and adjustment	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	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 extentions, restricts gross trunk motion in sagittal, coronal, and tranverse planes, produces intracavitary pressure to reduce the load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	
	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	
	L0474	Y	Y**	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the LS region, includes straps and closures, prefabricated, includes fitting and adjustment	
	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	
	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	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	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	
	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	
	L0490		Y**	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	
	L0491		Y	TLSO, Sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction area	
	L0492		Y	TLSO, Sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction	
	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	
	L0622		Y**/ ***	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may included pendulous abdomen design, custom fabricated	
	L0623	Y	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	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L0624	Y	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	
	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	
	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	
	L0627		/ ***	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, includes fitting and adjustment	
	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	
	L0629	Y	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	
	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	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	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	
	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	
	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	
	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	
	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	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	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	
	L0637	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, prefabricated, includes fitting and adjustment	
	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	
	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	
	L0640	Y	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	
	L0700	Y	Y	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L0710	Y	Y	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	
	L0810		Y	Halo procedure, cervical halo incorporated into jacket vest	
	L0820		Y	Halo procedure, cervical halo incorporated into plaster body jacket	
	L0830	Y	Y	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	
	L0859		Y	Addition to halo procedures, magnetic resonance image compatible system	
	L0861	Y	Y	Addition to halo procedure, replacement liner/interface material	
	L0970		Y** ***	TLSO, corset front	
	L0972		Y**	LSO, corset front	
	L0974		Y**	TLSO, full corset	
	L0976		Y **/** *	LSO, full corset	
	L0978		***	Axillary crutch extension	
	L0980		***	Peroneal straps, pair	
	L0982		***	Stocking supporter grips, set of four (4)	
	L0984	Y	***	Protective body sock, each	
	L0999	Y		Addition to spinal orthosis, not otherwise specified	
	L1000	Y*	Y	CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model	
	L1001	Y	Y**	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	
	L1005	Y	Y	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	
	L1010		Y	Addition to CTLSO or scoliosis orthosis, axilla sling	
	L1020		Y	Addition to CTLSO or scoliosis orthosis, kyphosis pad	
	L1025		Y	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	
	L1030		Y	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	
	L1040		Y	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	
	L1050		Y	Addition to CTLSO or scoliosis orthosis, sternal pad	
	L1060		Y	Addition to CTLSO or scoliosis orthosis, thoracic pad	
	L1070		Y	Addition to CTLSO or scoliosis orthosis, trapezius sling	
	L1080		Y	Addition to CTLSO or scoliosis orthosis, outrigger	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L1085		Y	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	
	L1090		Y	Addition to CTLSO or scoliosis orthosis, lumbar sling	
	L1100		Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	
	L1110	Y*	Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	
	L1120	Y*	Y	Addition to CTLSO or scoliosis orthosis, cover for upright, each	
	L1200	Y*	Y	TLSO, inclusive of furnishing initial orthosis only	
	L1210		Y	Addition to TLSO, (low profile), lateral thoracic extension	
	L1220		Y	Addition to TLSO, (low profile), anterior thoracic extension	
	L1230		Y	Addition to TLSO, (low profile), Milwaukee type superstructure	
	L1240		Y	Addition to TLSO, (low profile), lumbar derotation pad	
	L1250		Y	Addition to TLSO, (low profile), anterior ASIS pad	
	L1260		Y	Addition to TLSO, (low profile), anterior thoracic derotation pad	
	L1270		Y	Addition to TLSO, (low profile), abdominal pad	
	L1280		Y	Addition to TLSO, (low profile), rib gusset (elastic), each	
	L1290		Y	Addition to TLSO, (low profile), lateral trochanteric pad	
	L1300	Y*	Y	Other scoliosis procedure, body jacket molded to patient model	
	L1310	Y*	Y	Other scoliosis procedures, postoperative body jacket	
	L1499	Y	Y	Spinal orthosis, not otherwise specified	
	L1500	Y		THKAO, mobility frame (Newington, Parapodium types)	
	L1510			THKAO, standing frame; with or without tray accessories	Limit of one per client every 5 years.
	L1520	Y		THKAO, swivel walker	
	L1600			HO, abduction control of hip joints, flexible, Frejka type, with cover, prefabricated, includes fitting and adjustment	
	L1610			HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	
	L1620			HO, abduction control of hip joints, flexible, (Pavlik Harness), prefabricated, includes fitting and adjustment	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L1630		Y	HO, abduction control of hip joints, semi-flexible (Von Rosen type), prefabricated, includes fitting and adjustment	
	L1640		Y	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	
	L1650			HO, abduction control of hip joints, static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment	
	L1652			Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	
	L1660			HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	
	L1680		Y	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	
	L1685		Y	HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated	
	L1686		Y	HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	
	L1690	Y	Y	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	
	L1700	Y	Y	Legg Perthes orthosis (Toronto type), custom fabricated	
	L1710	Y	Y	Legg Perthes orthosis (Newington type), custom fabricated	
	L1720	Y	Y	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	
	L1730		Y	Legg Perthes orthosis (Scottish Rite type), custom fabricated	
	L1755	Y	Y	Legg Perthes orthosis (Patten bottom type), custom fabricated	
D	L1800	-	***	KO, elastic with stays, prefabricated, includes fitting and adjustment	Removed January 2010
	L1810		***	KO, elastic with joints, prefabricated, includes fitting and adjustment	
D	L1815	-	***	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	Removed January 2010
	L1820		***	KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment	
D	L1825	-	***	KO, elastic knee cap, prefabricated, includes fitting and adjustment	Removed January 2010
	L1830		***	KO, Immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L1831			Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	
	L1832			KO, adjustable knee joints (Unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	
	L1834	Y	Y	KO, without knee joints, rigid, custom fabricated	
	L1836			Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	
	L1840		Y	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	
	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	
	L1844	Y		KO, single upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, custom fabricated	
	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	
	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	
	L1847			KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	
	L1850			KO, Swedish type, prefabricated, includes fitting and adjustment	
	L1860	Y	Y	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	
	L1900		Y	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	
D	L1901	-	***	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	Removed January 2010
	L1902		***	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	
	L1904		Y	AFO, molded ankle gauntlet, custom fabricated	
	L1906		***	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	
	L1907		Y	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	
	L1910			AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	

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Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L1920		Y	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	
	L1930			Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	
	L1932			AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	
	L1940		Y	Ankle foot orthosis, plastic or other material, custom fabricated	
	L1945	Y	Y	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	See EPA criteria, pages E.5-E.7.
	L1950	Y	Y	AFO, spiral, (IRM type), plastic, custom fabricated	
	L1951	Y	Y	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	
	L1960		Y	AFO, posterior solid ankle, plastic, custom fabricated	
	L1970		Y	AFO, plastic, with ankle joint, custom fabricated	
	L1971	Y	Y	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	
	L1980		Y	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	
	L1990		Y	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	
	L2000		Y	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	
	L2005	Y	Y	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	
	L2010		Y	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	
	L2020		Y	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	
	L2030		Y	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint, custom fabricated	
	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	

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Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L2035			KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment	
	L2036	Y	Y	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
	L2037	Y	Y	KAFO, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
	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	
	L2040		Y	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	
	L2050		Y	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	
	L2060		Y	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	
	L2070		Y	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	
	L2080		Y	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	
	L2090		Y	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	
	L2106		Y	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	
	L2108	Y	Y	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	
	L2112			AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	
	L2114			AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	
	L2116			AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	
	L2126	Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	
	L2128	Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	
	L2132			KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	
	L2134			KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	

