ATTACHMENT 1

PROCEDURE CODES REQUIRING
PRIOR AUTHORIZATION IF BILLED AMOUNT
EQUALS OR EXCEEDS $150.00

E1350	Repair of Non-Routine Service (e.g., breaking down)
L2999	Unlisted procedures for lower extremity orthoses
L3999	Unlisted procedures for upper limb orthoses
L4210	Repair of Orthotic Device, Repair or Replace Minor Parts

ATTACHMENT 2

REQUIRED DIAGNOSES FOR ORTHOPEDIC FOOTWEAR
BY APPLICABLE AGE GROUP

Diagnoses	ICD-9 Code(s) Applicable for Diagnosis	Diagnosis Applicable to the Following Age Groups			
		Under 2 Years	2 to 7 Years	8 to 18 Years	Over 18 Years
Burn of Lower Limb	945.3, 945.4, 945.5		X	X	X
Crushing Injury to Lower Limb	928, 928.0, 928.1, 928.2, 928.3, 928.8, 928.9, 996.95, 996.69		X	X	X
Deformities of Lower Limb, Feet and Toes: Reduction Deformities	755.3, 755.30, 755.31, 755.32, 755.33, 755.34, 755.36, 755.37, 755.38, 755.39	X	X	X	X
Deformities of Lower Limb, Feet and Toes: Valgus	754.6, 754.60, 754.61, 754.62, 754.69, 754.7, 754.70, 754.71, 754.79	X	X	X	X
Deformities of Lower Limb, Feet and Toes: Varus	754.5, 754.50, 754.51, 754.52, 754.53, 754.59		X	X	X
Deformities of Lower Limb, Feet and Toes: Other Anomalies	755.65, 755.66, 755.67, 755.69, 755.02, 755.14, 755.13	X	X	X	X
Diabetes, Skin Ulcer, Lower Extremity	250.8				X
Femoral Torsion	736.30		X		
Fracture of Ankle	824, 824.1, 824.2, 824.3, 824.4, 824.5, 824.6, 824.7, 824.8, 824.9		X	X	X

Diagnoses	ICD-9 Code(s) Applicable for Diagnosis	Diagnosis Applicable to the Following Age Groups			
		Under 2 Years	2 to 7 Years	8 to 18 Years	Over 18 Years
Fracture of Neck of Femur	820, 820.00, 820.01, 820.02, 820.03, 820.09		X	X	X
Fracture of Unspecified of Neck of Femur	820.8, 820.9		X	X	X
Fracture of Other and Unspecified, Parts of Femur	820.0, 820.00, 820.01, 821, 821.1, 821.10, 821.11, 821.2, 821.20, 821.21, 821.22, 821.23, 821.29, 821.3, 821.30, 821.31, 821.32, 821.33, 821.39, 822, 822.0, 822.1		X	X	X
Fracture of Phalanges	826, 826.0, 826.1		X	X	X
Fracture of Tarsal and Metatarsal Bones	825, 825.0, 825.1, 825.2, 825.20, 825.21, 825.22, 825.23, 825.24, 825.25, 825.29		X	X	X
Fracture of Other Tarsal and Metatarsal Bones	825.3, 825.30, 825.31, 825.32, 825.33, 825.34, 825.35, 825.39		X	X	X
Fracture of Tibia or Fibula	823, 823.0, 823.1, 823.2, 823.3, 823.8, 823.9		X	X	X
Genu Valgum	736.41, 755.64		X		
Genu Varum	736.42, 755.64		X		
Hallux Valgus	735.0, 755.66			X	X
Kohler's Disease	732.5		X		
Metatarsus Adductus	754.60, 736.79	X	X		
Morton's Syndrome, Toe	355.6				X
Multiple Fractures, Lower	828, 828.0, 828.1		X	X	X
Myofascitis, Acute	729.1				X
Osteoarthritis	715.9, 731.2, 721.90, 721.90				X
Palsy, Cerebral	343.9			X	X
Peripheral Vascular Diseases	443.8, 443.9			X	X

Diagnoses	ICD-9 Code(s) Applicable for Diagnosis	Diagnosis Applicable to the Following Age Groups			
		Under 2 Years	2 to 7 Years	8 to 18 Years	Over 18 Years
Pertrochanteric Fracture	820.2, 820.20, 820.21, 820.22, 820.3, 820.30, 820.31, 820.32		X	X	X
Pes Abductus	754.60, 736.79	X			
Talipes Equino Varus	754.50, 736.79	X	X	X	X
Tibial Torsion	736.89		X		
Transcervical Fracture, Open	820.1, 820.10, 820.11, 820.12, 820.13, 820.19		X	X	X
Traumatic Amputation of Foot or Toe(s)	895, 895.0, 895.1, 896, 896.0, 896.1, 896.2, 896.3		X	X	X
Vertical Talus	736.72		X	X	X

