

Health Care Authority



Prosthetic and Orthotic Devices

Billing Instructions

[Chapter 388-543 WAC]

About This Publication

This publication supersedes all previous *Agency Prosthetic & Orthotic Devices Billing Instructions* published by the Medicaid Purchasing Administration, Washington State Health Care Authority. The following programs have individual billing instructions:

- Nondurable Medical Supplies and Equipment (MSE)
- Medical Nutrition
- Infusion Therapy
- Prosthetic/Orthotic Devices and Supplies

Note: The Agency now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

Effective Date

The effective date of this publication is: **08/01/2011**.

Revision History

This publication has been revised by:

| Effective Date/ Reason for Change | Section/ Page No. | Subject | Change |
|--------------------------------------|----------------------|--|---------------------|
| August 1, 2011 | C.1-C.5 | Provider/Manufacturer Information | Added this section. |
| Reorganization of WAC | E.1 | Noncovered | Added this section. |
| | F.1-F.5 | Authorization | Added this section. |

How Can I Get Agency Provider Documents?

To download and print Agency provider numbered memos and billing instructions, go to the Agency website at: <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

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Important Contacts

Note: This section contains important contact information relevant to prosthetic and orthotic devices. For more contact information, see the *Agency Resources Available* web page at:
http://hrsa.dshs.wa.gov/Download/Resources_Available.html

| Topic | Contact Information |
|---|---|
| Becoming a provider or submitting a change of address or ownership | See the <i>Agency Resources Available</i> web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html |
| Finding out about payments, denials, claims processing, or Agency managed care organizations | |
| Electronic or paper billing | |
| Finding Agency documents (e.g., billing instructions, # memos, fee schedules) | |
| Private insurance or third-party liability, other than Agency managed care | |
| Requesting that equipment/supplies be added to the “covered” list in these billing instructions | 1-800-562-3022 (phone) 1-866-668-1214 (fax) |
| Requesting prior authorization or a limitation extension | |
| Questions about the payment rate listed in the fee schedule | DME - Program Manager Professional Reimbursement PO Box 45510 Olympia, WA 98504-5510 1-360-753-9152 (fax) |

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Agency *Glossary* at:

http://hrsa.dshs.wa.gov/download/medical_assistance_glossary.htm for a more complete list of definitions.

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

By Report (BR) – A method of payment in which the Agency determines the amount it will pay for a service when the rate for that service is not included in the Agency’s published fee schedules. The provider must submit a “report” which describes the nature, extent, time, effort, and/or equipment necessary to deliver the service. [WAC 388-543-1000]

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

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

The Agency - The state Health Care Authority.

Expedited Prior Authorization (EPA) – The process for obtaining authorization for selected **healthcare services**, in which providers use a set of numeric codes to indicate to the Agency which acceptable indications, conditions, **or Agency-defined criteria** are applicable to a particular request for authorization. EPA is a form of “prior authorization.” [WAC 388-543-1000]

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

Health Care Financing Administration Common Procedure Coding System (HCPCS) – A coding system established by the Health Care Financing Administration to define services and procedures.
[WAC 388-543-1000]

Healthy Options – The name of Washington State Health Care Authority’s managed care program.

Limitation Extension – A client specific authorization by the Agency for additional covered services beyond the maximum allowed under the Agency rules. [WAC 388-543-1000]

Maximum Allowable - The maximum dollar amount the Agency will reimburse a provider for a specific service, supply, or piece of equipment.

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]

Plan of Care (POC) – (Also known as “plan of treatment” [POT]) A written plan of care that is established and periodically reviewed and signed by both a physician and a home health agency provider, that describes the home health care to be provided at the client’s residence. [WAC 388-551-2010]

Prior Authorization (PA) - A process by which a provider must request the Agency’s written approval for a specific service when required. The Agency’s approval of PA is based on medical necessity as determined under the process found in WAC 388-501-0165. As one of the preconditions of payment, the provider must receive written approval from the Agency before the requested service is rendered. Receipt of PA is not a guarantee of payment. [WAC 388-543-1000]

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]

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.

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]

About the Program

General Information About the Program

[Refer to WAC 388-543-0500]

The federal government considers prosthetics and orthotics (P&O), 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.

Note: The Agency may reduce or eliminate coverage for optional services, consistent with legislative appropriations.

The Agency covers P&O listed within these billing instructions, according to Agency rules and subject to the limitations and requirements within this section.

