

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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	<b>ICD-9 Diagnosis Requirements:</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9
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	<b>ICD-9 Diagnosis Requirements:</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9
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	<b>ICD-9 Diagnosis Requirements:</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9
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	<b>ICD-9 Diagnosis Requirements:</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9
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	<b>ICD-9 Diagnosis Requirements:</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9
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	<b>ICD-9 Diagnosis Requirements:</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9
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	<b>ICD-9 Diagnosis Requirements:</b> 249.XX, 250.XX or 648.XX

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

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								<b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9
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	6 per year	X	X			X	<b>ICD-9 Diagnosis Requirements:</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
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	6 per year	X	X			X	<b>ICD-9 Diagnosis Requirements:</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
A6501	Compression burn garment, body suite (head to foot), custom fabricated		X	X				Cost Invoice Required
A6502	Compression burn garment, chin strap, custom fabricated		X	X				Cost Invoice Required
A6503	Compression burn garment, facial hood, custom fabricated		X	X				Cost Invoice Required
A6504	Compression burn garment, glove to wrist, custom fabricated		X	X				Cost Invoice Required
A6505	Compression burn garment, glove to elbow, custom fabricated		X	X				Cost Invoice Required
A6506	Compression burn garment, glove to axilla, custom fabricated		X	X				Cost Invoice Required
A6507	Compression burn garment, foot to knee length, custom fabricated		X	X				Cost Invoice Required
A6508	Compression burn garment, foot to thigh length, custom fabricated		X	X				Cost Invoice Required
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated		X	X				Cost Invoice Required
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated		X	X				Cost Invoice Required
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated		X	X				Cost Invoice Required
A6512	Compression burn garment, not otherwise classified		X	X				Cost Invoice Required

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated		X	X				Cost Invoice Required
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	4 per 6 months	X	X				
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each	4 per 6 months	X	X				
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each	4 per 6 months	X	X				
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each	4 per 6 months	X	X				
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	4 per 6 months	X	X				
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	4 per 6 months	X	X				
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each	4 per 6 months	X	X				
A6537	Gradient compression stocking full length/chap style, 30-40 mm Hg, each	4 per 6 months	X	X				
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each	4 per 6 months	X	X				Cost Invoice Required
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	2 per 6 months	X	X				
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	2 per 6 months	X	X				Cost Invoice Required
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	2 per 6 months	X	X				Cost Invoice Required
A6544	Gradient compression stocking, garter belt	2 per year	X	X				
A6549	Gradient compression stocking, not otherwise specified		X	X				Cost Invoice Required
A8000	Helmet, protective, soft prefabricated, includes all components and accessories	1 per year	X	X				
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	1 per year	X	X				
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	1 per year	X					
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	1 per year	X					
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
L0113	Cranial cervical orthotic, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	2 per year	X	X				Prior Authorization
L0120	Cervical, flexible; non-adjustable (foam collar)	1 per year	X	X				

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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				
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				
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	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	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	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	2 per year	X	X				

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

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	the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment							
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	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	2 per year	X	X				
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	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	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	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	2 per year	X					Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

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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	2 per year	X					Prior Authorization
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	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	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	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,	2 per year	X	X				

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

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	includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment							
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	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	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	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	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	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 include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	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 include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	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	2 per year	X	X				

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

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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	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, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	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	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	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	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	2 per year	X	X				
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	2 per year	X					Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist



## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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	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	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 include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	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	2 per year	X					Prior Authorization
L0700	CTLSO, anterior-posterior-lateral control, molded to patient model; (Minerva type)	3 per year	X	X				Prior Authorization
L0710	CTLSO, 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
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	1 per lifetime	X					Prior Authorization
L0861	Additional to halo procedure, replacement liner/interface material	2 per year	X					
L0970	TLSO, corset front	4 per year	X					

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

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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 (CTLSO) (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				Cost Invoice Required
L1010	Additions to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis; axilla sling	3 per year	X					
L1020	Addition to CTLSO or scoliosis, kyphosis pad	3 per year	X					
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	3 per year	X					
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					

