



**CHAPTER 516—COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS
FOR ORTHOTIC/PROSTHETIC SERVICES
CHANGE LOG**

Replace	Title	Change Date	Effective Date
Attachment I	Covered/Non-Covered Orthotic/Prosthetic Services with Assigned HCPCS Codes	01/16/08	01/01/08
Entire Manual	Entire Manual	02/07/07	03/01/07

**CHAPTER 516— COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS
FOR ORTHOTIC/PROSTHETIC SERVICES
JANUARY 1, 2008
Attachment I**

Introduction: Covered/Non-Covered Orthotic/Prosthetic Services with Assigned HCPCS Codes
 New Policy: Updated HCPCS Codes
 Directions: Replace Attachment I



**CHAPTER 516-COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS FOR
ORTHOTICS AND PROSTHETICS
REPLACEMENT MANUAL**

TABLE OF CONTENTS

TOPIC	PAGE NO.
Introduction	1
516.1 Definitions	1
516.2 Prescribing Practitioner and Provider Participation Requirements	2
516.2.1 Prescribing Practitioner.....	2
516.2.2 Orthotist, Prosthetist, Pedorthist and Fitters Providers	2
516.3 Covered Orthotic and Prosthetic Devices/Appliances	3
516.3.1 Warranty, Repair, and Replacement.....	3
516.3.1.a Warranty	4
516.3.1.b Repair	4
516.3.1.c Replacement.....	4
516.4 Documentation Requirements	4
516.5 Prior Authorization	5
516.6 Nursing Facilities	7
516.7 Out-of-State Services.....	7
516.8 Non-Covered Orthotic and Prosthetic Devices	7
516.9 Billing and Reimbursement.....	7
516.10 Managed Care	8
• Attachment I Covered/Non-Covered Orthotic and Prosthetic Services With Assigned HCPCS Codes	
• Attachment II WVMI Medicaid DME/Medical Supply Authorization Request Form Bureau for Medical Services Orthotics and Prosthetics Certificate of Medical Services	



CHAPTER 516—COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS FOR ORTHOTICS AND PROSTHETICS

REPLACEMENT MANUAL

INTRODUCTION

The West Virginia (WV) Medicaid Program offers a comprehensive scope of medically necessary medical and mental health services to diagnose and treat eligible members. Covered and authorized services must be provided by enrolled providers within the scope of their license and in accordance with all State and Federal requirements. The WV Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS), pursuant to Title XIX of the Social Security Act and Chapter 9 of the WV Code, is the single State agency responsible for administering the Medicaid Program within Federal and State defined parameters.

One aspect of the comprehensive scope of services offered by WV Medicaid is orthotic and prosthetic (O&P) devices/appliances. These items are available to Medicaid members when (1) medical necessity has been established; (2) item/services are ordered by a Medicaid approved practitioner; and (3) devices/appliances are provided by individuals trained and certified by the National Commission for Certifying Agencies (NCCA), American Board for Certification in Orthotics and Prosthetics (ABC), or the Board of Orthotics and Prosthetics (BOC).

This chapter describes WV Medicaid major coverage policies for O&P. Any service, device, appliance or situation not discussed in this manual must be presumed non-covered unless informed otherwise in writing by BMS.

516.1 DEFINITIONS

In addition to Chapter 200 Definitions, the following definitions also apply to the provision of services related to devices/appliances.

Custom Device: A device fabricated to comprehensive measurements and/or a mold or patient model in accordance with a prescription that requires substantial clinical and technical judgment in its design, fabrication, and fitting.

Mastectomy Fitter: An individual trained and certified by the American Board of Certification in Orthotics and Prosthetics (ABC) or the Board for Orthotics and Prosthetics (BOC) in the fitting and delivery of breast prosthesis and mastectomy products and services.

Orthotic: A device to support or correct a weak or deformed body part, and/or to restrict or eliminate motion in a diseased or injured body part.

Orthotic Fitter: An individual trained and certified by the American Board for Certification in Orthotics and Prosthetics (ABC) or the Board for Orthotics and Prosthetics (BOC) in the fitting and delivery of prefabricated orthotic devices and/or off-the-shelf orthoses.

Orthotist: An individual certified by the American Board for Certifications in Orthotics and Prosthetics (ABC) or the Board for Orthotics and Prosthetics (BOC) to manage the provision of the comprehensive orthotic care based on clinical assessment.



Pedorthist: An individual trained and certified by the Board for Certification in Pedorthics, Inc. (BCP) in the design, manufacture, modification and/or fit of footwear, including shoes, orthoses and foot devices, to prevent or alleviate foot problems caused by disease, congenital defect, overuse or injury.

Prescribing Practitioner: Identified as an M.D., D.O., DPM, Nurse Practitioner (NP), or Physician Assistant (PA) under the supervision of a participating physician. WV Medicaid does not recognize services ordered by hospital residents. All resident orders must be signed by a Medicaid-enrolled attending physician.

Prosthetic: An artificial appliance or device to replace all or part of permanently inoperative or missing body part.

Prosthetist: An individual trained and certified by the American Board for Certifications in Orthotics and Prosthetics (ABC) or the Board for Orthotics and Prosthetics (BOC) to manage the provision of the comprehensive prosthetic care based on clinical assessment.

Refer to Chapter 525 Vision Manual for information related to ocularist.

516.2 PRESCRIBING PRACTITIONER AND CERTIFIED PROVIDER PARTICIPATION REQUIREMENTS

516.2.1 Prescribing Practitioner

In addition to Chapter 300 Provider Participation Requirements, M.D, D.O., DPM, and NP prescribing orthotic/prosthetic devices and related items must:

- (1) be actively enrolled in Medicaid;
- (2) verify member's eligibility before providing services;
- (3) inquire if the member has a orthotic/prosthetic provider of choice;
- (4) provide a written prescription to the member;
- (5) provide clinical documentation for medical necessity to include diagnosis code, frequency of use, duration, quantity, functional level and any relevant information to WVMI. Documentation may be submitted to WVMI in writing (with legal signature of prescribing practitioner) or via fax to 1-304-346-8183;
- (6) maintain all appropriate medical documentation in the Medicaid member's individual file; and,
- (7) participate in on-site reviews and/or submission of medical documentation to BMS upon request.

The Internet is the most efficient means of keeping current on updates and information regarding the Bureau for Medical Services. If you do not have Internet access, you may request a CD or paper copy of manuals or manual updates by calling Unisys Provider Enrollment at 1-888-483-0793.

516.2.2 Orthotist, Prosthetist, Pedorthist, and Fitters

In addition to provider enrollment requirements identified in Chapter 300, the orthotic or prosthetic provider must:

- (1) be actively enrolled in WV Medicaid and adhere to WV Code §30-3-13;
- (2) provide current certification of ABC and/or BOC for the independent provider and employed fitters (refer to Attachment I for fitter requirement);



- (3) maintain a physical location within thirty (30) miles of the WV border;
- (4) maintain inventory of at least one of every device/appliance, excluding custom-made items;
- (5) obtain individual WV Medicaid provider number for each physical location under the same ownership;
- (6) verify member's eligibility before providing services;
- (7) provide orthotic/prosthetic devices/appliances per prescribing practitioner's prescription;
- (8) assure device/services can be used by the member;
- (9) provide the most economical devices/appliances that meet the member's basic health care needs. Expensive items are not covered when less costly devices/appliances are available;
- (10) provide appropriate replacement at no extra cost if the member is unable to use the device provided;
- (11) accept Medicaid's reimbursement as payment in full for all covered devices/appliances;
- (12) maintain all medical documentation and proof of delivery of devices/appliances in the member's individual file;
- (13) notify Unisys Provider Enrollment, PO Box 2002, Charleston, WV 25327-2002 of any change(s) in the initial enrollment application (i.e., name of physical location, personnel, credentials, demographics), no less than annually; and,
- (14) participate in on-site reviews and submit medical records upon request by BMS.

516.3 COVERED ORTHOTIC/PROSTHETIC DEVICES/APPLIANCES

Orthotic/prosthetic devices/appliances provided are considered for reimbursement by WV Medicaid when requested by a prescribing practitioner and determined medically necessary to meet the basic health care needs of the member.

A complete list of covered and non-covered devices/appliances assigned to specific HCPCS codes is available in **Attachment I**. **Attachment I** describes the assigned HCPCS code, description of each code, replacement code for closed codes (as appropriate), service limit, prior authorization (PA) requirement and special coverage instructions.

516.3.1 WARRANTY, REPAIR, AND REPLACEMENT

Orthotic/prosthetic repairs and replacements are limited to medically necessary devices/appliances purchased by BMS or the Children with Special Healthcare Needs (CSHCN) Program. All repairs and replacement require PA through WVMl.

Medicaid's initial payment for devices/appliances includes all adjustments and/modifications needed to make the item functional for delivery to the member. The provider must document training and



instruction to the member and/or caregiver on the safe, effective and appropriate use of the device/appliance.

516.3.1. a Warranty

Manufacturer's warranty for devices/appliances is required for not less than one (1) year and begins on the date of delivery (date of service). The O&P provider is responsible for repairs and replacement of devices/appliances for the first year under warranty. The original warranty must be given to the member with a copy maintained in the member's individual file and a copy available to WVMI and/or BMS upon request.

516.3.1. b Repair

WV Medicaid's coverage for repair of devices/appliances is limited to: (1) items fully purchased by WV Medicaid or purchased by the Children With Special Healthcare Needs (CSCHN) program even if the member is no longer eligible for CSCHN; (2) the medical need is expected to continue; and (3) the repair is more economical than replacement. Providers may be reimbursed for materials necessary to complete the repair; however, they are not eligible for reimbursement of setup or delivery following repair or service calls. Labor services are to be billed separately with the units equal to the number of labor hours.

516.3.1. c Replacement

Replacement of orthotic/prosthetic devices/appliances may be covered by WV Medicaid on an as-needed basis due to: (1) acute rapid change in the member's physical condition; (2) wear, theft, irreparable damage; or (3) loss by disaster. Prior authorization for medical necessity must be obtained from WVMI for replacement prior to providing the device/appliance. Except when related to growth, changes in physical condition or loss by disaster, total replacement of an appliance will not be considered if less than three years after the original purchase. In addition to medical documentation to justify replacement, a police or insurance report is required for devices/appliances stolen; and, an insurance liability report is required for lost or destroyed devices/appliances. Note: In cases of neglect and/or wrongful misuse of the device/appliance, the request for replacement will be denied if such circumstances are confirmed.

516.4 DOCUMENTATION REQUIREMENTS

In addition to the documentation requirements identified in Common Chapter 300, Provider Participation Requirements 320.5, DOCUMENT AND RETAIN RECORDS, providers submitting claims for Medicaid reimbursement must maintain complete, individual, accurate and legible records. Records must include documentation of medical necessity for devices/appliances provided to meet the basic health care needs of the member as follows:

- (1) Effective March 1, 2007, formal certificate of medical necessity forms (i.e., the WVMI Medicaid DME Authorization Request Form and the Orthotic/Prosthetic Certificate of Medical Necessity) are not required to document medical necessity of items requiring prior authorization. However, as an enrolled participant of WV Medicaid, practitioners and O&P providers are required to maintain individual Medicaid member files with documentation to assure that all services provided to Medicaid members are medically necessary and that billing of such services are accurate. Practitioners and O&P providers may develop individual documentation methods or use the above referenced forms available in **Attachment II** of this manual. Documentation may be submitted via fax to: 1-304-346-



8185 or in writing to WVMI Medical Review Department, 3001 Chesterfield Place, Charleston, WV 25304.

- (2) Effective March 1, 2007, a written prescription which includes the member's name, date of prescription, ICD-9 code, device/appliance required, estimated length of need in months, quantity of item(s), frequency of use, member's functional level of care (FLC) 0-4 and prescribing practitioner's signature, is to be given to the member by the prescribing practitioner. FLC is defined as:

Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.

Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlisted household ambulatory.

Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulatory.

Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

It is the responsibility of the member to submit the prescription to the O&P provider of choice.

A copy of the hospital discharge plan and/or progress notes do not constitute a written prescription for O&P.

- (3) A delivery document signed by the member or caregiver and documentation of education for the O&P item provided must be maintained in the individual member's record;
- (4) O&P providers must track serial, lot, and product numbers of O&P devices/appliances for purposes of recall and;
- (5) Medical documentation submitted for review must not be more than six (6) months old at the time the prescription is written.

516.5 PRIOR AUTHORIZATION



For O&P services requiring prior authorization review for medical necessity by WVMI, it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation i.e., ICD-9 code(s), all information required on the written prescription (see Section 516.4, 3rd paragraph for clarification) and all relevant information. Additionally, a PA must be obtained when the request for services exceeds the established service limits.