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Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L2136			KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	
	L2180			Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	
	L2182			Addition to lower extremity fracture orthosis, drop lock knee joint	
	L2184			Addition to lower extremity fracture orthosis, limited motion knee joint	
	L2186			Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	
	L2188			Addition to lower extremity fracture orthosis, quadrilateral brim	
	L2190			Addition to lower extremity fracture orthosis, waist belt	
	L2192			Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	
	L2200			Addition to lower extremity, limited ankle motion, each joint	
	L2210			Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	
	L2220			Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	
	L2230			Addition to lower extremity, split flat caliper stirrups and plate attachment	
	L2232	Y	Y	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	
	L2240			Addition to lower extremity, round caliper and plate attachment	
	L2250			Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	
	L2260			Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	
	L2265			Addition to lower extremity, long tongue stirrup	
	L2270			Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	
	L2275			Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	
	L2280		Y	Addition to lower extremity, molded inner boot	
	L2300			Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	
	L2310			Addition to lower extremity, abduction bar, straight	
	L2320			Addition to lower extremity, nonmolded lacer	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L2330		Y	Addition to lower extremity, lacer molded to patient model	
	L2335			Addition to lower extremity, anterior swing band	
	L2340		Y	Addition to lower extremity, pretibial shell, molded to patient model	
	L2350		Y	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	
	L2360			Addition to lower extremity, extended steel shank	
	L2370			Addition to lower extremity, Patten bottom	
	L2375			Addition to lower extremity, torsion control, ankle joint and half solid stirrup	
	L2380			Addition to lower extremity, torsion control, straight knee joint, each joint	
	L2385			Addition to lower extremity, straight knee joint, heavy duty, each joint	
	L2387	Y		Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	
	L2390			Addition to lower extremity, offset knee joint, each joint	
	L2395			Addition to lower extremity, offset knee joint, heavy duty, each joint	
	L2397			Addition to lower extremity orthosis, suspension sleeve	
	L2405			Addition to knee joint, drop lock, each.	
	L2415			Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	
	L2425			Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	
	L2430			Addition to knee joint, ratchet lock for active and progressive extension, each joint	
	L2492			Addition to knee joint, lift loop for drop lock ring	
	L2500			Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	
	L2510		Y	Addition to lower extremity, thigh/weight bearing, quadric-lateral brim, molded to patient model	
	L2520			Addition to lower extremity, thigh/weight bearing, quadric-lateral brim, custom fitted	
	L2525	Y	Y	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L2526			Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	
	L2530			Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	
	L2540		Y	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	
	L2550			Addition to lower extremity, thigh/weight bearing, high roll cuff	
	L2570			Addition to lower extremity, pelvic control, hip joint Clevis type, two position joint, each	
	L2580			Addition to lower extremity, pelvic control, pelvic sling	
	L2600			Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	
	L2610			Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	
	L2620			Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	
	L2622			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	
	L2624			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	
	L2627	Y	Y	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	
	L2628	Y		Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	
	L2630			Addition to lower extremity, pelvic control, band and belt, unilateral	
	L2640			Addition to lower extremity, pelvic control, band and belt, bilateral	
	L2650			Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	
	L2660			Addition to lower extremity, thoracic control, thoracic band	
	L2670			Addition to lower extremity, thoracic control, paraspinal uprights	
	L2680			Addition to lower extremity, thoracic control, lateral support uprights	
	L2750		Y	Addition to lower extremity orthosis, plating chrome or nickel, per bar	
	L2755		Y	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L2760			Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	
	L2768	Y	Y	Orthotic side bar disconnect device, per bar	
D	L2770	-	Y	Addition to lower extremity orthosis, any material, per bar or joint	Removed January 2010
	L2780		Y	Addition to lower extremity orthosis, noncorrosive finish, per bar	
	L2785			Addition to lower extremity orthosis, drop lock retainer, each	
	L2795			Addition to lower extremity orthosis, knee control, full kneecap	
	L2800			Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull	
	L2810			Addition to lower extremity orthosis, knee control, condylar pad	
	L2820		Y	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	
	L2830		Y	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	
	L2840			Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	
	L2850			Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	
#	L2860			Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	
#	L2861			Addition to lower extremity joint, knee or ankle, concentric adjustable torsion	Code added January 2010
	L2999	Y	Y	Lower extremity orthoses, not otherwise specified	
	L3000	Y		Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each	See EPA criteria, pages E.5-E.7.
#	L3001			Foot insert, removable, molded to patient model, Spenco, each.	
#	L3002			Foot insert, removable, molded to patient model, Plastazote or equal, each	
#	L3003			Foot insert, removable, molded to patient model, silicone gel, each	
#	L3010			Foot insert, removable, molded to patient model, longitudinal arch support, each	
#	L3020			Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	
	L3030	Y		Foot insert, removable, formed to patient foot, each	See EPA Criteria, pages E.5-E.7.

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L3031	Y		Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	
#	L3040			Foot, arch support, removable, premolded, longitudinal, each	
#	L3050			Foot, arch support, removable, premolded, metatarsal, each	
#	L3060			Foot, arch support, removable, premolded longitudinal/metatarsal, each	
#	L3070			Foot, arch support, nonremovable, attached to shoe, longitudinal, each	
#	L3080			Foot, arch support, nonremovable, attached to shoe, metatarsal, each	
#	L3090			Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	
	L3100			Hallus-Valgus night dynamic splint	
	L3140			Foot, abduction rotation bar, including shoes	
	L3150			Foot, abduction rotation bar, without shoes	
#	L3160			Foot, adjustable shoe-styled positioning device	
	L3170	Y		Foot, plastic, silicone or equal, heel stabilizer, each.	
#	L3201			Orthopedic shoe, oxford with supinator or pronator, infant	
#	L3202			Orthopedic shoe, oxford with supinator or pronator, child	
#	L3203			Orthopedic shoe, oxford with supinator or pronator, junior	
#	L3204			Orthopedic shoe, hightop with supinator or pronator, infant	
#	L3206			Orthopedic shoe, hightop with supinator or pronator, child	
#	L3207			Orthopedic shoe, hightop with supinator or pronator, junior	
#	L3208			Surgical boot, each, infant	
#	L3209			Surgical boot, each, child	
#	L3211			Surgical boot, each, junior	
#	L3212			Benesch boot, pair, infant	
#	L3213			Benesch boot, pair, child	
#	L3214			Benesch boot, pair, junior	
	L3215	Y		Orthopedic footwear, ladies shoe, oxford, each	See EPA criteria, pages E.5-E.7.
#	L3216			Orthopedic footwear, ladies shoe, depth inlay, each	
#	L3217			Orthopedic footwear, ladies shoe, hightop, depth inlay, each	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L3219	Y		Orthopedic footwear, mens shoe, oxford, each	See EPA criteria, pages E.5-E.7.
#	L3221			Orthopedic footwear, mens shoe, each. depth inlay	
#	L3222			Orthopedic footwear, mens shoe, hightop, depth inlay, each	
#	L3224			Orthopedic footwear, woman's shoe, oxford, used as an integral part of brace (orthosis)	
#	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.	
#	L3250			Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	
#	L3251			Foot, shoe molded to patient model, silicone shoe, each	
#	L3252			Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	
#	L3253			Foot, molded shoe Plastazote (or similar), custom fitted, each	
#	L3254			Nonstandard size or width	
#	L3255			Nonstandard size or length	
#	L3257			Orthopedic footwear, additional charge for split size	
#	L3260			Surgical boot/shoe, each	
#	L3265			Plastazote sandal, each	
#	L3300			Lift, elevation, heel, tapered to metatarsals, per inch	
	L3310	Y		Lift, elevation, heel and sole, neoprene, per inch	See EPA criteria E.5-E.7.
	L3320	Y		Lift, elevation, heel and sole, cork, per inch	See EPA criteria E.5-E.7.
#	L3330			Lift, elevation, metal extension (skate)	
#	L3332			Lift, elevation, inside shoe, tapered, up to one-half inch	
	L3334	Y		Lift, elevation, heel, per inch	See EPA criteria E.5-E.7.
	L3340	Y		Heel wedge, SACH	
	L3350	Y		Heel wedge	
	L3360	Y		Sole wedge, outside sole	
#	L3370			Sole wedge, between sole	
#	L3380			Clubfoot wedge	
#	L3390			Outflare wedge	
	L3400	Y		Metatarsal bar wedge, rocker	
	L3410	Y		Metatarsal bar wedge, between sole	
	L3420	Y		Full sole and heel wedge, between sole	
	L3430			Heel, counter, plastic reinforced	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	L3440			Heel, counter, leather reinforced	
#	L3450			Heel, SACH cushion type	
#	L3455			Heel, new leather, standard	
#	L3460			Heel, new rubber, standard	
#	L3465			Heel, Thomas with wedge	
#	L3470			Heel, Thomas extended to ball	
#	L3480			Heel, pad and depression for spur	
#	L3485			Heel, pad, removable for spur	
#	L3500			Orthopedic shoe addition, insole, leather	
#	L3510			Orthopedic shoe addition, insole, rubber	
#	L3520			Orthopedic shoe addition, insole, felt covered with leather	
#	L3530			Orthopedic shoe addition, sole, half	
#	L3540			Orthopedic shoe addition, sole, full	
#	L3550			Orthopedic shoe addition, toe tap, standard	
#	L3560			Orthopedic shoe addition, toe tap, horseshoe	
#	L3570			Orthopedic shoe addition, special extension to instep (leather with eyelets)	
#	L3580			Orthopedic shoe addition, convert instep to velcro closure	
#	L3590			Orthopedic shoe addition, convert firm shoe counter to soft counter	
#	L3595			Orthopedic shoe addition, March bar	
#	L3600			Transfer of an orthosis from one shoe to another, caliper plate, existing	
#	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 prior authorization
#	L3630			Transfer of an orthosis from one shoe to another, solid stirrup, new	
#	L3640			Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	
#	L3649			Orthopedic shoe, modification, addition or transfer, not otherwise specified	
	L3650		***	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	
D	L3651	-	***	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	Removed January 2010
D	L3652	-	***	SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	Removed January 2010

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L3660		***	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	
	L3670		***	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	
	L3671	Y	Y	SO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3672	Y	Y	SO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom	
	L3673	Y		SO, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
#	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	
D	L3700	-	***	EO, elastic with stays, prefabricated, includes fitting and adjustment	Removed January 2010
D	L3701	-	***	EO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	Removed January 2010
	L3702	Y	Y	EO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3710		***	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	
	L3720			EO, double upright with forearm/arm cuffs, free motion, custom fabricated	
	L3730	Y	Y	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	
	L3740	Y	Y	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	
	L3760			EO, with adjustable position, locking joints, prefabricated, includes fitting and adjustment, any type	
	L3762		***	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	
	L3763	Y	Y	EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3764	Y	Y	EWHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L3765	Y	Y	EWHF0, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3766	Y	Y	EWHF0, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom	
	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	
	L3807			WHFO without joint(s), prefabricated, includes fitting and adjustment, any type	
	L3808	Y	Y	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	
#	L3891			Addition to upper extremity joint, wrist or elbow, concentric adjustable	Code added January 2010
	L3900		Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	
	L3901	Y	Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	
	L3904	Y	Y	WHFO, external powered, electric, custom fabricated	
	L3905	Y	Y	WHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes	
	L3906		Y	WHO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.	
	L3908		***	WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustments	
D	L3909	-	***	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	Removed January 2010
D	L3911	-	-	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustments (e.g., neoprene, Lycra)	Removed January 2010
	L3912		***	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustments	
	L3913	Y	Y	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	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	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L3917			HO, metacarpal fracture orthosis, prefabricated, includes fitting	
	L3919	Y	Y	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	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	
	L3923			HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	
	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.	
	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.	
	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	
	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	
	L3933	Y	Y	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	
	L3935	Y	Y	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	
	L3956	Y	Y	Addition of joint to upper extremity orthosis, any material; per joint	
	L3960			SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustments	
	L3961	Y	Y	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3962			SEWHO, abduction positioning, Erb's palsey design, prefabricated, includes fitting and adjustments	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	L3964			SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustments	
#	L3965			SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustments	
#	L3966			SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustments	
	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	
#	L3968			SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustments	
	L3969	Y		SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustments	
	L3970			SEO, addition to mobile arm support, elevating proximal arm	
	L3971	Y		SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface	
	L3972			SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	
	L3973	Y		SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints	
	L3974			SEO, addition to mobile arm support, supinator	
	L3975	Y	Y	SEWHFO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	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	
	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	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L3978	Y		SEWHFO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion	
	L3980		***	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustments	
	L3982			Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustments	
	L3984			Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustments	
	L3995			Addition to upper extremity orthosis, sock, fracture or equal, each	
	L3999	Y	Y	Upper limb orthosis, not otherwise specified	
	L4000	Y	Y	Replace girdle for spinal orthosis (CTLSSO or SO)	
	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	
	L4350		***	Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustments	
	L4360	Y		Pneumatic ankle foot orthosis, with or without joints, prefabricated, includes fitting and adjustments	
	L4370	Y	***	Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustments	
	L4380		***	Pneumatic knee splint (e.g., aircast), prefabricated, includes fitting and adjustments	
	L4386	Y	***	Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustments	
#	L4392			Replacement soft interface material, static AFO	

