P

P Durable Medical Equipment (DME) Procedure Codes and Modifiers

The (837) Institutional electronic claim and the paper claim have been modified to accept up to four Procedure Code Modifiers.

NOTE:

Some EPSDT rental equipment codes must be billed with the appropriate procedure code with modifier **RR**. These codes are listed in appendix P and are denoted with the appropriate modifier. IF **RR modifier** is not indicated on the prior authorization request do not use the **RR** modifier when billing the claim.

The following procedure codes apply when filing claims for DME services.

Ambulation Devices

Procedure Code	*Description of Item*	*PA Required*
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip (limited to one every two years)	No
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (limited to one every two years)	No
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and hand grips (limited to one every two years)	No
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and hand grips (limited to one every two years)	No
E0130	Walker, rigid (pickup), adjustable or fixed height (limited to one every two years)	No
E0140	Walker, with trunk support, adjustable or fixed height, any type	Yes
E0135	Walker, folding (pickup), adjustable or fixed height (limited to one every two years)	No
E0143	Walker, folding, wheeled, adjustable or fixed height	No
E0148	Walker, heavy duty, without wheels, rigid or folding, any type	Yes
E0149	Walker, heavy duty, wheeled , rigid for folding, any type, each (accommodate weight capacities 300lbs and above) (limited to one every two years) **We will use the established prior authorization process for the walker but will add weight specifications.** **Reimbursement will be paid at invoice plus 20%**	Yes

Added: E0140

NOTE:

Procedure codes for the ambulation devices listed above may not be billed at the same time.

Ambulation Devices, continued

Added: L1960, L1970, L2020

Procedure Code	*Description of Item*	*PA Required*
L1900	Ankle-Foot Orthosis (AFO), spring wire, dorsiflexion assist calf band	No
L1930	AFO, plastic	No
L1940	AFO, molded to recipient, plastic	No
L1960	AFO,posterior soild ankle, molded to patient model, plastic	No
L1970	AFO, plastic molded to patient model, with ankle joint	No
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar `BK' orthosis)	No
L2020	KAFO,double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis	No

Catheters

Procedure Code	*Description of Item*	*PA Required*
A4338	Indwelling catheter, Foley type, two-way, latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic), (limited to two per month)	No
A4344	Indwelling catheter, Foley type, two-way, all silicone (limited to two per month)	No
A4349	Male external catheter, with or without adhesive, (limited to 30 per month for adults age 21 and over). I**f an EPSDT recipient uses catheters beyond the** 30 **per month limit,** t**he recipient must be referred through the EPSDT program and** the EPSDT referral **information must be included on the** CMS-1500 claim **form when billing** - **A4349**. Not to exceed 150.	No
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicon, silicone elastomer, or hydrophilic, etc.) each limited to 31 per month per recipient. **If an EPSDT recipient uses catheters beyond the 31 per month limit ,** t**he recipient must be referred through the EPSDT program and** EPSDT referral **information must be included on the** CMS-1500 **claim form when billing** - **A4349**. Not to exceed 150.	No

Catheter Supplies

Procedure Code	*Description of Item*	*PA Required*
A4213	Syringe, sterile, 10cc or greater, each	No
A4217	Sterile water/saline, 500 ML	No
A4354	Insertion tray with drainage bag, without catheter (limited to two per month)	No
A4357	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each (limited to two per month)	No
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each (limited to two per month)	No

Commode Chairs

Procedure Code	*Description of Item*	*PA Required*
E0163	Commode chair, stationary, with fixed arms (limited to one every two years)	No
E0165	Commode chair, stationary, with detachable arms (limited to one every two years)	No

Procedure Code	Description of Item	PA Required
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (limited to one every two years) We will use the established prior authorization process for this item, but will add weight, depth, and width specifications (limited to one every two years)	Yes

Suction Equipment/Supplies

Procedure Code	Description of Item	PA Required
E0600	Suction pump, home model portable (limited to one every five years)	Yes
A7000	Cannister, disposable, used with suction pump (limited to 4 per year or 1 every 3 months)	No
A7001	Cannister, non-disposable, used with suction pump (limited to 1 per year)	No
A7002	Tubing , used with suction pump (12 per year)	No
A4624	Tracheal suction catheter, any type other than closed system, ea.	No

Heat Application Appliance

Procedure Code	Description of Item	PA Required
E0210	Electric heat pad, standard	No

Oxygen

Procedure Code	Description of Item	PA Required
E0424	Stationary compressed gaseous oxygen system, rental; includes contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Yes
E0431	Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, cannula or mask, tubing	Yes
E0441	Oxygen contents, gaseous, (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)	Yes
E0443	Portable oxygen contents, gaseous, per unit for use only with portable gaseous systems when no stationary gas or liquid system is used. (Limited to 4 refills per month per recipient with medical justification)	Yes
E1390	Oxygen concentrator capable of delivering 85% or greater oxygen concentration at the prescribed flow rate	Yes

NOTE:

Include a copy of the Oxygen Certification Form (Form 360) with oxygen requests. This form is used for initial certification, recertification, and changes in the oxygen prescription. This form must be filled out, signed and dated by the ordering physician.

Home Glucose Monitor and Supplies

Procedure Code	***Description of Item***	***PA Required***
A4250	Urine test or reagent strips or tablets, per 50 (limited to 100 strips or tablets, two bottles per month)	No
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per box of 50 (limited to three boxes per month)	No
A4259	Lancets, per box of 100 (limited to two boxes per month)	No
E0607	Home blood glucose monitor (limited to one every five years)	No
E2100	Blood glucose monitor with integrated voice synthesizer	Yes
A4256	Normal, low and high calibrator solution/chips	No
A4258	Spring-powered device for lancet, each	No
A4233	Replacement battery, alkaline, (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	No
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	No
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	No
A4236	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	No

Home IV Therapy Only

Procedure Code	***Description of Item***	***PA Required***
S5498	Home Infusion Therapy, Catheter Care/ Maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately)	No
S5501	Home Infusion Therapy, Catheter Care/ Maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately)	No
S5520	Home Infusion Therapy, **all supplies** (including catheter) necessary for peripherally inserted central venous catheter (PICC) line insertion	No
S5521	Home Infusion Therapy, **all supplies** (including catheter) necessary for a midline catheter insertion The catheter dressing supplies may be reported separately when used as a stand-alone therapy, or during days not covered under another infusion therapy reimbursement rate. PICC line, Port-A-Cath or MediPort dressing supplies including the anchor device is allowed as a separate charge if there is no other therapy in the last 30 days in the home.	No
S9326	Home Infusion Therapy, continuous (24 hours or more) pain management infusion, includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately)	No

Procedure Code	***Description of Item***	***PA Required***
S9330	Home Infusion Therapy, continuous (24 hours or more) chemotherapy infusion includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately) The recipient's record must have medical documentation justifying medical necessity.	No
S9336	Home Infusion Therapy, continuous anticoagulant infusion therapy (e.g., heparin), includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately)	No
S9500	Home Infusion Therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately) (This code may be used to bill for Intravenous Immune Globulin Therapy)	No
S9501	Home Infusion Therapy, antibiotic, antiviral**,** or antifungal therapy; once every 12 hours; includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately) (This code may be used to bill for Intravenous Immune Globulin Therapy)	No
S9502	Home Infusion Therapy, antibiotic, antiviral**,** or antifungal therapy; once every 8 hours; includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately) (This code may be used to bill for Intravenous Immune Globulin Therapy)	No
S9503	Home Infusion Therapy, antibiotic, antiviral, or antifungal therapy; once every 6 hours; includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately) (This code may be used to bill for Intravenous Immune Globulin Therapy)	No
S9504	Home Infusion Therapy, antibiotic, antiviral, or antifungal therapy; once every 4 hours; includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately) (This code may be used to bill for Intravenous Immune Globulin Therapy)	No
S9373	Home infusion therapy, hydration therapy includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately), (do not use with hydration therapy codes S9374-S9377 using daily volume scales), Hydration therapy is considered medically necessary for recipients who become dehydrated due to illness, surgery, or accident. Dehydration occurs when patients are losing necessary fluids at a rate faster than they are retaining fluids. The recipient's record must have medical documentation justifying medical necessity.	No

Procedure Code	***Description of Item***	***PA Required***
S9351	Home Infusion Therapy, uninterrupted, long-term, controlled rate Intravenous or subcutaneous infusion therapy (e.g. epoprostenol); includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately).	No
S9347	Home Infusion Therapy, uninterrupted, long-term, controlled rate Intravenous or subcutaneous infusion therapy (e.g. epoprostenol); includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipment** (drugs and nursing visits coded separately).	No
S9379	Home infusion therapy, infusion therapy not otherwise classified; includes administrative services, professional pharmacy services, care coordination, **and all necessary supplies and equipmen**t (drugs and nursing visits coded separately) Anticipating that new infusion therapies will be developed or that a current therapy has been overlooked, the LTC Medical and Quality review Unit will consider authorization of other therapies on an individual basis. These special requests will require peer reviewed medical literature documentation and medical review. This procedure code requires prior authorization.	Yes

Enteral/Total Parenteral Nutrition (TPN) Related Supplies and Equipment

Procedure Code	**Description of Item**	**PA Required**
A4213	Syringe, sterile, 20 cc or greater (used for bolus feeds)	No
B9002	Enteral nutrition infusion pump- with alarm (per day)	Yes
B9004	Parenteral nutrition infusion pump, portable	Yes
B9006	Parenteral nutrition infusion pump, stationary	Yes
E0776	IV Pole	No
B4034	Enteral feeding supply kit; syringe fed , per day	Yes
B4035	Enteral feeding supply kit; pump fed , per day	Yes
B4036	Enteral feeding supply kit; pump fed , per day	Yes
B4081	Nasogastric tubing with stylet	No
B4082	Nasogastric tubing without stylet	No
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type	No
B4088	Gastrostomy/jejunostomy tube, low profile, any material, any type	Yes
B9998	NOC for enteral supplies (Supplies for MIC-KEY Button)	Yes
B4224	Parenteral nutrition administration kit, per day	No
B4220	Parenteral nutrition supply kit; premix, per day	No
B4222	Parenteral nutrition supply kit ; home mix	No

Hospital Beds

Procedure Code	***Description of Item***	***PA Required***
E0250	Hospital bed, with side rails, fixed height, with mattress	Yes
E0255	Hospital bed, with side rails, variable height, Hi-Lo, with mattress	Yes
E0260	Hospital bed, semi-electric (head and foot adjustment) with any type side rails, with mattress	Yes
E0280	Bed Cradle any type	Yes

Procedure Code	Description of Item	PA Required
E0303	Hospital bed heavy duty, extra wide with weight capacity greater than 350 pounds but less than 600 pounds with any type side rails with mattress	Yes
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Yes

Hospital Bed Accessories

Procedure Code	Description of Item	PA Required
E0181	Powered Pressure Reducing mattress overlay/pad, alternating, with pump, includes heavy duty (limited to one every three years)	Yes
E0182	Pump for alternating pressure pad, replacement only	Yes
E0185	Gel or gel like pressure pad for mattress, standard mattress length and width (limited to one every two years)	Yes
E0271	Mattress, innerspring (replacement for medically necessary hospital bed owned by recipient)	Yes
E0310	Bed side rails, full length	Yes
E0621	Sling or seat, recipient lift, canvas or nylon (1 every 5 yrs)	No
E0630	Recipient lift, hydraulic, with seat or sling (1 per lifetime)	Yes
E0910	Trapeze bars, AKA recipient helper, attached to bed, with grab bar	Yes
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Yes
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Yes

Nebulizer

Procedure Code	Description of Item	PA Required
E0570	Nebulizer, with compressor (limited to one every four years)	No
A7003	Administration set, small volume non-filtered pneumatic nebulizer disposable (limited to 3 sets per month)	No
A7005	Administration set, small volume non-filtered pneumatic nebulizer, non-disposable (limited to two per year)	No
A7015	Aerosol mask, used with DME Nebulizer (limited to 15 per month)	No
K0730	Controlled dose drug delivery system	No

Supplies

Procedure Code	Description of Item	PA Required
A4362	Skin barrier; solid, 4 x 4 or equivalent; each (limited to 20 per month)	No
A4365	Adhesive remover wipes any type, per 50	No
A4367	Ostomy belts, each	No
A4400	Ostomy irrigation set	No
A4404	Ostomy rings	No
A4414 *	Ostomy skin barrier, with flange (solid, flexible or accordion) extended wear, without built-in convexity, 4 x 4 inches or smaller, each (limited to 31 per month)	No
A4415*	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each	No
A4450	Tape, non-waterproof, per 18 square inches = 1 unit (limited to 60 units per month)	No

Procedure Code	***Description of Item***	***PA Required***
A4452	Tape, waterproof, per 18 square inches = 1 unit (limited to 60 units per month)	No
A5052	Pouch, closed; without barrier attached (one piece), per bag (limited to 60 per month)	No
A5054	Pouch closed; for use on barrier with flange (two piece)	No
A5061	Pouch drainable with barrier attached (one piece), per bag (limited to 31 per month)	No
A5063	Pouch, open; without barrier attached (two piece), per bag (limited to 31 per month)	No
A5071	Pouch, urinary; with barrier attached; (one piece), limited to 40 per month.	No
A5121	Skin barrier; solid, 6 x 6 or equivalent, each (limited to 20 per month)	No

NOTE:

Procedure codes A4362 and A5121 may not be billed on the same date of service as A4414 or A4415. Procedure code A5063 may not be billed on the same date of service as A5052.