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

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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					
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, postoperative body jacket	1 per lifetime	X					Prior Authorization
L1499	Spinal orthosis, not otherwise specified		X					Prior Authorization Cost Invoice
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, (Lifted type), prefabricated, includes fitting and adjustment	3 per year	X	X				
L1660	HO, abduction control of hip joints; static, plastic, prefabricated, includes fitting and adjustment	3 per year	X	X				

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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
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
L1755	Legg Perthes orthosis, (Pattern bottom type), custom fabricated	3 per year	X					Prior Authorization
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	3 per year	X	X				Prior Authorization Non-Reimbursable with L2397
L1820	KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	3 per year	X	X				Non-Reimbursable with L2397
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	2 per year	X	X				Prior Authorization Non-Reimbursable with L2397
L1831	KO, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	2 per year	X	X				Non-Reimbursable with L2397 OR L2795
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	2 per year	X	X				Non-Reimbursable with L2405, L2415, L2493 OR L2785
L1834	KO, without knee joint, rigid, custom fabricated	2 per year	X					Prior Authorization Non-Reimbursable with L2397 OR L2800
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	2 per year	X					Non-Reimbursable with L2397
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	2 per year	X					Prior Authorization Non-Reimbursable with L2275 OR L2800

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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 Non-Reimbursable with L2405, L2492 OR L2875
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 Non-Reimbursable with any addition codes
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 Non-Reimbursable with L2405, L2415, L2492 OR L2875
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	2 per year	X					Prior Authorization Non-Reimbursable with any addition codes
L1847	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	2 per year	X	X				Non-Reimbursable with L2397 OR L2795
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	2 per year	X	X				Non-Reimbursable with L2275
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	2 per year	X					Prior Authorization Non-Reimbursable with L2397
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	3 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					
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					

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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, any type 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
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	2 per year	X					Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	free motion knee, multi-axis ankle, custom fabricated							
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					
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	4 per year	X					

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	motion knee joint							
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					
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	2 per year	X					

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist



## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	to patient model							
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					
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					
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					

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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					
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					
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	8 per year	X					

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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					
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
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 <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0-

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
								E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
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	
L3170	Foot, plastic, silicone or equal, heel stabilizer	2 per year	X	X			X	
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	6 per year	X	X			X	
L3202	Orthopedic shoe, oxford with supinator or pronator child	6 per year	X	X			X	
L3203	Orthopedic shoe, oxford with supinator or pronator junior	6 per year	X	X			X	
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	6 per year	X	X			X	
L3206	Orthopedic shoe, hightop with supinator or pronator, child	6 per year	X	X			X	
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	6 per year	X	X			X	
L3208	Surgical boot, each, infant	6 per year	X	X			X	
L3209	Surgical boot, each, child	6 per year	X	X			X	
L3211	Surgical boot, each, junior	6 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 <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419-

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
								O24.439, O99.810, O99.814, O99.815
L3216	Orthopedic footwear, ladies shoes, depth inlay, each	4 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 or O24.419-O24.439, O99.810, O99.814, O99.815
L3217	Orthopedic footwear, ladies shoes, hightop, depth inlay, each	4 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 or O24.419-O24.439, O99.810, O99.814, O99.815
L3219	Orthopedic footwear, men's shoes, oxford, each	4 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 or O24.419-O24.439, O99.810, O99.814, O99.815
L3221	Orthopedic footwear, men's shoes, depth inlay, each	4 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 or O24.419-O24.439, O99.810, O99.814, O99.815
L3222	Orthopedic footwear, men's shoes, shoes, hightop, depth inlay, each	4 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 or O24.419-O24.439, O99.810, O99.814, O99.815