It is strongly recommended that O&P providers, in partnership with prescribing practitioners, assist in obtaining prior authorizations. Prescribing practitioners must provide clinical information and a written prescription while O&P providers provide the appropriate HCPCS code and billing information. If devices/appliances are provided before the PA is confirmed, the device/appliance will not be reimbursed. Prior authorization does not guarantee payment. Refer to **Attachment I** for specific O&P items requiring PA and service limits for covered services.

Effective, January 1, 2006, Medicaid covered services requiring a PA no longer require a PA if the members primary insurance approves the service. An explanation of benefits (EOB), documenting the reasons(s) for denial of services requested, must be submitted to WVMI when requesting prior authorization. If the service is not covered by the primary insurance, but is a covered service for Medicaid and the service requires a PA from WVMI, Medicaid policy will be enforced. If administrative denials are given by the primary payer, Medicaid will not reimburse for services. Please refer to Chapter 600 – Payment Methodologies for additional information.

Effective March 1, 2007, InterQual Criteria for specific O&P items will be utilized by WVMI to determine medical necessity as follows:

- Above Knee Prosthetics HCPCS code L5150, L5160, L5200, L5311, L5321, L5420, L5430, L5560, L5570, L5580, L5585, L5590, L5610, L5613, L5616, L5631, L5652, L5671, L5695, L5701, L5705, L5790, L5920, L5950, L5964, L5984, L5985, L5986, L5987, L8410, L8430, L8460, L8480
- Above Knee Prosthetics, Microprocessor – Controlled Knee HCPCS code L5311, L5321, L5631, L5652, L5671, L5695, L5701, L5705, L5828, L5845, L5920, L5950, L5964, L8410, L8430, L8460, L8480
- Below Knee Prosthetics HCPCS code L5100, L5105, L5301, L5400, L5410, L5510, L5520, L5530, L5535, L5540, L5629, L5647, L5666, L5670, L5671, L5700, L5704, L5785, L5910, L5940, L5962, L8400, L8420, L8470
- Cranial Remodeling Orthosis HCPCS code S1040
- Lower Extremity Orthotic Devices, Knee Braces HCPCS code L1800, L1810, L1815, L1830, L1834, L1840, L1844, L1845, L1855, L1858

Items requiring PA not listed above will follow Palmetto, Region C, medical necessity criteria for covered services. When documentation fails to meet criteria, WVMI may either deny for lack of documentation or request additional information to be submitted within seven (7) days. If additional information is requested and is not received by WVMI within seven (7) days, the request will be denied for lack of documentation to support medical necessity.



Retrospective authorization is available: (1) for items denied by primary insurance; (2) retrospective Medicaid eligibility; and, (3) on a case-by-case basis. A request for consideration of retrospective authorization does not guarantee approval or payment.

516.6 NURSING FACILITIES

O & P devices/appliances covered to members residing in a Long Term or Intermediate Care Facilities are subject to service limitation and prior authorization requirements noted in this manual. Refer to Chapter 514 – Nursing Home Manual on BMS website at www.wvdhhr.org for additional information.

516.7 OUT OF STATE SERVICES

For WV Medicaid members receiving covered services from an out-of-state facility and requiring O&P devices/appliances at discharge, a written prescription by the respective out-of-state attending physician must be presented to a WV provider for provision of services requested. WV O&P policies apply. This process is required for warranty validity and to ensure that repairs and maintenance are provided in the most efficient and cost-effective means for WV Medicaid members.

516.8 NON-COVERED ORTHOTICS/PROSTHETIC SERVICES

In addition to non-covered services listed in **Attachment I**, the following items are not covered by WV Medicaid:

- (1) Use of an unlisted code when a national HCPCS code is available;
- (2) Unbundled HCPCS codes;
- (3) Services rendered prior to obtaining prior authorization;
- (4) Routine or periodic maintenance;
- (5) Travel, set up or delivery of O&P following repairs;
- (6) Service calls that do not involve actual labor time for repairs;
- (7) Orthotics or Prosthetics for participants enrolled in the Division of Rehabilitative Services, Workers Compensation and/or Hospice;
- (8) Orthotics or Prosthetics for members enrolled in a Medicaid MCO; or
- (9) Orthotics or Prosthetics for members enrolled in the PAAS Program without a referral from the PCP.

516.9 BILLING AND REIMBURSEMENT

WV Medicaid requires practitioners, O&P providers and other appropriate individuals/groups to enroll as a Medicaid provider to be eligible for reimbursement of services rendered with exception of an emergent/medically necessary circumstance. Billing prior to rendering services/items is prohibited.



Medicaid is payer of last resort. Third-party Liability (TPL) is a method of ensuring that Medicaid is the last payer to reimburse for covered Medicaid services. In particular, Medicaid participating providers must always seek reimbursement from other liable resources, including private or public insurance entities. Federal regulations require that state Medicaid administration identify any third-party resource available to meet the medical expenses of a member. The third-party may be an individual, institution, corporation or a public/private agency liable for all or part of the member's medical costs; e.g., private health insurance, UMWA benefits, Veterans Administration benefits, CHAMPUS, Medicare, Hospice, etc. No Medicaid reimbursement may be made if the service is the responsibility of a public or private Workers' Compensation Plan. In those instances where liability cannot be currently established, i.e., accident or injury, Medicaid benefits will not be withheld. Subsequent establishment of liability which provides compensation and payment for the costs of such medical care requires that an adjustment be made by the provider to the Medicaid agency for benefits paid. Prior authorization is not required for services reimbursed by third-party payers. All claims must be submitted to Unisys at PO Box 3767, Charleston, WV 25337 for reimbursement consideration.

Medicaid payment is based, where possible, on a percentage of the Medicare fee schedule and is equal to the lesser of the billed charge or the fee schedule amount less any third party payment. This same rule applies to payments for repairs and maintenance.

When billing for unlisted and/or unpriced O & P codes (L0999, L1499, L2999, L3031, L3251, L3649, L3956, L3999, L4210, L5999, L6965, L6970, L6975, L7180, L7499, L8039 and L8499) the description of the item provided must be entered on the claim form. An unaltered cost invoice is to be submitted to WVMI for pricing of unlisted/unpriced codes. Refer to **Attachment I** for specific codes and special instructions.

The professional claim form, CMS 1500 or ASCX12N837P (004010X098A1) must be used to bill O&P Items. Repair and replacement of O&P requires an RP modifier. Options or accessories bundled in the base appliance/device are not reimbursable.

516.10 MANAGED CARE

Unless otherwise noted in this manual or appendices, services detailed in this manual are the responsibility of the Managed Care Organization (MCO). If the Medicaid member is enrolled in a WV MCO, MCO requirements must be met for reimbursement. If a Medicaid member is enrolled in the PAAS Program, the member's PAAS Primary Care Provider (PCP) must provide a referral for the O&P requested prior to rendering the services. Medicaid will not reimburse for services provided when MCO or PAAS requirements are not met.

CHAPTER 516
ORTHOTIC/PROSTHETIC SERVICES
MARCH 1, 2007

ATTACHMENT I
COVERED/Non-COVERED ORTHOTIC/PROSTHETIC SERVICES
WITH ASSIGNED HCPCS CODES
PAGE 1 OF 70

REVISED JANUARY 1, 2008

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
A4565	Slings	L1750	4 per year	X	X				
A5500	For diabetics only, fitting (including follow up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe		2 per year	X	X			X	Diagnosis Requirements: 250.00 - 250.93
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		2 per year	X	X			X	Diagnosis Requirements: 250.00 - 250.93
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe		2 per year	X	X			X	Diagnosis Requirements: 250.00 - 250.93
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth inlay shoe with wedge(s), per shoe		2 per year	X	X			X	Diagnosis Requirements: 250.00 - 250.93
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe		2 per year	X	X			X	Diagnosis Requirements: 250.00 - 250.93
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe		2 per year	X	X			X	Diagnosis Requirements: 250.00 - 250.93
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe		2 per year	X	X			X	Diagnosis Requirements: 250.00 - 250.93
A5508	For diabetics only, deluxe feature of off-the shelf depth-inlay shoe or custom-molded shoe, per shoe								Not Covered
A5509	For diabetics only, direct formed, molded to foot with external heat source (i.e., heat gun) multiple density insert(s), prefabricated, per shoe								Discontinued by CMS 12/31/2005
A5510	For diabetics only, direct form, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe								Not Covered
A5511	For diabetics only, custom molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe								Discontinued by CMS 12/31/2005
A5512	For diabetics only, multiple density insert, direct form, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	A5509	6 per year	X	X			X	Diagnosis Requirements: 250.00 - 250.93
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer of 3/16 inch material (or higher), includes arch filler and other shaping material custom fabricated, each	A5511	6 per year	X	X			X	Diagnosis Requirements: 250.00 - 250.93

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
A6501	Compression burn garment, body suite (head to foot), custom fabricated	L8210		X	X				Cost Invoice Required
A6502	Compression burn garment, chin strap, custom fabricated	L8210		X	X				Cost Invoice Required
A6503	Compression burn garment, facial hood, custom fabricated	L8210		X	X				Cost Invoice Required
A6504	Compression burn garment, glove to wrist, custom fabricated	L8210		X	X				Cost Invoice Required
A6505	Compression burn garment, glove to elbow, custom fabricated	L8210		X	X				Cost Invoice Required
A6506	Compression burn garment, glove to axilla, custom fabricated	L8210		X	X				Cost Invoice Required
A6507	Compression burn garment, foot to knee length, custom fabricated	L8210		X	X				Cost Invoice Required
A6508	Compression burn garment, foot to thigh length, custom fabricated	L8210		X	X				Cost Invoice Required
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	L8210		X	X				Cost Invoice Required
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	L8210		X	X				Cost Invoice Required
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	L8210		X	X				Cost Invoice Required
A6512	Compression burn garment, not otherwise classified	L8210		X	X				Cost Invoice Required
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	L8210		X	X				Cost Invoice Required
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	L8100	4 per 6 months	X	X				
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each	L8110	4 per 6 months	X	X				
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each	L8120	4 per 6 months	X	X				
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each	L8130	4 per 6 months	X	X				
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	L8140	4 per 6 months	X	X				
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	L8150	4 per 6 months	X	X				
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each	L8160	4 per 6 months	X	X				
A6537	Gradient compression stocking full length/chap style, 30-40 mm Hg, each	L8170	4 per 6 months	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each	L8180	4 per 6 months	X	X				Cost Invoice Required
A6539	Gradient compression stocking, waist length,18-30 mm Hg, each	L8190	2 per 6 months	X	X				
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	L8195	2 per 6 months	X	X				Cost Invoice Required
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	L8200	2 per 6 months	X	X				Cost Invoice Required
A6542	Gradient compression stocking, custom made	L8210	1 per 6 months	X	X				Cost Invoice Required
A6543	Gradient compression stocking, lymphedema	L8220	1 per 6 months	X	X				Cost Invoice Required
A6544	Gradient compression stocking, garter belt	L8230	2 per year	X	X				
A6549	Gradient compression stocking, not otherwise specified	L8239		X	X				Cost Invoice Required
A8000	Helmet, protective, soft prefabricated, includes all components and accessories	L0110	1 per year	X	X				New code 01/01/2007
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	L0100	1 per year	X	X				New code 01/01/2007
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	L0110	1 per year	X					New code 01/01/2007
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	L0100	1 per year	X					New code 01/01/2007
A8004	Soft interface for helmet, replacement only								Not Covered
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material								Not Covered
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs								Not Covered
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material								Not Covered
E1805	Dynamic adjustable wrist extension/flexion device, includes								Not Covered
E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs								Not Covered
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material								Not Covered
E1811	Bi-directional static progressive stretch knee device with range of motion adjustment, includes cuffs								Not Covered
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material								Not Covered
E1816	Bi-directional static progressive stretch ankle device with range of motion adjustment , includes cuffs								Not Covered
E1818	Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs								Not Covered

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device								Not Covered
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device								Not Covered
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material								Not Covered
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material								Not Covered
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device includes soft interface material								Not Covered
K0628	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, includes arch, base layer minimum of ¼ inc material of Shore A 35 durometer or 3/16 inch material of Shore A 40 (or higher), prefabricated								Discontinued by CMS 12/31/2005
K0629	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each								Discontinued by CMS 12/31/2005
K0630	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								Discontinued by CMS 12/31/2005
K0631	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated								Discontinued by CMS 12/31/2005
K0632	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 adjustment								Discontinued by CMS 12/31/2005
K0633	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 included pendulous abdomen design, custom fabricated								Discontinued by CMS 12/31/2005
K0634	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								Discontinued by CMS 12/31/2005