WISCONSIN MEDICAL ASSISTANCE PROGRAM

DURABLE MEDICAL EQUIPMENT

BILLABLE BY OCCUPATIONAL, SPEECH, AND PHYSICAL THERAPISTS

AND REHABILITATION AGENCIES

EFFECTIVE AUGUST 1, 1993

WISCONSIN MEDICAL ASSISTANCE PROGRAM
DURABLE MEDICAL EQUIPMENT (DME) INDEX
HCPCS PROCEDURE CODES BILLABLE BY
OCCUPATIONAL, SPEECH, AND PHYSICAL THERAPISTS
AND REHABILITATION AGENCIES

TABLE OF CONTENTS

CATEGORY OF DME*	PAGE
KEY TO INDEX	B-D
SPEECH THERAPISTS	1
OCCUPATIONAL THERAPISTS	2-3
PHYSICAL THERAPISTS	4-8
OCCUPATIONAL & PHYSICAL THERAPISTS	9-32

* WMAP-certified rehabilitation agencies may bill for all DME listed in this index.

WISCONSIN MEDICAL ASSISTANCE PROGRAM

DURABLE MEDICAL EQUIPMENT (DME)

HCPCS

KEY TO INDEX

COLUMN HEADING	DESCRIPTION
HCPCS	5-character HCPCS procedure code
BILATERAL	An * in this column indicates that the item may be billed singly or as a pair If bilateral items are billed for same date of service, a quantity of "2" or more must be used. If bilateral items are provided on different dates of service, the "01" modifier must be indicated with the procedure code of the additional item billed. Refer to the billing instructions in your DME WMAP Provider Handbook for more information.
DESCRIPTION	HCPCS Procedure Code Description
RENTAL/PURCHASE RESTRICTION	P - indicates the DME item may only be purchased R - indicates the DME item may only be rented P,R - indicates the DME item may be rented <u>or</u> purchased

PRIOR AUTHORIZATION REQUIREMENT INDICATORS:

*	Initial purchase or initial rental requires prior authorization.
*#1	Rental beyond 30 days requires prior authorization.
**	Rental beyond 60 days requires prior authorization.
**#6	Rental beyond 180 days requires prior authorization.
*$	Charges exceeding the specified dollar amount for a COMPLETE service/item require prior authorization.
* **	Every purchase requires prior authorization and/or every rental of equipment beyond 60 days requires prior authorization.
* **#6	Every purchase requires prior authorization and/or every rental of equipment beyond 180 days requires prior authorization.

LIFE EXPECTANCY — Indicates the expected life of the item. If the DME item needs to be replaced before the end of its expected life, prior authorization is required.

NURSING HOME REIMBURSEMENT — An "R" indicates the DME item may be separately billed to the WMAP for nursing home recipients.

An "R*" indicates that the DME item may be separately billed to the WMAP for nursing home recipients owning motorized or adaptive/positioning wheelchairs.

An "R**" indicates that the wheelchair may be separately billed to the WMAP for nursing home recipients only if they require adaptive/positioning seating. Rental of these items will not be reimbursed by the WMAP for nursing home recipients.

COPAYMENT

Indicates the applicable copayment amount on the purchase of the DME item. If several services are performed during one visit, more than one copay may apply.

COPAYMENTS FOR MEDICAL ASSISTANCE SERVICES

$0.50 for items costing up to $10.00

$1.00 for items costing $10.01 - $25.00

$2.00 for items costing $25.01 - $50.00

$3.00 for items costing over $50.00

Accessories, modifications, extra charge items, replacement items, rental and repairs are not assessed a copayment.

All people receiving Medical Assistance services must pay copayments except certain groups. Refer to the general information section in your DME WMAP Provider Handbook for these exemptions.