Supplies, continued

Procedure Code	***Description of Item***	***PA Required***
A6216	Gauze pad, non-impregnated, non-sterile; pad size 16 sq. in. or less 4x4 (limited to 1000 Units)	No
A6217	Gauze pad, non-impregnated, non-sterile; pad size more than 16 sq. in. (limited to 700 per month)	No
A6402	Gauze pad, non-impregnated, sterile; pad size 16 sq. in. or less **(used only on areas requiring sterile pads)** (limited to 400 per month)	No
A6403	Gauze pad, non-impregnated, sterile; pad size more than 16 sq. In. (limited to 100 per month) **(used only on areas requiring sterile pads)** (limited to 400 per month)	No
A4628	Oropharyngeal suction catheter ,each	No
B4081	Nasogastric tubing with stylet	No
B4082	Nasogastric tubing without stylet	No
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	No
E0188	Synthetic sheepskin pad	No
E0191	Heel or elbow protector, each	No
E0210	Electric heat pad, standard	No
E0275	Bedpan, standard, metal or plastic	No
E0276	Bedpan, fracture, metal or plastic	No
A6530	Gradient compression stocking, below knee, 18-30 MMHG, each; limited to eight (8) stockings per year (4 pairs)	No
A6533	Gradient compression stockings, thigh length, 18-30 MMHG, each; limited to eight (8) stockings per year (4 pairs)	No
A7520	Tracheostomy or laryngectomy tube, non-cuffed, polyvinyl chloride (PVC). Silicone or equal, ach (Limited to 5 per month)	No
A7526	Tracheostomy/tube collar/holder, each (4 per month)	No
A4623	Tracheostomy, inner cannula (limited to 20 per month)	No
A4624	Tracheal suction catheter, any type other than closed system, each (500 per month)	No
A4625	Tracheostomy care kit for new tracheostomy (90 per month)	No
A4628	Oropharyngeal suction catheter, each (50 per month)	No

Procedure Code	Description of Item	PA Required
A4629	Tracheostomy care kit for established tracheostomy (31 per month)	No

Iron Chelation Therapy

Procedure Code	Description of Item	PA Required
E0779	Ambulatory infusion pump mechanical, reusable for infusion 8 hours or greater. For repairs to the Ambulatory Infusion Pump use DME repair codes in DME Repair section (K0739 & E1399).	Yes
A4222	Supplies for external infusion pump, per cassette or bag (list drugs separately). **Procedure code A4222 is to be used for infusion tubing for iron chelation therapy**. (Limited to 31 per month)	No

Adult Orthotic Codes (age 21 - 64)

Procedure Code	Description of Item	PA Required
L1930	AFO, Plastic	No
L1960	AFO: solid ankle;	No
L1970	AFO: Articulate; articulated ankle	No
L1990	AFO; Double upright; free ankle, motion	No
L2020	KAFO Double Upright; free knee, free ankle	No
L2405	Drop Lock Knee Joint (additional code)	No

Adult Below Knee Prosthetic Codes (age 21 - 64)

Procedure Code	Description of Item	PA Required
L5301	BK Definitive Endoskeletal Prothesis with SACH Foot	No
L5620	BK Check Socket	No
L5629	BK Carbon Acrylic Lamination	No
L5655	BK Pelite Insert Liner	No
L5685	Neoprene Suspension Sleeve	No
L5704	Custom Shaped Foam Cover	No
L5910	BK Alignable System	No
L5940	Lightweight Componentry	No
L5962	Flexible Protective Outer Surface Covering System (U-Flate Skin)	No
L8400	BK Sheath, each	No
L8420	BK Multiple Ply Sock, each	No
L8470	BK Single Ply Sock, each	No

Deleted: ~~to 65~~

Added: - 64

Added: L1930

Deleted from L1960: ~~Yes~~

Added to L1960: No

Deleted from L1970: ~~Yes~~

Added to L1970: No

Deleted from L1990: ~~Yes~~

Added to L1990: No

Deleted from L2020: ~~Yes~~

Added to L2020: No

Deleted from L2405: ~~Yes~~

Added to L2405: No

Deleted: ~~to~~
Added: -

Global changes: Adult Below Prosthetic Codes (Age 21 – 64) section

Deleted: ~~Yes~~-PA Required

Added: No-PA Required

Deleted: ~~to 65~~
Added: - 64

Global changes to Adult Below Knee Replacement Socket Codes (age 21 – 64):

Deleted: ~~Yes~~ (PA Required)

Added: No (PA Required)

Adult Below Knee Replacement Socket Codes (age 21 - 64)

Procedure Code	***Description of Item***	***PA Required***
L5700	Replacement, socket, above the knee	No
L5720	BK check Socket	No
L5629	BK Carbon acrylic lamination	No
L5655	BK Petite Insert Linar	No

Global changes to Adult Above Knee Prosthetic Codes (age 21 – 64):

Deleted: ~~Yes~~ (PA Required)

Added: No (PA Required)

Adult Above Knee Prosthetic Codes (age 21 - 64)

Procedure Code	***Description of Item***	***PA Required***
L5321	AK Endoskeletal Prothesis	No
L5624	AK Check Socket	No
L5631	AK Carbon Acrylic Lamination	No
L5649	Ischial Containment/NSNS Socket design	No
L5650	Total Contact	No
L5695	TES Belt	No
L5705	AK Custom Foam Cover	No
L5812	Single Axis Friction Swing & Stance Phase Control Knee (Safety Knee)	No
L5850	Knee Extension Assist	No
L5920	AK Alignable System	No
L5964	AK Flexible Protective Outer Surface Covering System (U-Flate Skin)	No
L5974	Single Axis Foot	No
L8410	AK Sheath, each	No
L8430	AK Multiple Ply Sock	No
L8480	AK Single Ply Fitting Sock, Each	No

Deleted: ~~to 65~~
Added: - 64

Global changes to Adult Knee Replacement Socket Codes (age 21 – 64):
Deleted: ~~Yes~~ (PA Required)

Above Knee Replacement Socket Codes (age 21 - 64)

Procedure Code	***Description of Item***	***PA Required***
L5701	Replacement, socket, above the knee	No
L5624	AK check Socket	No
L5631	AK Carbon acrylic lamination	No
L5649	Ischial Containment/ NSNA Socket	No
L5650	Total Contact	No

Adult Pedorthic Basic Codes (age 21 - 64)

Procedure Code	*Description of Item*	*PA Required*
A5500	Diabetic fitting (including follow-up) custom off the shelf shoe, each	No
A5513	Diabetic multiple density insert, custom molded from patient's foot, each	No
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	No

Deleted: ~~to~~
Added: -

Deleted from A5500: ~~Yes~~

Added to A5500: No

Deleted from A5513: ~~Yes~~

Added to A5513: No

Added: A5501***

Thoracic Codes (age 21 - 64)

Added: **Thoracic Codes (Age 21 – 64) section**

Procedure Code	*Description of item*	*PA Required*
L0458	TLSO, triplanar control, modular segmental 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, includes fitting and adjustment	No
L0472	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	No
L0486	TLSO, triplanar control, two piece rigid plastic shell with interface liner, 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 the sagittal coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	No

Additions: Sockets Inserts and Suspensions (age 21 - 64)

Added: **Additions: Sockets Inserts and Suspensions (age 21 – 64)** Section

Procedure Code	*Description of Item*	*PA Required*
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal) excludes socket insert	No

Added: **Wrist-Hand Finger Orthosis (WHFO) (Age 21 – 64)** Section

Wrist-Hand-Finger Orthosis (WHFO) (Age 21 - 64)

Procedure Code	Description of item	PA Required
L3807	Wrist hand finger orthosis (WHFO), without joint (s), prefabricated, includes fitting and adjustments, any type	Yes

External Breast Prosthesis

Procedure Code	*Description of Item*	*PA Required*
L8000	Breast prosthesis, mastectomy bra (limited to 6 per year **MAXIMUM OF 4 ON INITIAL REQUEST**) Per breast mastectomy	Yes
L8015	External breast prosthesis garment, with mastectomy form (camisole) limited to 2 of L8030 per year or 1 of L8030 and 1 of L8020 **NOT 2 OF EACH CODE**) Per breast mastectomy	Yes
L8020	Breast prosthesis, mastectomy form (limited to 2 of L8030 per year or 1 of L8030 and 1 of L8020 **NOT 2 OF EACH CODE**) Per breast mastectomy	Yes
L8030	Breast prosthesis, silicone or equal (limited to 2 of L8030 per year or 1 of L8030 and 1 of L8020 **NOT 2 OF EACH CODE**) Per breast mastectomy	Yes
*L8035	Custom breast prosthesis, post mastectomy, molded to patient model	Yes
*L8039	Breast prosthesis, not otherwise classified	Yes

NOTE:

* Evaluated on a case-by-case basis with submission of pricing information and medical documentation.

Augmentative Communication Devices

Procedure Code	*Description of Item*	*PA Required*
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time	Yes
E2502	Speech generating device, digitized speech using pre-recorded messages greater than 8 minutes, but less than or equal to 20 minutes recording time	Yes
E2504	Speech generating device, digitized speech using pre-recorded messages greater than 20 minutes, but less than or equal to 40 minutes recording time	Yes
E2506	Speech generating device, digitized speech using pre-recorded messages greater than 40 minutes recording time	Yes
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Yes
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Yes
E2511	Speech generating software program, for personal computer or personal digital assistant.	Yes
E2512	Accessory for speech generating device, mounting system	Yes
E2599	Accessory for speech generating device not otherwise classified (This code may be used to bill batteries for Acd devices)	Yes

Procedure Code	Description of Item	PA Required
V5336	Repair/modification of augumentative communication system or device (excluding adaptive hearing aid))	Yes

Wheelchairs

Procedure Code	Description of Item	PA Required
E1050	Fully-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	Yes
E1060	Fully reclining wheelchair, detachable arms, (desk or full length) swing away detachable elevating leg rests	Yes
E1070	Fully-reclining wheelchair, detachable arms (desk or full length), swing away detachable footrest	Yes
E1091	Youth Wheelchair; any type	Yes
E1088	High strength lightweight wheelchair, detachable arms, desk or full length swing away detachable elevating leg rests	Yes
E1092	Wide, heavy-duty wheelchair, detachable arms (desk or full length), swing away detachable elevating leg rests	Yes
E1093	Wide heavy-duty wheelchair, detachable arms (desk or full length), swing away detachable footrests	Yes
E1110	Semi-reclining wheelchair, detachable arms, (desk or full length), elevating leg rests	Yes
E1037	Transport Chair; pediatric size	Yes
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	Yes
E1140	Standard wheelchair, detachable arms, (desk or full length), swing away detachable footrests	Yes
E1150	Wheelchair, detachable arms, (desk or full length), swing away detachable elevating leg rests	Yes
E1160	Standard wheelchair, fixed full length arms, swing away detachable elevating leg rests	Yes
E1180	Amputee wheelchair, detachable arms (desk or full length), swing away detachable footrests	Yes
E1190	Amputee wheelchair, detachable arms (desk or full length), swing away detachable elevating leg rests	Yes
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest	Yes
E1240	Lightweight wheelchair, detachable arms, (desk or full length), swing away detachable elevating leg rests	Yes
E1280	Heavy duty wheelchair, detachable arms (desk or full length), elevating leg rests	Yes
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrests	Yes
E1290	Heavy duty wheelchair, detachable arms (desk or full length), swing away detachable footrests	Yes
K0007	Extra Heavy Duty Wheelchair	Yes
K0009	Other manual wheelchair/base	Yes
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds patient weight capacity up to and including 300 pounds	Yes
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes
K0816	Power wheelchair, group 1 standard, captains chair patient weight capacity up to and including 300 pounds	Yes
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/ back, patient weight capacity up to and including 300 pounds patient weight capacity up to and including 300 pounds	Yes