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Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	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	
#	L4398			Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustments	
	L5000		Y	Partial foot, shoe insert with longitudinal arch, toe filler	
	L5010		Y	Partial foot, molded socket, ankle height, with toe filler	
	L5020		Y	Partial foot, molded socket, tibial tubercle height, with toe filler	
	L5050		Y	Ankle, Symes, molded socket, SACH Foot	
	L5060	Y	Y	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	
	L5100		Y	Below knee, molded socket, shin, SACH foot	
	L5105	Y	Y	Below knee, plastic socket, joints and thigh lacer, SACH foot	
	L5150	Y	Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	
	L5160	Y	Y	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	
	L5200		Y	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	
	L5210		Y	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	
	L5220	Y	Y	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each	
	L5230	Y	Y	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	
	L5250	Y	Y	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
	L5270	Y	Y	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	
	L5280	Y	Y	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
	L5301		Y	Below knee, molded socket, shin, SACH foot, endoskeletal system	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5311		Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	
	L5321		Y	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	
	L5331		Y	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
	L5341		Y	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
	L5400		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	
	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	
	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	
	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	
	L5450		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	
	L5460		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	
	L5500		Y	Initial, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
	L5505	Y	Y	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	
	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

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5530	Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
	L5535	Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	
	L5540	Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
	L5560	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
	L5570	Y	Y	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
	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	
	L5585	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	
	L5590	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
	L5595	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	
	L5600	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	
	L5610	Y	Y	Addition to lower extremity, endoskeletal system, above knee, hydracandence system	
	L5611	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control	
	L5613	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control	
	L5614	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control	
	L5616		Y	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	
	L5617		Y	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5618		Y	Addition to lower extremity, test socket, Symes	
	L5620		Y	Addition to lower extremity, test socket, below knee	
	L5622		Y	Addition to lower extremity, test socket, knee disarticulation	
	L5624		Y	Addition to lower extremity, test socket, above knee	
	L5626		Y	Addition to lower extremity, test socket, hip disarticulation	
	L5628		Y	Addition to lower extremity, test socket, hemipelvectomy	
	L5629		Y	Addition to lower extremity, below knee, acrylic socket	
	L5630		Y	Addition to lower extremity, Symes type, expandable wall socket	
	L5631		Y	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	
	L5632		Y	Addition to lower extremity, Symes type, PTB brim design socket	
	L5634		Y	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	
	L5636		Y	Addition to lower extremity, Symes type, medial opening socket	
	L5637		Y	Addition to lower extremity, below knee, total contact	
	L5638	Y	Y	Addition to lower extremity, below knee, leather socket	
	L5639	Y	Y	Addition to lower extremity, below knee, wood socket	
	L5640	Y	Y	Addition to lower extremity, knee disarticulation, leather socket	
	L5642	Y	Y	Addition to lower extremity, above knee, leather socket	
	L5643	Y	Y	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
	L5644	Y	Y	Addition to lower extremity, above knee, wood socket	
	L5645	Y	Y	Addition to lower extremity, below knee, flexible inner socket, external frame	
	L5646	Y	Y	Addition to lower extremity, below knee, air cushion socket	
	L5647	Y	Y	Addition to lower extremity, below knee, suction socket	
	L5648	Y	Y	Addition to lower extremity, above knee, air cushion socket	
	L5649		Y	Addition to lower extremity, ischial containment/narrow M-L socket	
	L5650		Y	Addition to lower extremity, total contact, above knee or knee disarticulation socket	
	L5651		Y	Addition to lower extremity, above knee, flexible	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				inner socket, external frame	
	L5652		Y	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	
	L5653		Y	Addition to lower extremity, knee disarticulation, expandable wall socket	
	L5654		Y	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	
	L5655		Y	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	
	L5656		Y	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	
	L5658	Y	Y	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	
	L5661	Y	Y	Addition to lower extremity, socket insert, multidurometer, Symes	
	L5665		Y	Addition to lower extremity, socket insert, multidurometer, below knee	
	L5666		Y	Addition to lower extremity, below knee, cuff suspension	
	L5668		Y	Addition to lower extremity, below knee, molded distal cushion	
	L5670		Y	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)	
	L5671		Y	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	
	L5672		Y	Addition to lower extremity, below knee, removable medial brim suspension	
	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	
	L5676		Y	Addition to lower extremity, below knee, knee joints, single axis, pair	
	L5677	Y	Y	Addition to lower extremity, below knee, knee joints, polycentric, pair	
	L5678		Y	Addition to lower extremity, below knee, joint covers, pair	
	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	
	L5680		Y	Addition to lower extremity, below knee, thigh lacer, nonmolded	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	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)	
	L5682	Y	Y	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	
	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)	
	L5684		Y	Addition to lower extremity, below knee, fork strap	
	L5685		Y	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	
	L5686		Y	Addition to lower extremity, below knee, back check (extension control)	
	L5688		Y	Addition to lower extremity, below knee, waist belt, webbing	
	L5690		Y	Addition to lower extremity, below knee, waist belt, padded and lined	
	L5692		Y	Addition to lower extremity, above knee, pelvic control belt, light	
	L5694		Y	Addition to lower extremity, above knee, pelvic control belt, padded and lined	
	L5695		Y	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	
	L5696		Y	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	
	L5697		Y	Addition to lower extremity, above knee or knee disarticulation, pelvic band	
	L5698		Y	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	
	L5699		Y	All lower extremity prostheses, shoulder harness	
	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	
	L5703	Y	Y	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5704	Y	Y	Custom shaped protective cover, below knee	
	L5705	Y	Y	Custom shaped protective cover, above knee	
	L5706	Y	Y	Custom shaped protective cover, knee disarticulation	
	L5707	Y	Y	Custom shaped protective cover, hip disarticulation	
	L5710		Y	Addition, exoskeletal knee-shin system, single axis, manual lock	
	L5711		Y	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	
	L5712		Y	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	
	L5714		Y	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	
	L5716	Y	Y	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	
	L5718	Y	Y	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	
	L5722		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
	L5724	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	
	L5726	Y	Y	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	
	L5728	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	
	L5780		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	
	L5781	Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	
	L5782	Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	
	L5785		Y	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	
	L5790		Y	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	
	L5795		Y	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium carbon fiber or equal)	
	L5810		Y	Addition, endoskeletal knee-shin system, single axis, manual lock	
	L5811		Y	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	
	L5812		Y	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5814	Y	Y	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	
	L5816		Y	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	
	L5818		Y	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	
	L5822		Y	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
	L5824		Y	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	
	L5826	Y	Y	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	
	L5828	Y	Y	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	
	L5830	Y	Y	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	
	L5840	Y	Y	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	
#	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	
	L5850		Y	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	
	L5855		Y	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	
#	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	
#	L5858			Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
	L5910		Y	Addition, endoskeletal system, below knee, alignable system	
	L5920		Y	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	
	L5925		Y	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	L5930			Addition, endoskeletal system, high activity knee control frame	
	L5940	Y	Y	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	
	L5950	Y	Y	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	
	L5960	Y	Y	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
	L5962	Y	Y	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	
	L5964	Y	Y	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	
	L5966	Y	Y	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	
	L5968	Y	Y	Addition to lower limb prosthesis, multiaxial ankle with swing phase action dorsiflexion feature	
	L5970	Y	Y	All lower extremity prostheses, foot, external keel, SACH foot	
	L5971	Y	Y	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	
	L5972		Y	All lower extremity prostheses, flexible keel foot (safe, sten, bock dynamic or equal)	
#	L5973			Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion	Code added January 2010
	L5974		Y	All lower extremity prostheses, foot, single axis ankle/foot	
	L5975		Y	All lower extremity prosthesis, combination single axis and flexible keel foot	
	L5976		Y	All lower extremity prostheses, energy storing foot (Seattle carbon copy II or equal)	
	L5978		Y	All lower extremity prostheses, foot, multi-axial ankle/foot	
	L5979	Y	Y	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	
	L5980	Y	Y	All lower extremity prostheses, flex-foot system	
	L5981	Y	Y	All lower extremity prostheses, flex-walk system or equal	
	L5982	Y	Y	All exoskeletal lower extremity prostheses, axial rotation unit	
	L5984	Y	Y	All endoskeletal lower extremity prostheses, axial rotation unit	
	L5985	Y	Y	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	
	L5986	Y	Y	All lower extremity prostheses, multi-axial rotation unit (MCP or equal)	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	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	
	L5990	Y	Y	Addition to lower extremity prosthesis, user adjustable heel height	
	L5993	Y	Y	Addition to lower extremity prosthesis, heavy duty feature, foot only, (for patient weight greater than 300 lbs) Discontinued 1/1/09	
	L5994	Y	Y	Addition to lower extremity prosthesis, heavy duty feature, knee only, (for patient weight greater than 300 lbs) Discontinued 1/1/09	
	L5995	Y	Y	Addition to lower extremity prosthesis, heavy duty feature (for patient weight greater than 300 lbs) Discontinued 1/1/09	
	L5999	Y	Y	Lower extremity prosthesis, not otherwise specified	
	L6000	Y	Y	Partial hand, Robin-Aids, thumb remaining (or equal)	
	L6010	Y	Y	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	
	L6020	Y	Y	Partial hand, Robin-Aids, no finger remaining (or equal)	
	L6025	Y	Y	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	
	L6050		Y	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	
	L6055	Y	Y	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	
	L6100		Y	Below elbow, molded socket, flexible elbow hinge, triceps pad	
	L6110		Y	Below elbow, molded socket (Muenster or Northwestern suspension types)	
	L6120	Y	Y	Below elbow, molded double wall split socket, step-up hinges, half cuff	
	L6130	Y	Y	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	
	L6200		Y	Elbow disarticulation, molded socket, outside locking hinge, forearm	
	L6205	Y	Y	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	
	L6250		Y	Above elbow, molded double wall socket, internal locking elbow, forearm	
	L6300		Y	Shoulder disarticulation, molded socket, shoulder	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				bulkhead, humeral section, internal locking elbow, forearm	
	L6310	Y	Y	Shoulder disarticulation, passive restoration (complete prosthesis)	
	L6320	Y	Y	Shoulder disarticulation, passive restoration (shoulder cap only)	
	L6350	Y	Y	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
	L6360	Y	Y	Interscapular thoracic, passive restoration (complete prosthesis)	