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
K0635	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								Discontinued by CMS 12/31/2005
K0636	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L05 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								Discontinued by CMS 12/31/2005
K0637	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								Discontinued by CMS 12/31/2005
K0638	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								Discontinued by CMS 12/31/2005
K0639	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								Discontinued by CMS 12/31/2005
K0640	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment								Discontinued by CMS 12/31/2005
K0641	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated								Discontinued by CMS 12/31/2005

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
K0642	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, closure, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment								Discontinued by CMS 12/31/2005
K0643	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated								Discontinued by CMS 12/31/2005
K0644	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 panels, pendulous abdomen design, prefabricated, includes fitting and adjustment								Discontinued by CMS 12/31/2005
K0645	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								Discontinued by CMS 12/31/2005
K0646	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/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								Discontinued by CMS 12/31/2005
K0647	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, stays, shoulder straps, pendulous abdomen design, custom fabricated								Discontinued by CMS 12/31/2005

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
K0648	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								Discontinued by CMS 12/31/2005
K0649	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								Discontinued by CMS 12/31/2005
L0100	Cranial orthosis (helmet), with or without soft-interface, molded to patient model		1 per year	X					Prior Authorization Discontinued by CMS 12/31/2006
L0110	Cranial orthosis (helmet), with out without soft-interface, non- molded		1 per year	X					Prior Authorization Discontinued by CMS 12/31/2006
L0112	Cranial cervical orthosis, congenital torticollis type with or without soft interface material, adjustable range of motion joint, custom fabricated		2 per year	X					Prior Authorization
L0120	Cervical, flexible; non-adjustable (foam collar)		1 per year	X	X				
L0130	Cervical, flexible, thermoplastic collar, molded to patient		2 per year	X	X				
L0140	Cervical, semi-rigid; adjustable (plastic collar)		2 per year	X	X				
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece		4 per year	X	X				
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support		2 per year	X	X				
L0170	Cervical collar; molded to patient model		2 per year	X					
L0172	Cervical, collar, semi-rigid, thermoplastic foam, two piece		4 per year	X	X				
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension		4 per year	X	X				
L0180	Cervical, multiple post collar, occipital/mandibular supports; adjustable		2 per year	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)		2 per year	X	X				
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension		2 per year	X	X				
L0210	Thoracic, rib belt		2 per year	X	X				
L0220	Thoracic, rib belt, custom fabricated		2 per year	X	X				
L0430	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)		2 per year	X	X				Prior Authorization
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	L0300	2 per year	X	X				
L0452	TLFO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays on panel(s), includes shoulder straps and closures, custom fabricated	L0310	2 per year	X					
L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	L0315 L0317 L0321	2 per year	X	X				
L0456	TLSO, flexible provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	L0315 L0317 L0321	2 per year	X	X				
L0458	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment								Not Covered

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment								Not Covered
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment								Not Covered
L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment								Not Covered
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plan, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	L0320	2 per year	X	X				
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	L0330	2 per year	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	L0340	2 per year	X	X				
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	L0370	2 per year	X	X				
L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	L0390	2 per year	X					Prior Authorization
L0482	TLSO, triplanar control, one 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, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	L0400	2 per year	X					Prior Authorization
L0484	TSLO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal and transverse planes, includes a car-cam plaster or cad-cam model, custom fabricated	L0410	2 per year	X					Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L0486	TLFO, 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	L0420	2 per year	X					Prior Authorization
L0488	TLSO, triplanar control, one 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, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, prefabricated, includes fitting and adjustment	L0430	2 per year	X	X				
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	L0440	2 per year	X	X				
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		2 per year	X	X				
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		2 per year	X	X				
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	K0630	2 per year	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may includes pendulous abdomen design, custom fabricated	K0631	2 per year	X	X				
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	K0632	2 per year	X	X				
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	K0633	2 per year	X					Cost Invoice Required
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, include straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	K0634	2 per year	X	X				
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	K0635	2 per year	X	X				
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 includes padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	K0636	2 per year	X	X				
L0628	LSO, 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 includes stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	K0637	2 per year	X	X				
L0629	LSO, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral disc, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	K0638	2 per year	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L0630	LSO, 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, should straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	K0639	2 per year	X	X				
L0631	LSO, 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	K0640	2 per year	X	X				Prior Authorization
L0632	LSO, 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	K0641	2 per year	X					Prior Authorization Cost Invoice Required
L0633	LSO, 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	K0642	2 per year	X	X				
L0634	LSO, 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(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	K0643	2 per year	X	X				Prior Authorization Cost Invoice Required
L0635	LSO, 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	K0644	2 per year	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L0636	LSO, 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	K0645	2 per year	X					Prior Authorization
L0637	LSO, 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	K0646	2 per year	X	X				Prior Authorization
L0638	LSO, 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	K0647	2 per year	X					Prior Authorization
L0639	LSO, 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 includes soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	K0648	2 per year	X	X				Prior Authorization
L0640	LSO, 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	K0649	2 per year	X					Prior Authorization
L0700	CTL SO, anterior-posterior-lateral control, molded to patient model; (Minerva type)		3 per year	X	X				Prior Authorization
L0710	CTL SO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)		3 per year	X					Prior Authorization
L0810	Halo procedure, cervical halo incorporated into jacket vest		1 per lifetime	X					Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L0820	Halo procedure, cervical halo incorporated into plaster body jacket		1 per lifetime	X					Prior Authorization
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis		1 per lifetime	X					Prior Authorization
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	L0860	1 per lifetime	X					Prior Authorization
L0860	Addition to halo procedures, magnetic resonance image compatible system								Closed by CMS 12/31/2005
L0861	Additional to halo procedure, replacement liner/interface material		2 per year	X					
L0960	Torso support, post surgical support, pads for post surgical support		2 per year	X	X				Discontinued by CMS 12/31/2007
L0970	TLSO, corset front		4 per year	X					
L0972	LSO, corset front		4 per year	X					
L0974	TLSO, full corset		4 per year	X					
L0976	LSO, full corset		4 per year	X					
L0978	Axillary crutch extension		2 per year	X					
L0980	Peroneal straps, pair		1 per year	X	X				
L0982	Stocking supporter grips, set of four (4)		6 per year	X	X				
L0984	Protective body sock, each		6 per year	X					
L0999	Additional to spinal orthosis, not otherwise specified			X					Prior Authorization Cost Invoice
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSSO) (Milwaukee), inclusive of furnishing initial orthosis, including model		3 per year	X					Prior Authorization
L1001	Cervical thoracic lumbar sacral orthosis immobilizer, infant size, prefabricated, includes fitting and adjustment		2 per year	X	X				New Code 01/01/2007 Cost Invoice Required
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment								Not Covered
L1010	Additions to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis; axilla sling		3 per year	X					
L1020	Addition to CTLSSO or scoliosis, kyphosis pad		3 per year	X					
L1025	Addition to CTLSSO or scoliosis orthosis, kyphosis pad, floating		3 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad		3 per year	X					
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad		3 per year	X					
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad		3 per year	X					
L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad		3 per year	X					
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling		3 per year	X					
L1080	Addition to CTLSO or scoliosis orthosis, outrigger		3 per year	X					
L1085	Addition to CTLSO or scoliosis orthosis. outrigger, bilateral with vertical extension		3 per year	X					
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling		3 per year	X					
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather		3 per year	X					
L1110	Addition to CTLSO or scoliosis orthosis. ring flange, plastic or leather, molded to patient model		3 per year	X					
L1120	Addition to CTLSO or scoliosis orthosis covers for upright, each		3 per year	X					
L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only,		1 per year	X					Prior Authorization
L1210	Addition to TLSO, (low profile); lateral thoracic extension		3 per year	X					
L1220	Addition to TLSO, (low profile), anterior thoracic extension		3 per year	X					
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure		3 per year	X					
L1240	Addition to TLSO, (low profile), lumbar derotation pad		3 per year	X					
L1250	Addition to TLSO, (low profile), anterior axis pad		3 per year	X					
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad		3 per year	X					
L1270	Addition to TLSO, (low profile), abdominal pad		3 per year	X					
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each		3 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L1290	Addition to TLSO, (low profile), lateral trochanteric pad		3 per year	X					
L1300	Other scoliosis procedure, body jacket molded to patient model		1 per lifetime	X					Prior Authorization
L1310	Other scoliosis procedure, post operative body jacket		1 per lifetime	X					Prior Authorization
L1499	Spinal orthosis, not otherwise specified			X					Prior Authorization Cost Invoice
L1500	Thoracic-hip-knee-ankle, orthosis (THKAO), mobility frame (Newington, Parapodium types)		2 per year	X					Prior Authorization
L1510	THKAO, standing frame, with or without tray and accessories		2 per year	X					Prior Authorization
L1520	THKAO, swivel walker		2 per year	X					Prior Authorization
L1600	Hip orthosis, (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment		3 per year	X	X				
L1610	HO, abduction control of hip joints; flexible, (Frejka cover only), prefabricated, includes fitting and adjustment		3 per year	X	X				
L1620	HO, abduction control of hip joints; flexible, (Pavlik harness), prefabricated, includes fitting and adjustment		3 per year	X	X				
L1630	HO, abduction control of hip joints; semi-flexible (Von Rosen type), custom fabricated		3 per year	X					
L1640	HO, abduction control of hip joints; static, pelvic band or spreader bar, thigh cuffs, custom fabricated		3 per year	X					
L1650	HO, abduction control of hip joints; static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment		3 per year	X	X				
L1652	HO, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type								Not Covered
L1660	HO, abduction control of hip joints; static, plastic, prefabricated, includes fitting and adjustment		3 per year	X	X				
L1680	HO, abduction control of hip joints; dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated		3 per year	X					Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L1685	HO, abduction control of hip joints; postoperative hip abduction type, custom fabricated		3 per year	X					Prior Authorization
L1686	HO, abduction control of hip joints; postoperative hip abduction type, prefabricated, includes fitting and adjustment		3 per year	X	X				Prior Authorization
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing abduction and internal rotation control, prefabricated, includes fitting and adjustment		1 per year	X	X				Prior Authorization
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated		4 per year	X					Prior Authorization
L1710	Legg Perthes orthosis, (Newington type), custom fabricated		4 per year	X					Prior Authorization
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated		4 per year	X					Prior Authorization
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated		1 per year	X					Prior Authorization
L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment								Closed by CMS 12/31/2005
L1755	Legg Perthes orthosis, (Pattern bottom type), custom fabricated		3 per year	X					Prior Authorization
L1800	KO, elastic with stays, prefabricated, includes fitting and adjustment		3 per year	X	X				Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment		3 per year	X	X				Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L1815	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment		3 per year	X	X				Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L1820	KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment		3 per year	X	X				
L1825	KO, elastic knee cap, prefabricated, includes fitting and adjustment		3 per year	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment		2 per year	X	X				Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L1831	KO, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment		2 per year	X	X				
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment		2 per year	X	X				
L1834	KO, without knee joint, rigid, custom fabricated		2 per year	X					Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment		2 per year	X					
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated		2 per year	X					Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated		2 per year	X	X				Prior Authorization
L1844	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated		2 per year	X					Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment		2 per year	X	X				Prior Authorization Effective 10/01/2006 Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	L1855, L1858, L1870, L1880	2 per year	X					Prior Authorization
L1847	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment		2 per year	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment		2 per year	X	X				
L1855	KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated		2 per year	X					Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07 Discontinued by CMS 12/31/2007
L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated		2 per year	X					Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07 Discontinued by CMS 12/31/2007
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)		2 per year	X					Prior Authorization
L1870	KO, double upright, thigh and calf lacers with knee joint, custom fabricated		2 per year	X					Prior Authorization Discontinued by CMS 12/31/2007
L1880	KO, double upright, non-molded thigh and calf cuffs/lacers, with knee joints, custom fabricated		2 per year	X					Discontinued by CMS 12/31/2007
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated		3 per year	x					
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., Neoprene, lycra)		2 per year	X	X				
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment		4 per year	X	X				
L1904	AFO, molded ankle gauntlet, custom fabricated		4 per year	X					
L1906	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment		4 per year	X	X				
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated		4 per year	X					
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment		4 per year	X					
L1920	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated		4 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment		2 per year	X	X				
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment		2 per year	X					Prior Authorization
L1940	AFO, plastic or other material, custom fabricated		4 per year	X					
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated		2 per year	X					Prior Authorization
L1950	AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated		2 per year	X					
L1951	AFO, spiral, (institute of rehabilitative medicine type) plastic or other material, prefabricated, includes fitting and adjustment		2 per year	X					Prior Authorization
L1960	AFO, posterior solid ankle, plastic, custom fabricated		4 per year	X					
L1970	AFO, plastic with ankle joint, custom fabricated		2 per year	X					
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment		2 per year	X					
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated		2 per year	X					
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated		2 per year	X					
L2000	Knee-ankle-foot-orthosis (KAFO); single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated		2 per year	X					Prior Authorization
L2005	KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated		1 per year	X					Prior Authorization
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated		2 per year	X					Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L2020	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated		2 per year	X					Prior Authorization
L2030	KAFO double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated		2 per year	X					Prior Authorization
L2034	KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated		2 per year	X					Prior Authorization
L2035	KAFO, full plastic, static (pediatric size), prefabricated, includes fitting and adjustment		4 per year	X					
L2036	KAFO, full plastic, double upright, with or without free motion knee with or without free motion ankle, custom fabricated		2 per year	X					Prior Authorization
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated		2 per year	X					Prior Authorization
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated		2 per year	X					Prior Authorization
L2039	KAFO full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated								Closed by CMS 12/31/2005
L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic bands/belt, custom fabricated		4 per year	X					
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated		4 per year	X					
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated		4 per year	X					
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated		4 per year	X					
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated		4 per year	X					
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated		4 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L2106	Ankle-foot-orthosis (AFO), fracture orthosis, tibial fracture cast orthosis; thermoplastic type casting material, custom fabricated		4 per year	X					
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated		4 per year	X					Prior Authorization
L2112	AFO, fracture orthosis, tibial fracture soft, prefabricated, includes fitting and adjustment		4 per year	X					
L2114	AFO, fracture orthosis, tibial fracture semi-rigid, prefabricated, includes fitting and adjustment		4 per year	X					
L2116	AFO, fracture orthosis, tibial fracture rigid, prefabricated, includes fitting and adjustment		4 per year	X					
L2126	Knee-ankle-foot-orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis; thermoplastic type casting material, custom fabricated		4 per year						Prior Authorization
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated		4 per year	X					Prior Authorization
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment		4 per year	X					Prior Authorization
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment		4 per year	X					Prior Authorization
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment		4 per year	X					Prior Authorization
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints		4 per year	X					
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint		4 per year	X					
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint		4 per year	X					
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type		4 per year	X					
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim		4 per year	X					
L2190	Addition to lower extremity fracture orthosis, waist belt		4 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt		4 per year	X					
L2200	Addition to lower extremity, limited ankle motion, each joint		8 per year	X					
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint		4 per year	X					
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint		8 per year	X					
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment		2 per year	X					
L2232	Addition to lower extremity, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only		2 per year	X					Prior Authorization
L2240	Addition to lower extremity, round caliper and plate attachment		2 per year	X					
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment		2 per year	X					
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)		2 per year	X					
L2265	Addition to lower extremity, long tongue stirrup		2 per year	X					
L2270	Addition to lower extremity, varus/valgus correction, ("T") strap, padded/lined or malleolus pad		8 per year	X					
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined		8 per year	X					
L2280	Addition to lower extremity, molded inner boot		2 per year	X					
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable		2 per year	X					
L2310	Addition to lower extremity, abduction bar-straight		2 per year	X					
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only		2 per year	X					
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only		2 per year	X					
L2335	Addition to lower extremity, anterior swing band		2 per year	X					
L2340	Addition to lower extremity, pretibial shell, molded to patient model		2 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB" "AFO" orthoses)		2 per year	X					Prior Authorization
L2360	Addition to lower extremity, extended steel shank		4 per year	X					
L2370	Addition to lower extremity, Patten bottom		2 per year	X					
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup		2 per year	X					
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint		2 per year	X					
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint		8 per year	X					
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint		2 per year	X					
L2390	Addition to lower extremity, offset knee joint, each joint		2 per year	X					
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint		4 per year	X					
L2397	Addition to lower extremity orthosis, suspension sleeve		4 per year	X					
L2405	Addition to knee joint, drop lock, each		8 per year	X					
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint		2 per year	X					
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint		8 per year	X					
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint		4 per year	X					
L2435	Addition to knee joint, polycentric joint, each joint								Discontinued by CMS 12/31/2004
L2492	Addition to knee joint, life look for drop lock ring		8 per year	X					
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring		2 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L2510	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model		2 per year	X					
L2520	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitting		2 per year	X					
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model		2 per year	X					Prior Authorization
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted		2 per year	X					
L2530	Addition to lower extremity, thigh/weight bearing lacer, non-molded		2 per year	X					
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model		2 per year	X					
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff		2 per year	X					
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two position joint; each		2 per year	X					
L2580	Addition to lower extremity, pelvic control, pelvic sling		2 per year	X					
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each		2 per year	X					
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock each		2 per year	X					
L2620	Addition to lower extremity, pelvic control, hip joint; heavy duty, each		2 per year	X					
L2622	Addition to lower extremity, pelvic control, adjustable flexion, each		2 per year	X					
L2624	Addition to lower extremity, pelvic control, adjustable flexion, extension, abduction control, each		2 per year	X					
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables		2 per year	X					Prior Authorization
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables		2 per year	X					Prior Authorization
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral		2 per year	X					
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral		2 per year	X					
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each		2 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L2660	Addition to lower extremity, thoracic control, band		2 per year	X					
L2670	Addition to lower extremity, thoracic control, paraspinal uprights		2 per year	X					
L2680	Addition to lower extremity, thoracic control, lateral support uprights		2 per year	X					
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar		2 per year	X					
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment (description is totally wrong)		2 per year	X					
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)		16 per year	X					
L2768	Orthotic side bar disconnect device, per bar								Not Covered
L2770	Addition to lower extremity orthosis, any material, per bar or joint		8 per year	X					
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar		8 per year	X					
L2785	Addition to lower extremity orthosis, drop lock retainer, each		8 per year	X					
L2795	Addition to lower extremity orthosis, knee control, full kneecap		2 per year	X					
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull		2 per year	X					
L2810	Addition to lower extremity orthosis, knee control, condylar pad		2 per year	X					
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section		8 per year	X					
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section		8 per year	X					
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each		2 per year	X					
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each		2 per year	X					
L2860	Additional to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each		4 per year						