Procedure Code	***Description of Item***	***PA Required***
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes
K0823	Power wheelchair, group 2 standard, captains chair patient weight capacity up to and including 300 pounds	Yes
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 pounds to 450 pounds	Yes
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat back, patient weight capacity 451 to 600 pounds	Yes
K0827	Power wheelchair, group 2 very heavy duty, captains chair patient weight capacity 45 to 600 pounds	Yes
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat back, patient weight capacity 601 pounds or more	Yes
K0829	Power wheelchair, group 2 extra heavy duty, captains chair patient weight capacity 601 pounds or more	Yes
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid Seat/back, patient weight capacity up to and including 300 pounds	Yes
K0831	Power wheelchair, group 2 standard, seat elevator, captains Chair, patient weight capacity up to and including 300 pounds	Yes
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 pounds to 450 pounds	Yes
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair patient weight capacity 301 pounds to 450 pounds	Yes
K0839	Power wheelchair, group 2 very heavy duty, single power option, Sling/back seat/ solid patient weight capacity 451 pounds to 600 pounds	Yes
K0840	Power wheelchair, group 2 heavy duty, single power option, Sling/solid seat back patient weight capacity 601 pounds or more	Yes
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 pounds to 450 pounds	Yes
K0848	Power wheelchair, group 3 standard, sling/back, patient weight Capacity up to and including 300 pounds	Yes
K0849	Power wheelchair, group 3 standard, captains chair, patient Weight capacity up to and including 300 pounds	Yes
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 pounds to 450 pounds	Yes
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 pounds to 450 pounds	Yes
K0852	Power wheelchair, group 3 very heavy duty, Sling/solid seat/ back, patient weight capacity 451 pounds to 600 pounds	Yes
K0853	Power wheelchair, group 3 very heavy duty, captains chair patient weight capacity 451 pounds to 600 pounds	Yes
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat back, patient weight capacity 601 pounds or more	Yes

Procedure Code	***Description of Item***	***PA Required***
K0855	Power wheelchair, group 3 extra heavy duty, captains chair patient weight capacity 601 pounds or more	Yes
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301pounds to 450 pounds	Yes
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair patient weight capacity 301 pounds to 450 pounds	Yes
K0860	Power wheelchair, group 3 very heavy duty, single power option, Sling/solid seat/ back patient weight capacity pounds to 451 pounds to 600 pounds	Yes
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid, seat/back, patient weight capacity up to and including 300 pounds	Yes
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 pounds to 450 pounds	Yes
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 pounds to 600 pounds	Yes
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes
K0869	Power wheelchair, group 4 standard, captains chair, patient Weight capacity up to and including 300 pounds	Yes
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 pounds to 600 pounds	Yes
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 pounds to 450 pounds	Yes
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 pounds 600 pounds	Yes
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair patient weight capacity up to and including 300 pounds	Yes
K0886	Power wheelchair, group 4 heavy duty ,multiple power option, sling/solid seat/back patient weight capacity 301 pounds to 450 pounds	Yes
K0890	Power wheelchair , group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes
K0891	Power wheelchair , group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes
K0898	Power wheelchair, not otherwise classified	Yes

NOTE:

Wheelchairs are limited to one every five years per recipient.

Wheelchair Accessories

Procedure Code	*Description of Item*	*PA Required*
E0951*	Loop heel, each	Yes
E0952	Toe Loop / holder each	Yes
E0955	Wheelchair accessory, headrest, cushioned, prefabricated	Yes
E0956	Wheelchair accessory, lateral trunk support, prefabricated including fixed mounting hardware	Yes
E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware	Yes
E0958*	Manual wheelchair accessory to convert any wheelchair to one arm drive	Yes
E0959	Manual wheelchair accessory, adapter for amputee	Yes
E0960	Wheelchair accessory, shoulder harness/ straps or chest strap including any type mounting hardware.	Yes
E0961	Manual wheelchair accessory, wheel lock brake extension (handle) each	Yes
E0966	Manual wheelchair accessory, rest extension , each	Yes
E0967	Manual wheelchair accessory, hand rim with projections, each	Yes
E0971*	Manual wheelchair accessory, anti-tipping device, each	Yes
E0972	Wheelchair accessory, transfer board or device, each	Yes
E0973	Wheelchair Accessory, adjustable height, detachable armrest, complete assembly, each	Yes
E0974	Manual wheelchair accessory, anti-rollback device, each	Yes
E0978	Wheelchair accessory safety belt / pelvic strap each	Yes
E0980	Safety Vest, Wheelchair	Yes
E0981	Wheelchair accessory, seat upholstery replacement only, each	No
E0982	Wheelchair accessory, back upholstery, replacement only, each	Yes
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair	Yes
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair	Yes
E0985	Wheelchair accessory, seat lift mechanism	No
E0986	Manual Wheelchair accessory, push-rim activated power assist, each	Yes
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Yes
E0992	Manual Wheelchair accessory, solid insert	Yes
E0994	Armrest, each	Yes
E0995	Wheelchair accessory, calf rest/ pad, each	No
E1002	Wheelchair accessory, power seating system, tilt only	Yes
E1003	Wheelchair accessory, power seating system, recline only Without shear reduction	Yes
E1004	Wheelchair accessory , power seating system, recline only with Mechanical shear reduction	Yes
E1005	Wheelchair accessory, power seating system, recline only with power shear reduction	Yes
E1006	Wheelchair accessory , power seating system, combination tilt and recline without shear reduction	Yes
E1007	Wheelchair accessory , power seating system, combination tilt and recline with mechanical shear reduction	Yes

Procedure Code	***Description of Item***	***PA Required***
E1008	Wheelchair accessory , power seating system, combination tilt and recline with power shear reduction	Yes
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including push rod and leg rest	Yes
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Yes
E1011	Modification to pediatric wheelchair, width adjustable package (not to be dispensed with initial chair)	Yes
E1014	Reclining back, addition to pediatric wheelchair	Yes
E1015	Shock absorber for manual wheelchair, each	Yes
E1016	Shock absorber for power wheelchair, each	Yes
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty Manual wheelchair	Yes
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes
E1020	Residual Limb Support System for wheelchair	Yes
E1028	Wheelchair accessory, manual swing away retractable or removable mounting hardware for joystick	Yes
E1029	Wheelchair accessory, ventilator tray, fixed	Yes
E1030	Manual wheelchair accessory, ventilator tray, gimbaled	Yes
E2201	Manual wheelchair accessory, nonstandard seat frame width greater than or equal to 20 inches	Yes
E2202	Manual wheelchair accessory, nonstandard seat frame width 24-27 inches	Yes
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Yes
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes
E2205	Manual wheelchair accessory, handrim without projections, any type, replacement only, each	Yes
E2206	Manual wheelchair accessory, wheellock assembly, complete, each	Yes
E2210	Wheelchair accessory, bearings, any type, replacement only	Yes
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Yes
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Yes
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Yes
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fastners, connectors, and mounting hardware, each	Yes
E2314	Manual wheelchair accessory, pneumatic caster tire, any size, each	Yes
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Yes
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Yes
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Yes
E2218	Manual Wheelchair accessory, foam propulsion tire, any size, each	Yes
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Yes
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Yes
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), each	Yes
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size, each	Yes

Added: E2313

Added: E2313

Procedure Code	***Description of Item***	***PA Required***
E2223	Manual wheelchair accessory, valve, any type, replacement only, each	Yes
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Yes
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Yes
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Yes
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Yes
E2228	Manual wheelchair accessory, wheel braking system and lock, complete , each	Yes
E2300	Power wheelchair accessory, power seat elevation system	Yes
E2301	Power wheelchair accessory, power standing system	Yes
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics	Yes
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating systems motor, including all related electronics	Yes
E2313	Power wheelchair accessory, harness for update to expandable controller, including all fastners and mounting hardware, each	Yes
E2321	Power wheelchair accessory, hand control interface, remote joystick, non-proportional, inc	Yes
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, non-proportional	Yes
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Yes
E2324	Power wheelchair accessory, chin cup for chin control interface	Yes
E2325	Power wheelchair accessory, sip and puff interface non-proportional, including all related electronics	Yes
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Yes
E2327	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics	Yes
E2328	Power wheelchair accessory, head control or extremity control interface, electronic proportional	Yes
E2329	Power wheelchair accessory, head control interface, switch mechanism, non-proportional inc	Yes
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, non-proportional inc	Yes
E2331	Power wheelchair accessory, attendant control interface, proportional including all related electronics	Yes
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	Yes
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22 -25 inches	Yes
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair	Yes
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	No
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glass	No
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	No
E2363	Power wheelchair accessory, group 24 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glass	No
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery each	No
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassma)	No

Procedure Code	***Description of Item***	***PA Required***
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed	No
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	No
E2368	Power wheelchair component, replacement only	Yes
E2369	Power wheelchair component, gear box, replacement only	Yes
E2370	Power wheelchair component, motor and gearbox combination, replacement only	Yes
E2371	Power Wheelchair accessory, group 27 sealed acid battery, (e.g. gel cel, absorbed glassmat), each	Yes
E2372	Power Wheelchair accessory, group 27 non-sealed lead acid battery, each	Yes
E2373	Power wheelchair accessory, hand or chin control interface, Compact remote jpystick, proportional, include fixed mounting hardware	Yes
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	No
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire , any size, replacement only, each	No
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	No
E2384	Power wheelchair accessory, pneumatic caster tire, any size, reolacement only, each	No
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	No
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	No
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	No
E2388	Power wheelchair accessory , foam drive wheel tire, any size, replacement only, each	No
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	No
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	No
E2391	Power wheelchair accessory, solid (rubber/plastic) castertire (removable), any size, replacement only, each	No
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	No
E2393	Power wheelchair accessory, valve for pneumatic c tire tube, any type, replacement only	No
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	No
E2395	Power wheelchair accessory, caster wheel excludes tire, any size replacement only	No
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	No
E2397	Power wheelchair accessory, lithium-based battery, each	Yes
E2399*	Power wheelchair accessory, not otherwise classified interface, and including all related electronics and any type mounting hardware.	Yes
E2601*	General use wheelchair cushion, width less than 232 inches , any depth	Yes
E2602	General, use wheelchair seat cushion, width 2 inches or greater, any depth	Yes
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (replaced E0192)	Yes
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (replaced E0192)	Yes
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes

Deleted from E2371: ~~Yes~~
Added to E2371: No

Deleted from E2372: ~~Yes~~
Added to E2372: No

Procedure Code	***Description of Item***	***PA Required***
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes
E2609	Custom fabricated wheelchair seat cushion, any size	Yes
E2611	General use wheelchair back cushion, width less than 22 inches, any weight, including any type mounting hardware	Yes
E2612	General use wheelchair back cushion, width greater than 22 inches, any weight, including any type mounting hardware	Yes
E2613	Positioning wheelchair back cushion, Posterior, width less than 22 inches, any height, including any type mounting hardware	Yes
E2614	Positioning wheelchair back cushion, Posterior, width 22 inches or greater, any height, including any type mounting hardware	Yes
E2615	Positioning wheelchair back cushion, posterior or lateral, width less than 22 inches, any height, including any type mounting hardware	Yes
E2616	Positioning wheelchair back cushion, posterior or lateral, width less than 22 inches or greater, any height, including any type mounting hardware	Yes
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting system	Yes
E2618	Wheelchair accessory, solid seat support base (replaced sling seat) for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware	Yes
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Yes
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches , any height, including any type mounting hardware	Yes
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Yes
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics	Yes
E8000	Gait trainer, pediatric size, posteria support, includes all accessories and components	Yes
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Yes
E8002	Gait trainer, pediatric size, anteriort support, includes all accessories and components	Yes
K0007*	Extra wide Heavy Duty Wheelchair	Yes
K0015*	Detachable , nonadjustable height armrest, each	Yes
K0017	Detachable, adjustable height armrest, base, each	Yes
K0018*	Detachable, adjustable	Yes
K0019*	Arm Pad, each	No
K0020*	Fixed, adjustable height armrest, pair	Yes
K0037*	High mount flip-up footrest, each	Yes
K0038*	Leg strap, each	Yes
K0039*	Leg strap, h style, each	Yes
K0040*	Adjustable angle footplate, each	No
K0041*	Large size footplate, each	No
K0042*	Standard size footplate, each	No
K0043*	Footrest, lower extension tube, each	No
K0044*	Footrest, upper hanger bracket, each	No
K0045*	Footrest, complete assembly	No
K0046*	Elevating leg rest, lower extension tube, each	No

Procedure Code	***Description of Item***	***PA Required***
K0047*	Elevating leg rest, upper hanger bracket, each	No
K0050*	Ratchet assembly	No
K0051*	Cam release assembly, footrest or leg rest, each	No
K0052*	Swing away, detachable footrests, each	No
K0053*	Elevating footrests, articulating (telescoping), each	Yes
K0056*	Seat height less than 17" or equal to or greater than 21" for a High strength, lightweight, or ultra lightweight wheelchair	Yes
K0065*	Spoke protectors, each	Yes
K0068*	Pneumatic tire .tube, each	Yes
K0069*	Rear wheel assembly, complete, with solid tire, pokes or molded, Each	Yes
K0070*	Rear wheel assembly, complete, with pneumatic tire, spokes or Molded, each	Yes
K0071*	Front caster assembly, complete, with pneumatic tire, each	Yes
K0072*	Front caster assembly, complete, with semi- pneumatic tire, each	Yes
K0073*	Caster pin lock, each	Yes
K0077*	Front caster assembly, complete, with solid tire, each	Yes
K0099	Front caster for power wheelchair	No
K0105*	IV hanger, each	Yes
K0108*	Wheelchair component or accessory, not otherwise specified	Yes
K0195*	Elevating leg rests, pair (for use with capped rental wheelchair base)	Yes
K0462	Temporary replacement for patient owned equipment being repaired, any type	Yes
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes
L3964*	Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	Yes
L3965*	Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment	Yes
L3966*	Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, reclining fabricated for attachment to wheelchair base	Yes
L3968*	Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	Yes
L3969*	Shoulder elbow orthosis, mobile arm support, monosuspension arm and hand support, overhand elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment	Yes
L3970*	See, addition to mobile arm support, elevating proximal arm	Yes
L3972*	See, addition to mobile arm support, offset or lateral rocker arm With elastic balance control	Yes
L3974*	See, addition to mobile arm support, supinator	Yes

DME Repair

Procedure Code	***Description of Item***	***PA Required***
K0739*	Repair/SVC DME non oxygen equipment, repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	No
E1399	Durable medical equipment, miscellaneous	Yes

EPSDT Referred Services

The following procedure codes identified with an asterisk are available for all Medicaid recipients. However, if these procedure codes exceed Medicaid established limits or program guidelines, a current EPSDT screening, Patient 1st referral (if applicable) and prior authorization would be required. A prior authorization may be required before Medicaid would make reimbursement for service provided beyond the limitations.