	L6370	Y	Y	Interscapular thoracic, passive restoration (shoulder cap only)	
	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	
	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	
	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	
	L6386		Y	Immediate postsurgical or early fitting, each additional cast change and realignment	
	L6388		Y	Immediate postsurgical or early fitting, application of rigid dressing only	
	L6400		Y	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	L6450	Y	Y	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	L6500		Y	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	L6550		Y	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	L6570		Y	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	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	
	L6582	Y	Y	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	
	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	
	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	
	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	
	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	
	L6600		Y	Upper extremity additions, polycentric hinge, pair	
	L6605		Y	Upper extremity additions, single pivot hinge, pair	
	L6610		Y	Upper extremity additions, flexible metal hinge, pair	
	L6611	Y	Y	Addition to upper extremity prosthesis, external powered, additional switch, any type	
	L6615		Y	Upper extremity addition, disconnect locking wrist unit	
	L6616		Y	Upper extremity addition, additional disconnect insert for locking wrist unit, each	
	L6620		Y	Upper extremity addition, flexion-friction wrist unit	
	L6621	Y	Y	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	
	L6623	Y	Y	Upper extremity addition, spring assisted rotational wrist unit with latch release	
	L6624	Y	Y	Upper extremity addition, flexion/extension and rotation wrist unit	
	L6625	Y	Y	Upper extremity addition, rotational wrist unit with cable lock	
	L6628		Y	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	
	L6629		Y	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	
	L6630		Y	Upper extremity addition, stainless steel, any wrist	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L6632		Y	Upper extremity addition, latex suspension sleeve, each	
	L6635		Y	Upper extremity addition, lift assist for elbow	
	L6637	Y	Y	Upper extremity addition, nudge control elbow lock	
	L6638	Y	Y	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	
D	L6639	Y	Y	Upper extremity addition, heavy duty feature, any elbow	Removed January 2010
	L6640	Y	Y	Upper extremity additions, shoulder abduction joint, pair	
	L6641	Y	Y	Upper extremity addition, excursion amplifier, pulley type	
	L6642	Y	Y	Upper extremity addition, excursion amplifier, lever type	
	L6645		Y	Upper extremity addition, shoulder flexion-abduction joint, each	
	L6646	Y	Y	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	
	L6647		Y	Upper extremity addition, shoulder lock mechanism, body powered actuator	
	L6648	Y	Y	Upper extremity addition, shoulder lock mechanism, external powered actuator	
	L6650		Y	Upper extremity addition, shoulder universal joint, each	
	L6655		Y	Upper extremity addition, standard control cable, extra	
	L6660		Y	Upper extremity addition, heavy duty control cable	
	L6665		Y	Upper extremity addition, Teflon, or equal, cable lining	
	L6670		Y	Upper extremity addition, hook to hand, cable adapter	
	L6672		Y	Upper extremity addition, harness, chest or shoulder, saddle type	
	L6675		Y	Upper extremity addition, harness, figure of eight type, for single control	
	L6676		Y	Upper extremity addition, harness, figure of eight type, for dual control	
	L6677	Y	Y	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow.	
	L6680		Y	Upper extremity addition, test socket, wrist disarticulation or below elbow	
	L6682		Y	Upper extremity addition, test socket, elbow disarticulation or above elbow	
	L6684		Y	Upper extremity addition, test socket, shoulder	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				disarticulation or interscapular thoracic	
	L6686		Y	Upper extremity addition, suction socket	
	L6687		Y	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	
	L6688		Y	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	
	L6689	Y	Y	Upper extremity addition, frame type socket, shoulder disarticulation	
	L6690	Y	Y	Upper extremity addition, frame type socket, interscapular-thoracic	
	L6691	Y	Y	Upper extremity addition, removable insert, each	
	L6692	Y	Y	Upper extremity addition, silicone gel insert or equal, each	
	L6693	Y	Y	Upper extremity addition, external locking elbow, forearm counterbalance	
	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 prior authorization.
	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	
	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)	
	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)	
	L6698	Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	
	L6700		Y	Terminal device, hook, Dorrance or equal, model #3	
	L6703	Y	Y	Terminal device, passive hand/mitt, any material, any size	
	L6704	Y	Y	Terminal device, sport/recreational/work attachment, any material, any size	
	L6706	Y	Y	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L6707	Y	Y	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	
	L6708	Y	Y	Terminal device, hand, mechanical, voluntary opening, any material, any size	
	L6709	Y	Y	Terminal device, hand, mechanical, voluntary closing, any material, any size	
	L6711	Y	Y	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric.	Document Correction DC-2009-1
	L6712	Y	Y	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric.	Document Correction DC-2009-1
	L6713	Y	Y	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric.	Document Correction DC-2009-1
	L6714	Y	Y	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric.	Document Correction DC-2009-1
	L6721	Y	Y	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined.	Document Correction DC-2009-1
	L6722	Y	Y	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined.	Document Correction DC-2009-1
	L6810	Y	Y	Terminal device, pincher tool, Otto Bock or equal	
	L6881	Y	Y	Automatic grasp feature, addition to upper limb prosthetic terminal device	
	L6882	Y	Y	Microprocessor control feature, addition to upper limb prosthetic terminal device	
	L6883	Y	Y	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	
	L6884	Y	Y	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	
	L6885	Y	Y	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	
	L6890		Y	Terminal device, glove for above hands, production glove	
	L6895	Y	Y	Terminal device, glove for above hands, custom glove	
	L6900	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	
	L6905	Y	Y	Hand restoration (casts, shading and measurements	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				included), partial hand, with glove, multiple fingers remaining	
	L6910	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	
	L6915	Y	Y	Hand restoration (shading and measurements included), replacement glove for above	
	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	
	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	
	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	
	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	
	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	
	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	
	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	
	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	
	L6960	Y	Y	Shoulder disarticulation, external power, molded inner	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				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	
	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	
	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	
	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	
	L7007	Y	Y	Electric hand, switch or myoelectric controlled, adult	
	L7008	Y	Y	Electric hand, switch or myoelectric, controlled, pediatric	
	L7009	Y	Y	Electric hook, switch or myoelectric controlled, adult	
	L7040	Y	Y	Prehensile actuator, Hosmer or equal, switch controlled	
	L7045	Y	Y	Electronic hook, child, Michigan or equal, switch controlled	
	L7170	Y	Y	Electronic elbow, Hosmer or equal, switch controlled	
	L7180	Y	Y	Electronic elbow, Boston, Utah or equal, myoelectronically controlled	
	L7181	Y	Y	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	
	L7185	Y	Y	Electronic elbow, adolescent, Variety Village or equal, switch controlled	
	L7186	Y	Y	Electronic elbow, child, Variety Village or equal, switch controlled	
	L7190	Y	Y	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	
	L7191	Y	Y	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	
	L7260	Y	Y	Electronic wrist rotator, Otto Bock or equal	
	L7261	Y	Y	Electronic wrist rotator, for Utah arm	
	L7266	Y	Y	Servo control, Steeper or equal	
	L7272	Y	Y	Analogue control, UNB or equal	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L7274	Y	Y	Proportional control, 6-12 volt, Liberty, Utah or equal	
	L7360	Y	Y	Six volt battery, Otto Bock or equal, each	
	L7362	Y	Y	Battery charger, six volt, each.	
	L7364	Y	Y	Twelve volt battery, each	
	L7366	Y	Y	Battery charger, twelve volt, each.	
	L7367	Y	Y	Lithium ion battery, replacement	
	L7368	Y	Y	Lithium ion battery charger	
	L7400	Y	Y	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	
	L7401	Y	Y	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	
	L7402	Y	Y	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	
	L7403	Y	Y	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	
	L7404	Y	Y	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	
	L7405	Y	Y	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	
	L7499	Y	Y	Upper extremity prosthesis, not otherwise specified	
#	L7500	Y	Y	Repair of prosthetic device, hourly rate	
	L7510	Y	Y	Repair prosthetic device, repair or replace minor parts	
	L7520	Y	Y	Repair of prosthetic device, labor component, per 15 minutes	
	L7600	Y	Y	Prosthetic donning sleeve, any material, each	
#	L7900			Vacuum erection system	
	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	
#	L8035			Custom breast prosthesis, post mastectomy, molded to patient model	
	L8039	Y		Breast prosthesis, not otherwise specified	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	L8040			Nasal prosthesis, provided by a non-physician	
#	L8041			Midfacial prosthesis, provided by a non-physician	
#	L8042			Orbital prosthesis, provided by a non-physician	
#	L8043			Upper facial prosthesis, provided by a non-physician	
#	L8044			Hemi-facial prosthesis, provided by a non-physician	
#	L8045			Auricular prosthesis, provided by a non-physician	
#	L8046			Partial facial prosthesis, provided by a non-physician	
#	L8047			Nasal septal prosthesis, provided by a non-physician	
#	L8048			Unspecified maxillofacial prosthesis, by report, provided by a non-physician	
#	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	
#	L8500			Artificial larynx, any type	
#	L8501			Tracheostomy speaking valve	
#	L8505			Artificial larynx replacement battery/accessory, any type	
#	L8507			Tracheo-esophageal voice prosthesis, patient inserted, any type, each	
#	L8509			Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	
#	L8510			Voice amplifier	
#	L8511			Insert for indwelling tracheoesophageal prosthesis,	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				with or without valve, replacement only, each	
#	L8512			Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	1 unit = 10 capsules
#	L8513			Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	
#	L8514			Tracheoesophageal puncture dilator, replacement only, each	
#	L8515			Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	
#	L8600			Implantable breast prosthesis, silicone or equal	
#	L8603			Injectable bulking agent, collagen implant, urinary tract, per 2.5 ml syringe, includes shipping and necessary supplies	1 unit = 2.5 ml
#	L8606			Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	1 unit = 1 ml
#	L8609			Artificial cornea	
#	L8610			Ocular Implant	
#	L8612			Aqueous shunt	
#	L8613			Ossicular implant	
#	L8614			Cochlear device/system	
#	L8615			Headset/headpiece for use with cochlear implant device, replacement	
#	L8616			Microphone for use with cochlear implant device, replacement	
#	L8617			Transmitting coil for use with cochlear implant device, replacement	
#	L8618			Transmitter cable for use with cochlear implant device, replacement	
#	L8619			Cochlear implant external speech processor, replacement	
#	L8621			Zinc air battery for use with cochlear implant device, replacement, each	
#	L8622			Alkaline battery for use with cochlear implant device, any size, replacement, each	
#	L8623			Lithium battery for use with cochlear implant device speech processor, other than ear level, replacement, each	
#	L8624			Lithium battery for use with cochlear implant device speech processor, ear level replacement, each	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	L8630			Metacarpophalangeal joint implant	
#	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)	
#	L8641			Metatarsal joint implant	
#	L8642			Hallux implant	
#	L8658			Interphalangeal joint implant	
#	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	
#	L8670			Vascular graft material, synthetic, implant	
#	L8680			Implantable neurostimulator electrode, each	
#	L8681			Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	
#	L8682			Implantable neurostimulator radiofrequency receiver	
#	L8683			Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
#	L8684			Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	
#	L8685			Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
#	L8686			Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	
#	L8687			Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
#	L8688			Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	
#	L8689			External recharging system for implanted neurostimulator, replacement only	
#	L8690			Auditory osseointegrated device, includes all internal and external components	
#	L8691			Auditory osseointegrated device, external sound processor, replacement	
#	L8695			External recharging system for battery (external) for use with implantable neurostimulator	
#	L8699			Prosthetic implant, not otherwise specified	
#	L9900			Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	
	V2623			Prosthetic eye, plastic, custom	

Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	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	

Provider Requirements

What is required from HRSA's P&O devices providers?

(Refer to WAC 388-543-1200 [1])

HRSA requires a provider who supplies P&O devices and related supplies and services to an HRSA client to meet all of the following. The provider must:

- Have a proper business license;
- Have appropriately trained qualified staff;
- Be certified, licensed, and/or bonded, if required, to perform the services billed to HRSA. Out-of-state P&O providers must meet their state regulatory requirements; and
- Have an HRSA core provider agreement.

Who does HRSA reimburse for providing P&O devices and related supplies and services to HRSA clients?

(Refer to WAC 388-543-1200 [2])

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

- Licensed P&O providers who are licensed by the Washington State Department of Health (DOH) in P&O. This does not apply to medical equipment dealers and pharmacies that do not require licensure to provide selected P&O;
- All HCPCS codes with a “****” indicator in the licensure column may be provided by a supplier that has a DME or Pharmacy provider number as long as all other licensure requirements have been met.
- Physicians who provide medical equipment and supplies in the physician's office. HRSA may pay separately for medical supplies, subject to the provisions in HRSA's Physician's-Related Services (RBRVS) fee schedule; and
- Out-of-state P&O providers who meet their state regulations.

Note: HRSA terminates from Medicaid participation any provider who violates program regulations and policies, as described in WAC 388-502-0030. (WAC 388-543-1200 [3])

What records must be kept? (Refer to WAC 388-502-0020)

Enrolled providers must:

- Keep legible, accurate, and complete charts and records to justify the services provided to each client, including, but not limited to:
 - ✓ Patient's name and date of birth;
 - ✓ Dates of service(s);
 - ✓ Name and title of person performing the service, if other than the billing practitioner;
 - ✓ Chief complaint or reason for each visit;
 - ✓ Pertinent medical history;
 - ✓ Pertinent findings on examination;
 - ✓ Medications, equipment, and/or supplies prescribed or provided;
 - ✓ Description of treatment (when applicable);
 - ✓ Recommendations for additional treatments, procedures, or consultations;
 - ✓ X-rays, tests, and results;
 - ✓ Plan of treatment and/or care, and outcome;
 - ✓ Specific claims and payments received for services; and
 - ✓ Any specifically required forms for the provision of P&O devices.
- Assure charts are authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment or other service to which the entry pertains.
- Make charts and records available to DSHS, its contractors, and the US Department of Health and Human Services, upon their request, **for at least six years from the date of service** or more if required by federal or state law or regulation.

Note: A provider may contact HRSA with questions regarding its programs. However, HRSA's response is based solely on the information provided to HRSA's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern HRSA's programs. (Refer to WAC 388-502-0020[2])

Authorization

What is prior authorization?

Prior authorization (PA) is HRSA'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.**

Is Prior Authorization required? [Refer to WAC 388-543-1600]

Yes! The Medical Assistance Administration (HRSA) requires prior authorization for certain purchases and repairs of medically necessary P&O devices and related supplies and services. Please refer to the PA column of the *Fee Schedule* (Section H) for items that require prior authorization.

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

- High cost;
- Potential for utilization abuse;
- Narrow therapeutic indication; and
- Safety.

How do I request prior authorization?

Providers must submit the request in writing to the Quality Utilization Section or call the authorization toll-free number at 1-800-292-8064. (See *Important Contacts* section.)

General Policies for Prior Authorization

[Refer to WAC 388-543-1800]

- For PA requests, HRSA 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. HRSA does not accept general standards of care or industry standards for generalized equipment as justification.

Prosthetic and Orthotic Devices

- When HRSA receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date HRSA receives the request.
- HRSA requires certain information from providers to prior authorize the purchase of equipment. This information includes, but is not limited to, the following:
 - ✓ A detailed description of the item; and
 - ✓ Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.
- HRSA prior authorizes By Report (BR) items that require PA and are listed in the *Fee Schedule* only if medical necessity is established and the provider furnishes all of the following information to HRSA:
 - ✓ 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; and
 - ✓ A detailed explanation of how the requested item differs from an already existing code description.
- HRSA does not reimburse for purchase or repair of medical equipment that duplicates equipment the client already owns. If the provider makes such a request, HRSA requires the provider to submit a PA request and explain the following:
 - ✓ Why the existing equipment no longer meets the client's medical needs; or
 - ✓ 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 HRSA has denied. HRSA requires the provider to include new documentation that is relevant to the request.
- HRSA prior authorizes extensive maintenance that the manufacturer recommends be performed by an authorized dealer. HRSA 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, HRSA requires the client's caregiver to be responsible. [WAC 388-543-2600 (4)]

Note: Written requests for prior authorization must be submitted to HRSA on a 1500 Claim Form with the date of service left blank and a copy of the prescription attached.

What is a limitation extension?

A limitation extension is when HRSA allows additional units of service for a client when the provider can verify that the additional units of service are medically necessary. Limitation extensions require prior authorization.

Note: Requests for limitation extensions must be appropriate to the client's eligibility and/or program limitations. Not all client eligibility groups cover all services.

How do I request a limitation extension?

In cases where the provider feels that additional services are medically necessary for the client, the provider must request pre-approval from HRSA in writing.

The request must state the following in writing:

1. The name and PIC number of the client;
2. The provider's name, provider number and fax number;
3. Additional service(s) requested;
4. Copy of last prescription and date dispensed;
5. The primary diagnosis code and HCPCS code or state assigned code; and
6. Client-specific clinical justification for additional services.