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L2999	Lower extremity orthosis, not otherwise specified			X					Prior Authorization Cost Invoice
L3000	Foot, insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each		4 per year	X	X			X	
L3001	Foot, insert, removable, molded to patient model, Spenco, each		2 per year	X	X			X	
L3002	Foot, insert, removable, molded to patient model, Plastazote or equal, each		4 per year	X	X			X	
L3003	Foot, insert, removable, molded to patient model, silicone gel, each		2 per year	X	X			X	
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each		2 per year	X	X			X	
L3020	Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each		4 per year	X	X			X	
L3030	Foot, insert, removable, formed to patient foot each		2 per year	X	X			X	
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high, strength, lightweight material, all hybrid lamination/prepreg composite, each		4 per year	X				X	Prior Authorization Cost Invoice
L3040	Foot, arch support, removable, premolded, longitudinal, each		4 per year	X	X			X	
L3050	Foot, arch support, removable, premolded, metatarsal, each		2 per year	X	X			X	
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each		2 per year	X	X			X	Not covered for Diagnosis 250.00- 250.93
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each		2 per year	X				X	
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each		2 per year	X	X			X	
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each		2 per year	X	X			X	
L3100	Hallus-valgus night dynamic splint		2 per year	X	X			X	
L3140	Foot, abduction rotation bar, including shoes		2 per year	X	X			X	
L3150	Foot, abduction rotation bars, without shoes		2 per year	X	X			X	
L3160	Foot, adjustable shoe-styled positioning device								Not Covered

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3170	Foot, plastic, silicone or equal, heel stabilizer		2 per year	X	X			X	
L3201	Orthopedic shoe, oxford with supinator or pronator, infant		6 units per year	X	X			X	
L3202	Orthopedic shoe, oxford with supinator or pronator child		6 units per year	X	X			X	
L3203	Orthopedic shoe, oxford with supinator or pronator junior		6 units per year	X	X			X	
L3204	Orthopedic shoe, hightop with supinator or pronator, infant		6 units per year	X	X			X	
L3206	Orthopedic shoe, hightop with supinator or pronator, child		6 units per year	X	X			X	
L3207	Orthopedic shoe, hightop with supinator or pronator, junior		6 units per year	X	X			X	
L3208	Surgical boot, each, infant		6 units per year	X	X			X	
L3209	Surgical boot, each, child		6 units per year	X	X			X	
L3211	Surgical boot, each, junior		6 units per year	X	X			X	
L3212	Benesch boot, pair; infant		3 pair per year	X	X			X	
L3213	Benesch boot, pair, child		3 pair per year	X	X			X	
L3214	Benesch boot, pair, junior		3 pair per year	X	X			X	
L3215	Orthopedic footwear, ladies shoes, oxford, each		4 per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3216	Orthopedic footwear, ladies shoes, depth inlay, each		4 per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3217	Orthopedic footwear, ladies shoes, hightop, depth inlay, each		4 per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3219	Orthopedic footwear, men's shoes, oxford, each		4 per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3221	Orthopedic footwear, men's shoes, depth inlay, each		4 per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3222	Orthopedic footwear, men's shoes, shoes, hightop, depth inlay, each		4 per year	X	X			X	Not covered for Diagnosis 250.00-250.93

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)		4 units per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)		4 units per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3230	Orthopedic footwear, custom shoes, depth inlay, each		2 pair per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each		4 units per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3251	Foot, shoe molded to patient model, silicone shoe, each		2 per year	X	X			X	Prior Authorization Cost Invoice Not covered for Diagnosis 250.00-250.93
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each		2 per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each		2 units per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3254	Non-standard size or width		2 units per year	X	X			X	
L3255	Non-standard size or length		2 units per year	X	X			X	
L3257	Orthopedic footwear, additional charge for split size		1 unit per year	X	X			X	
L3260	Surgical boot/shoe, each		2 units per year	X	X			X	
L3265	Plastazote sandal, each		2 units per year	X	X			X	
L3300	Lift, elevation, heel, tapered to metatarsal, per inch		6 units per year	X	X			X	
L3310	Lift, elevation, heel and sole, neoprene, per inch		8 units per year	X	X			X	
L3320	Lift, elevation, heel and sole, cork, per inch		4 units per year	X	X			X	
L3330	Lift, elevation, metal extension (skate)		2 per year	X	X				
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch		6 units per year	X	X			X	
L3334	Lift, elevation, heel, per inch		6 units per year	X	X			X	
L3340	Heel wedge, SACH		2 units per year	X	X			X	

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3350	Heel wedge		4 units per year	X	X			X	
L3360	Sole wedge, outside sole		2 units per year	X	X			X	
L3370	Sole wedge, between sole		4 units per year	X	X			X	
L3380	Clubfoot wedge		2 units per year	X	X			X	
L3390	Outflare wedge		2 units per year	X	X			X	
L3400	Metatarsal bar wedge, rocker		2 units per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3410	Metatarsal bar wedge, between sole		2 units per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3420	Full sole and heel wedge; between sole		4 units per year	X	X			X	Not covered for Diagnosis 250.00-250.93
L3430	Heel, counter, plastic reinforced		2 units per year	X	X			X	
L3440	Heel, counter, leather reinforced		2 units per year	X	X			X	
L3450	Heel, SACH cushion type		2 units per year	X	X			X	
L3455	Heel, new leather, standard		2 units per year	X	X			X	
L3460	Heel, new rubber, standard		2 units per year	X	X			X	
L3465	Heel, Thomas with wedge		4 units per year	X	X			X	
L3470	Heel, Thomas extended to ball		2 units per year	X	X			X	
L3480	Heel, pad and depression for spur		2 units per year	X	X			X	
L3485	Heel, pad, removal for spur		2 units per year	X	X			X	
L3500	Orthopedic shoe addition, insole, leather		2 units per year	X	X			X	
L3510	Orthopedic shoe addition insole, rubber		2 units per year	X	X			X	