The Agency pays for P&O including modifications, accessories, and repairs when it is:

- Covered;
- Within the scope of the client's medical program (see WAC 388-501-0060 and WAC 388-501-0065);
- Medically necessary, as defined in WAC 388-500-0005;
- Prescribed by:
 - ✓ Physician,
 - ✓ Advanced registered nurse practitioner (ARNP); or
 - ✓ Physician assistant certified (PAC), and

Is within the scope of his or her licensure, except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Agency is being billed for co-pay and/or deductible only.

- Authorized, as required in:
 - ✓ Chapter 388-501 WAC;
 - ✓ Chapter 388-502 WAC;
 - ✓ Chapter 388-543 WAC; and

✓ The Agency's published billing instructions and numbered memorandum.

- Provided and used within accepted medical or physical medicine community standards of practice;

The Agency requires prior authorization (PA) for covered prosthetics and orthotics, and related services when the clinical criteria are not met, including the criteria associated with the expedited prior authorization (EPA) process.

The Agency evaluates requests that require PA on a case-by-case basis to determine medical necessity, according to the process found in WAC 388-501-0165.

Note: Refer to the Authorization Section within these billing instructions for specific details regarding authorization for the P&O Program.

The Agency bases its determination about which P&O require PA or EPA on utilization criteria (see the Authorization Section within these billing instructions). The Agency considers all of the following when establishing utilization criteria:

- High cost;
- The potential for utilization abuse;
- A narrow therapeutic indication; and
- Safety.

The Agency evaluates a request for any P&O item listed as noncovered within these billing instructions under the provisions of WAC 388-501-0160. When EPSDT applies, the Agency evaluates a noncovered service, equipment, or supply according to the process in WAC 388-501-0165 to determine if it is:

- Medically necessary;
- Safe;
- Effective; and
- Not experimental (Refer to the Agency's *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Billing Instructions* for more information).

The Agency evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by WAC 388-531-0050, under the provisions of WAC 388-501-0165 which relate to medical necessity. (See the Authorization Section within these billing instructions).

Client Eligibility

Who Is Eligible? [Refer to Chapter 388-543-1100 WAC]

Please see the Agency *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Note: Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

Third-Party Liability (TPL)

If the client has TPL coverage (excluding Medicare), prior authorization must still be obtained before providing any service requiring prior authorization.

Are Clients Enrolled in Managed Care Eligible?

[Refer to WAC 388-538-060 and 095 or WAC 388-538-063 for **Disability Lifeline** (formerly GAU) clients]

YES! When verifying eligibility using ProviderOne, if the client is enrolled in a Agency managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

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.

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

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the Agency *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Are Clients Enrolled in Primary Care Case Management (PCCM) Eligible?

For the client who has chosen to obtain care with a PCCM provider, this information will be displayed on the Client Benefit Inquiry screen in ProviderOne. These clients must obtain or be referred for services by a PCCM provider. The PCCM provider is responsible for coordination of care just like the PCP would be in a plan setting.

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the PCCM provider. Please see the Agency *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Provider/Manufacturer Information

Eligible Providers and Provider Requirements

[Refer to WAC 388-543-2000]

The Agency pays qualified providers for prosthetic and orthotic devices (P&O) on a fee-for-service basis when:

- Prosthetics and orthotics providers are licensed by the Washington State Department of Health in prosthetics and orthotic devices.;
- Out-of-state orthotics and prosthetics providers meet their state regulations.

Providers and suppliers of P&O and related services must:

- Meet the general provider requirements in chapter 388-502 WAC;
- Have the proper business license;
- Be certified, licensed and/or bonded if required, to perform the services billed to the Agency ;
- Provide instructions to the client for use of equipment or device;
- Furnish to clients only new equipment that includes full manufacturer and dealer warranties;
- Furnish, upon Agency request, documentation of proof of delivery; (See “How Do I Provide Proof of Delivery?” within this section); and
- Bill the Agency using only the allowed procedure codes listed in, and published within these billing instructions.
- Have a valid prescription. To be valid, a prescription must:

- ✓ Be written on the Agency ’s Prescription form, DSHS 13-794. The Agency ’s electronic forms are available online at:
<http://www.dshs.wa.gov/msa/forms/eforms.html>;

- ✓ Be written by a physician, advanced registered nurse practitioner (ARNP), or physician's assistant certified (PAC);
- ✓ Be written, signed (including the prescriber's credentials), and dated by the prescriber on the same day and before delivery of the supply, equipment, or device. Prescriptions must not be back-dated;
- ✓ Be no older than one year from the date the prescriber signs the prescription; and
- ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

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

How Can I Request that Equipment/Supplies Be Added to the “Covered” List in These Billing Instructions?