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	4 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	4 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
L3230	Orthopedic footwear, custom shoes, depth inlay, each	2 pair per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	4 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
L3251	Foot, shoe molded to patient model, silicone shoe, each	2 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	2 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each	2 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
L3254	Non-standard size or width	2 per year	X	X			X	
L3255	Non-standard size or length	r2 per year	X	X			X	
L3257	Orthopedic footwear, additional charge for split size	1 per year	X	X			X	
L3260	Surgical boot/shoe, each	2 per year	X	X			X	
L3265	Plastazote sandal, each	2 per year	X	X			X	
L3300	Lift, elevation, heel, tapered to metatarsal, per inch	6 per year	X	X			X	
L3310	Lift, elevation, heel and sole, neoprene, per inch	8 per year	X	X			X	
L3320	Lift, elevation, heel and sole, cork, per inch	4 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 per year	X	X			X	
L3334	Lift, elevation, heel, per inch	6 per year	X	X			X	
L3340	Heel wedge, SACH	2 per year	X	X			X	
L3350	Heel wedge	4 per year	X	X			X	
L3360	Sole wedge, outside sole	2 per year	X	X			X	
L3370	Sole wedge, between sole	4 per year	X	X			X	
L3380	Clubfoot wedge	2 per year	X	X			X	

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
L3390	Outflare wedge	2 per year	X	X			X	
L3400	Metatarsal bar wedge, rocker	2 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
L3410	Metatarsal bar wedge, between sole	2 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
L3420	Full sole and heel wedge; between sole	4 per year	X	X			X	Not covered for <b>ICD-9 Diagnosis</b> 249.XX, 250.XX or 648.XX <b>ICD-10 Diagnosis:</b> E08.00 – E09.9, E10.1-E10.9, E11.0- E11.9, or E13.0- E13.9 or O24.419- O24.439, O99.810, O99.814, O99.815
L3430	Heel, counter, plastic reinforced	2 per year	X	X			X	
L3440	Heel, counter, leather reinforced	2 per year	X	X			X	
L3450	Heel, SACH cushion type	2 per year	X	X			X	
L3455	Heel, new leather, standard	2 per year	X	X			X	
L3460	Heel, new rubber, standard	2 per year	X	X			X	
L3465	Heel, Thomas with wedge	4 per year	X	X			X	
L3470	Heel, Thomas extended to ball	2 per year	X	X			X	
L3480	Heel, pad and depression for spur	2 per year	X	X			X	
L3485	Heel, pad, removal for spur	2 per year	X	X			X	
L3500	Orthopedic shoe addition, insole, leather	2 per year	X	X			X	

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist



## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
L3510	Orthopedic shoe addition insole, rubber	2 per year	X	X			X	
L3520	Orthopedic shoe addition insole, felt covered with leather	2 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 per year	X	X			X	
L3580	Orthopedic shoe addition, convert instep to velcro closure	8 per year	X	X			X	
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	2 per year	X	X			X	
L3595	Orthopedic shoe addition, march bar	2 per year	X	X			X	
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	2 per year	X				X	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	2 per year	X	X			X	
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	4 per year	X	X			X	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	2 per year	X	X			X	
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	2 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 per year	X	X				
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	4 per year	X	X				
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	4 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
L3674	Shoulder orthotic, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes		X					Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	fitting and adjustment							
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 per year	X	X				
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	2 per year	X					
L3730	Elbow orthosis (EO), double upright with fore/arm cuffs, extension/flexion assist, custom fabricated	2 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 per year	X					Prior Authorization
L3763	EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		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		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
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	4 per year	X					
L3807	Wrist-hand-finger-orthosis (WHFO), without joint(s), prefabricated, includes fitting and adjustment	1 per year	X	X				
L3808	Wrist-hand-finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	4 per year	X	X				
L3900	Wrist-hand-finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	2 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 per year	X					Prior Authorization
L3904	Wrist-hand-finger orthosis, external powered, electric, custom fabricated	2 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