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3520	Orthopedic shoe addition insole, felt covered with leather		2 units per year	X	X			X	
L3530	Orthopedic shoe addition sole, half		4 per year	X	X			X	
L3540	Orthopedic shoe addition sole, full		4 per year	X	X			X	
L3550	Orthopedic shoe addition toe tap, standard)		8 per year	X	X			X	
L3560	Orthopedic shoe addition toe tap, horseshoe		8 per year	X	X			X	
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)		2 units per year	X	X			X	
L3580	Orthopedic shoe addition, convert instep to velcro closure		8 units per year	X	X			X	
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter		2 units per year	X	X			X	
L3595	Orthopedic shoe addition, march bar		2 units per year	X	X			X	
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing		2 units per year	X				X	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new		2 units per year	X	X			X	
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing		4 units per year	X	X			X	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new		2 units per year	X	X			X	
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes		2 units per year	X	X			X	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified			X	X			X	Prior Authorization Cost Invoice Required
L3650	Shoulder orthosis, (SO); figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment		4 units per year	X	X				
L3651	Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., Neoprene, lycra)		2 units per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3652	Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., Neoprene, lycra)		2 units per year	X					
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment		4 units per year	X	X				
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment		4 units per year	X	X				
L3671	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment			X					Prior Authorization
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			X					Prior Authorization
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			X					Prior Authorization
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment								Not Covered
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment								Not Covered
L3700	Elbow orthosis (EO), elastic with stays, prefabricated, includes fitting and adjustment		4 units per year	X	X				
L3701	Elbow orthosis (EO), elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)								Not Covered
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2 per year	X					Prior Authorization
L3710	Elbow orthosis (EO), elastic with metal joints, prefabricated, includes fitting and adjustment		4 units per year	X	X				
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated		2 units per year	X					
L3730	Elbow orthosis (EO), double upright with fore/arm cuffs, extension/flexion assist, custom fabricated		2 units per year	X	X				Prior Authorization
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated		2 units per year	X					Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type								Not Covered
L3762	Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment								Not Covered
L3763	EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	L3986		X					Prior Authorization
L3764	EWHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	L3985		X					Prior Authorization
L3765	EWHFO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment			X					Prior Authorization
L3766	EWHFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment			X					Prior Authorization
L3800	Wrist-hand-finger-orthosis (WHFO), short opponens, no attachments, custom fabricated		2 units per year	X					Discontinued by CMS 12/31/2007
L3805	Wrist-hand-finger-orthosis (WHFO), long opponens, no attachment, custom fabricated		2 units per year	X					Discontinued by CMS 12/31/2007
L3806	Wrist-hand-finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	L3914	4 units per year	X					New Code 01/01/2007
L3807	Wrist-hand-finger-orthosis (WHFO), without joint(s), prefabricated, includes fitting and adjustment		1 units per year	X	X				
L3808	Wrist-hand-finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	L3800, L3805, L3907	4 units per year	X	X				New Code 01/01/2007
L3810	Wrist-hand-finger-orthosis, addition to short and long opponens, thumb abduction ("C") bar		2 units per year	X					Discontinued by CMS 12/31/2007
L3815	Wrist-hand-finger-orthosis, addition to short and long opponens, second M.P. abduction assist		2 units per year	X					Discontinued by CMS 12/31/2007
L3820	Wrist-hand-finger-orthosis, addition to short and long opponens, I.P. extension assist, with M/P. extension stop		2 units per year	X					Discontinued by CMS 12/31/2007

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3825	Wrist-hand-finger-orthosis, addition to short and long opponens, M.P. extension stop		2 units per year	X					Discontinued by CMS 12/31/2007
L3830	Wrist-hand-finger-orthosis, addition to short and long opponens, M.P. extension assist		2 units per year	X					Discontinued by CMS 12/31/2007
L3835	Wrist-hand-finger-orthosis, addition to short and long opponens, M.P. spring extension assist		2 units per year	X					Discontinued by CMS 12/31/2007
L3840	Wrist-hand-finger-orthosis, addition to short and long opponens, spring swivel thumb		2 units per year	X					Discontinued by CMS 12/31/2007
L3845	Wrist-hand-finger-orthosis, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop		2 units per year	X					Discontinued by CMS 12/31/2007
L3850	Wrist-hand-finger-orthosis, addition to short and long opponens, action wrist, with dorsiflexion assist		2 units per year	X					Discontinued by CMS 12/31/2007
L3855	Wrist-hand-finger-orthosis, addition to short and long opponens, adjustable M.P. flexion control		2 units per year	X					Discontinued by CMS 12/31/2007
L3860	Wrist-hand-finger-orthosis, addition to short and long opponens, adjustable M.P. flexion control and I.P.		2 units per year	X					Discontinued by CMS 12/31/2007
L3890	Additional to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each		2 units per year	X					
L3900	Wrist-hand-finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated		2 units per year	X					Prior Authorization
L3901	Wrist-hand-finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension cable driven, custom fabricated		2 units per year	X					Prior Authorization
L3902	Wrist-hand-finger orthosis, external powered, compressed gas, custom fabricated		2 units per year	X					Prior Authorization Discontinued by CMS 12/31/2006
L3904	Wrist-hand-finger orthosis, external powered, electric, custom fabricated		2 units per year	X					Prior Authorization
L3905	Wrist-hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2 per year	X					Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3906	Wrist-hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		4 units per year	X					
L3907	Wrist-hand-finger orthosis, wrist gauntlet with thumb spica, molded to patient model, custom fabricated		4 units per year	X					Discontinued by CMS 12/31/2007
L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, prefabricated, includes fitting and adjustment		4 units per year	X	X				
L3909	Wrist orthosis, elastic prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)								Not Covered
L3910	Wrist-hand-finger orthosis (WHFO), Swanson design, prefabricated, includes fitting and adjustment		4 units per year	X					Discontinued by CMS 12/31/2007
L3911	Wrist-hand-finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)								Not Covered
L3912	Hand-finger orthosis, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment		4 units per year	X					
L3913	Hand-finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2 units per year	X					
L3914	Wrist-hand orthosis (WHO), wrist extension cock-up, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2006
L3915	Wrist-hand-finger orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment		4 units per year	X	X				New Code 01/01/2007
L3916	Wrist-hand-finger orthosis, wrist extension cock-up with outrigger, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment		2 units per year	X	X				
L3918	Hand-finger orthosis (HFO), knuckle bender, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2 units per year	X					
L3920	Hand-finger orthosis knuckle bender with outrigger, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3921	Hand-finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2 units per year	X					
L3922	Hand-finger orthosis knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment		4 units per year	X					Discontinued by CMS 12/31/2007
L3923	HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	L3954	4 units per year	X	X				
L3924	Wrist-hand-finger orthosis (WHFO), Oppenheimer, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3925	Finger orthosis proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment	L3932 L3934 L3948	2 units per year	X	X				Prior Authorization New Code 01/01/2008
L3926	Wrist-hand-finger orthosis (WHFO), Thomas suspension, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3927	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment		2 units per year	X	X				Prior Authorization New Code 01/01/2008
L3928	Hand-finger orthosis (HFO), finger extension, with clock spring, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3929	Hand finger orthosis, includes one or more nontorsion joint(s) turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	L3918, L3920, L3922, L3928, L3942, L3944, L3946	2 units per year	X	X				Prior Authorization New Code 01/01/2008
L3930	Wrist-hand-finger orthosis, finger extension, with wrist support, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3931	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	L3910, L3916, L3924, L3926, L3930, L3936, L3938, L3940, L3950, L3952	2 units per year	X	X				Prior Authorization New Code 01/01/2008
L3932	Finger orthosis (FO); safety pin, spring wire, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment		2 units per year	X					
L3934	Finger orthosis, safety pin, modified, prefabricated, includes fitting and adjustment		4 units per year	X					Discontinued by CMS 12/31/2007
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment		2 units per year	X					
L3936	Wrist-hand-finger orthosis (WHFO), Palmer, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3938	Wrist-hand-finger orthosis, dorsal wrist, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3940	Wrist-hand-finger orthosis, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3942	Hand-finger orthosis (HFO), reverse knuckle bender, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3944	Hand-finger orthosis, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3946	Hand-finger orthosis ,composite elastic, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3948	Finger-orthosis (FO), finger knuckle bender, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3950	Wrist-hand-finger orthosis (WHFO); combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3952	Wrist-hand-finger orthosis, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3954	Hand-finger orthosis (HFO), spreading hand, prefabricated, includes fitting and adjustment		4 units per year	X	X				Discontinued by CMS 12/31/2007
L3956	Addition of joint to upper extremity orthosis, any material; per joint			X					Prior Authorization Cost Invoice Required
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO); abduction positioning, airplane design, prefabricated, includes fitting and adjustment		2 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3961	Shoulder-elbow-wrist-hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2 per year	X					Prior Authorization
L3962	Shoulder-elbow-wrist-hand orthosis, abduction positioning, Erbs palsy design, prefabricated, includes fitting and adjustment		2 per year	X					
L3963	Shoulder-elbow orthosis, molded shoulder, arm, forearm and wrist, with articulating elbow joint, custom fabricated								Closed by CMS 12/31/2005
L3964	Shoulder-elbow orthosis (SEO), mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment		1 per year	X					
L3965	Shoulder-elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment		1 per year	X					Prior Authorization
L3966	Shoulder-elbow orthosis, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment		1 per year	X					Prior Authorization
L3967	SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		1 per year	X					Prior Authorization
L3968	Shoulder-elbow orthosis (SEO), mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment		1 per year	X					Prior Authorization
L3969	Shoulder-elbow orthosis (SEO), mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment		1 per year	X					
L3970	Shoulder-elbow orthosis , addition to mobile arm support, elevating proximal arm		1 per year	X					
L3971	SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated , includes fitting and adjustment	L3963	1 per year	X					Prior Authorization
L3972	Shoulder-elbow orthosis, offset or lateral rocker arm with elastic balance control		1 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L3973	SEWHO, 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	L3963	1 per year	X					Prior Authorization
L3974	Shoulder-elbow orthosis, addition to mobile arm support, supinator		1 per year	X					
L3975	SEWHFO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		1 per year	X					Prior Authorization
L3976	SEWHFO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		1 per year	X					Prior Authorization
L3977	SEWHFO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		1 per year	X					Prior Authorization
L3978	SEWHFO, 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		1 per year	X					Prior Authorization
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment		2 per year	X					
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment		2 per year	X					
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment		2 per year	X					
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated		2 per year	X					Discontinued by CMS 12/31/2007
L3986	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example - Colles' fracture), custom fabricated		2 per year	X					Discontinued by CMS 12/31/2007
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each		2 per year	X					
L3999	Upper limb orthosis, not otherwise specified			X					Prior Authorization Cost Invoice Required
L4000	Replace girdle for spinal orthosis (CTLSO or SO)		2 per year	X					Prior Authorization
L4002	Replacement strap, any orthosis, includes all components, any length, any type		12 per year	X	X				
L4020	Replace quadrilateral socket brim, molded to patient model		2 per year	X					Prior Authorization
L4030	Replace quadrilateral socket brim, custom fitted		2 per year	X					