[Refer to WAC 388-543-2100]

Any interested party, such as a provider, suppliers, and manufacturers may request the Agency to include new equipment/supplies in the Agency's *Prosthetic Orthotic Devices Billing Instructions*.

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

Send requests to:

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

How Do I Provide Proof of Delivery? [Refer to WAC 388-543-2200]

When a provider delivers an item directly to the client or the client's authorized representative, the provider must furnish the proof of delivery when the Agency requests that information. All of the following apply:

- The Agency requires a delivery slip as proof of delivery, and it must:
 - ✓ Be signed and dated by the client or the client's authorized representative (the date of signature must be the date the item was received by the client);
 - ✓ Include the client's name and a detailed description of the item(s) delivered, including the quantity and brand name; and
 - ✓ For prosthetic and orthotic devices (P&O) that may require future repairs, include the serial number.
 - ✓ When the provider or supplier submits a claim for payment to the Agency, the date of service on the claim must be for P&O and related supplies for which the Agency has established a monthly maximum, on or after the date the item was received by the client.

Note: A provider must not use a delivery/shipping service to deliver items which must be fitted to the client.

Providers must obtain PA when required before delivering the item to the client. The item must be delivered to the client before the provider bills the Agency .

The Agency does not pay for P&O devices furnished to Agency clients when:

- The medical professional who provides medical justification to the Agency for the item provided to the client is an employee of, has a contract with, or has any financial relationship with the provider of the item; or
- The medical professional who performs a client evaluation is an employee of, has a contract with, or has any financial relationship with a provider of P&O devices.

Coverage

What is Covered?

The Agency covers, without prior authorization, the following prosthetics and orthotics, with stated limitations:

- Thoracic-hip-knee-ankle orthosis (THKAO) standing frame - one every 5 years.
- Preparatory, above knee "PTB" type socket, nonalignable system, pylon, no cover, SACH foot plaster socket, molded to model - one per lifetime, per limb.
- Preparatory, below knee "PTB" type socket, nonalignable system, pylon, no cover, SACH foot thermoplastic or equal, direct formed - one per lifetime, per limb.
- Socket replacement, below the knee, molded to patient model - one per 12 month period.
- Socket replacement, above the knee/knee disarticulation, including attachment plate, molded to patient model - one per 12 month period.
- All other prosthetics and orthotics are limited to one per 12 month period per limb.

The Agency pays only licensed prosthetic and orthotic providers to supply prosthetics and orthotics. This requirement does not apply to the following:

- Selected prosthetics and orthotics that do not require specialized skills to provide; and
- Out-of-state providers, who must meet the licensure requirements of that state.

The Agency pays only for prosthetics or orthotics that are listed as such by the Centers for Medicare and Medicaid Services (CMS), formerly known as HCFA, that meet the definition of prosthetic and orthotic as defined in WAC [388-543-1000](#) and are prescribed per WAC [388-543-1100](#) and [388-543-1200](#).

The Agency pays for repair or modification of a client's current prosthesis. To receive payment, all of the following must be met:

- All warranties are expired;
- The cost of the repair or modification is less than fifty percent of the cost of a new prosthesis and the provider has supporting documentation; and
- The repair is warranted for a minimum of ninety days.
-

Prosthetic and Orthotic Devices

The Agency requires the client to take responsibility for routine maintenance of a prosthetic or orthotic. If the client does not have the physical or mental ability to perform the task, the Agency requires the client's caregiver to be responsible. The Agency requires prior authorization for extensive maintenance to a prosthetic or orthotic.

For prosthetics dispensed for purely cosmetic reasons, see WAC 388-543-6000 Noncovered – P&O.

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 | |
| | A5507 | Y | | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay or custom molded shoe, per shoe | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| # | 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 | |
| # | E1820 | | | Replacement soft interface material, dynamic adjustable extension/flexion device | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| # | 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 | |
| | L0220 | | *** | Thoracic, rib belt, custom fabricated | |
| | L0430 | Y | Y** | Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only) | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------|----------------|----|-----|--|------------------|
| | 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| | 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 tranverse 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| | 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 | |
| | 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 | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|-------------|---|-------------------------|
| | L0486 | Y | Y | TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | |
| | 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|-------------|---|-------------------------|
| | L0625 | | Y**/ *** | Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L - 5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment | |
| | 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 |
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| | 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 |
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| | 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, (Ilfled 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 | |
| | L1810 | | *** | KO, elastic with joints, prefabricated, includes fitting and adjustment | |
| | L1820 | | *** | KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment | |
| | L1830 | | *** | KO, Immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment | |
| | 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 | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
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| | 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 | |
| | 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 | |
| | 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 | |