Send your request for a limitation extension to:

Division of Health Services Quality Support
Quality Utilization Section
Durable Medical Equipment/P&O Devices
PO Box 45506
Olympia, WA 98504-5506
800.292.8064
360.586.5299 fax

What is expedited prior authorization?

The expedited prior authorization process (EPA) is designed to eliminate the need for written and telephonic requests for prior authorization for selected P&O device procedure codes. HRSA allows payment during a continuous 12-month period for this process.

To bill HRSA for P&O devices that meet the EPA criteria on the following pages, the provider 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 1500 Claim Form in the **Authorization Number** field or in the **Authorization** field when billing electronically.

Example: The 9-digit EPA number for purchase of a foot insert, removable, formed to patient foot for a client that meets one of the EPA criteria would be **870000780** (870000 = first 6 digits, 780 = product and documented medical condition).

Providers are reminded that EPA numbers are only for those products listed on the EPA Criteria Coding List. 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; or
- Over-limitation requests.

The written or telephonic request process for PA must be used when a situation does not meet the criteria for EPA for a selected P&O device procedure code. Providers must submit the request in writing to the Quality Utilization Section or call the authorization toll-free number at 1-800-292-8064. (See *Important Contacts* section.) **(Refer to WAC 388-543-1900[3])**

Expedited Prior Authorization Guidelines:

- A. Medical Justification (criteria)** - All information must come from the client's prescribing physician or therapist, with an appropriately completed prescription. HRSA does not accept information obtained from the client or from someone on behalf of the client (e.g. family).
- B. Documentation** - The billing provider **must keep** documentation of the criteria in the client's file. Upon request, a provider must provide documentation to HRSA showing how the client's condition met the criteria for EPA. Keep documentation file for six (6) years. **(Refer to WAC 388-543-1900[4])**

Note: HRSA may recoup any payment made to a provider under this section if the provider did not follow the expedited authorization process and criteria. Refer to WAC 388-502-0100. **(WAC 388-543-1900[5])**

EPA Criteria Coding Table

Prosthetics

Procedure Code	EPA Code	Description	Criteria
L5683 L5681	787	Addition to lower extremity, below knee/above knee, socket insert, suction suspension with or without locking mechanism	<p>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:</p> <ol style="list-style-type: none"> 1) Short residual limb; 2) Diabetic; or 3) History of skin problems/open sores on stump <p>Note:</p> <ol style="list-style-type: none"> 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 1-800-292-8064. 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	E+PA Code	Description	Criteria
L3030	780	Foot insert, removable, formed to patient foot	<p>One (1) pair allowed in a 12-month period if one of the following criteria is met:</p> <ol style="list-style-type: none"> 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; or 5) Pronation. <p>Note:</p> <ol style="list-style-type: none"> 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 1-800-292-8064. 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.

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Procedure Code	E+PA Code	Description	Criteria
L3334	782	Lift, elevation, heel, per inch	<p>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.</p> <p>Note:</p> <p>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.*</p> <p>3) If the medical condition does not meet the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 1-800-292-8064.</p> <p>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.</p>

*On-line clarification.

Prosthetic and Orthotic Devices

Procedure Code	E+PA Code	Description	Criteria
L3000	784	Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each	<p>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:</p> <ol style="list-style-type: none"> 1) Required to prevent or correct pronation; 2) Required to promote proper foot alignment due to pronation; or 3) For ankle stability as required due to an existing medical condition such as hypotonia, Cerebral Palsy, etc. <p>Note:</p> <ol style="list-style-type: none"> 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see <i>Important Contacts</i>) or by calling the authorization toll-free number at 800.292.8064. 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.

Prosthetic and Orthotic Devices

Procedure Code	E+PA Code	Description	Criteria
L3215 L3219	785	Orthopedic footwear, woman's or man's shoes, oxford.	<p>Purchase of one (1) pair per 12-month period allowed if any of the following criteria are met:</p> <ol style="list-style-type: none"> 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; or 4) To accommodate club foot. <p>Note:</p> <ol style="list-style-type: none"> 1) DSHS does not allow orthopedic footwear for the following reasons: <ol style="list-style-type: none"> a) To accommodate L3030 orthotics; b) Bunions; c) Hammer toes; d) Size difference (mismatched shoes); or e) Abnormal sized foot. 2) DSHS only allows the following manufacturers of Orthopedic: <ol style="list-style-type: none"> a) Acor; b) Alden Shoe Company; c) Jerry Miller; d) Markell; e) P.W. Minor; f) Walkin-Comfort; and g) Hanger. 3) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 800.292.8064. 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.

Prosthetic and Orthotic Devices

Procedure Code	E+PA Code	Description	Criteria
L1945	786	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction)	<p>Purchase of one per limb allowed per 12-month period if all of the following criteria are met:</p> <ol style="list-style-type: none"> 1) Client is 16 years old or younger; and 2) Required due to a medical condition causing crouched gait.
			<p>Note:</p> <ol style="list-style-type: none"> 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 1-800-292-8064. 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

General Reimbursement for P&O Devices and Related Supplies and Services (Refer to WAC 388-543-1400 and 388-543-2700)

- HRSA reimburses a qualified provider who serves a client who is not enrolled in a department-contracted managed care plan only when all of the following apply:
 - ✓ The provider meets all of the conditions in WAC 388-502-0100; and
 - ✓ HRSA 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;
 - Managed care plans' capitation rate; and
 - Nursing facilities' per diem rate.
- A provider must not bill HRSA for the purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.
- Reimbursement for P&O devices is limited to HCPCS/National Codes with the same level of coverage as Medicare.
- HRSA may adopt policies, procedure codes, and/or rates that are different than those set by Medicare, if HRSA determines that such actions are in the best interest of its clients.
- HRSA may pay for medical services rendered to a client only when HRSA is the payer of last resort.
- HRSA's maximum payment for medical equipment and supplies is the lesser of either of the following:
 - ✓ Provider's usual and customary charge; or
 - ✓ Established rates, unless the client is eligible for both Medicare and Medicaid (see *Billing* section).
- HRSA determines reimbursement for P&O devices according to a set fee schedule (see section H). HRSA considers Medicare's current fee schedule when determining maximum allowable fees. For By Report (BR) codes, HRSA reimburses 85% of the agreed upon fee.

- HRSA 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; and
 - ✓ Wholesale prices.
- HRSA 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.

Specific Reimbursement for P&O Devices

(Refer to WAC 388-543-2700)

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

Purchased P&O Devices and Related Supplies

(Refer to WAC 388-543-1500)

- P&O devices and related supplies that HRSA purchases for a client are the client's property. HRSA 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; and
 - ✓ Instruction to the client or client's caregiver in the appropriate use of the equipment, device, and/or supplies.
- HRSA requires a provider to furnish to HRSA clients only new equipment that includes full manufacturer and dealer warranties.

Prosthetic and Orthotic Devices

- HRSA 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; and
 - ✓ The client still needs the equipment.
- HRSA 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; or
 - Becomes covered by an HRSA managed care plan.
 - ✓ A provider may incur extra costs for customized equipment that may not be easily resold. In these cases, for purchase orders rescinded per the stipulations listed above, HRSA may pay the provider an amount it considers appropriate to help defray these extra costs. HRSA requires the provider to submit justification sufficient to support such a claim.
 - ✓ A client may become a managed care plan client before HRSA completes the purchase of prescribed medical equipment. If this occurs:
 - HRSA rescinds the purchase order until the managed care primary care provider (PCP) evaluates the client; then
 - HRSA requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary (see *Definitions* section); then
 - The managed care plan'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. HRSA does **not** reimburse separately under these circumstances.

Fee Schedule

You may view HRSA's **Prosthetic and Orthotic Devices Fee Schedule** on-line at

<http://hrsa.dshs.wa.gov/RBRVS/Index.html>

Understanding the fee schedule

- In the P.A. (Prior Authorization) column on the fee schedule:
Y means requires prior authorization; and
Y* means requires prior authorization only for clients 17 years of age and older.
- In the Licensure column on the fee schedule:
Y means licensure required; and
Y** means licensure required if prescribing treatment of scoliosis.
******* means the item can be provided by a DME or Pharmacy provider as long as other licensure requirements have been met.
- **HCPCS codes** that do not have a Medicaid Maximum Allowance established are listed as **By Report (B.R.)** or **Noncovered (#)**.
- Please provide the following documentation for By Report procedures requiring prior approval:
 - (1) A detailed description of the item that will be provided.
 - (2) The procedure code that most closely describes the By Report item. If the item has been modified, note how that was done.
 - (3) If appropriate, the manufacturer's invoice, price list, a catalog with product description, and cost of itemized items.
- **Modifiers:**
 - RT = Right**
 - LT = Left**
 - RP = Replacement**

Note: If dispensing new bilateral/single item(s), use modifiers RT, LT, as appropriate. If dispensing replacement for a previous prosthetic(s) or orthotic(s), use modifier RP.

Billing

What is the time limit for billing? [Refer to WAC 388-502-0150]

- HRSA requires providers to submit an initial claim, be assigned an internal control number (ICN), and adjust all claims in a timely manner. HRSA has two timeliness standards: 1) for initial claims; and 2) for resubmitted claims.
- The provider must submit claims as described in HRSA's billing instructions.
- HRSA requires providers to obtain an ICN for an **initial claim** within 365 days from any of the following:
 - ✓ The date the provider furnishes the service to the eligible client;
 - ✓ The date a final fair hearing decision is entered that impacts the particular claim;
 - ✓ The date a court orders HRSA to cover the services; or
 - ✓ The date DSHS certifies a client eligible under delayed¹ certification criteria.
- HRSA may grant exceptions to the 365 billing day time limit for **initial claims** when billing delays are caused by either of the following:
 - ✓ DSHS certification of a client for a retroactive² period; or
 - ✓ The provider proves to HRSA's satisfaction that there are other extenuating circumstances.