Procedure Code	***Modifier***	***Description of Item***	***PA Required***
A4206		1cc syringe with needle	No
A4208 *****		3cc syringe w/needle (HOME IV ONLY)	No
A4209		Syringe with needle, sterile 5 cc or greater	No
A4210		Needle-free injection device – inj. cap with luer lock, monojector	No
A4213 *****		Syringe, sterile, 20cc or greater (for catheter or wound irrigation or bolus feeds)	No
A4215 *****		Needles, sterile, any size each (HOME IV ONLY)	No
A4216		Sterile water/saline and /or dextrose (diluent), 10 ML	No
A4217		Sterile water, saline 500ml	No
A4221		Supplies for maintenance of drug infusion catheter, per week	No
A4232		Syringe with needle for External Insulin Pump, sterile, 3cc	No
A4233 *		Replacement battery, Alkaline, other than J cell	No
A4234 *		Replacement battery, Alkaline, J cell	No
A4235 *		Replacement battery, Lithium	No
A4236 *		Replacement battery, Silver Oxide	No
A4256 *		Normal, Low and High Calibrator Solution/Chips	No
A4258 *		Spring-powered device for lancet	No
A4244		Alcohol or peroxide	No
A4245 *****		Alcohol wipes, per 100	No
A4246		Betadine or Phisohex solution	No
A4247 *****		Betadine or iodine swabs/wipes (home IV only), per box of 100	No
A4250 *****		Urine test or reagent strips or tablets, per 50	No
A4253 *****		Blood glucose test or reagent strips for home blood glucose monitor, per box of 50	No
A4259 *****		Lancets, per box of 100	No
A4335		Incontinence supply; miscellaneous (replaced Z5311)	No
A4338 *****		Indwelling catheter, Foley type, two-way, latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)	No
A4340		Indwelling catheter; specialty type (for enteral feeding)	No
A4344 *****		Indwelling catheter, Foley type, two-way, all silicone	No

Procedure Code	*Modifier*	*Description of Item*	*PA Required*
A4349 *		Male external catheter with or w/out adhesive, disposable, each (limited to 30 per month for adults age 21 and above). **If an EPSDT recipient uses catheters beyond the 30 per month limit, the A4349 code should be used. The recipient must be referred through the EPSDT program and this information must be included on the billing claim form when billing – A4349**. Not to exceed 150.	No
A4351*		**Intermittent urinary catheter, straight tip, with or without coating (Teflon, silicon, silicon elastomer, or hydrophilic, etc) each limited to 30 per month for adults age 21 and over)** If an EPSDT recipient uses catheters beyond the 30 per month limit, the **A4351** code should be used. The recipient must be referred through the EPSDT program and this information must be included on the billing claim form when billing **A4351** Not to exceed 150.	No
A4352		Intermittent urinary catheter, coude (curved) tip, 60 per month	No
A4354 *		Insertion tray with drainage bag, without catheter	No
A4357 *		Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each	No
A4358 *		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps each.	No
A4362 *		Skin barrier; solid, 4 x 4 or equivalent; each	No
A4364 *		Adhesive for Ostomy or catheter; liquid (spray, brush, etc.), cement, powder or paste; any composition (e.g. silicone, latex, etc.)	No
A4365		Adhesive remover wipes, any type per 50	No
A4367 *		Ostomy Belt (each)	No
A4400 *		Ostomy Irrigation Set	No
A4402		Lubricant, per ounce	No
A4404 *		Ostomy Ring	No
A4414 *		Skin barrier; with flange (solid, flexible or accordion) without built-in convexity, 4x4 inches or smaller, each (limited to 30 per month)	No
A4450 *		Tape, non-waterproof, per 18 square inches (limited to six rolls per month)	No
A4452 *		Tape, waterproof, per 18 square inches (limited to six rolls per month)	No
T4521		Adult-sized incontinence product, diaper, small (limited up to 180 diapers per month)	Yes
T4522		Adult-sized Incontinence product ,Medium (limited up to 180 diapers per month)	Yes
T4523		Adult-sized incontinence product, diaper large (limited up to 150 diapers per month)	Yes
T4524		Adult-sized incontinence product, diaper, extra large (limited to up 150 diapers per month)	Yes
T4529		Child-sized incontinence product, diaper small/medium (limited up to 210 diapers per month)	Yes
T4530		Child-sized incontinence product, large (limited up to 210 diapers per month)	Yes
A4611		Battery, heavy duty; replacement for recipient owned ventilator	No
A4614		Peak flow meter	Yes
A4615		Cannula, nasal	No
A4618		Breathing circuits, permanent ventilator circuits	No

Procedure Code	***Modifier***	***Description of Item***	***PA Required***
A4624*		Tracheal suction catheter, any type	No
A4625		Tracheostomy care kit for new tracheostomy	No
A4629*		Tracheostomy care kit for established tracheostomy	No
A4605		Tracheal suction catheter, closed system, ea. (delee) limited to 4 per month	No
A7012		Water collection device, used with large volume nebulizer (drain bag) limited to 4 per month	No
A7010		Corrugated tubing disposable, used with large volume nebulizer (aerosol tubing) per 100 ft	No
A7008		Large volume nebulizer, disposable prefilled used with aerosol compressor. (Neb Adapters) limited to 4 per month.	No
A9900		Miscellaneous DME supply. (Suction machine filters) limited to 2 per year	No
S8999		Disposable ambu bags (resuscitation bags) limited to 2 per year.	No
S8189		Tracheostomy supply (Customized/specialty trachs) ex. Bivona	Yes
A4627		Spacer, bag or reservoir, with or without mask	No
A4628 *		Oropharyngeal suction catheter, each	No
A4629*		Tracheostomy care kit for established tracheostomy	No
A4629*		Tracheostomy care kit for established tracheostomy	No
A4714		Treated water (deionized, distilled, reverse osmosis) for use in dialysis system	No
A4927 *		Gloves, sterile or non-sterile, per pair, 100 gloves per box	No
A5052 *		Pouch, closed; without barrier attached (one piece), per bag	No
A5054 *		Pouch closed; for use on barrier with flange (two piece)	No
A5061 *		Pouch, closed; without barrier attached, one piece (Ostomy)	No
A5063 *		Pouch, open; without barrier attached (two piece), per bag	No
A5071 *		Pouch, urinary, with barrier attached; (one piece) limited to 40 per month)	No
A5121 *		Skin barrier; solid, 6 x 6 or equivalent, each	No
A6216 *		Gauze pad, non-impregnated, non-sterile; pad size 16 sq. in. or less	No
A6217 *		Gauze pad, non-impregnated, non-sterile; pad size more than 16 sq. in. (limited to 100 per month)	No
A6402 *		Gauze pad, non-impregnated, sterile; pad size 16 sq. in. or less (used only in areas requiring sterile pads)	No
A6403 *		Gauze pad, non-impregnated, sterile; pad size more than 16 sq. in. (limited to 100 per month) (used only in areas requiring sterile pads)	No
A6501		Compression burn garment, body suit (head to foot), custom fabricated	Yes
A6502		Compress burn garment, chin strap. Custom fabricated	Yes
A6503		Compression burn garment, facial hood custom fabricated	Yes
A6504		Compression burn garment, glove to wrist, custom fabricated	Yes
A6505		Compression burn garment, glove to elbow, custom fabricated	Yes
A6507		Compression burn garment, foot to knee length, Custom fabricated	Yes
A6508		Compression burn garment, foot to thigh length, Custom fabricated	Yes
A6509		Compression burn garment, upper trunk to waist Including arm openings (vest),custom fabricated	Yes

Procedure Code	*Modifier*	*Description of Item*	*PA Required*
A6511		Compression burn garment, lower trunk including Openings (pantry), custom fabricated	Yes
A6512		Compression burn garment, not otherwise classified	Yes
A6513		Compression burn mask, face and /or neck, Plastic or equal, custom fabricated	Yes
A7003 *		Administration set, small volume non-filtered pneumatic nebulizer (limited to 3 sets per month)	No
A7005 *		Administration set, small volume non-filtered pneumatic nebulizer, non-disposable (limited to 2 per year)	No
A7015		Aerosol mask, used with DME Bebulizer	No
A7509		Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	Yes
A7520		Tacheostomy or laryngectomty tube, non-cuffed, polyvinyl chloride (PVC). Silicone or equal each	No
A7521*		Tracheostomy/laryngectomy tube, cuffed,polyvinylchloride (PVC), silicone or equal, each	No
A7525		Tracheostomy mask, each	No
A7526		Tracheostomy tube collar/holder, each (limited to 31 per month -1 per day)	No
A9999*		Miscellaneous DME supply not otherwise specified (IV administration kit) (A9999 is to be used for supplies in the IV administration start kit only.) (limited to 70 per month)	No
B4034		Enteral feeding supply kit; per day	Yes
B4035		Enteral feeding supply kit; pump fed (1 set per day) kit includes tubing & bags	Yes
B4036		Enteral feeding supply kit; gravity fed 1 set per day)	Yes
B4081 *		N/G Tubing with stylet	No
B4082 *		N/G Tubing without stylet	No
B4087		Gastrostomy/Jejunostomy tube, standard, any material, any type, each	No
B4088		Gastrostomy/Jejunostomy tube, low profile, any material, any type, each	Yes
B9002	RR	Enteral nutrition infusion pump w/alarm, per day	Yes
B9004 *	RR	Parenteral nutrition infusion pump, portable, (monthly rental, but must be prorated on a daily basis if pump is used less than one month)	Yes
B9006 *	RR	Parenteral nutrition infusion pump, stationary, (monthly rental, but must be prorated on a daily basis if pump is used less than one month)	Yes
B9998	EP	Not otherwise classified for enteral supplies • Catheter plug adapter • Enteral feeding adapter, “Y” • GT button adapter 18 fr cont. and/or bolus • GT button decompression tube 24 fr 1.7 • R angle adapter	Yes
E0100 *		Cane, includes canes of all materials, adjustable or fixed, with tip	No
E0105 *		Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	No
E0110 *		Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	No
E0112 *		Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	No
E0130 *		Walker, rigid (pickup), adjustable/fixed height	No
E0135 *		Walker, folding (pickup), adjustable or fixed height	No

Added: 7521*

Added: E0140

Added: E0168*

Added: E0303* and E0304*

Procedure Code	***Modifier***	***Description of Item***	***PA Required***
E0140		Walker, with trunk support, adjustable or fixed height, any type	Yes
E0146 *		Walker, wheeled with seat	No
E0153		Platform attachment, forearm crutch	Yes
E0163 *		Commode chair, stationary with fixed arms	No
E0165 *		Commode chair, stationary with detachable arms	No
E0168*		Commode chair, extra wide and /or heavy duty, stationary or mobile, with or without arms, any type, each	Yes
E0178		Gel pressure pad or cushion, non-positioning	Yes
E0181 *		Pressure pad, alternating with pump, Heavy Duty	Yes
E0184		Dry pressure mattress	No
E0185 *		Gel or gel-like pressure pad for mattress (limited to one every two years)	Yes
E0188 *		Synthetic sheep skin pad	No
E0191 *		Heel or elbow protector, each	No
E0192 *		Low pressure and positioning equalization pad for wheelchair	Yes
E0202		Phototherapy (bilirubin) light with photometer	Yes
E0210 *		Electric heat pad, standard	No
E0250 *		Hospital bed, with side rails, fixed height, with mattress	Yes
E0255 *		Hospital bed, with side rails, variable height, HI-LO, with mattress	Yes
E0260 *		Semi electric hospital bed	Yes
E0271 *		Mattress, inner-spring (replacement for medically necessary hospital bed owned by recipient)	Yes
E0275 *		Bedpan, standard, metal or plastic	No
E0276 *		Bedpan, fracture, metal or plastic	No
E0277	RR	Power pressure reducing air mattress	Yes
E0280		Bed cradle, any type	Yes
E0303*		Hospital bed , heavy duty, exra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds with any type side rails, with mattress	Yes
E0304*		Hospital bed , extra heavy duty, exra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Yes
E0310 *		Bed side rails (full length)	Yes
E0445		Pulse oximeter machine (Note: load specific number of units)	Yes
E0450		Volume ventilator; portable (includes battery, battery charger, & battery cables) (E0451ZN)	Yes
E0455		Oxygen tent, excluding croup or pediatric tents	Yes
E0461		Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g., mask)	Yes
E0463		Pressure support ventilator, with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	Yes
E0470	RR	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g.,nasal or facial mask	Yes
E0471		Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g.,nasal or facial mask	Yes
E0472	RR	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface,e.g., tracheostomy tube (intermittent	Yes