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
L3906	Wrist-hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	4 per year	X					
L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, prefabricated, includes fitting and adjustment	4 per year	X	X				
L3912	Hand-finger orthosis, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	4 per year	X					
L3913	Hand-finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	2 per year	X					
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 per year	X	X				
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	2 per year	X	X				
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	2 per year	X					
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 per year	X					
L3923	HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	4 per year	X	X				
L3925	Finger orthosis proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment	2 per year	X	X				Prior Authorization
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 per year	X	X				Prior Authorization
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	2 per year	X	X				Prior Authorization
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	2 per year	X	X				Prior Authorization
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	2 per year	X					

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

**APPENDIX 506B – COVERED O&P SUPPLIES**

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	2 per year	X					
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					
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					
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
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	1 per year	X					Prior Authorization
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	1 per year	X					Prior Authorization
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					
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments.	2 per year	X					

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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					
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 (CTLSSO 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				
L4010	Replace trilateral socket brim	2 per year	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					
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 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),	4 per year	X	X				

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	prefabricated, includes fitting and adjustment							
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				
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				
L4398	Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	2 per year	X	X				
L4631	Ankle-foot orthotic, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated		X					Prior Authorization
L5000	Partial foot, shoe insert with longitudinal arch, toe filter	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
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	2 per year				X		Prior Authorization
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot,	2 per year				X		Prior Authorization
L5160	Knee disarticulation (or through knee), molded socket bent knee configuration, external knee joints, shin, SACH foot	2 per year				X		Prior Authorization
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	2 per year				X		Prior Authorization
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	2 per year				X		

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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		
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
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system					X		Prior Authorization
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single, axis knee	2 per year				X		Prior Authorization
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 postsurgical or early fitting; application of initial rigid dressing, including fitting, alignment, suspension, and one case change, below knee	1 per lifetime				X		Prior Authorization
L5410	Immediate postsurgical 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
L5420	Immediate postsurgical 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
L5430	Immediate postsurgical or early fitting; application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment	1 per lifetime				X		Prior Authorization
L5450	Immediate postsurgical or early fitting; application of non-weight bearing rigid dressing, below knee	1 per lifetime				X		
L5460	Immediate postsurgical 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		

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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
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
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
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
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
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
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
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
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
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
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
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,	2 per year				X		Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist



## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	with hydraulic swing phase control							
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
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		
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
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
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

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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
L5648	Addition to lower extremity, above knee, air cushion socket	2 per year				X		
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
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
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
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
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
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	2 per year				X		

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism							
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	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)	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)	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		
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
L5696	Addition to lower extremity, above knee or knee disarticulation; pelvic joint	2 per year				X		

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

**APPENDIX 506B – COVERED O&P SUPPLIES**

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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
L5701	Replacement, socket; above knee/knee disarticulation, including attachment plate, molded to patient model	2 per year				X		Prior Authorization
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				X		Prior Authorization
L5704	Custom shaped protective cover, below knee	4 per year				X		Prior Authorization
L5705	Custom shaped protective cover, above knee	4 per year				X		Prior Authorization
L5706	Custom shaped protective cover, knee disarticulation	4 per year				X		
L5707	Custom shaped protective cover, hip disarticulation	4 per year				X		
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

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	2 per year				X		Prior Authorization
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	2 per year				X		Prior Authorization
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		
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
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
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
L5910	Addition, endoskeletal system, below knee, alignable system	2 per year				X		Prior Authorization
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	2 per year				X		Prior Authorization
L5925	Addition, endoskeletal system, above knee, knee	2 per year				X		Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	disarticulation or hip disarticulation, manual lock							
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
L5950	Addition, endoskeletal system; above knee, ultra-light material (titanium, carbon fiber or equal)	2 per year				X		Prior Authorization
L5960	Addition, endoskeletal system; hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	2 per year				X		Prior Authorization
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control					X		Prior Authorization
L5962	Addition, endoskeletal system; below knee, flexible protective outer surface covering system	2 per year				X		Prior Authorization
L5964	Addition, endoskeletal system; above knee, flexible protective outer surface covering system	2 per year				X		Prior Authorization
L5966	Addition, endoskeletal system; hip disarticulation, flexible protective outer surface covering system	2 per year				X		Prior Authorization
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 prostheses, foot, flexible keel	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
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	2 per year				X		Prior Authorization
L5986	All lower extremity prostheses, multi-axial rotation	2 per year				X		Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	unit ("MCP" or equal)							
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
L5990	Addition to lower extremity prosthesis, user adjustable heel height	2 per year				X		
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		
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)					X		Prior Authorization
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		
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		