¹ **Delayed Certification** - According to WAC 388-500-0005, delayed certification means department approval of a person's eligibility for a covered service made after the established application processing time limits. If, due to delayed certification, the client becomes eligible for a covered service that has already been provided, **the provider must not bill**, demand, collect, or accept payment from the client or anyone on the client's behalf for the service; and **must promptly refund** the total payment received from the client or anyone acting on the client's behalf and then bill HRSA for the service.

Eligibility Established After Date of Service but Within the Same Month - If the client becomes eligible for a covered service that has already been provided because the client applied to the department for medical services later in the same month the service was provided (and is made eligible from the first day of the month), **the provider must not bill**, demand, collect, or accept payment from the client or anyone acting on the client's behalf for the service; and **must promptly refund** the total payment received from the client or anyone acting on the client's behalf and then bill HRSA for the service.

² **Retroactive Certification** - According to WAC 388-500-0005, retroactive period means the three calendar months before the month of application (month in which client applied). If, due to retroactive certification, the client becomes eligible for a covered service that has already been provided, **the provider must not bill**, demand, collect, or accept payment from the client or anyone acting on the client's behalf for any unpaid charges for the service; **and may refund** any payment already received from the client or anyone acting on the client's behalf, and after refunding the payment, the provider may bill HRSA for the service.

- Providers may **resubmit, modify, or adjust** any timely initial claim, except prescription drug claims, for a period of 36 months from the date of service. Prescription drug claims must be resubmitted, modified, or adjusted within 15 months from the date of service.

Note: HRSA does not accept any claim for resubmission, modification, or adjustment after the allotted time period listed above.

- The allotted time periods do not apply to overpayments that the provider must refund to DSHS. After the allotted time periods, a provider may not refund overpayments to HRSA by claim adjustment. The provider must refund overpayments to HRSA by a negotiable financial instrument such as a bank check.
- The provider, or any agent of the provider, must not bill a client or a client's estate when:
 - ✓ The provider fails to meet these listed requirements; and
 - ✓ HRSA does not pay the claim.

What fee should I bill HRSA for eligible clients?

Bill HRSA your usual and customary fee.

Exception: If billing Medicare Part B crossover claims, bill the amount submitted to Medicare.

How do I bill for services provided to Primary Care Case Management (PCCM) clients?

When billing for services provided to PCCM clients:

- Enter the referring physician or PCCM name in field 17 on the 1500 Claim Form; and
- Enter the seven-digit, HRSA-assigned identification number of the PCCM who referred the client for the service(s). If the client is enrolled with a PCCM and the PCCM referral number is not in field 17a when you bill HRSA, the claim will be denied.

How do I bill for clients who are eligible for Medicare and Medical Assistance?

If a client is eligible for both Medicare and Medical Assistance (otherwise known as “dual-eligible”), you must **first submit a claim to Medicare and accept assignment within Medicare’s time limitations**. HRSA may make an additional payment after Medicare reimburses you.

- If Medicare pays the claim, the provider must bill HRSA within six months of the date Medicare processes the claim.
- If Medicare denies payment of the claim, HRSA requires the provider to meet HRSA’s initial 365-day requirement for initial claim (see page I.1).
- Codes billed to HRSA must match codes billed to Medicare when billed as a Medicare Part B crossover claim.

Medicare Part B

Benefits covered under Part B include: **Physician, outpatient hospital services, home health, durable medical equipment, and other medical services and supplies** not covered under Part A.

When the words *"This information is being sent to either a private insurer or Medicaid fiscal agent,"* appear on your Medicare remittance notice, it means that your claim has been forwarded to HRSA or a private insurer for deductible and/or coinsurance processing.

If you have received a payment or denial from Medicare, but it does not appear on your HRSA Remittance Advice and Status Report (RA) within 45 days from Medicare’s statement date, you should bill HRSA directly.

- If Medicare has made payment, and there is a balance due from HRSA, you must submit a 1500 Claim Form (with the “XO” indicator in field 19). Bill only those lines Medicare paid. Do not submit paid lines with denied lines. This could cause a delay in payment or a denial.
- If Medicare denies services, but HRSA covers them, you must bill on a 1500 Claim Form (without the “XO” indicator in field 19). Bill only those lines Medicare denied. Do not submit denied lines with paid lines. This could cause a delay in payment or a denial.
- If Medicare denies a service that requires prior authorization by HRSA, HRSA will waive the prior authorization requirement but will still require authorization. Authorization or denial of your request will be based upon medical necessity.

Note:

- ✓ Medicare/Medical Assistance billing claims must be received by HRSA within six (6) months of the Medicare EOMB paid date.
- ✓ A Medicare Remittance Notice or EOMB must be attached to each claim.

Payment Methodology – Part B

- MMIS compares HRSA's allowed amount to Medicare's allowed amount and selects the lesser of the two. (If there is no HRSA allowed amount, we use Medicare's allowed amount.)
- Medicare's payment is deducted from the amount selected above.
- If there is *no* balance due, the claim is denied because Medicare's payment exceeds HRSA's allowable.
- If there *is* a balance due, payment is made towards the deductible and/or coinsurance up to HRSA's maximum allowable.

HRSA cannot make direct payments to clients to cover the deductible and/or coinsurance amount of Part B Medicare. HRSA *can* pay these costs to the provider on behalf of the client when:

- 1) The provider accepts assignment; and
- 2) The total combined reimbursement to the provider from Medicare and Medicaid does not exceed Medicare or Medicaid's allowed amount, whichever is less.

Third-Party Liability

You must bill the insurance carrier(s) indicated on the client's Medical Identification card. An insurance carrier's time limit for claim submissions may be different from HRSA's. It is your responsibility to meet the insurance carrier's requirements relating to billing time limits, as well as HRSA's, prior to any payment by HRSA.

You must meet HRSA's 365-day billing time limit even if you haven't received notification of action from the insurance carrier. If your claim is denied due to any existing third-party liability, refer to the corresponding HRSA Remittance Advice and Status Report (RA) for insurance information appropriate for the date of service.

If you receive an insurance payment and the carrier pays you less than the maximum amount allowed by HRSA, or if you have reason to believe that HRSA may make an additional payment:

- Submit a completed claim form to HRSA;
- Attach the insurance carrier's statement or EOB;
- If rebilling, also attach a copy of the HRSA RA showing the previous denial; or
- If you are rebilling electronically, list the claim number (ICN) of the previous denial in the *Comments* field of the Electronic Media Claim (EMC).

Third-party carrier codes are available on HRSA's website at <http://HRSA.dshs.wa.gov> or by calling the Coordination of Benefits Section at 1-800-562-6136.

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Completing the 1500 Claim Form

Attention! HRSA now accepts the new 1500 Claim Form.

- **On November 1, 2006**, HRSA began accepting the new 1500 Claim Form (version 08/05).
- **As of April 1, 2007**, HRSA will no longer accept the old HCFA-1500 Claim Form.

Note: HRSA encourages providers to make use of electronic billing options.
For information about electronic billing, refer to the *Important Contacts* section.

Refer to HRSA’s current *General Information Booklet* for instructions on completing the 1500 Claim Form. You may download this booklet from HRSA’s website at: <http://maa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/General%20Information.html> or request a paper copy from the Department of Printing (see Important Contacts section).

The following 1500 Claim Form instructions relate to **Prosthetic and Orthotic Devices Billing Instructions**. Click the link above to view general 1500 Claim Form instructions.

For questions regarding claims information, call HRSA toll-free:

800.562.3022

1500 Claim Form Field Descriptions

Field No.	Name	Field Required	Entry
21.	Diagnosis or Nature of Illness or Injury	When applicable	Enter the appropriate diagnosis code(s) in areas 1, 2, 3, and 4. A valid ICD-9-CM code will be required. HRSA no longer allows the use of an unspecified/dummy diagnosis code such as V58.9.

Prosthetic and Orthotic Devices

24B.	Place of Service	Yes	<p>These are the only appropriate code(s) for this billing instruction:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Code Number</u></th> <th style="text-align: center;"><u>To Be Used For</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">12</td> <td>Home</td> </tr> <tr> <td style="text-align: center;">13</td> <td>Assisted Living Facility</td> </tr> <tr> <td style="text-align: center;">31</td> <td>Nursing Facility</td> </tr> <tr> <td style="text-align: center;">32</td> <td>Skilled Nursing Facility</td> </tr> <tr> <td style="text-align: center;">99</td> <td>Other place of service</td> </tr> </tbody> </table>	<u>Code Number</u>	<u>To Be Used For</u>	12	Home	13	Assisted Living Facility	31	Nursing Facility	32	Skilled Nursing Facility	99	Other place of service
<u>Code Number</u>	<u>To Be Used For</u>														
12	Home														
13	Assisted Living Facility														
31	Nursing Facility														
32	Skilled Nursing Facility														
99	Other place of service														
24C.	Type of Service	No													
24E.	Diagnosis Code	Yes	<p>Enter the ICD-9-CM diagnosis code related to the procedure or service being billed (for each item listed in 24D). A diagnosis code is required for each service or line billed. Enter the code exactly as shown in ICD-9-CM. A valid ICD-9-CM code is required. HRSA no longer allows the use of an unspecified/dummy diagnosis code such as V58.9.</p>												
28.	Total Charge	Yes	<p>Enter the sum of your charges. Do not use dollar signs or decimals in this field.</p> <p>HRSA does not accept “continued” claim forms. Each claim form must be totaled separately.</p>												

PLEASE DO NOT STAPLE IN THIS AREA



SAMPLE

APPROVED OMB-0938-0008

Prosthetic and Orthotic Devices SAMPLE 1500

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) (Sponsor's SSN) (VA File #) CHAMPUS CHAMPVA GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
JAMES, BENJAMIN L.