Procedure Code	***Modifier***	***Description of Item***	***PA Required***
E0480		Percussor, electric or pneumatic, home model	No
E0483		High Frequency Chest Wall Oscillation Air Pulse Generator System (includes Hoses and Vest)	Yes
E0550		Humidifier, durable, for extensive supplemental humidification during IPPB treatment or oxygen delivery.	Yes
E0561	RR	Humidifier, non-heated, used with positive airway pressure device	Yes
E0562	RR	Humidifier, heated, used with positive airway pressure device	Yes
E0565		Compressor	Yes
E0565		Compressor; air power source for equipment not self-contained or cylinder driven; large volume air compressor	Yes
E0570 *		Nebulizer, with compressor (limited to one every four years)	No
E0575		Nebulizer, self-contained, ultrasonic	Yes
E0585		Nebulizer with compressor & heater	Yes
E0600 *		Suction Pump, home model, portable	Yes
E0601	RR	Continuous airway pressure (CPAP) device	Yes
E0607 *		Home blood glucose monitor	No
E2100		Home blood glucose monitor with integrated voice synthesizers	Yes
E0619		Apnea monitor with recording feature	Yes
E0621 *		Sling or seat for patient lift, canvas or nylon	No
E0630 *		Patient lift, hydraulic, with seat or sling	Yes
E0650		Pneumatic compressor, non segmental home model	Yes
E0667		Pneumatic appliance for use with segmental pneumatic compressor, leg	Yes
E0668		Arm appliance for linear pump	Yes
E0705*		Transfer device, any type, each	Yes
E0776 *		IV Pole (HOME IV ONLY)	No
E0781 *	RR	Ambulatory Pump (HOME IV ONLY)	Yes
E0784		External Ambulatory Infusion Pump, Insulin	Yes
E0791		Parenteral infusion pump, stationary, single or multi-channel (for chemotherapy or morphine)	Yes
E0850		Traction stand, free standing, simple cervical traction	Yes
E0890		Traction frame, attached to footboard, simple pelvic traction	Yes
E0910 *		Trapeze bars, AKA patient helper, attached to bed, with grab bar	Yes
E0911*		Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Yes
E0912*		Trapeze bar,heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Yes
E0953*		Pneumatic tire	Yes
E0958		Manual wheelchair accessory to convert any wheelchair to one arm drive	Yes
E0963 *		2” cushion for wheelchair	Yes
E0964 *		3” cushion for wheelchair	Yes
E0965 *		4” cushion for wheelchair	Yes
E0978*		Wheelchair accessory safety belt / pelvic strap each	Yes
E0980*		Safety Vest, Wheelchair	Yes
E0996*		Tire, solid	Yes
E0999*		Pneumatic tire	Yes
E1000*		Tire, pneumatic caster	Yes

Added: E0705*

Added: E0911* and E0912*

Deleted: ~~E0953~~
Added: E0953*

Deleted: ~~E0972~~

Deleted: ~~E0978, E0980, E0996, E0999, E1000, E1028~~

Added: E0978*, E0980*, E0996*, E0999*, E1000*, E1028*

Procedure Code	***Modifier***	***Description of Item***	***PA Required***
E1028*		Wheelchair accessory, manual swingaway, rectractable or removable mounting hardware for joystick, other controlled interface or positioning accessory	Yes
E1037		Transport chair pediactric size	Yes
E1050 *		Fully-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	Yes
E1060 *		Fully reclining wheelchair, detachable arms, (desk or full length) swing away detachable elevating leg rests	Yes
E1070 *		Fully-reclining wheelchair, detachable arms (desk or full length), swing away detachable footrest	Yes
E1088*		High strength lightweight wheelchair, detachable arms, desk or full length swing away detachable elevating leg rests	Yes
E1091		Youth wheelchair, any type	Yes
E1093 *		Wide heavy-duty wheelchair, detachable arms (desk or full length), swing away detachable footrests	Yes
E1110 *		Semi-reclining wheelchair, detachable arms, (desk or full length), elevating leg rests	Yes
E1130 *		Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	Yes
E1140 *		Standard wheelchair, detachable arms, (desk or full length), swing away detachable footrests	Yes
E1150 *		Wheelchair, detachable arms, (desk or full length), swing away detachable elevating leg rests	Yes
E1160 *		Standard wheelchair, fixed full length arms, swing away detachable elevating leg rests	Yes
E1180 *		Amputee wheelchair, detachable arms (desk or full length), swing away detachable footrests	Yes
E1190 *		Amputee wheelchair, detachable arms (desk or full length), swing away detachable elevating leg rests	Yes
E1200 *		Amputee wheelchair, fixed full length arms, swing away detachable footrest	Yes
E1220		Wheelchair; specially sized or constructed, (indicate brand name, model number, if any and justification	Yes
E1240 *		Lightweight wheelchair, detachable arms, (desk or full length), swing away detachable elevating leg rests	Yes
E1260*		Wheelchair lightweight, detachable arms (desk or full length), swing away detachable footrests	Yes
E1280 *		Heavy duty wheelchair, detachable arms (desk or full length), elevating leg rests	Yes
E1285 *		Heavy duty wheelchair, fixed full length arms, swing away detachable footrests	Yes
E1290 *		Heavy duty wheelchair, detachable arms (desk or full length), swing away detachable footrests	Yes
E2602*		General, use wheelchair seat cushion, width 22 inches or greater, any depth (replaced (E0963, E0964)	Yes
E2603*		Skin protection wheelchair seat cushion, width less than 22 inches, any depth (replaced E0192)	Yes
E2604*		Skin protection wheelchair seat cushion, width less than 22 inches or greater, any depth (replaced E0192)	Yes
E1390*		Oxygen concentrator capable of delivering 85% or greater oxygen concentration at the prescribed flow rate	Yes

Added: E1260*

Procedure Code	***Modifier***	***Description of Item***	***PA Required***
E1399	EP	DME, not otherwise classified • Bubble humidifier • Clinitest kit (includes dropper tubes, & 5 or 6 Clinitest tabs) • Disposable jet nebulizer • Enviracare model EV-35 with HEPA filter • Exhalation manifold • Enviracare model EV-35 replacement filters 2 per pack • Face masks, 50 count • Filter cabinet • Mushroom valve • Nitrazine paper with dispenser • Non-molded pediatric helmet • Peep valves for ventilator • Respiguard II • Swan neck splint index finger size 4/1 • Swan neck splint (I) middle size 3 1/2/1 • VOL pump set, pancreatic 78” • Feeder seats • Orthopedic seats	Yes
E1399 *		DME, not otherwise classified • Right angle adapter for gastronomy tube • Spring steel catheter clamp • Suction filter (for internal use with suction pump) • 10lb sand weight bag	Yes

NOTE:

To file a claim for procedure codes E1399 or E1399 (EP):

1. The procedure code must be entered on the claim as one line item.

2. The units billed must be entered as “1” unit.

3. The dollar amount billed must be the “total” dollar amount for all items approved on the prior authorization for the date of service on the claim.

In other words, the money amounts for multiple items approved on a prior authorization request for E1399 or E1399 (EP) must be combined and the total money amount must be billed as one lump sum. The total units for all items must be billed as “one” unit.

If each approved item for E1399 or E1399 (EP) is billed on separate lines or if more than one unit is billed, for the same dates of service, the claim will be denied.

Procedure Code	*Modifier*	*Description of Item*	*PA Required*
K0007 *		Extra Heavy Duty Wheelchair (weight capacity up to 600 pounds)	Yes
K0009		Manual wheelchair base (weight capacity 600 lbs and above	Yes
K0108		Wheelchair component or accessory not otherwise specified	Yes
K0549		Hospital bed heavy duty, extra wide with any type side rails, with mattress.	Yes
L1900 *		Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band	No
L1940 *		AFO, molded to patient, plastic	No
L1990 *		AFO, double upright free plantar dorsiflexion, solid, stirrup, calf band/cuff (double bar "BK" orthosis)	No
A6530*		Gradient compression stockings, below knee, 18-30 MMHG, each limited to eight (8) stockings per year (4 pairs)	No
A6531*		Gradient compression stockings, below knee, 30-40 MMHG, each limited to eight (8) stockings per year (4 pairs)	No
A6533*		Gradient compression stockings, thigh length, 18-30 MMHG, each limited to eight (8) stockings per year (4 pairs)	No
L8501		Tracheotomy speaking valve	No

Deleted: ~~A6530~~
Added: A6530*

Deleted: ~~A6531~~
Added: A6531*

Deleted: ~~A6533~~
Added: A6533*

Oxygen

Procedure Code	*Modifier*	*Description of Item*	*PA Required*
E0424 *		Stationary compressed gaseous oxygen system, rental; includes contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Yes
E0431 *		Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, cannula or mask, tubing.	Yes
E0441 *		Oxygen contents, gaseous, (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)	Yes
E0443		Portable oxygen contents, gaseous, per unit for use only with portable gaseous systems when no stationary gas or liquid system is used. (limited to 4 refills per month, per recipient with Medicaid justification)	Yes
E1390 *		Oxygen concentrator capable of delivering 85% or greater oxygen concentration at the prescribed flow rate	Yes

NOTE:

Include a copy of the Oxygen Certification Form (Form 360) with oxygen requests. This form is used for initial certification, recertification, and changes in the oxygen prescription. This form must be filled out, signed and dated by the ordering physician.

External Ambulatory Infusion Pump & Supplies

Procedure Code	*Modifier*	*Description of Item*	*PA Required*
E0784		External Ambulatory Infusion Pump will be limited to one every five years based on submitted documentation. This procedure code will be a capped rental item with rental payment of $360.00 per month for twelve months. At the end of the twelve month period, the item is considered to be a purchased item for the recipient paid in full by Medicaid. Any maintenance/repair cost would be subject to an EPSDT screening and referral and a prior authorization as addressed under current Medicaid policy.	Yes
A4232		Syringe with needle for External Insulin Pump, sterile 3cc (each) will be supplied in quantities prescribed as medically necessary by the physician.	No
A4221		Supplies for maintenance of drug infusion catheter per week will be limited to three supply kits per week; no more than twelve supply kits per month. These supply kits must be prescribed as medically necessary by the recipient's physician. If additional supply kits are needed, an EPSDT screening and referral and a prior authorization must be submitted to Medicaid for review.	No
K0601		Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each.	No

NOTE:

Insulin pumps are limited to one every five years.

Supplies used with BI-PAP and CPAP Machines

A7030 Full mask fused with positive airway pressure device

A7031 Face mask interface, replacement for full facemask, each

A7032 Replacement cushion for nasal application device, each

A7033 Replacement pillows for nasal application device, pair

A7034 Nasal interface (mask or cannula type) used with positive airway pressure device, without head strap

A7035 Headgear used positive airway pressure device

A7036 Chinstrap used with positive airway pressure device

A7037 Tubing used with positive airway pressure device

A7038 Filter, disposable, used with positive airway pressure device

A7039 Filter, non disposable, used with positive airway pressure device

A7044 Oral interface used with positive airway pressure device, each

A7046 Water chamber for humidifier, used with positive airway pressure device, replacement each

Prosthetics, Orthotics and Pedorthics

Orthotic Devices

Deleted: ~~65~~
Added: 64

Added: These L codes are denoted with three asterisks.

All orthotics and prosthetics (L Codes) are covered for children up to the age of 21 through the EPSDT Program with a current screening and referral. Most of prosthetic,orthotic and pedorthic codes in this section are covered through the EPSDT Program and do not require prior authorization. The L codesin this section that require an EPSDT Screening and a prior authorization are denoted with two asterisks. Certain Prosthetic, Orthotic and Pedorthic codes are covered for the adult population ages 21-64. These L codes are denoted with three asterisks. Information regarding medical policy and coverage of these codes for adults can be found in Chapter 14 of the DME Provider Manual on pages 14-43 through 14-44.