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|-------------------------------|-----------------------|-----------|------------|--|----------------------------------|
| | 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 | |
| | 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 | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|---|-------------------------|
| | 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 | |
| | 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 | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
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| | 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 | |
| | 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 | |

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| | 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 | |
| | 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 | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
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| | 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 | |
| | 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 | |
| | 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 | |

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| | 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 | |
| | 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. |
| | 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 | |

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| | 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 | |
| | 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 | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
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| # | 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 | |
| # | 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 | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
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| # | 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 | |
| | 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 | |
| | L3674 | | | Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| # | 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 | |
| | 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 | |

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| | 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 | |
| | L3765 | Y | Y | EWHFO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| | L3766 | Y | Y | EWHFO, 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 | |
| | 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 | |

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| | 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 | |
| | 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 | |
| | 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 | |

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| | 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 | |
| # | 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 | |

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| | 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 | |
| | 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 | |

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| | 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 | |
| # | 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 | |
| | L4631 | | | Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated | |
| | 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 | |

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| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| | 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|--|
| | 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 |
| | 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, hydracadence system | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------------|-------------------|----|-----|--|---------------------|
| | 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------|----------------|----|-----|---|------------------|
| | 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 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| | 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------|----------------|----|-----|--|-------------------------------|
| | 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| | 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) | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| # | 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 | |
| # | 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) | |
| | L5961 | | | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------|----------------|----|-----|---|------------------|
| | 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) | |
| # | 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------|----------------|----|-----|--|------------------|
| | 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 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|---|-------------------------|
| | 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 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------------|-------------------|----|-----|---|---------------------|
| | 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 | |
| | 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------|----------------|----|-----|--|---|
| | 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 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) | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------------|-------------------|----|-----|---|---------------------|
| | 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 | |
| | 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. | |
| | L6712 | Y | Y | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric. | |
| | L6713 | Y | Y | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric. | |
| | L6714 | Y | Y | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric. | |
| | L6721 | Y | Y | Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined. | |
| | L6722 | Y | Y | Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined. | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------|----------------|----|-----|---|------------------|
| | 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 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| | 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 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|--|-------------------------|
| | 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 | |
| | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------|----------------|----|-----|--|---------------------------------|
| # | 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 | |
| # | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|-------------------------------|-----------------------|-----------|------------|---|-------------------------|
| | 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, 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------------|-------------------|----|-----|---|---------------------|
| # | 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 | |
| # | 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 | |

Prosthetic and Orthotic Devices

| Code Status Indicators | Procedure Code | PA | Lic | Description | Policy/ Comments |
|------------------------------|-------------------|----|-----|---|---------------------|
| # | 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 | |
| | S1040 | | | Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s) | |
| | V2623 | | | Prosthetic eye, plastic, custom | |
| | V2624 | | | Polishing/resurfacing of ocular prosthesis | |
| | V2625 | | | Enlargement of ocular prosthesis | |
| | V2626 | | | Reduction of ocular prosthesis | |
| | V2627 | | | Scleral cover shell | |
| | V2628 | | | Fabrication and fitting of ocular conformer | |
| | V2629 | Y | | Prosthetic eye, other type | |
| | V2630 | | | Anter chamber intraocul lens | |
| | V2631 | | | Iris support intraoclr lens | |
| | V2632 | | | Post chmbr intraocular lens | |

Noncovered

What is Not Covered?

The Agency pays for prosthetic and orthotic devices (P&O) only when listed as covered in within these billing instructions. The Agency evaluates a request for any P&O listed as noncovered in this chapter under the provisions of WAC 388-501-0160. In addition to the noncovered services found in [WAC 388-501-0070](#), the Agency does not cover:

- Instructional materials such as pamphlets and video tapes;
- Material or services covered under manufacturers' warranties;
- Shoe lifts less than one inch, arch supports for flat feet, and nonorthopedic shoes;
- Prosthetic devices dispensed for cosmetic reasons.

Authorization

[Refer to 388-543-7000]

What is Authorization?