WISCONSIN MEDICAL ASSISTANCE
DURABLE MEDICAL EQUIPMENT INDEX (HCPCS)
FOR SPEECH THERAPISTS AND REHABILITATION AGENCIES

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
E1350		Repair or non-routine service (e.g., breaking down sealed components) requiring the skills of a technician (Note: not to be used for wheelchair repair)	P	*$150		R	$0.00
L8500		Artificial larynx, any type	P	*	3 years	R	$3.00
L8501		Tracheostomy speaking valve	P		3 months	R	$3.00
W6808		Communicator (including accessories)	P,R	*	10 years	R	$3.00
E1399		Durable medical equipment, miscellaneous (must specify complete description of DME)	P,R	*		R	$1.00

WISCONSIN MEDICAL ASSISTANCE
DURABLE MEDICAL EQUIPMENT INDEX (HCPCS)
FOR OCCUPATIONAL THERAPISTS AND REHABILITATION AGENCIES

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
ADAPTIVE POSITIONING EQUIPMENT							
W6832	*	Hand cone	P		6 months		$2.00
W6835		Adaptive eating utensils	P		3 years		$0.50
W6836		Rocker knife	P		3 years		$1.00
W6837		Adaptive scoop dish	P		3 years		$1.00
W6838	*	Universal cuff	P		6 months		$0.50
W6839		Dycem mat	P		3 years		$1.00
W6840		Adaptive dressing aid	P		1 year		$0.50
W6841		Reacher	P		1 per lifetime		$1.00
W6842		Stocking aid	P		1 per lifetime		$0.50
W6843		Adaptive hygiene equipment	P		6 months		$0.50
W6844		Adaptive writing/typing aid	P		1 year		$1.00
W6845		Adaptive cup/glass	P		3 years		$0.50
W6846		Plate/food guard	P		3 years		$0.50
W6849		Adaptive/positioning equipment, not otherwise classified	P	*			$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
HOME HEALTH EQUIPMENT							
E0241		Bath tub wall rail, each	P		2 per lifetime		$2.00
E0242		Bath tub rail, floor base	P		2 per lifetime		$2.00
E0243		Toilet rail, each	P		2 per lifetime		$1.00
E0244		Raised toilet seat	P		8 years		$2.00
E0245		Tub stool or bench	P,R		5 years		$3.00
E0246		Transfer tub rail attachment	P		1 per lifetime		$3.00
W0905		Bathroom equipment, includes: rails, seats, stools, benches, any type	P,R	*	5 years		$2.00
W6802		Bath chair (e.g. lounge-type - TLC chair)	P		8 years		$3.00
W6814	*	Grab bars - each	P		8 years		$1.00
W6824		Shower hose, includes diverter spout	P		1 per lifetime		$2.00
W6827		Transfer tub bench	P,R	* **	8 years		$3.00

WISCONSIN MEDICAL ASSISTANCE
DURABLE MEDICAL EQUIPMENT INDEX (HCPCS)
FOR PHYSICAL THERAPISTS AND REHABILITATION AGENCIES

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
CATEGORY: DURABLE MEDICAL EQUIPMENT							
HOME HEALTH EQUIPMENT							
AMBULATION EQUIPMENT							
CANES							
E0100		Cane, includes canes of all materials, adjustable or fixed, with tip	P		4 years		$1.00
E0105		Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	P		4 years		$2.00
CRUTCHES							
E0110		Crutches, forearm, includes crutches of various materials, adjustable or fixed; pair complete with tips and handgrip	P		4 years		$3.00
E0111		Crutch, forearm, includes crutches of various materials, adjustable or fixed; each with tip and handgrip	P		4 years		$1.00
E0112		Crutches, underarm, wood, adjustable or fixed; pair with pads, tips and handgrip	P		4 years		$3.00
E0113		Crutch, underarm, wood, adjustable or fixed; each with pad, tip and handgrip	P		4 years		$2.00
E0114		Crutches, underarm, aluminum, adjustable or fixed; pair with pads, tips and handgrip	P		4 years		$2.00
E0116		Crutch, underarm, aluminum, adjustable or fixed; each with pad, tip and handgrip	P		4 years		$0.50