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L4040	Replace molded thigh lacer, for custom fabricated orthosis only		2 per year	X					
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only		2 per year	X					
L4050	Replace molded calf lacer, for custom fabricated orthosis only		2 per year	X					
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only		2 per year	X					
L4060	Replace high roll cuff		2 per year	X					
L4070	Replace proximal and distal upright for KAFO		2 per year	X					
L4080	Replace metal bands KAFO, proximal thigh		2 per year	X					
L4090	Replace metal bands KAFO-AFO, calf or distal thigh		2 per year	X					
L4100	Replace leather cuff KAFO, proximal thigh		2 per year	X					
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh		4 per year	X					
L4130	Replace pretibial shell		2 per year	X					
L4205	Repair of orthotic device, labor component, per 15 minutes		8 units per month	X					
L4210	Repair of orthotic device, repair or replace minor parts			X					Prior Authorization Cost Invoice Required
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic gel), prefabricated, includes fitting and adjustment		4 per year	X	X				
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment		4 per year	X	X				
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment		4 per year	X	X				
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment		4 per year	X	X				
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment		2 per year	X	X				
L4392	Replacement, soft interface material; static AFO		4 per year	X	X				
L4394	Replace soft interface material, foot drop splint		4 per year	X	X				
L4396	Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment		2 per year	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L4398	Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment		2 per year	X	X				
L5000	Partial foot, shoe insert with longitudinal arch, toe filler		2 per year				X	X	
L5010	Partial foot, molded socket, ankle height, with toe filler		2 per year				X		
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler		2 per year				X		
L5050	Ankle, symes, molded socket SACH foot		2 per year				X		
L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot		2 per year				X		
L5100	Below knee, molded, socket, shin, SACH foot		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot		2 per year						Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot,		2 per year						Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5160	Knee disarticulation (or through knee), molded socket bent knee configuration, external knee joints, shin, SACH foot		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each		2 per year				X		
L5220	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each		2 per year				X		
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot		2 per year				X		
L5250	Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot		2 per year				X		
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot		2 per year				X		
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single, axis knee		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot		2 per year				X		
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot		2 per year				X		
L5400	Immediate post surgical or early fitting; application of initial rigid dressing, including fitting, alignment, suspension, and one case change, below knee		1 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5410	Immediate post surgical or early fitting; application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment		1 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
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		1 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
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		1 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5450	Immediate post surgical or early fitting; application of non-weight bearing rigid dressing, below knee		1 per lifetime				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5460	Immediate post surgical or early fitting; application of non-weight bearing rigid dressing, above knee		1 per lifetime				X		
L5500	Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed		2 per lifetime				X		
L5505	Initial, above knee - knee disarticulation, ischial level socket non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed		2 per lifetime				X		
L5510	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot; plaster socket, molded to model		2 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5520	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot thermoplastic or equal, direct formed		2 per lifetime				X		Prior Authorization Effective 10/01/2006 Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5530	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot thermoplastic or equal, molded to model		2 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5535	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket		2 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5540	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model		2 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5560	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot; plaster socket, molded to model		2 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot; thermoplastic or equal, direct formed		2 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5580	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot; thermoplastic or equal, molded to model		2 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot; prefabricated adjustable open end socket		2 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5590	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot; laminated socket, molded to model		2 per lifetime				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot; thermoplastic or equal, molded to patient model		2 per lifetime				X		
L5600	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH laminated socket, molded to patient model		2 per lifetime				X		
L5610	Addition to lower extremity, endoskeletal system; above knee, hydracadence system		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5611	Addition to lower extremity, endoskeletal system; above knee, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control		2 per year				X		
L5613	Addition to lower extremity, endoskeletal system; above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5614	Addition to lower extremity, endoskeletal above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control		2 per year				X		Prior Authorization
L5616	Addition to lower extremity, endoskeletal above knee - universal multiplex system, friction swing phase control		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each						X		
L5618	Addition to lower extremity, test socket, Symes		2 per year				X		
L5620	Addition to lower extremity, test socket, below knee		2 per year				X		
L5622	Addition to lower extremity, test socket, knee disarticulation		2 per year				X		
L5624	Addition to lower extremity, test socket, above knee		2 per year				X		
L5626	Addition to lower extremity, test socket, hip disarticulation		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5628	Addition to lower extremity, test socket, hemipelvectomy		2 per year				X		
L5629	Addition to lower extremity, below knee, acrylic socket		4 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5630	Addition to lower extremity, Symes type, expandable wall socket		2 per year				X		
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5632	Addition to lower extremity, Symes type; "PTB" brim design socket		2 per year				X		
L5634	Addition to lower extremity, Symes type; posterior opening (Canadian) socket		2 per year				X		
L5636	Addition to lower extremity, Symes type; medial opening socket		2 per year				X		
L5637	Addition to lower extremity, below knee; total contact		4 per year				X		
L5638	Addition to lower extremity, below knee leather socket		2 per year				X		
L5639	Addition to lower extremity, below knee wood socket		2 per year				X		
L5640	Addition to lower extremity, knee disarticulation, leather socket		2 per year				X		
L5642	Addition to lower extremity, above knee, leather socket		2 per year				X		
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame		2 per year				X		Prior Authorization
L5644	Addition to lower extremity, above knee, wood socket		2 per year				X		
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame		2 per year				X		Prior Authorization
L5646	Addition to lower extremity, below knee, air cushion socket		2 per year				X		
L5647	Addition to lower extremity, below knee, suction socket		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5648	Addition to lower extremity, above knee, air cushion socket		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5649	Addition to lower extremity, ischial containment/narrow M-L socket		2 per year				X		Prior Authorization
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket		2 per year				X		
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame		2 per year				X		Prior Authorization
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket		2 per year				X		
L5654	Addition to lower extremity, socket insert; Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)		2 per year				X		
L5655	Addition to lower extremity, socket insert below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)		2 per year				X		
L5656	Addition to lower extremity, socket insert, knee disarticulation, (Kemblo, Pelite, Aliplast, Plastazote or equal)		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)		2 per year				X		
L5661	Addition to lower extremity, socket insert ,multi-durometer Symes		2 per year				X		
L5665	Addition to lower extremity, socket insert multi-durometer, below knee		2 per year				X		
L5666	Addition to lower extremity; below knee, cuff suspension		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5668	Addition to lower extremity; below knee, molded distal cushion		2 per year				X		
L5670	Addition to lower extremity; below knee, molded supracondylar suspension ("PTS" or similar)		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5671	Addition to lower extremity; below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5672	Additional to lower extremity below knee, removable medial brim suspension		2 per year				X		
L5673	Additional to lower extremity below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	K0556	2 per year				X		
L5676	Additional to lower extremity below knee, knee joints, single axis, pair		2 pair per year				X		
L5677	Additional to lower extremity below knee, knee joints, polycentric, pair		2 pair per year				X		
L5678	Additional to lower extremity below knee, joint covers, pair		2 pair per year				X		
L5679	Additional to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	K0557	2 per year				X		
L5680	Additional to lower extremity below knee, thigh lacer, non-molded		2 per year				X		
L5681	Additional to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	K0558	2 per year				X		Prior Authorization
L5682	Additional to lower extremity below knee, thigh lacer, gluteal/ischial, molded		2 per year				X		
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	K0559	2 per year				X		Prior Authorization
L5684	Addition to lower extremity, below knee, fork strap		2 per year				X		
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each		2 per year				X		
L5686	Addition to lower extremity, below knee, back check (extension control)		2 per year				X		
L5688	Addition to lower extremity, below knee, waist belt, webbing		2 per year				X		
L5690	Addition to lower extremity, below knee, waist belt, padded and lined		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5692	Addition to lower extremity, above knee; pelvic control belt, light		2 per year				X		
L5694	Addition to lower extremity, pelvic control belt, padded and lined		2 per year				X		
L5695	Addition to lower extremity, pelvic control, sleeve suspension, neoprene or equal, each		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5696	Addition to lower extremity, above knee or knee disarticulation; pelvic joint		2 per year				X		
L5697	Addition to lower extremity, pelvic band		2 per year				X		
L5698	Addition to lower extremity, Silesian bandage		2 per year				X		
L5699	All lower extremity prostheses, shoulder harness		2 per year				X		
L5700	Replacement, socket; below knee, molded to patient model		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5701	Replacement, socket; above knee/knee disarticulation, including attachment plate, molded to patient model		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5702	Replacement, socket; hip disarticulation, including hip joint, molded to patient model		2 per year				X		
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel		2 per year						Prior Authorization
L5704	Custom shaped protective cover, below knee		4 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5705	Custom shaped protective cover, above knee		4 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5706	Custom shaped protective cover, knee disarticulation		4 per year				X		
L5707	Custom shaped protective cover, hip disarticulation		4 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5710	Addition, exoskeletal knee-shin system, single axis; manual lock		2 per year				X		
L5711	Addition, exoskeletal knee-shin system, single axis; manual lock, ultra-light material		2 per year				X		
L5712	Addition, exoskeletal knee-shin system, single axis; friction swing and stance phase control (safety knee)		2 per year				X		
L5714	Addition, exoskeletal knee-shin system, single axis; variable friction swing phase control		2 per year				X		
L5716	Addition, exoskeletal knee-shin system, polycentric; mechanical stance phase lock		2 per year				X		
L5718	Addition, exoskeletal knee-shin system, single axis; friction swing and stance phase control		2 per year				X		
L5722	Addition, exoskeletal knee-shin system, single axis; pneumatic swing, friction stance phase control		2 per year				X		Prior Authorization
L5724	Addition, exoskeletal knee-shin system, single axis; fluid swing phase control		2 per year				X		Prior Authorization
L5726	Addition, exoskeletal knee-shin system, single axis; external joints fluid swing phase control		2 per year				X		Prior Authorization
L5728	Addition, exoskeletal knee-shin system, single axis; fluid swing and stance phase control		2 per year				X		Prior Authorization
L5780	Addition, exoskeletal knee-shin system, single axis; pneumatic/hydra pneumatic swing phase control		2 per year				X		Prior Authorization
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system								Not Covered
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty								Not Covered
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)		2 per year				X		Prior Authorization
L5810	Addition, endoskeletal knee-shin system, single axis; manual lock		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5811	Addition, endoskeletal knee-shin system, single axis; manual lock, ultra-light material		2 per year				X		Prior Authorization
L5812	Addition, endoskeletal knee-shin system, single axis; friction swing and stance phase control (safety knee)		2 per year				X		
L5814	Addition, endoskeletal knee-shin system, polycentric; hydraulic swing phase control, mechanical stance phase lock		2 per year				X		Prior Authorization
L5816	Addition, endoskeletal knee-shin system, polycentric; mechanical stance phase lock		2 per year				X		
L5818	Addition, endoskeletal knee-shin system, polycentric; friction swing and stance phase control		2 per year				X		
L5822	Addition, endoskeletal knee-shin system, single axis; pneumatic swing, friction stance phase control		2 per year				X		Prior Authorization
L5824	Addition, endoskeletal knee-shin system, single axis fluid swing phase control		2 per year				X		Prior Authorization
L5826	Addition, endoskeletal knee-shin system, single axis hydraulic swing phase control, with miniature high activity frame		2 per year				X		
L5828	Addition, endoskeletal knee-shin system, single axis fluid swing and stance phase control		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5830	Addition, endoskeletal knee-shin system, single axis pneumatic swing phase control		2 per year				X		Prior Authorization
L5840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic/swing phase control		2 per year				X		Prior Authorization
L5845	Addition, endoskeletal, knee-shin system; stance flexion feature, adjustable		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5848	Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, with or without adjustability								Not Covered
L5850	Addition, endoskeletal system; above knee or hip disarticulation, knee extension assist		2 per year				X		
L5855	Addition, endoskeletal system; hip disarticulation, mechanical hip extension assist		2 per year				X		Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s) any type								Not Covered
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type								Not Covered
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type								Not Covered
L5910	Addition, endoskeletal system, below knee, alignable system		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock		2 per year				X		Prior Authorization
L5930	Addition, endoskeletal system; high activity knee control frame		2 per year				X		Prior Authorization
L5940	Addition, endoskeletal system; below knee, ultra-light material (titanium, carbon fiber or equal)		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5950	Addition, endoskeletal system; above knee, ultra-light material (titanium, carbon fiber or equal)		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5960	Addition, endoskeletal system; hip disarticulation, ultra-light material (titanium, carbon fiber or equal)		2 per year				X		Prior Authorization
L5962	Addition, endoskeletal system; below knee, flexible protective outer surface covering system		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5964	Addition, endoskeletal system; above knee, flexible protective outer surface covering system		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5966	Addition, endoskeletal system; hip disarticulation, flexible protective outer surface covering system		2 per year				X		Prior Authorization
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature								Not Covered
L5970	All lower extremity prostheses; foot, external keel, SACH foot		2 per year				X		
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only		2 per year				X		
L5972	All lower extremity prosthesis, flexible keel foot (Safe, Sten, Bock Dynamic or equal)		2 per year				X		
L5974	All lower extremity prosthesis, foot, single axis ankle/foot		2 per year				X		
L5975	All lower extremity prosthesis; combination single axis ankle and flexible keel foot		2 per year				X		
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)		2 per year				X		
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot		2 per year				X		Prior Authorization
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system		2 per year				X		Prior Authorization
L5980	All lower extremity prostheses, flex foot system		2 per year				X		Prior Authorization
L5981	All lower extremity prostheses, flex-walk system or equal		2 per year				X		Prior Authorization
L5982	All exoskeletal lower extremity prostheses, axial rotation unit		2 per year				X		Prior Authorization
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon		2 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)		2 per year				X		Prior Authorization
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon		2 per year				X		Prior Authorization
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature		2 per year				X		Prior Authorization
L5989	Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors								Code Closed by CMS 12/31/2004
L5990	Addition to lower extremity prosthesis, user adjustable heel height		2 per year				X		
L5993	Addition to lower extremity prosthesis, heavy duty feature, foot only, (for patient weight greater than 300 lbs)		2 per year				X		Prior Authorization Cost Invoice Required New Code 01/01/2007
L5994	Addition to lower extremity prosthesis, heavy duty feature, knee only, (for patient weight greater than 300 lbs)		2 per year				X		Prior Authorization Cost Invoice Required New Code 01/01/2007
L5995	Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs.)								Not Covered
L5999	Lower extremity prosthesis, not otherwise specified						X		Prior Authorization Cost Invoice
L6000	Partial hand, Robin-Aids; thumb remaining (or equal)		2 per year				X		
L6010	Partial hand, Robin-Aids; little and/or ring finger remaining (or equal)		2 per year				X		
L6020	Partial hand, Robin-Aids; no finger remaining (or equal)		2 per year				X		
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device								Not Covered
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad		2 per year				X		
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad		2 per year				X		
L6100	Below elbow, molded socket; flexible elbow hinge, triceps pad		2 per year				X		
L6110	Below elbow, (Muenster or Northwestern Suspension types)		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6120	Below elbow, molded double wall split socket; set-up hinges, half cuff		2 per year				X		
L6130	Below elbow, molded double wall split socket stump activated locking hinge, half cuff		2 per year				X		
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm		2 per year				X		
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm		2 per year				X		
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm		2 per year				X		
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm		2 per year				X		
L6310	Shoulder disarticulation, passive restoration; (complete prosthesis)		2 per year				X		
L6320	Shoulder disarticulation, passive restoration; (complete prosthesis)		2 per year				X		
L6350	Interscapular thoracic; molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm		2 per year				X		
L6360	Interscapular thoracic passive restoration (complete prosthesis)		2 per year				X		
L6370	Interscapular thoracic passive restoration (shoulder cap only)		2 per year				X		
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change; wrist disarticulation or below elbow		1 per year				X		
L6382	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change; elbow disarticulation or above elbow		1 per year				X		
L6384	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change; shoulder disarticulation or interscapular thoracic		1 per year				X		
L6386	Immediate post surgical or early fitting; each additional cast change and realignment		1 per year				X		
L6388	Immediate post surgical or early fitting; application of rigid dressing only		1 per year				X		
L6400	Below elbow, molded socket endoskeletal system, including soft prosthetic tissue shaping		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping		2 per year				X		
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping		2 per year				X		
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping		2 per year				X		
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping		2 per year				X		
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		1 per year				X		
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		1 per year				X		
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		1 per year				X		
L6586	Preparatory, elbow disarticulation or above elbow; single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed		1 per year				X		
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		1 per year				X		
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		1 per year				X		
L6600	Upper extremity additions, polycentric hinge, pair		2 per year				X		
L6605	Upper extremity additions, single pivot hinge, pair		2 per year				X		
L6610	Upper extremity additions, flexible metal hinge, pair		2 per year				X		
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type		2 per year				X		Prior Authorization New Code 01/01/2007
L6615	Upper extremity additions, disconnect locking wrist unit		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6616	Upper extremity additions, additional disconnect insert for locking wrist unit, each		2 per year				X		
L6620	Upper extremity additions, flexion/extension wrist unit, with or without friction		2 per year				X		
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device		2 per year				X		Prior Authorization
L6623	Upper extremity additions, spring assisted rotational wrist unit with latch release		2 per year				X		
L6624	Upper extremity addition, flexion/extension and rotation wrist unit		2 per year				X		Prior Authorization New Code 01/01/2007
L6625	Upper extremity additions, rotation wrist unit with cable lock		2 per year				X		
L6628	Upper extremity additions, quick disconnect hook adapter, Otto Bock or equal		2 per year				X		
L6629	Upper extremity additions, quick disconnect lamination collar with coupling piece, Otto Bock or equal		2 per year				X		
L6630	Upper extremity additions, stainless steel, any wrist		2 per year				X		
L6632	Upper extremity additions, latex suspension sleeve, each		2 per year				X		
L6635	Upper extremity additions, lift assist for elbow		2 per year				X		
L6637	Upper extremity additions, nudge control elbow lock		2 per year				X		
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow		2 per year				X		Prior Authorization
L6639	Upper extremity addition, heavy duty feature, any elbow		2 per year				X		Prior Authorization New Code 01/01/2007
L6640	Upper extremity addition to prosthesis, shoulder abduction joint, pair		2 per year				X		
L6641	Upper extremity addition to prosthesis, excursion amplifier, pulley type		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6642	Upper extremity addition to prosthesis, excursion amplifier, lever type		2 per year				X		
L6645	Upper extremity addition to prosthesis, shoulder flexion - abduction joint, each		2 per year				X		
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external power system								Not Covered
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator								Not Covered
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator								Not Covered
L6650	Upper extremity addition, shoulder universal joint, each		2 per year				X		
L6655	Upper extremity addition, standard control cable, extra		2 per year				X		
L6660	Upper extremity addition, heavy duty control cable		2 per year				X		
L6665	Upper extremity addition, Teflon, or equal, cable lining		2 per year				X		
L6670	Upper extremity addition, hook to hand, cable adapter		2 per year				X		
L6672	Upper extremity addition, harness, chest or shoulder, saddle type		2 per year				X		
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design		2 per year				X		
L6676	Upper extremity addition, harness, (e.g., figure of eight type), for dual cable design		2 per year				X		
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow		2 per year				X		
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow		2 per year				X		
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6684	Upper extremity addition, test socket, should disarticulation or interscapular thoracic		2 per year				X		
L6686	Upper extremity addition, suction socket		2 per year				X		
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation		2 per year				X		
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation		2 per year				X		
L6689	Upper extremity addition, frame type socket, should disarticulation		2 per year				X		
L6690	Upper extremity addition, frame type socket, interscapular thoracic		2 per year				X		
L6691	Upper extremity addition, removable insert, each		2 per year				X		
L6692	Upper extremity addition, silicone gel insert or equal, each		2 per year				X		
L6693	Upper extremity addition, locking elbow, forearm counterbalance		2 per year				X		
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism		2 per year				X		Prior Authorization
L6695	Additional to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism		2 per year				X		Prior Authorization
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)		2 per year				X		Prior Authorization
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)		2 per year				X		Prior Authorization
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes, socket insert						X		Prior Authorization
L6700	Terminal device, hook, Dorrance, or equal, model #3		2 per year				X		Discontinued by CMS 12/31/2006
L6703	Terminal device, passive hand/mitt, any material, any size		2 per year				X		Prior Authorization New Code 01/01/2007