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

The Agency requires providers to obtain authorization for covered durable medical equipment (DME) and related supplies as required in:

- These billing instructions;
- Any applicable numbered memoranda;
- Chapter 388-501 WAC, chapter 388-502 WAC, and chapter 388-543 WAC; and
- When the clinical criteria required within this section are not met.

For prior authorization (PA), a provider must submit a written request to the Agency as specified. (See "When Does the Agency Require PA?" within these billing instructions)

All requests for PA must be accompanied by a completed General Information for Authorization form, DSHS 13-835 in addition to any program specific Agency forms as required within this section.

Note: The Agency's electronic forms are available online at:
<http://hrsa.dshs.wa.gov/mpforms.shtml>

For expedited prior authorization (EPA), a provider must meet the clinically appropriate EPA criteria outlined within these Billing instructions. The appropriate EPA number must be used when the provider bills the Agency. (See "When is EPA Used?" within this section)

When a service requires authorization, the provider must properly request authorization in accordance with the Agency's rules, Billing instructions, and numbered memoranda.

Note: The Agency's authorization of service(s) does not necessarily guarantee payment.

When authorization is not properly requested, the Agency rejects and returns the request to the provider for further action. The Agency does not consider the rejection of the request to be a denial of service.

Authorization requirements in this chapter are not a denial of service to the client.

The Agency may recoup any payment made to a provider if the Agency later determines that the service was not properly authorized or did not meet the EPA criteria. Refer to WAC 388-502-0100(1)(c).

When Does the Agency Require Prior Authorization (PA)?

[Refer to WAC 388-543-7100]

The Agency requires providers to obtain PA for certain items and services before delivering that item or service to the client, except for dual-eligible Medicare/Medicaid clients when Medicare is the primary payer. The item or service must also be delivered to the client before the provider bills the Agency.

All PA requests must be accompanied by a completed General Information for Authorization form, DSHS 13-835, in addition to any program specific Agency forms as required within this section.

Note: Agency forms are available online at:
<http://hrsa.dshs.wa.gov/mpforms.shtml>.

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

What Information Does the Agency Require for PA?

The Agency requires certain information from providers in order to PA the purchase or rental of equipment. This information includes, but is not limited to, the following:

- The manufacturer's name;
- The equipment model and serial number;
- A detailed description of the item; and
- Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.

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

The Agency considers requests for new prosthetics and orthotic devices (P&O) that do not have assigned Healthcare Common Procedure Coding System (HCPCS) codes and are not listed in the Agency's published issuances, including billing instructions or numbered memoranda. These items require PA.

When making authorization requests, providers must furnish the Agency with all of the following information to establish medical necessity:

- A detailed description of the item(s) or service(s) to be provided;
- The cost or charge for the item(s);
- A copy of the manufacturer's invoice, price-list or catalog with the product description for the item(s) being provided; and
- A detailed explanation of how the requested item(s) differs from an already existing code description.

The Agency does not pay for purchase, rental, or repair of medical equipment that duplicates equipment the client already owns or rents. If the provider believes the purchase, rental, or repair of medical equipment is not duplicative, the provider must request PA and submit the following to the Agency:

- 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; and
- Upon request, documentation showing how the client's condition met the criteria for PA or EPA.

When an item or service has been denied by the Agency, a provider may re-submit a request for PA for the denied item or service. Upon re-submission for PA, the Agency requires the provider to submit any additional documentation that further supports the client's need for the item or service that was previously denied.

What Is a Limitation Extension (LE)?

[Refer to WAC 388-543-7200]

The Agency limits the amount, frequency, or duration of certain covered prosthetics and orthotic devices(P&O), and pays up to the stated limit without requiring prior authorization (PA).

Certain covered items have limitations on quantity and frequency. These limits are designed to avoid the need for PA for items normally considered medically necessary and for quantities sufficient for a thirty-day supply for one client.

The Agency requires a provider to request PA for a limitation extension (LE) in order to exceed the stated limits for prosthetics and orthotic devices(P&O).

All requests for PA must be accompanied by a completed General Information for Authorization form, DSHS 13-835 in addition to any program specific Agency forms as required within these billing instructions.

Note: Agency forms are available online at:
<http://hrsa.dshs.wa.gov/mpforms.shtml>.

The Agency evaluates requests for LE under the provisions of WAC 388-501-0169.

When Is Expedited Prior Authorization (EPA) Used?

[Refer to WAC 388-543-7300]

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

The Agency requires a provider to create an authorization number for EPA for selected P&O procedure codes. The process and criteria used to create the authorization number is explained within these billing instructions. The authorization number must be used when the provider bills the Agency.