Orthotic - Upper Limb

Procedure Code	***Description***
A8000	Helmet protective, soft, prefabricated, includes all components and accessories
A8001	Helmet protective, hard, pre fabricated, includes all components and accessories
L0120	Cervical, flexible, non-adjustable (foam collar)
L0130	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)

Orthotic - Upper Limb

Deleted: ~~L0172~~
Added: L0172***

Procedure Code	***Description***
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support
L0170	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
L0210	Thoracic rib belt, custom fitted
L0220	Thoracic rib belt, custom fabricated
L0300	Thoracic-lumbar-sacral-orthosis (TLSO), flexible (dorso-lumbar surgical support)
L0310	TLSO, flexible (dorso-lumbar surgical support), custom fabricated
L0315	TLSO, flexible (dorso-lumbar surgical support), elastic type, with rigid posterior panel
L0317	TLSO, flexible (dorso-lumbar surgical support), hyperextension, elastic type, with rigid posterior panel
L0320	TLSO, anterior-posterior control, (Taylor type), with apron front
L0330	TLSO, anterior-posterior-lateral control, (Knight-Taylor type), with apron front
L0340	TLSO, anterior-posterior-lateral-rotary control (Arnold, Magnuson, Steindler types), with apron front
L0350	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted

Procedure Code	***Description***
L0360	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, molded to patient model
L0370	TLSO, anterior-posterior-lateral-rotary control, hyperextension, (Jewett, Lennox, Baker, Cash types)
L0380	TLSO, anterior-posterior-lateral-rotary control, with extensions
L0390	TLSO, anterior-posterior-lateral control, molded to patient model
L0400	TLSO, anterior-posterior-lateral control, molded to patient model, with interface material
L0410	TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model
L0420	TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model, with interface material
L0430	TLSO, anterior-posterior-lateral control, with interface material, custom fitted
L0440	TLSO, anterior-posterior-lateral control, with overlapping front section, spring steel front, custom fitted
L0458***	TLSO, triplanar control, modular segmental 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, includes fitting and adjustment
L0472***	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
L0486***	TLSO, triplanar control, two piece rigid plastic shell with interface liner, 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 the sagittal coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0491	TLSO, sagittal-coronal 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 and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0492	TLSO, sagittal-coronal 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 xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0520	LSO, anterior-posterior-lateral control, (Knight, Wilcox types), with apron front
L0530	LSO, anterior-posterior control, (MacAusland type), with apron front
L0621	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	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
L0623	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

Added: L0458***, L0472*** and L0486***

Deleted: ~~L0628~~
Added: L0628***

Deleted: ~~L0630~~
Added: L0630***

Procedure Code	***Description***
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
L0625	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	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***	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	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***	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
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0633	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	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/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment

Procedure Code	***Description***
L0636	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	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	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	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0640***	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
K0645	Lumbar sacral orthosis, sagittal-coronal control lumbar flexion rigid posterior frame/panels, lateral articulating design to flex the lumbar spine
K0646	Lumbar-sacral orthosis, sagittal-coronal control rigid anterior and posterior frame/panels, posteror extends from sacrococcygeal junction to T-9.
K0649	Lumbar-sacral orthosis, sagittal-coronal control rigid shell (S), posteriaextends from sasroccgeal junctionto T-9 vertebra, anterior
L0700	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)
L0710	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)
L0810	Halo procedure, cervical halo incorporated into jacket vest
L0820	Halo procedure, cervical halo incorporated into plaster body jacket
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
L0860	Addition to halo procedures, magnetic resonance image compatible system

Deleted: ~~L0640~~
Added: L0640***

Orthotic - Lower Limb

Procedure Code	***Description***
L0900	Torso support, ptosis support
L0910	Torso support, ptosis support, custom fabricated
L0920	Torso support, pendulous abdomen support
L0930	Torso support, pendulous abdomen support, custom fabricated
L0940	Torso support, post surgical support
L0950	Torso support, post-surgical support, custom fabricated
L0960	Torso support, post-surgical support, pads for post-surgical support

Deleted: ~~L0984~~
Added: L0984***

Procedure Code	***Description***
L0970	TLSO, corset front
L0972	LSO, corset front
L0974	TLSO, full corset
L0976	LSO, full corset
L0978	Axillary crutch extension
L0980	Peroneal straps, pair
L0982	Stocking supporter grips, set of 4
L0984***	Protective body sock, each

Orthotic - Upper Limb

Procedure Code	***Description***
L0999	Addition to spinal orthosis, not otherwise specified
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), inclusive of furnishing initial orthosis, including model
L1001	Cervical thoracic lumbar sacral orthosis immobilizer, infant size, prefabricated, includes fitting and adjustments
L1010	Addition to CTLSO or scoliosis orthosis, axilla sling
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad
L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling
L1080	Addition to CTLSO or scoliosis orthosis, outrigger
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model
L1120	Addition to CTLSO, scoliosis orthosis, cover for upright, each
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only
L1210	Addition to TLSO, (low profile), lateral thoracic extension
L1220	Addition to TLSO, (low profile), anterior thoracic extension
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure
L1240	Addition to TLSO, (low profile), lumbar derotation pad
L1250	Addition to TLSO, (low profile), anterior asis pad
L1260	Addition to TLSO, (low profile), anterior thoracic derogation pad
L1270	Addition to TLSO, (low profile), abdominal pad
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each
L1290	Addition to TLSO, (low profile), lateral trochanteric pad
L1300 **	Other scoliosis procedure, body jacket molded to patient model **(REQUIRES PRIOR AUTHORIZATION)**
L1310 **	Other scoliosis procedure, post-operative body jacket **(REQUIRES PRIOR AUTHORIZATION)**
L1499	Spinal orthosis, not otherwise specified

Orthotic - Lower Limb

Procedure Code	***Description***
L1500	Thoracic-hip-knee-ankle orthosis, (THKAO), mobility frame (Newington, Parapodium types)
L1510	THKAO, standing frame
L1520 **	THKAO, swivel walker **(REQUIRES PRIOR AUTHORIZATION)**
L1600	Hip orthosis, (HO), abduction control of hip joints, flexible, Frejka type with cover
L1610	HO, abduction control of hip joints, flexible, Frejka cover only
L1620	HO, abduction control of hip joints, flexible, Pavlik harness
L1630	HO, abduction control of hip joints, semi-flexible (Von Rosen type)
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs
L1650	HO, abduction control of hip joints, static, adjustable, (Ilfled type)
L1660	HO, abduction control of hip joints, static, plastic
L1680	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thighcuffs, (Rancho hip action type)
L1685	HO, abduction control of hip joints, post-operative hip abduction type, custom fabricated
L1686	HO, Abduction control of hip joint, post-operative hip abduction type
L1700	Legg Perthes orthosis, (Toronto type)
L1710	Legg Perthes orthosis, (Newington type)
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type)
L1730	Legg Perthes orthosis, (Scottish rite type)
L1750	Legg Perthes orthosis, Legg Perthes sling, (Sam Brown type)
L1755	Legg Perthes orthosis, (Patten bottom type)
L1800	Knee orthosis, (KO), elastic with stays
L1810	KO, elastic with joints
L1815	KO, elastic or other elastic type material with condylar pad(s)
L1820	KO, elastic or other elastic type material with condylar pads and joints
L1825	KO, elastic knee cap
L1830	KO, immobilizer, canvas longitudinal
L1832	KO, adjustable knee joints, positional orthosis, rigid support
L1834	KO, without knee joint, rigid, molded to patient model
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model
L1843	KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted
L1844	KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model
L1845	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted
L1846	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model

Prosthetic - Lower Limb

Procedure Code	***Description***
L1850	KO, Swedish type
L1855	KO, molded plastic, thigh and calf sections, with double upright knee joints, molded to patient model
L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI)
L1860	KO, modification of supracondylar prosthetic socket, molded to patient model,(SK)
L1870	KO, double upright, thigh and calf lacers, molded to patient model, with knee joints

Deleted: ~~L1930*~~
Added: L01930***

Deleted: ~~L1940*~~
Added: L1940***

Deleted: ~~L1960*~~
Added: L1960***

Deleted: ~~L1970*~~
Added: L1970***

Deleted: ~~L1990*~~
Added: L1990***

Deleted: ~~L2020*~~
Added: L2020**

Procedure Code	***Description***
L1880	KO, double upright, non-molded thigh and calf cuffs/lacers, with knee joints
L1885	KO, single or double upright, thigh and calf, with functional active resistance control
L1900 *****	Ankle-foot orthosis, (AFO), spring wire, dorsiflexion assist calf band
L1902	AFO, ankle gauntlet, custom fitted
L1904	AFO, molded ankle gauntlet, molded to patient model
L1906	AFO, multiligamentus ankle support
L1907	AFO, Supramalleolar, with or without interface pads, custom fabricated
L1910	AFO, posterior, single bar, clasp attachment to shoe counter
L1920	AFO, single upright with static or adjustable stop, (Phelps or Perlstein type)
L1930 *******	AFO, plastic
L1940 *******	AFO, molded to patient model, plastic
L1945	AFO, molded to patient model, plastic, rigid interior tibial section (floor reaction)
L1950	AFO, spiral, molded to patient model, (IRM type), plastic
L1960 ***	AFO, posterior solid ankle, molded to patient model, plastic
L1970 ***	AFO, plastic, molded to patient model, with ankle joint
L1980	AFO, single upright, free plantar dorsiflexion, solid stirrup, calf band/cuff, (single bar “BK” orthosis)
L1990 *******	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff, (double bar “BK” orthosis)
L2000	Knee-ankle-foot orthosis, (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs, (single bar “AK” orthosis)
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (single bar “AK” orthosis), without knee joint
L2020* *	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar “AK” orthosis)
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar “AK” orthosis), without knee joint
L2035	KAFO, full plastic, static, prefabricated (pediatric size)
L2036	KAFO, full plastic, double upright, free knee, molded to patient model
L2037	KAFO, full plastic, single upright, free-knee, molded to patient model
L2038	KAFO, full plastic, without knee joint, multiaxis ankle, molded to patient model (Lively orthosis or equal)
L2039	KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, molded to patient model
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt
L2102	AFO, fracture orthosis, tibial fracture cast orthosis, plaster type casting material, molded to patient
L2104	AFO, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, molded to patient
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, molded to patient
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, molded to patient model
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid
L2122	KAFO, fracture orthosis, femoral fracture cast orthosis, plaster type casting material, molded to patient

Procedure Code	***Description***	
L2124	KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, molded to patient	
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient	
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, molded to patient model	
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft	
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid	
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid	
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman Type	
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	
L2190	Addition to lower extremity fracture orthosis, waist belt	
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	
L2200	Addition to lower extremity, limited ankle motion, each joint	
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	
L2220***	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Deleted: ~~L2220~~ Added: L2220***
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	
L2232	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, vulgus correction (“T”) strap, padded/lined or malleolus pad	
L2275	Addition to lower extremity, varus, vulgus correction, plastic modification, padded/lined	
L2280	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, non-molded lacer	
L2330	Addition to lower extremity, lacer molded to patient model	
L2335	Addition to lower extremity, anterior swing band	
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for “PTB” or “AFO” orthoses)	
L2360	Addition to lower extremity, extended steel shank	
L2370	Addition to lower extremity, Patten bottom	
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	
L2390	Addition to lower extremity, offset knee joint, each joint	Deleted: ~~L2405~~ Added: L2405**
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 joint	
L2415	Addition to knee joint, cam lock (Swiss, French, Bail types) each joint	

Procedure Code	***Description***
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 knee extension, each joint
L2435	Addition to knee joint, polycentric joint, 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	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted
L2525	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, non-molded
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each
L2580	Addition to lower extremity, pelvic control, pelvic sling
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type or thrust bearing, free, each
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables
L2628	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

Orthotic - Upper Limb

Procedure Code	***Description***
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

Orthotic - Lower Limb

Procedure Code	***Description***
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar
L2755	Addition to lower extremity orthosis, carbon graphite lamination
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)
L2770	Addition to lower extremity orthosis, stainless steel, per bar or joint
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar
L2785	Addition to lower extremity orthosis, drop lock retainer, each

Deleted: ~~L2795~~
Added: L2795***

Procedure Code	***Description***
L2795***	Addition to lower extremity orthosis, knee control, full kneecap
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull
L2810	Addition to lower extremity orthosis, knee control, condylar pad
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2830	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
L2999	Lower extremity orthosis, not otherwise specified
L3000	Foot, insert, removable, molded to patient model, UCBll type, Berkeley Shell, each
L3001	Foot, insert, removable, molded to patient model, Spenco, each
L3002	Foot, insert, removable, molded to patient model, Plastazote or equal, each
L3003	Foot, insert, removable, molded to patient model, silicone gel, each
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each
L3020	Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each
L3030	Foot, insert, removable, formed to patient foot, each
L3040	Foot, arch support, removable, pre-molded, longitudinal, each
L3050	Foot, arch support, removable, pre-molded, metatarsal, each
L3060	Foot, arch support, removable, pre-molded, longitudinal/metatarsal, each
L3070	Foot, arch support, non-removable, attached to shoe, longitudinal, each
L3080	Foot, arch support, non-removable, attached to shoe, metatarsal, each
L3090	Foot arch support, non-removable, attached to shoe, longitudinal/metatarsal, each
L3100	Hallus-valgus night dynamic splint
L3140	Foot, abduction rotation bar, including shoes
L3150	Foot, abduction rotation bar, without shoes
L3160	Foot, adjustable shoe-styled positioning device
L3170	Foot, plastic heel stabilizer
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	Orthopedic footwear, ladies shoes, oxford
L3216	Orthopedic footwear, ladies shoes, depth inlay
L3217	Orthopedic footwear, ladies shoes, hightop, depth inlay
L3218	Orthopedic footwear, ladies surgical boot, each
L3219	Orthopedic footwear, men's shoes, oxford
L3221	Orthopedic footwear, men's shoes, depth inlay
L3222	Orthopedic footwear, men's shoes, hightop, depth inlay