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6704	Terminal device, sport/recreational/work attachment, any material, any size	L6700 L6720 L6725 L6730							Not Covered
L6705	Terminal device, hook, Dorrance, or equal, model #5		2 per year				X		Discontinued by CMS 12/31/2006
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	L6705 L6710 L6735 L6740 L6745 L6750 L6755 L6765 L6770 L6775 L6780 L6790	2 per year						Prior Authorization New Code 01/01/2007
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	L6800 L6806 L6807 L6808	2 per year				X		Prior Authorization New Code 01/01/2007
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	L6825 L6835 L6840 L6845 L6850 L6855 L6860 L6867 L6872 L6873 L6880	2 per year				X		Prior Authorization New Code 01/01/2007
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	L6830 L6875	2 per year				X		Prior Authorization New Code 01/01/2007
L6710	Terminal device, hook, Dorrance, or equal, model #5X		2 per year				X		Discontinued by CMS 12/31/2006
L6715	Terminal device, hook, Dorrance, or equal, model #5XA		2 per year				X		Discontinued by CMS 12/31/2006
L6720	Terminal device, hook, Dorrance, or equal, model #6		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6725	Terminal device, hook, Dorrance, or equal, model #7		2 per year				X		Discontinued by CMS 12/31/2006
L6730	Terminal device, hook, Dorrance, or equal, model #7LO		2 per year				X		Discontinued by CMS 12/31/2006
L6735	Terminal device, hook, Dorrance, or equal, model #8		2 per year				X		Discontinued by CMS 12/31/2006
L6740	Terminal device, hook, Dorrance, or equal, model #8X		2 per year				X		Discontinued by CMS 12/31/2006
L6745	Terminal device, hook, Dorrance, or equal, model #88X		2 per year				X		Discontinued by CMS 12/31/2006
L6750	Terminal device, hook, Dorrance, or equal, model #10P		2 per year				X		Discontinued by CMS 12/31/2006
L6755	Terminal device, hook, Dorrance, or equal, model #10X		2 per year				X		Discontinued by CMS 12/31/2006
L6765	Terminal device, hook, Dorrance, or equal, model #12P		2 per year				X		Discontinued by CMS 12/31/2006

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6770	Terminal device, hook, Dorrance, or equal, model #99X		2 per year				X		Discontinued by CMS 12/31/2006
L6775	Terminal device, hook, Dorrance, or equal, model #555		2 per year				X		Discontinued by CMS 12/31/2006
L6780	Terminal device, hook, Dorrance, or equal, model #55555		2 per year				X		Discontinued by CMS 12/31/2006
L6790	Terminal device, hook, Accu hook, or equal		2 per year				X		Discontinued by CMS 12/31/2006
L6795	Terminal device, hook-2 load, or equal		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6800	Terminal device, hook-APRL, VC or equal		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6805	Terminal device, modifier wrist flexion unit		2 per year				X		
L6806	Terminal device; hook, TRS grip, grip III, VC or equal		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6807	Terminal device; hook grip I, grip II, VC or equal		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6808	Terminal device; hook TRS adept, infant or child, VC or equal		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6809	Terminal device; hook TRS Super sport, passive		2 per year				X		Discontinued by CMS 12/31/2006
L6810	Terminal device; pincher tool, Otto Bock or equal		2 per year				X		
L6825	Terminal device, hand, Dorrance, VO		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6830	Terminal device, hand, APRL, VC		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6835	Terminal device, hand, Sierra, VO		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6840	Terminal device, hand, Becker imperial		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6845	Terminal device, hand, Becker lock grip		2 per year				X		Discontinued by CMS 12/31/2006
L6850	Terminal device, hand, Becker Plylite		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6855	Terminal device, hand, Robin-Aids, VO		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6860	Terminal device, hand, Robin-Aids, VO soft		2 per year				X		Discontinued by CMS 12/31/2006
L6865	Terminal device, hand, passive hand		2 per year				X		Discontinued by CMS 12/31/2006
L6867	Terminal device, hand, Detroit infant hand (mechanical)		2 per year				X		Discontinued by CMS 12/31/2006
L6868	Terminal device, hand, passive infant hand (Steeper, Hosmer or equal)		2 per year				X		Discontinued by CMS 12/31/2006
L6870	Terminal device, hand, child mitt		2 per year				X		Discontinued by CMS 12/31/2006
L6872	Terminal device, hand, NYU child hand		2 per year				X		Discontinued by CMS 12/31/2006
L6873	Terminal device, hand, mechanical infant hand, Steeper or equal		2 per year				X		Discontinued by CMS 12/31/2006
L6875	Terminal device, hand, Bock, VC		2 per year				X		Prior Authorization Discontinued by CMS 12/31/2006
L6880	Terminal device, hand, Bock, VO		2 per year				X		Discontinued by CMS 12/31/2006
L6881	Automatic grasp feature, addition to upper limb prosthetic terminal device								Not covered
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device								Not Covered
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power						X		Prior Authorization
L6884	Replacement socket, above elbow, disarticulation, molded to patient model for use with or without external power						X		Prior Authorization
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power						X		Prior Authorization
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment		4 per year				X		
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom glove		2 per year				X		
L6900	Hand restoration (casts, shading and measurements included), partial hand; with glove, thumb or one finger remaining		2 per year				X		Prior Authorization
L6905	Hand restoration (casts, shading and measurements included), partial hand; with glove, multiple fingers remaining		2 per year				X		Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6910	Hand restoration (casts, shading and measurements included), partial hand; with glove, no fingers remaining		2 per year				X		Prior Authorization
L6915	Hand restoration (shading and measurements included), replacement glove for above		2 per year				X		
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		1 per 3 years				X		Prior Authorization
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		1 per 3 years				X		Prior Authorization
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		1 per 3 years				X		Prior Authorization
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		1 per 3 years				X		Prior Authorization
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		1 per 3 years				X		Prior Authorization
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		1 per 3 years				X		Prior Authorization
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		1 per 3 years				X		Prior Authorization
L6955	Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device		1 per 3 years				X		Prior Authorization
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device		1 per 3 years				X		Prior Authorization
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		1 per 3 years				X		Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L6970	Interscapular thoracic, external power, molded inner socket removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device		1 per 3 years				X		Prior Authorization
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 terminal device		1 per 3 years				X		Prior Authorization
L7007	Electric hand, switch or myoelectric controlled, adult	L7010 L7015 L7025	2 per year				X		Prior Authorization New Code 01/01/2007
L7008	Electric hand, switch or myoelectric, controlled, pediatric	L7030					X		Prior Authorization New Code 01/01/2007
L7009	Electric hook, switch or myoelectric controlled, adult	L7020 L7035					X		Prior Authorization New Code 01/01/2007
L7010	Electronic hand; Otto Bock, Steeper or equal, switch controlled		1 per 3 years				X		Prior Authorization Discontinued by CMS 12/31/2006
L7015	Electronic hand; System Teknik, Variety Village or equal, switch controlled						X		Prior Authorization Discontinued by CMS 12/31/2006
L7020	Electronic Greifer, Otto Bock or equal, switch controlled		1 per 3 years				X		Prior Authorization Discontinued by CMS 12/31/2006
L7025	Electronic hand; Otto Bock or equal, myoelectronically controlled		1 per 3 years				X		Prior Authorization Discontinued by CMS 12/31/2006
L7030	Electronic hand; System Teknik, Variety Village or equal, myoelectronically controlled		1 per 3 years				X		Prior Authorization Discontinued by CMS 12/31/2006
L7035	Electronic Greifer, Otto Bock or equal, myoelectronically controlled		1 per 3 years				X		Prior Authorization Discontinued by CMS 12/31/2006
L7040	Prehensile actuator; Hosmer or equal, switch controlled		1 per 3 years				X		Prior Authorization
L7045	Electronic hook, child, Michigan or equal, switch controlled		1 per 3 years				X		Prior Authorization
L7170	Electronic elbow; Hosmer or equal, switch controlled		1 per 3 years				X		Prior Authorization
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device		1 per 5 years				X		Prior Authorization
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device								Not Covered
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled		1 per 3 years				X		Prior Authorization