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
WALKERS							
E0130		Walker, rigid (pickup), adjustable or fixed height	P,R		4 years		$3.00
E0135		Walker, folding (pickup), adjustable or fixed height	P,R		4 years		$3.00
E0141		Walker, wheeled, without seat	P,R		4 years		$3.00
E0142		Rigid walker, wheeled, with seat	P,R		4 years		$3.00
E0143		Folding walker, wheeled, without seat	P,R		4 years		$3.00
E0145		Walker, wheeled, with seat and crutch attachments	P,R		4 years		$3.00
E0146		Walker, wheeled, with seat	P,R		4 years		$3.00
E0147		Heavy duty, multiple braking system, variable wheel resistance walker	P,R		4 years		$3.00
W6830		Reverse wheeled walker	P,R		4 years		$3.00
ATTACHMENTS: CANES, CRUTCHES, WALKERS							
A4635	*	Underarm pad, crutch, replacement, each	P		1 year		$0.50
A4636	*	Replacement, handgrip, cane, crutch, or walker, each	P		1 per year		$0.50
A4637	*	Replacement, tip, cane, crutch, walker, each	P		1 per year		$0.50
E0153	*	Platform attachment; forearm crutch, each	P		4 years		$2.00
E0154	*	Platform attachment; walker, each	P		4 years		$3.00
E0155	*	Wheel attachment, rigid pick-up walker attachments	P		4 years		$1.00
E0156		Seat attachment, walker	P		4 years		$2.00
E0157	*	Crutch attachment, walker, each	P		4 years		$3.00
E0158	*	Leg extensions for a walker	P		4 years		$1.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
ELECTROTHERAPY MODALITIES							
E0720		TENS; two lead, localized stimulation	P,R	* **	1 per lifetime		$3.00
E0730		TENS; four lead, larger area/multiple nerve stimulation	P,R	* **	1 per lifetime		$3.00
E0731		Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	P	*	3 years	R	$3.00
A4630		Replacement batteries for medically necessary TENS owned by the patient	P		2 per 3 months		$2.00
E0744		Neuromuscular stimulator; for scoliosis	P,R	* **	1 per lifetime	R	$3.00
E0745		Neuromuscular stimulator; electronics shock unit, non-clinical model	P,R	* **	1 per lifetime		$3.00
TRACTION EQUIPMENT							
TRACTION AND CERVICAL EQUIPMENT							
E0840		Traction frame, attached to headboard, simple cervical traction	P,R	**	1 per lifetime		$2.00
E0850		Traction stand, free standing, simple cervical traction	P,R	**	1 per lifetime		$3.00
OVERDOOR							
E0860		Traction equipment, overdoor, cervical	P,R	**	1 per lifetime		$2.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
EXTREMITY							
E0870		Traction frame, attached to footboard, simple extremity, (e.g., Buck's)	P,R	**	1 per lifetime		$3.00
E0880		Traction stand, free standing, simple extremity traction (e.g., Buck's)	P,R	**	1 per lifetime		$3.00
PELVIC							
E0890		Traction frame, attached to footboard, simple pelvic traction	P,R	**	1 per lifetime		$3.00
E0900		Traction stand, free standing, simple pelvic traction (e.g., Buck's)	P,R	**	1 per lifetime		$3.00
OTHER ORTHOPEDIC DEVICES							
E0941		Gravity assisted traction device, any type	P,R	* **	1 per lifetime		$3.00
E0942		Cervical head harness/halter	P		1 per lifetime		$2.00
GENERAL							
ELASTIC SUPPORTS							
L8100	*	Elastic support, elastic stocking; below knee, medium weight, each	P		3 per year		$0.50
L8110	*	Elastic support, elastic stocking; below knee, heavy weight, each	P		3 per year		$1.00
L8120	*	Elastic support, elastic stocking; below knee, surgical weight, (Linton type or equal), each	P		3 per year		$2.00
L8130	*	Elastic support, elastic stocking; above knee, medium weight, each	P		3 per year		$2.00
L8140	*	Elastic support, elastic stocking; above knee, heavy weight, each	P		3 per year		$2.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L8150	*	Elastic support, elastic stocking; above knee, surgical weight, (Linton type or equal), each	P		3 per year		$3.00
L8160	*	Elastic support, elastic stocking; full length, medium weight, each	P		3 per year		$3.00
L8170	*	Elastic support, elastic stocking; full length, heavy weight, each	P		3 per year		$3.00
L8180	*	Elastic support, elastic stocking; full length, heavy surgical weight, (Linton type or equal), each	P		3 per year		$3.00
L8190		Elastic support, elastic stocking; leotards, medium weight, each	P		6 per year		$3.00
L8200		Elastic support, elastic stocking; leotards, surgical weight, (Linton type), each	P		6 per year	R	$3.00
L8210	*	Elastic support, elastic stocking; custom-made	P		3 per year	R	$2.00
L8220	*	Elastic support, elastic stocking; Lymphedema	P		3 per year	R	$3.00
L8230		Elastic support, elastic stocking; garter belt	P		3 per year	R	$2.00
PROSTHETIC SOCKS							
L8440	*	Prosthetic shrinker; below knee, each	P		12 per year	R	$1.00
L8460	*	Prosthetic shrinker; above knee, each	P		12 per year	R	$2.00
L8470	*	Stump sock, single ply, fitting; below knee, each	P		12 per year	R	$1.00
L8480	*	Stump sock, single ply, fitting; above knee, each	P		12 per year	R	$1.00