Procedure Code	***Description***
L3223	Orthopedic footwear, men's surgical boot, each
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)
L3230	Orthopedic footwear, custom shoes, depth inlay
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3251	Foot, shoe molded to patient model, silicone shoe, each
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each
L3253	Foot, molded shoe, plastazote (or similar), custom fitted, each
L3254	Non-standard size or width
L3255	Non-standard size or length
L3257	Orthopedic footwear, additional charge for split size
L3260	Ambulatory surgical boot, each
L3265	Plastazote sandal, each
L3300	Lift, elevation, heel, tapered to metatarsals, per inch
L3310	Lift, elevation, heel and sole, neoprene, per inch
L3320	Lift, elevation, heel and sole, cork, per inch
L3330	Lift, elevation, metal extension, (skate)
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch
L3334	Lift, elevation, heel, per inch
L3340	Heel wedge, Sach
L3350	Heel wedge
L3360	Sole wedge, outside sole
L3370	Sole wedge, between sole
L3380	Clubfoot wedge
L3390	Out flare wedge
L3400	Metatarsal bar wedge, rocker
L3410	Metatarsal bar wedge, between sole
L3420	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	Miscellaneous shoe addition, insole, leather
L3510	Miscellaneous shoe addition, insole, rubber
L3520	Miscellaneous shoe addition, insole, felt covered with leather
L3530	Miscellaneous shoe addition, sole, half
L3540	Miscellaneous shoe addition, sole, full
L3550	Miscellaneous shoe addition, toe tap, standard
L3560	Orthopedic shoe addition, toe tap, horseshoe
L3570	Miscellaneous shoe addition, special extension to instep, (leather with eyelets)
L3580	Miscellaneous shoe addition, convert instep to Velcro closure
L3590	Miscellaneous shoe addition, convert firm shoe counter to soft counter
L3595	Miscellaneous shoe addition, March bar
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing

Deleted: ~~L3610~~
Added: L3610***

Procedure Code	Description
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
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new
L3640	Transfer of an orthosis from one shoe to another, Dennis Browns splint (Riveton), both shoes
L3649	Unlisted procedures for foot orthopedic shoes, shoe modifications and transfers
L3650	Shoulder orthosis, (SO), figure 8 design abduction restrainer
L3660	SO, figure 8 design abduction restrainer, canvas and webbing
L3670	SO, acromio/clavicular, (canvas and webbing type)
L3671	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3672	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3673	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Orthotic - Upper Limb

Procedure Code	Description
L3700	Elbow orthoses, (EO), elastic with stays
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3710	EO, elastic with metal joints
L3720	EO, double upright, with forearm/arm cuffs, free motion
L3730	EO, double upright, with forearm/arm cuffs, extension/ flexion assist
L3740	EO, double upright, with forearm/arm cuffs, adjustable position lock with active control
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3800	Wrist-hand-finger orthoses, (WHFO), short opponens, no attachments
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckle, may include soft interface material, straps, custom
L3807***	Wrist hand finger orthosis (WHFO), without ioints (s), prefabricated, includes fitting and adjustments, any type
L3808	Wrist hand finger, orthosis, rigid without joints, may include soft interface material; straps, custom fabricatrd, includes fitting and adjustment
L3810	WHFO, addition to short and long opponens, thumb abduction ib Cld bar
L3815	WHFO, addition to short and long opponens, second M.P. abduction assist
L3820	WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop

Added: L3807***

Procedure Code	***Description***
L3825	WHFO, addition to long and short opponens, M.P. extension stop
L3830	WHFO, addition to short and long opponens, M.P. extension assist
L3835	WHFO, addition to short and long opponens, M.P. spring extension assist
L3840	WHFO, addition to short and long opponens, spring swivel thumb
L3845	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop
L3850	WHFO, addition to short and long opponens, action wrist, with dorsiflexion assist
L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control
L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.
L3890	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven
L3901	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion extension, cable driven
L3904	WHFO, external powered, electric
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3906	WHFO, wrist, (gauntlet), molded to patient model
L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model
L3908	WHFO, wrist extension control (cock-up), non-molded
L3912	WHFO, flexion glove, with elastic finger control
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3915	Wrist hand orthosis, includes one or more nontorsion, joint(s) , elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment
L3916	WHFO, wrist extension (cock-up), with outrigger
L3918	WHFO, knuckle bender
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3920	WHFO, knuckle bender, with outrigger
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3922	WHFO, knuckle bender, two-segment to flex joints
L3924	WHFO, Oppenheimer
L3926	WHFO, Thomas suspension
L3928	WHFO, finger extension, with clock spring
L3932	WHFO, safety pin, spring wire
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment
L3934	WHFO, safety pin, modified
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment
L3938	WHFO, dorsal wrist
L3940	WHFO, dorsal wrist, with outrigger attachment
L3942	WHFO, reverse knuckle bender
L3944	WHFO, reverse knuckle bender, with outrigger
L3946	WHFO, composite elastic
L3948	WHFO, finger knuckle bender
L3950	WHFO, combination Oppenheimer, with knuckle bender, and two attachments

Procedure Code	***Description***
L3952	WHFO, combination Oppenheimer, with reverse knuckle bender and two attachments
L3954	WHFO, spreading hand
L3956	Addition of joint to upper extremity orthosis, any material, per joint
L3960	Shoulder-elbow-wrist-hand orthosis, (SEWHO), abduction positioning, airplane design
L3961	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, Erbs Palsey design
L3963	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint
L3964	SEO, mobile arm support attached to wheelchair, balanced, adjustable 1
L3965	SEO, mobile arm support attached to wheelchair, balanced, adjustable, rancho type 1
L3966	SEO, mobile arm support attached to wheelchair, balanced, reclining 1
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3968	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) 1
L3969	SEWHO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support 1
L3970	SEWHO, addition to mobile arm support, elevating proximal arm 1
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3972	SEWHO, addition to mobile arm support, offset or lateral rocker arm, with elastic balance control 1
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3974	SEWHO, addition to mobile arm support, supinator 1
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3980	Upper extremity fracture orthosis, humeral
L3982	Upper extremity fracture orthosis, radius/ulnar
L3984	Upper extremity fracture orthosis, wrist
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge
L3986	Upper extremity fracture orthosis, combination of humeral, radius ulnar, wrist (e.g., Colles fracture)
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each
L3999	Upper extremity orthosis, not otherwise specified
L4000	Replace girdle for Milwaukee orthosis
L4010	Replace trilateral socket brim
L4020	Replace quadrilateral socket brim, molded to patient model

Procedure Code	*Description*
L4030	Replace quadrilateral socket brim, custom fitted

Orthotic - Lower Limb

Procedure Code	*Description*
L4040	Replace molded thigh lacer
L4045	Replace non-molded thigh lacer
L4050	Replace molded calf lacer
L4055	Replace non-molded calf lacer
L4060	Replace high roll cuff
L4070	Replace proximal and distal upright for KAFO
L4080	Replace metal bands KAFO, proximal thigh
L4090	Replace metal bands KAFO-AFO, calf or distal thigh
L4100	Replace leather cuff KAFO, proximal thigh
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh
L4130	Replace pretibial shell

Repair Codes

Procedure Code	*Description*
L4205	Repair of orthotic device, labor component, per 15 minutes (Effective 1/1/97 this replaces HCPCS code L4200)
L4210	Repair of orthotic device, repair or replace minor parts
L4310	Multi-podus or equal orthotic preparatory management system for lower extremities

Orthotic - Lower Limb

Procedure Code	*Description*
L4320	Addition to AFO, multi-podus (or equal) orthotic preparatory management system for lower extremities, Flexible foot positioner with soft interface for AFO, with Velcro closure
L4350	Pneumatic ankle control splint (aircast or equal)
L4360	Pneumatic walking splint (aircast or equal)
L4370	Pneumatic full leg splint (aircast or equal)
L4380	Pneumatic knee splint (aircast or equal)
L4386	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L4390	Replace soft interface material, multi-podus type splint (Effective 1/1/97 this replaces HCPCS code K0126)
L4392	Replace soft interface material, ankle contracture splint (Effective 1/1/97 this replaces HCPCS code K0127)
L4394	Replace soft interface material, foot drop, splint (Effective 1/1/97 this replaces HCPCS code K0128)
L4396	Ankle contracture splint (Effective 1/1/97 this replaces HCPCS code K0129)
L4398	Foot drop splint, recumbent positioning device (Effective 1/1/97 this replaces HCPCS code K0130)
L5000	Partial foot, shoe insert, with longitudinal arch, toe filler

Prosthetic - Lower Limb

Procedure Code	***Description***
L5010	Partial foot, molded socket, ankle height, with toe filler
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
L5050	Ankle, Symes, molded socket, SACH foot
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot
L5100	Below knee, molded socket, shin, SACH foot
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot
L5210	Above knee, short prosthesis, no knee joint (“stubbies”), with foot blocks, no ankle joints, each
L5220	Above knee, short prosthesis, no knee joint (“stubbies”), with articulated ankle/foot, dynamically aligned, each
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot
L5250	Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5270	Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot
L5280	Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5300	Below knee, molded socket, SACH foot, endoskeletal system, including soft cover and finishing
L5310	Knee disarticulation (or through knee), molded socket, SACH foot, endoskeletal system, including soft cover and finishing
L5320	Above knee, molded socket, open end, SACH foot, single axis knee, endoskeletal system, including soft cover and finishing
L5330	Hip disarticulation, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing
L5331	Knee disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee sach foot
L5340	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing

Orthotic - Lower Limb

Procedure Code	***Description***
L5400	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
L5410	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, below knee, each additional cast change and realignment
L5420	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, and one cast change, “AK” or knee disarticulation
L5430	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, ”AK” or knee disarticulation, each additional cast change and realignment
L5450	Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, below knee
L5460	Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, above knee

Prosthetic - Lower Limb

Procedure Code	*Description*
L5500	Initial, below knee, “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, plaster socket, direct formed
L5505	Initial, above-knee or knee disarticulation ischial level socket, USMC or equal pylon, no cover, Sach foot, plaster socket, direct formed
L5510	Preparatory, below knee “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, plaster socket, molded to model
L5520	Preparatory, below knee “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5530	Preparatory, below knee “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5535	Preparatory, below knee in “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, prefabricated, adjustable open end socket
L5540	Preparatory, below knee “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, laminated socket, molded to model
L5560	Preparatory, above knee-knee disarticulation ischial level socket, “USMC” or equal pylon, no cover, SACH foot, plaster socket, molded to model
L5570	Preparatory, above knee-knee disarticulation ischial level socket, “USMC” or equal pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5580	Preparatory, above knee-knee disarticulation ischial level socket, “USMC” or equal pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5585	Preparatory, above knee-knee disarticulation, ischial level socket, “USMC” or equal pylon, no cover, SACH foot, prefabricated adjustable open end socket
L5590	Preparatory, above knee-knee disarticulation ischial level socket, “USMC” or equal pylon, no cover, SACH foot, laminated socket, molded to model
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient
L5610	Addition to lower extremity, above knee, Hydracadence system
L5611	Addition to lower extremity, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control
L5613	Addition to lower extremity, above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control
L5614	Addition to lower extremity, above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control
L5616	Addition to lower extremity, above knee, Universal Multiplex system, friction swing phase control
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each
L5618	Addition to lower extremity, test socket, Symes
L5620***	Addition to lower extremity, test socket, below knee
L5622	Addition to lower extremity, test socket, knee disarticulation
L5624***	Addition to lower extremity, test socket, above knee
L5626	Addition to lower extremity, test socket, hip disarticulation
L5628	Addition to lower extremity, test socket, hemipelvectomy
L5629***	Addition to lower extremity, below knee, acrylic socket
L5630*	Addition to lower extremity, Symes type, expandable wall socket
L5631***	Addition to lower extremity, above knee or knee disarticulation, Acrylic socket
L5632	Addition to lower extremity, Symes type, PTBI, brim design socket
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket
L5636	Addition to lower extremity, Symes type, medial opening socket
L5637	Addition to lower extremity, below knee, total contact
L5638	Addition to lower extremity, below knee, leather socket