3. PATIENT'S BIRTH DATE
MM DD YY: **09 | 11 | 51** SEX: M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
BI091151JAMESB

5. PATIENT'S ADDRESS (No., Street)
100 CHAMBERLAN ST

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

8. PATIENT STATUS
Single Married Other

9. PATIENT STATUS
Employed Full-Time Student Part-Time Student

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO
b. AUTO ACCIDENT? PLACE (State) YES NO
c. OTHER ACCIDENT? YES NO
10G. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED: _____ DATE: _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED: _____

14. DATE OF CURRENT: (ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP))
MM DD YY: **09 | 01 | 06**

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
BARBARA GANN, M.D.

17a. I.D. NUMBER OF REFERRING PHYSICIAN
1234567

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? \$ CHARGES
YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)
1. **1821.00** 3. _____
2. _____ 4. _____

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER
320000000

24	A DATE(S) OF SERVICE						B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E DIAGNOSIS CODE	F \$ CHARGES	G DAYS OR OR UNITS	H EPOSD Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
	From MM DD YY	To MM DD YY	MM	DD	YY	MM										
1	09	01	06	10	01	06	3	9	L2128 RT	821.0	1,729.27	1				1,729.27
2																
3																
4																
5																
6																

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. \$ TOTAL CHARGE **1,729.27**

29. \$ AMOUNT PAID

30. \$ BALANCE DUE **1,729.27**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED: _____ DATE: _____

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
**Anytown Prosthetic Clinic
2025 Victoria
Anytown WA 98500
PIN# 9777860 GRP#**

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/98)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90), FORM RFB-1500, FORM OWCP-1500

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Common Questions Regarding Medicare Part B/ Medicaid Crossover Claims

Q: Why do I have to mark “XO” in black ink in box 19 on crossover claim?

A: The “XO” allows our mailroom staff to identify crossover claims easily, ensuring accurate processing for payment. **Use black ink for the “XO” in box 19 on crossover claims.**

Q: What fields do I use for 1500 Claim Form Medicare information?

A:	In Field:	Please Enter:
	19	an “XO”
	24K	Medicare’s allowed charges
	29	Medicare’s total deductible
	30	Medicare’s total payment
	32	Medicare’s EOMB process date, and the third-party liability amount

Q: When I bill Medicare denied lines to HRSA, why is the claim denied?

A: Your bill is not a crossover when Medicare denies your claim or if you are billing for Medicare-denied lines. The Medicare EOMB must be attached to the claim. Do not indicate “XO.”

Q: How do my claims reach Medicaid after I’ve sent them to Medicare?

A: After Medicare has processed your claim, and if Medicare has allowed the services, in most cases Medicare will forward the claim to HRSA for any supplemental Medicaid payment. When the remarks code is, “*MA07-The claim information has also been forwarded to Medicaid for review,*” it means that your claim has been forwarded to HRSA.

Q: What if my claim(s) does not appear on the RA?

A: If **Medicare has paid** and the Medicare crossover claim does not appear on the HRSA Remittance Advice and Status Report (RA) within 45 days of the Medicare statement date, you should bill HRSA the paid lines on the HCFA-1500 claim form **with** an “XO” in box 19.

If **Medicare denies** a service, bill HRSA the denied lines, using the HCFA-1500 claim form **without** an “XO” on the claim.

REMEMBER! Attach a copy of Medicare’s EOMB.

REMEMBER! You must submit your claim to HRSA within six months of the Medicare statement date if Medicare has **paid** or 365 days from date of service if Medicare has **denied**.

Note: Claims billed to HRSA with payment by Medicare must be submitted with the same procedure code used to bill Medicare.

How to Complete the 1500 Claim Form for Medicare Part B/Medicaid Crossovers

The 1500 Claim Form, used for Medicare/Medicaid Benefits Coordination, cannot be billed electronically.

Attention! HRSA now accepts the new 1500 Claim Form (version 08/05). **As of April 1, 2007**, HRSA will no longer accept the old HCFA-1500 Claim Form.

Refer to HRSA’s current *General Information Booklet* for instructions on completing the 1500 Claim Form. You may download this booklet from HRSA’s website at: <http://maa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/General%20Information.html> or request a paper copy from the Department of Printing (see Important Contacts section).

The following 1500 Claim Form instructions relate to **Prosthetic and Orthotic Devices Billing Instructions**. Click the link above to view general 1500 Claim Form instructions.

For questions regarding claims information, call HRSA toll-free:
800.562.3022

1500 Claim Form Field Descriptions

Field No.	Name	Field Required	Entry
19.	Reserved For Local Use	Yes	When Medicare allows services, enter XO to indicate this is a crossover claim.
22.	Medicaid Resubmission	When Applicable	If this billing is being resubmitted more than six (6) months from Medicare's paid date, enter the Internal Control Number (ICN) that verifies that your claim was originally submitted within the time limit. [The ICN number is the <i>claim number</i> listed on the Remittance Advice and Status Report (RA).] Also enter the three-digit denial Explanation of Benefits (EOB).

Prosthetic and Orthotic Devices

Field No.	Name	Field Required	Entry												
24B.	Place of Service	Yes	<p>These are the only appropriate code(s) for this billing instruction:</p> <table> <thead> <tr> <th><u>Code Number</u></th> <th><u>To Be Used For</u></th> </tr> </thead> <tbody> <tr> <td>12</td> <td>Home</td> </tr> <tr> <td>13</td> <td>Assisted Living Facility</td> </tr> <tr> <td>31</td> <td>Nursing Facility</td> </tr> <tr> <td>32</td> <td>Skilled Nursing Facility</td> </tr> <tr> <td>99</td> <td>Other place of service</td> </tr> </tbody> </table>	<u>Code Number</u>	<u>To Be Used For</u>	12	Home	13	Assisted Living Facility	31	Nursing Facility	32	Skilled Nursing Facility	99	Other place of service
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12	Home														
13	Assisted Living Facility														
31	Nursing Facility														
32	Skilled Nursing Facility														
99	Other place of service														
24C.	Type of Service	No													
24K.	Reserved for Local Use	Yes	Use this field to show Medicare allowed charges. Enter the Medicare allowed charge on each detail line of the claim (see sample).												
27.	Accept Assignment	Yes	Check yes.												
29.	Amount Paid	Yes	Enter the Medicare Deductible here. Enter the amount as shown on Medicare's Remittance Notice and Explanation of Medicare Benefits (EOMB). If you have more than six (6) detail lines to submit, please use multiple 1500 Claim Forms (see field 24) and calculate the deductible based on the lines on each form. Do not include coinsurance here.												
30.	Balance Due	Yes	Enter the Medicare Total Payment. Enter the amount as shown on Medicare's Remittance Notice or Explanation of Medicare Benefits (EOMB). If you have more than six (6) detail lines to submit, please use multiple HCFA claim forms (see field 24) and calculate the Medicare payment based on the lines on each form. Do not include coinsurance here.												
32.	Name and Address of Facility Where Services Are Rendered	Yes	Enter Medicare Statement Date <i>and</i> any Third-Party Liability Dollar Amount (e.g., auto, employee-sponsored, supplemental insurance) here, if any. If there is insurance payment on the claim, you must also attach the insurance Explanation of Benefits (EOB). Do not include coinsurance here.												

PLEASE DO NOT STAPLE IN THIS AREA



SAMPLE

APPROVED OMB-0935-0008

Medicare Part B/Medicaid Crossover SAMPLE 1500

HEALTH INSURANCE CLAIM FORM

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) CHAMPUS (Sponsor's SSN) CHAMPVA (VA File #) GROUP HEALTH PLAN (SSN or ID) FECA (PLU) (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) **JDD010155SMITHJ**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **SMITH, JANE D**

3. PATIENT'S BIRTH DATE **02 01 55** M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) **100 ANYWAY AVE**

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY **ANYTOWN** STATE **WA**

8. PATIENT STATUS
Single Married Other

9. EMPLOYMENT STATUS
Employed Full-Time Student Part-Time Student

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)
SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)
SIGNED _____ DATE _____

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) **MM DD YY**

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE **MM DD YY**

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM **MM DD YY** TO **MM DD YY**

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM **MM DD YY** TO **MM DD YY**

19. RESERVED FOR LOCAL USE **XO**

20. OUTSIDE LAB? YES NO \$ CHARGES _____

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)
1. **1821.00** 3. _____
2. _____ 4. _____

22. MEDICAID RESUBMISSION CODE _____ ORIGINAL REF. NO. _____

23. PRIOR AUTHORIZATION NUMBER _____

24	A	B	C	D	E	F	G	H	I	J	K	
DATE(S) OF SERVICE	From	To	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EMPT/ Family Plan	EMG	COB	RESERVED FOR LOCAL USE
09 01 06 10 01 06	4	9	L1970	LT	438	599.49	1					559.49

25. FEDERAL TAX I.D. NUMBER _____ SSN EIN

26. PATIENT'S ACCOUNT NO. _____

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. \$ TOTAL CHARGE **599.49**

29. \$ AMOUNT PAID _____

30. \$ BALANCE DUE **559.49**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED _____ DATE _____

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
Anytown Prosthetics
500 N 3rd Ave
Anytown WA 98500
PIN# **9777660** GRP# _____

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 9/86)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90), FORM RFE-1500, FORM OWCP-1500

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