WISCONSIN MEDICAL ASSISTANCE
DURABLE MEDICAL EQUIPMENT INDEX (HCPCS)
FOR PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS
AND REHABILITATION AGENCIES

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
MISCELLANEOUS DME AND REPAIR							
E1399		Durable medical equipment, miscellaneous (must specify complete description of DME)	P, R	*		R	$1.00
ELECTROTHERAPY MODALITIES							
E0746		Electromyography (EMG), biofeedback device	P, R	* **	8 years		$3.00
ORTHOTIC DEVICES							
SPINAL - CERVICAL							
L0100		Cervical, craniostenosis helmet; molded to patient model	P		2 years	R	$3.00
L0110		Cervical, craniostenosis helmet; non-molded	P		2 years	R	$3.00
W6600		Cast procedures	P		2 per year	R	$3.00
L0120		Cervical, flexible; non-adjustable (foam collar)	P		1 year	R	$1.00
L0130		Cervical, flexible; thermoplastic collar, molded to patient	P		1 year	R	$3.00
L0140		Cervical, semi-rigid; adjustable (plastic collar)	P		1 year	R	$2.00
L0150		Cervical, semi-rigid; adjustable molded chin cup (plastic collar with mandibular/occipital piece)	P		1 year	R	$3.00
L0160		Cervical, semi-rigid; wire frame occipital/mandibular support	P		1 year	R	$3.00
L0170		Cervical collar; molded to patient model	P		1 year	R	$3.00
L0172		Cervical collar; semi-rigid, thermoplastic foam, two piece	P		1 year	R	$3.00
L0174		Cervical collar; semi-rigid, thermoplastic foam, two piece with thoracic extension multiple post collar	P		1 year	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L0180		Cervical multiple post collar, occipital/mandibular supports; adjustable	P		1 year	R	$3.00
L0190		Cervical multiple post collar, occipital/mandibular supports; cervical bars (Somi, Guilford, Taylor types)	P		1 year	R	$3.00
L0200		Cervical multiple post collar, occipital/mandibular supports; adjustable cervical bars, and thoracic extension	P		1 year	R	$3.00
SPINAL - THORACIC							
L0210		Thoracic, rib belt; custom fitted	P		1 year	R	$0.50
L0220		Thoracic, rib belt; custom fabricated	P		1 year	R	$3.00
SPINAL - THORACIC - LUMBAR - SACRAL							
L0300		Thoracic-lumbar-sacral-orthosis (TLSO); flexible, (dorso-lumbar surgical support); custom fitted	P		2 per year	R	$3.00
L0310		TLSO; flexible, (dorso-lumbar surgical support); custom fabricated	P		2 per year	R	$3.00
L0315		TLSO; flexible, (dorso-lumbar surgical support); elastic type, with rigid posterior panel	P		2 per year	R	$3.00
L0317		TLSO; flexible, (dorso-lumbar surgical support); hyperextension, elastic type, with rigid posterior panel	P		2 per year	R	$3.00
ANTERIOR - POSTERIOR CONTROL							
L0320		TLSO; anterior-posterior control (Taylor type), with apron front	P		1 year	R	$3.00
L0330		TLSO; anterior-posterior-lateral control (Knight-Taylor type), with apron front	P		1 year	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
ANTERIOR - POSTERIOR - LATERAL - ROTARY CONTROL							
L0340		TLSO; anterior-posterior-lateral-rotary control; (Arnold, Magnuson, Steindler types), with apron front	P		1 year	R	$3.00
L0350		TLSO; anterior-posterior-lateral-rotary control; flexion compression jacket, custom fitted	P		1 year	R	$3.00
L0360		TLSO; anterior-posterior-lateral-rotary control; flexion compression jacket molded to patient model	P		1 year	R	$3.00
L0370		TLSO; anterior-posterior-lateral-rotary control; hyperextension (Jewett, Lennox, Baker, cash types)	P		1 year	R	$3.00
L0380		TLSO; anterior-posterior-lateral-rotary control; with extensions	P		1 year	R	$3.00
L0390		TLSO; anterior-posterior-lateral-rotary control; (body jacket) molded to patient model	P		1 year	R	$3.00
L0400		TLSO; anterior-posterior-lateral-rotary control; (body jacket) molded to patient model, with interface material	P		1 year	R	$3.00