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

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

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

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. |

Prosthetic and Orthotic Devices

| 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> <ol style="list-style-type: none"> 1) Lift is covered per inch, for no less than one (1) inch, for one shoe. For example: It is medically necessary for a client to have a two (2) inch lift for the left heel. Bill two units of L3334 using EPA # 870000782. 3) If the medical condition does not meet the 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. 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. |

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) MPA 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) MPA 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

Reimbursement Method - Prosthetics and Orthotics [Refer to WAC 388-543-9300]

The Agency sets, evaluates and updates the maximum allowable fees for prosthetics and orthotics at least once yearly as follows:

- For items with a rate on the current Medicare fee schedule, as established by the federal centers for Medicare and Medicaid services (CMS), the Agency equates its maximum allowable fee to the current Medicare rate; and
- For those items not included in the Medicare fee schedule, as established by the federal centers for Medicare and Medicaid services (CMS), the rate is considered by-report. The Agency evaluates a by-report item, procedure, or service based upon medical necessity criteria, appropriateness, and reimbursement value on a case-by-case basis. The Agency calculates the reimbursement for these items at 85 percent of the manufacturer's list price.
- The Agency follows healthcare common procedure coding system (HCPCS) guidelines for product classification and code assignment.
- The Agency's reimbursement for a prosthetic or orthotic includes the cost of any necessary molds, fitting, shipping, handling or any other administrative expenses related to provision of the prosthetic or orthotic to the client.
- The Agency's hospital reimbursement rate includes any prosthetics and/or orthotics required for surgery and/or placed during the hospital stay.

Fee Schedule

You may view The Agency **Prosthetic and Orthotic Devices Fee Schedule** on-line at: <http://hrsa.dshs.wa.gov/RBRVS>

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Agency for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Completing the CMS-1500 Claim Form

Note: Refer to the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to P&O Devices providers:

| Field No. | Name | Entry | | | | | | | | | | | | |
|-------------|--------------------------|--|-------------|-----------------------|----|--------------------|----|--------------------------|----|------------------|----|--------------------------|----|-------|
| 24B | Place of Service | <p>These are the only appropriate code(s) for this billing instruction:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Code</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>Client's residence</td> </tr> <tr> <td style="text-align: center;">13</td> <td>Assisted living facility</td> </tr> <tr> <td style="text-align: center;">32</td> <td>Nursing facility</td> </tr> <tr> <td style="text-align: center;">31</td> <td>Skilled nursing facility</td> </tr> <tr> <td style="text-align: center;">99</td> <td>Other</td> </tr> </tbody> </table> | <u>Code</u> | <u>To Be Used For</u> | 12 | Client's residence | 13 | Assisted living facility | 32 | Nursing facility | 31 | Skilled nursing facility | 99 | Other |
| <u>Code</u> | <u>To Be Used For</u> | | | | | | | | | | | | | |
| 12 | Client's residence | | | | | | | | | | | | | |
| 13 | Assisted living facility | | | | | | | | | | | | | |
| 32 | Nursing facility | | | | | | | | | | | | | |
| 31 | Skilled nursing facility | | | | | | | | | | | | | |
| 99 | Other | | | | | | | | | | | | | |

How Do I Submit Professional Services on a CMS-1500 Claim Form for Medicare Crossovers?

For services paid for, and/or applied to, the deductible by Medicare:

- Medicare should forward the claim to the Agency. If the claim is not received by the Agency, please resolve that issue prior to billing a paper claim to reduce the possibility of claim denial and the need to resubmit.
- Complete the claim form as if billing for a non-Medicare client.
- Always attach the Medicare Explanation of Medicare Benefits (EOMB).
- Do not indicate any payment made by Medicare in field 29. Enter only payments made by non-Medicare, third-party payers (e.g., Blue Cross) in field 29 and attach the Explanation of Benefits (EOB).

Note: If Medicare allowed/paid on some services and denied other services, the allowed/paid services must be billed on a different claim than the denied services.

Exception: When billing crossover claims for Indian Health Services, follow the instructions in the Agency's current *Tribal Health Program Billing Instructions*.

What Does the Agency Require from the Provider-Generated EOMB to Process a Crossover Claim?

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

- “Medicare” as the identified payer;
- The Medicare claim paid or process date;
- The client’s name (if not in the column level);
- Medicare Reason codes; and
- Text in font size 12 or greater.

Column-level labels on the EOMB for the 1500 Claim Form must include all the following:

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