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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 postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change; wrist disarticulation or below elbow	1 per year				X		
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change; elbow disarticulation or above elbow	1 per year				X		
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change; shoulder disarticulation or interscapular thoracic	1 per year				X		
L6386	Immediate postsurgical or early fitting; each additional cast change and realignment	1 per year				X		
L6388	Immediate postsurgical 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		
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	1 per year				X		

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist



## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	control, USMC or equal pylon, no cover, molded to patient model							
L6586	Preparatory, elbow disarticulation or above elbow; single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead 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
L6615	Upper extremity additions, disconnect locking wrist unit	2 per year				X		
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
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		

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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
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		
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		
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		
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		

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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
L6703	Terminal device, passive hand/mitt, any material, any size	2 per year				X		Prior Authorization
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	2 per year						Prior Authorization
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	2 per year				X		Prior Authorization
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	2 per year				X		Prior Authorization
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	2 per year				X		Prior Authorization
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric					X		Prior Authorization Age Restriction 16 years
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined,					X		Prior Authorization Age Restriction 16

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	pediatric							years
L6713	Terminal device, hand, mechanical, voluntary opening any material, any size, pediatric					X		Prior Authorization Age Restriction 16 years
L6714	Terminal device, hand, mechanical, voluntary closing any material, any size, pediatric					X		Prior Authorization Age Restriction 16 years
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined					X		Prior Authorization
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined					X		Prior Authorization
L6805	Addition to terminal device, modifier wrist unit	2 per year				X		
L6810	Addition to terminal device, precision pinch device	2 per year				X		
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/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
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	1 per 3 years				X		Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
	batteries and one charger, myoelectronic control of terminal device							
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	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
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	2 per year				X		Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
L7008	Electric hand, switch or myoelectric, controlled, pediatric					X		Prior Authorization
L7009	Electric hook, switch or myoelectric controlled, adult					X		Prior Authorization
L7040	Prehensile actuator, switch controlled	1 per 3 years				X		Prior Authorization
L7045	Electronic hook, switch or myoelectric controlled, pediatric	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
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	1 per 3 years				X		Prior Authorization
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
L7259	Electronic wrist rotator, any type	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
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		
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

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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 per 6 months				X		
L7600	Prosthetic donning sleeve, any material , each					X		Prior Authorization Cost Invoice
L8000	Breast prosthesis; mastectomy bra, without integrated breast prosthesis form, any size, any type	4 per year			X	X		
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	2 per year			X	X		
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	2 per year			X	X		
L8010	Breast prosthesis mastectomy sleeve	3 per year			X	X		
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		
L8031	Breast prosthesis, silicone or equal, with integral adhesive				X	X		Prior Authorization
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
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				
L8400	Prosthetic sheath, below knee, each	12 per year				X		Prior Authorization
L8410	Prosthetic sheath, above knee, each	6 per year				X		Prior Authorization
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
L8430	Prosthetic sock, multiple ply, above knee, each	12 per year				X		Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist

## APPENDIX 506B – COVERED O&P SUPPLIES

HCPCS CODE	DESCRIPTION	SERVICE LIMIT	GO	G5	G7	G9	PE	SPECIAL INSTRUCTIONS
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
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
L8480	Prosthetic sock, single ply, fitting; above knee, each	12 per year				X		Prior Authorization
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
S1040	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustments		X					Prior Authorization

GO – Orthotist    G5 - Orthotic Fitter    G7 - Mastectomy Fitter    G9 – Prosthetist    PE - Pedorthist