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L7186	Electronic elbow, child, Variety Village or equal, switch controlled		1 per 3 years				X		Prior Authorization
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled		1 per 3 years				X		Prior Authorization
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled		1 per 3 years				X		Prior Authorization
L7260	Electronic wrist rotator; Otto Bock or equal		1 per 3 years				X		Prior Authorization
L7261	Electronic wrist rotator; for Utah arm		1 per 3 years				X		Prior Authorization
L7266	Servo control, Steeper or equal		1 per 3 years				X		Prior Authorization
L7272	Analogue control, UNB or equal		1 per 3 years				X		Prior Authorization
L7274	Proportional control, 6-12 volt, Liberty, Utah or equal		1 per 3 years				X		Prior Authorization
L7360	Six-volt battery, Otto Bock , each		1 per 2 years				X		Prior Authorization
L7362	Battery charger, six-volt, each		1 per 2 years				X		Prior Authorization
L7364	Twelve-volt battery, each		1 per 2 years				X		Prior Authorization
L7366	Battery charger, twelve-volt, each		1 per 2 years				X		Prior Authorization
L7367	Lithium ion battery, replacement								Not Covered
L7368	Lithium ion battery charger								Not Covered
L7400	Addition to upper extremity prosthesis; below elbow wrist disarticulation, ultralight material (titanium, carbon fiber or equal)		2 per year				X		
L7401	Addition to upper extremity prosthesis; above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)		2 per year				X		
L7402	Addition to upper extremity prosthesis; shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)		2 per year				X		
L7403	Addition to upper extremity prosthesis; below elbow wrist disarticulation, acrylic material		2 per year				X		
L7404	Addition to upper extremity prosthesis; above elbow disarticulation, acrylic material		2 per year				X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L7405	Addition to upper extremity prosthesis; shoulder disarticulation/interscapular thoracic, acrylic material		2 per year				X		
L7499	Upper extremity prosthesis, not otherwise specified						X		Prior Authorization Cost Invoice
L7500	Repair of prosthetic device, hourly rate (excludes V5335 repair of oral or laryngeal prosthesis or artificial larynx)		12 units per year				X		
L7510	Repair of prosthetic device, repair or replace minor parts		1 unit per year				X		
L7520	Repair prosthetic device, labor component, per 15 minutes		24 units per 6 months				X		
L7600	Prosthetic donning sleeve, any material , each						X		Prior Authorization Cost Invoice
L7611	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined, or unlined, pediatric		2 units per year				X		Prior Authorization Covered for members up to age 16 Cost Invoice New Code 01/01/2008
L7612	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric		2 units per year				X		Prior Authorization Covered for members up to age 16 Cost Invoice New Code 01/01/2008
L7613	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric		2 units per year				X		Prior Authorization Covered for members up to age 16 Cost Invoice New Code 01/01/2008
L7614	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric		2 units per year				X		Prior Authorization Covered for members up to age 16 Cost Invoice New Code 01/01/2008
L7621	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined		2 units per year				X		Prior Authorization Cost Invoice New Code 01/01/2008
L7622	Terminal device, hook or hand, heavy duty, mechanical voluntary closing any material, any size lined or unlined		2 units per year				X		Prior Authorization Cost Invoice New Code 01/01/2008
L8000	Breast prosthesis; mastectomy bra		4 per year			X	X		
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral		2 per year			X	X		
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral		2 per year			X	X		
L8010	Breast prosthesis mastectomy sleeve		3 per year			X	X		

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy		2 per year			X	X		
L8020	Breast prosthesis; mastectomy form		2 per year			X	X		
L8030	Breast prosthesis silicone or equal		2 per year			X	X		
L8035	Custom breast prosthesis, post mastectomy, molded to patient model		2 per year			X	X		Prior Authorization
L8039	Breast prosthesis, not otherwise specified					X	X		Prior Authorization Cost Invoice
L8040	Nasal prosthesis, provided by a nonphysician								Not Covered
L8100	Gradient compression stocking, below knee, 18-30 mmHg, each		4 per 6 months	X	X				Closed by CMS 12/31/2005
L8110	Gradient compression stocking, below knee, 30-40 mmHg, each		4 per 6 months	X	X				Closed by CMS 12/31/2005
L8120	Gradient compression stocking, below knee, 40-50 mmHg, each		4 per 6 months	X	X				Closed by CMS 12/31/2005
L8130	Gradient compression stocking, thigh length, 18-30 mmHg, each		4 per 6 months	X	X				Closed by CMS 12/31/2005
L8140	Gradient compression stocking, thigh length, 30-40 mmHg, each		4 per 6 months	X	X				Closed by CMS 12/31/2005
L8150	Gradient compression stocking, thigh length, 40-50 mmHg, each		4 per 6 months	X	X				Closed by CMS 12/31/2005
L8160	Gradient compression stocking, full length/chap style, 18-30 mmHg, each		4 per 6 months	X	X				Closed by CMS 12/31/2005
L8170	Gradient compression stocking, full length/chap style, 30-40 mmHg, each		4 per 6 months	X	X				Closed by CMS 12/31/2005
L8190	Gradient compression stocking, waist length, 18-30 mmHg, each		2 per 6 months	X	X				Closed by CMS 12/31/2005
L8210	Gradient compression stocking, custom made			X	X				Closed by CMS 12/31/2005
L8230	Gradient compression stocking, garter belt		2 per year	X	X				Closed by CMS 12/31/2005
L8239	Gradient compression stocking, not otherwise specified			X	X				Closed by CMS 12/31/2005
L8300	Truss, single with standard pad		4 per year	X	X				
L8310	Truss, double with standard pad		4 per year	X	X				
L8320	Truss, addition to standard pad, water pad		4 per year	X	X				
L8330	Truss, addition to standard pad, scrotal pad		4 per year	X	X				

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
L8400	Prosthetic sheath, below knee, each		12 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L8410	Prosthetic sheath, above knee, each		6 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L8415	Prosthetic sheath, upper limb, each		10 per year				X		
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each		4 per year				X		Prior Authorization
L8420	Prosthetic sock, multiple ply, below knee, each		12 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L8430	Prosthetic sock, multiple ply, above knee, each		12 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L8435	Prosthetic sock, multiple ply, upper limb, each		6 per year				X		
L8440	Prosthetic shrinker; below knee, each		4 per year				X		
L8460	Prosthetic shrinker; above knee, each		4 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L8465	Prosthetic shrinker; upper limb, each		4 per year				X		
L8470	Prosthetic sock, single ply, fitting; below knee, each		24 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L8480	Prosthetic sock, single ply, fitting; above knee, each		12 per year				X		Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07
L8485	Prosthetic sock, single ply, fitting; upper limb, each		10 per year				X		
L8499	Unlisted procedure for miscellaneous prosthetic services						X		Prior Authorization Cost Invoice

HCPCS CODE	DESCRIPTION	REPLACES	SERVICE LIMIT	G O	G 5	G 7	G 9	P E	SPECIAL INSTRUCTIONS
S1040	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustments			X					Prior Authorization Medical Necessity Review will be based on InterQual Criteria effective 03/01/07

CHAPTER 516
ORTHOTIC/PROSTHETIC SERVICES
MARCH 1, 2007

ATTACHMENT II
WVMI MEDICAID ORTHOTIC/PROSTHETIC
AUTHORIZATION REQUEST FORM
PAGE 1 OF 3

REVISED JANUARY 1, 2008

West Virginia Department of Health and Human Resources
Bureau for Medical Services
Certificate of Medical Necessity for Orthotics and Prosthetics

SECTION I

MEMBER DATA

ID# _____
Name _____
D.O.B. _____
Phone # () _____

SERVICING PROVIDER

Provider # _____
Provider Name _____
Contact Person _____
Phone # () _____

CMN STATUS

Initial

Revised

Renewed

SECTION II - MEMBER INFORMATION

Answer all questions that are applicable to **ORTHOTIC / PROSTHETIC** services being requested. If answer is Yes, you must describe/ attach additional information to support medical justification. (Additional Space on Reverse).

DOES PATIENT:	YES	NO
1. Have impaired mobility?	___	___
2. Have impaired endurance?	___	___
3. Have restricted activity?	___	___
4. Have skin break down? (Describe site, Size, Depth, and Drainage on reverse side of form)	___	___
5. Have impaired respiration? (Identify most recent PO2/ saturation level for Pts. on O2) (Room air)	___	___
6. Require assistance with ADL's?	___	___
7. Have impaired speech?	___	___
8. Is item suitable for use in home and does the Patient/Care giver demonstrate willingness and ability to use the equipment?	___	___

ICD 9- CODES

CLINICAL DIAGNOSIS

DATE OF ONSET

DATE PATIENT LAST EXAMINED BY PRACTITIONER: ____/____/____

FUNCTIONAL LEVEL: (As per Medicare standard classification for specific prosthetic components) Attach supporting documentation.

___ Level - 0 ___ Level - I ___ Level - II ___ Level - III ___ Level - IV

SECTION III (Additional space on reverse side)

Begin Service Date	HCPCS Code	Description of HCPCS Code	Length of Time Needed	Quantity Ordered	Frequency of Use	Dollar Amount

SECTION IV PRACTITIONER CERTIFICATION OF MEDICAL NECESSITY

I certify that this patient meets the program eligibility criteria and that this equipment is a part of my course of treatment and is "Reasonable, Medically Necessary, and is most cost effective," and is not a convenience item for the recipient, family, attending practitioner, other practitioner or supplier. To my knowledge, the above information is accurate. (Must be completed, signed and dated by the Practitioner.)

_____/____/____ () _____
 Prescribing Practitioner's Name Practitioner's Signature Date ID# Phone #
 (Please Print)

Form Number: O/P Chp500 01/08/04

WVMI / WV MEDICAID ORTHOTICS / PROSTHETICS AUTHORIZATION REQUEST FORM

Fax: 304-346-8185 or 1-877-762-4338

Phone: 304-414-2551 or (Toll Free) 1-800-296-9849

Request Date: _____ Member's Medicaid ID #: _____ Date of Birth: _____
(If Medicaid not primary, denial for requested items must be attached)

A. Member Name: _____ Phone: (____) _____
Member Address: _____

B. Prescribing Practitioner Name: _____ Provider # _____
Mailing Address: _____
Contact Name: _____ Phone: (____) _____ Ext: _____
Fax: (____) _____ E-Mail Address: _____

C. Name of Supplier Selected by Member: _____
Physical Address: _____
Provider #: _____ Contact Name: _____
Phone: (____) _____ Fax: (____) _____

D.

ICD-9 Codes	Clinical Diagnosis	Date of Onset

E.

* Status	HCPCS Code	Item Description	Quantity Requested	* Quantity Approved

* WVMI Use Only. Key: P=Pending, D=Denied

F. Clinical Indication(s) for Item(s) requested: _____

G. Functional Levels (circle one): I II III IV
Date last seen by physician: _____

H. PRACTITIONER CERTIFICATION

I certify that I have examined the member within the past 6 months and the equipment and/or supplies requested are part of the plan of care. They are reasonable, medically necessary, and cost effective, and are not a convenience item for the member or any individual involved with the member's care. I certify that the member or his representative have been offered a choice of vendors.

Prescribing Practitioner's Signature (required)

Medicaid ID#

Date

** REMINDER: Preauthorization for medical necessity does not guarantee payment

<p>For WVMI Use Only:</p> <p>Approved: _____ Authorization Number: _____ Date: _____</p> <p>DENIED: _____ DETAILED LETTER TO FOLLOW</p>

NOTICE OF CONFIDENTIALITY The information contained in this facsimile is legally privileged and confidential and only for the use of the intended recipient. If you have received this in error you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. Please immediately notify us by phone at 1-800-642-8686, ext. 3273 and confirm the original message has been destroyed. Thank you.