Deleted: ~~L5620*~~
Added: L5620***

Deleted: ~~L5624*~~
Added: L5624***

Deleted: ~~L5629*~~
Added: L5629***

Deleted: ~~L5631*~~
Added: L5631***

Procedure Code	Description	
L5639	Addition to lower extremity, below knee, wood socket	
L5640	Addition to lower extremity, knee disarticulation, leather socket	
L5642	Addition to lower extremity, above knee, leather socket	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
L5644	Addition to lower extremity, above knee, wood socket	
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	
L5646	Addition to lower extremity, below knee, air cushion socket	
L5647	Addition to lower extremity, below knee suction socket	
L5648	Addition to lower extremity, above knee, air cushion socket	
L5649***	Addition to lower extremity, ischial containment/narrow M-L socket	Deleted: ~~L5649~~ Added: L5649***
L5650***	Addition to lower extremity, total contact, above knee or knee disarticulation socket	
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Deleted: ~~L5650~~ Added: L5650***
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	Deleted: ~~L5655*~~ Added: L5655***
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5655***	Addition to lower extremity, socket insert, below knee, (Kemblo, Pelite, Aliplast, Plastazote or equal)	Added: L5671***
L5656 **	Addition to lower extremity, socket insert, knee disarticulation, (Kemblo, Pelite, Aliplast, Plastazote or equal)	Deleted: ~~L5673~~ Added: L5673***
L5658 **	Addition to lower extremity, socket insert, above knee, (Kemblo, Pelite, Aliplast, Plastozote, or equal)	
K0556	Addition to lower extremity, socket insert, Symes, silicone gel or equal	
K0557	Addition to lower extremity, socket insert, multidurometer symes	
K0558	Addition to lower extremity, socket insert, below knee, silicone gel or equal	
K0559	Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	
L5666	Addition to lower extremity, below knee, cuff suspension	
L5668	Addition to lower extremity, below knee, molded distal cushion	
L5669	Addition to lower extremity, below knee/above knee, socket insert, suction suspension without locking mechanism	
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (“PTS” or similar)	
L5672	Addition to lower extremity, below knee, removable medial brim suspension	
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastometric or	
L5674	Addition to lower extremity, below knee, latex sleeve suspension or equal, each	
L5675	Addition to lower extremity, below knee, latex sleeve suspension or equal, heavy duty, each	
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair	
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair	
L5678	Additions to lower extremity, below knee, joint covers, pair	

Orthotic - Lower Limb

	Procedure Code	Description
Deleted: ~~L5679~~ Added: L5679***	L5679***	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastometric
	L5680	Addition to lower extremity, below knee, thigh lacer, non-molded
	L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket for congenital or atypical traumatic amputee, silicone gel elastometric
	L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded
	L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket for other than congenital or atypical traumatic amputee, silicone gel elastometric
Deleted: ~~L5685~~ Added: L5685***	L5684	Addition to lower extremity, below knee, fork strap
	L5685***	Addition to lower extremity prosthesis, below the knee,suspension /sealing sleeve, withwith or without valve, any material, each
Deleted: ~~L5686~~ Added: L5686**	L5686**	Addition to lower extremity, below knee, back check, (extension control)
	L5688	Addition to lower extremity, below knee, waist belt, webbing
	L5690	Addition to lower extremity, below knee, waist belt, padded and lined
	L5692	Addition to lower extremity, above knee, pelvic control belt, light
	L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined
Deleted: ~~L5695~~ Added: L5695***	L5695***	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
	L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint
	L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band
	L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
	L5699	All lower extremity prostheses, shoulder harness

Prosthetic - Lower Limb

	Procedure Code	Description
Deleted: ~~L5700*~~ Added: L5700***	L5700***	Replacement, socket, below knee, molded to patient model
Deleted: ~~L5701*~~ Added: L5701***	L5701***	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
	L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
Deleted: ~~L5704*~~ Added: L5704***	L5704***	Replacement, custom shaped protective cover, below knee
	L5705***	Replacement, custom shaped protective cover, above knee
	L5706	Replacement, custom shaped protective cover, knee disarticulation
Deleted: ~~L5705*~~ Added: L5705***	L5707	Replacement, custom shaped protective cover, hip disarticulation
	L5710	Addition, exoskeletal knee-shin system, single axis, manual lock
	L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material
Deleted: ~~L5712~~ Added: L5712***	L5712***	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
	L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control
	L5716	Addition, exoskeletal knee shin system, polycentric, mechanical stance phase lock
	L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control

Procedure Code	***Description***
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber, or equal)
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5812*	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control
L5840	Addition, endoskeletal knee-shin system, multi-axial, pneumatic swing phase control
L5846	Addition, endoskeletal, knee-shin system, microprocessor control feature, swing phase only
L5850*	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist
L5856**	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronics
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronics
L5858**	Addition to lower extremity prosthesis, endoskeletal knee -shin system, microprocessor control feature, stance phase only, includes electronic
L5910***	Addition, endoskeletal system, below knee, alignable system
L5920***	Addition, endoskeletal system, above knee or hip disarticulation, alignable system
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock
L5930	Addition, endoskeletal system, high activity knee control frame
L5940***	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)

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	Procedure Code	Description
Deleted: ~~L5950~~ Added: L5910***	L5950***	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
	L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
Deleted: ~~L5962*~~ Added: L5962***	L5962***	Addition, endoskeletal system, below knee, flexible protective outer surface covering system
Deleted: ~~L5964*~~ Added: L5964***	L5964***	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
	L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
	L5970	All lower extremity prostheses, foot, external keel, SACH foot
	L5971	All lower extremityprosthesis, soild ankle cushion heel (sach) foot, replacement only
	L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)
Deleted: ~~L5974*~~ Added: L5974***	L5974***	All lower extremity prostheses, foot, single axis ankle/foot
	L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)
	L5978	All lower extremity prostheses, foot, multi-axial ankle/foot
	L5979	All lower extremity prostheses, multi-axial ankle/foot, dynamic response
	L5980	All lower extremity prostheses, flex-foot system
	L5982	All exoskeletal lower extremity prostheses, axial rotation unit
	L5984	All endoskeletal lower extremity prostheses, axial rotation unit
Deleted: ~~L5986~~ Added: L5986***	L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
	L5986***	All lower extremity prostheses, multi-axial rotation unit (ii MCPlt or equal)
	L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
	L5999	Lower extremity prosthesis, not otherwise specified

Prosthetic - Upper Limb

Procedure Code	Description
L6000	Partial hand, Robin-Aids, thumb remaining, (or equal)
L6010	Partial hand, Robin-Aids, little and/or ring finger remaining, (or equal)
L6020	Partial hand, Robin-Aids, no finger remaining, (or equal)
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6310	Shoulder disarticulation, passive restoration, (complete prosthesis)
L6320	Shoulder disarticulation, passive restoration, (shoulder cap only)
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm

Procedure Code	***Description***
L6360	Interscapular thoracic, passive restoration (complete prosthesis)
L6370	Interscapular thoracic, passive restoration, (shoulder cap only)
L6380	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	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	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	Immediate post surgical or early fitting, each additional cast change and realignment
L6388	Immediate post surgical or early fitting, application of rigid dressing only
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6580	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	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	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	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead table control, “USMC” or equal pylon, no cover, direct formed
L6588	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	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	Upper extremity additions, polycentric hinge, pair
L6605	Upper extremity additions, single pivot hinge, pair
L6610	Upper extremity additions, flexible metal hinge, pair
L6615	Upper extremity addition, disconnect locking wrist unit
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each
L6620	Upper extremity addition, flexion-friction wrist unit
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release
L6625	Upper extremity addition, rotation wrist unit with cable lock
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
L6630	Upper extremity addition, stainless steel, any wrist

Procedure Code	***Description***
L6632	Upper extremity addition, latex suspension sleeve, each
L6635	Upper extremity addition, lift assist for elbow
L6637	Upper extremity addition, nudge control elbow lock
L6640	Upper extremity additions, shoulder abduction joint, pair
L6641	Upper extremity addition, excursion amplifier, pulley type
L6642	Upper extremity addition, excursion amplifier, lever type
L6645	Upper extremity addition, shoulder flexion/abduction joint, each
L6650	Upper extremity addition, shoulder universal joint, each
L6655	Upper extremity addition, standard control cable, extra
L6660	Upper extremity addition, heavy duty control cable
L6665	Upper extremity addition, Teflon or equal, cable lining
L6670	Upper extremity addition, hook to hand, cable adapter
L6672	Upper extremity addition, harness, chest or shoulder, saddle type
L6675	Upper extremity addition, harness, figure-(ib 8lg) eight type, for single control
L6676	Upper extremity addition, harness, figure-(ib 8lg) eight type, for dual control
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow
L6882**	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic
L6686	Upper extremity addition, suction socket
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation
L6688	Upper extremity addition, frame type socket, above elbow or wrist disarticulation
L6689	Upper extremity addition, frame type socket, shoulder disarticulation
L6690	Upper extremity addition, frame type socket, interscapular-thoracic
L6691	Upper extremity addition, removable insert, each
L6692	Upper extremity addition, silicone gel insert or equal, each
L6704	Terminal device, sport/recreational/work attachment, any material, any size
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size
L6709	Terminal device, hand, mechanical, voluntary, closing, any material, any size
L6882**	Micrprocessor control feature, addition to upper limb prosthetic terminal device
L6890 **	Terminal device, glove for above hands, production glove
L6895	Terminal device, glove for above hands, custom glove
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining
L6915	Hand restoration (shading and measurements included), replacement glove for above

Procedure Code	***Description***
L6920	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 **	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	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	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	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device
L6945	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	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	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries one charger, myoelectronic control of terminal device
L6960	Shoulder disarticulation, external power, molded innersocket, 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	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	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, switch control of switch device
L6975	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 switch device
L7010	Electronic hand, otto bock, steeper or equal, switch control
L7030	Electronic hand, system teknik, variety village or equal, myoelectronically controlled
L7040	Prehensile actuator, Hosmer or equal, switch controlled
L7045	Electronic hook, child, Michigan or equal, switch controlled
L7170	Electronic elbow, Hosmer or equal, switch controlled
L7180	Electronic elbow, Boston, Utah or equal, myoelectronically controlled
L7185	Electronic elbow, Variety Village or equal, switch controlled
L7186	Electronic elbow, child, variety village or equal, switch controlled
L7190	Electronic elbow, Variety Village or equal, myoelectronically controlled
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled
L7260	Electronic wrist rotator, Otto Bock or equal
L7261	Electronic wrist rotator, for Utah arm
L7266	Servo control, Steeper or equal
L7272	Analogue control, UNB or equal
L7274	Proportional control, 6-12 volt, Liberty, Utah or equal

Battery

Procedure Code	*Description*
L7360	Six volt battery, Otto Bock or equal
L7362	Battery charger, six volt, Otto Bock or equal
L7364	Twelve volt battery, Utah or equal, each
L7366	Battery charger, twelve volt, Utah or equal
L7499	Upper extremity prosthesis, not otherwise specified

Prosthetic - Upper Limb

Procedure Code	*Description*
L7500	Repair of prosthetic device, hourly rate (Excludes V5335 repair of oral or laryngeal prosthesis or Artificial larynx)
L7510	Repair of prosthetic device, repair or replace minor parts (Excludes V5335 repair of oral or laryngeal prothesis or artificial larynx)
L7520	Repair prosthetic device, labor component, per 15 minutes (Effective 1/1/97 this replaces HCPCS code K0285)
L7900	Vacuum erection system (Effective 1/1/97 this replaces HCPCS code K0163)

Orthotic - Lower Limb

Procedure Code	*Description*
L8100	Elastic support, elastic stocking, below knee, medium weight, each
L8110	Elastic support, elastic stocking, below knee, heavy weight, each
L8120	Elastic support, elastic stocking, below knee, surgical weight, (Linton type or equal), each
L8130	Elastic support, elastic stocking, above knee, medium weight, each
L8140	Elastic support, elastic stocking, above knee, heavy weight, each
L8150	Elastic support, elastic stocking, above knee, surgical weight, (Linton type or equal), each
L8160	Elastic support, elastic stocking, full length, medium weight, each Elastic support, elastic stocking, full length, heavy weight, each
L8170	Elastic support, elastic stocking, full length, heavy weight, each
L8180	Elastic support, elastic stocking, full length, heavy surgical weight, (Linton type or equal), each
L8190	Elastic support, elastic stocking, leotards, medium weight, each
L8200	Elastic support, elastic stocking, leotards, surgical weight, (Linton type or equal), each
L8210	Elastic support, elastic stocking, custom made
L8220	Elastic support, elastic stocking, lymphedema
L8230	Elastic support, elastic stocking, garter belt
L8239	Elastic support, not otherwise specified
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*	Prosthetic sheath, below knee, each

Prosthetic - Lower Limb

Procedure Code	***Description***
L8410*	Prosthetic sheath, above knee, each
L8415	Prosthetic sheath, Wool, upper limb, each
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each (Effective 1/1/97 this replaces HCPCS code XX015)
L8420*	Prosthetic sock, wool, below knee, each
L8430	Prosthetic sock, wool, above knee, each
L8435	Prosthetic sock, wool, upper limb, each
L8440***	Prosthetic shrinker, below knee, each
L8460***	Prosthetic shrinker, above knee, each
L8465	Prosthetic shrinker, upper limb, each
L8470*	Stump sock, single ply, fitting, below knee, each
L8480*	Stump sock, single ply, fitting, above knee, each
L8485	Stump sock, single ply, fitting, upper limb, each
L8490	Addition to prosthetic sheath/sock, air seal suction retention system
L8499	Unlisted procedure for miscellaneous prosthetic services
A5500 *	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density inserts(s), per shoe
A5513*	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast (s), per shoe

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