L0410		TLSO; anterior-posterior-lateral-rotary control; (body jacket) two-piece construction, molded to patient model	P		1 year	R	$3.00
L0420		TLSO; anterior-posterior-lateral-rotary control; (body jacket) two-piece construction, molded to patient model, with interface material	P		1 year	R	$3.00
L0430		TLSO; anterior-posterior-lateral-rotary control; (body jacket) with interface material custom fitted	P		1 year	R	$3.00
L0440		TLSO; anterior-posterior-lateral-rotary control; (body jacket) with overlapping front section, spring steel front, custom fitted	P		1 year	R	$3.00
SPINAL - LUMBAR SACRAL							
FLEXIBLE							
L0500		Lumbar-sacral-orthosis (LSO); flexible, (lumbo-sacral surgical support); custom fitted	P		2 per year	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L0510		LSO; flexible, (lumbo-sacral surgical support); custom fabricated	P		2 per year	R	$3.00
L0515		LSO; flexible, (lumbo-sacral surgical support); with rigid posterior panel	P		2 per year	R	$3.00
ANTERIOR - POSTERIOR - LATERAL CONTROL							
L0520		LSO; anterior-posterior-lateral control (Knight, Wilcox types), with apron front	P		1 year	R	$3.00
ANTERIOR - POSTERIOR CONTROL							
L0530		LSO; anterior-posterior control (Macausland type), with apron front	P		1 year	R	$3.00
LUMBAR FLEXION							
L0540		LSO; lumbar flexion (Williams Flexion type)	P		1 year	R	$3.00
ANTERIOR - POSTERIOR - LATERAL CONTROL (BODY JACKET)							
L0550		LSO; anterior-posterior-lateral control (body jacket); molded to patient model	P		1 year	R	$3.00
L0560		LSO; anterior-posterior-lateral control (body jacket); molded to patient model, with interface material	P		1 year	R	$3.00
L0565		LSO; anterior-posterior-lateral control (body jacket); custom fitted	P		1 year	R	$3.00
SPINAL - SACROILIAC							
FLEXIBLE							
L0600		Sacroiliac, flexible (sacroiliac surgical support); custom fitted	P		2 per year	R	$3.00
L0610		Sacroiliac, flexible (sacroiliac surgical support); custom fabricated semi-rigid	P		2 per year	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
SEMI - RIGID							
L0620		Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front	P		2 per year	R	$3.00
W6602		Corset w/wo spring steel uprights, lateral lacings	P		2 per year	R	$3.00
W6603		Binder velcro or strap closure	P		2 per year	R	$1.00
SPINAL - CERVICAL - THORACIC - LUMBAR - SACRAL - HALO PROCEDURE							
ANTERIOR - POSTERIOR - LATERAL CONTROL							
L0700		Cervical-thoracic-lumbar-sacral-orthoses (CTLSO); anterior-posterior-lateral control, molded to patient model, (minerva type)	P		3 years	R	$3.00
L0710		CTLSO; anterior-posterior-lateral control, molded to patient model; with interface material, (minerva type)	P		3 years	R	$3.00
HALO PROCEDURE							
L0810		Halo procedure; cervical halo incorporated into jacket vest	P		3 years	R	$3.00
L0820		Halo procedure; cervical halo incorporated into plaster body jacket	P		3 years	R	$3.00
L0830		Halo procedure; cervical halo incorporated into Milwaukee type orthosis	P		3 years	R	$3.00
SPINAL - TORSO SUPPORTS							
PTOSIS SUPPORTS							
L0860		Addition to halo procedures, magnetic resonance image compatible system	P		3 years	R	$0.00
L0900		Torso support, ptosis support; custom fitted	P		3 years	R	$3.00
L0910		Torso support, ptosis support; custom fabricated	P		3 years	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
PENDULOUS ABDOMEN SUPPORT							
L0920		Torso support, pendulous abdomen support; custom fitted	P		3 years	R	$2.00
L0930		Torso support, pendulous abdomen support; custom fabricated	P		3 years	R	$3.00
POST SURGICAL SUPPORT							
L0940		Torso support, post surgical support; custom fitted	P		3 years	R	$3.00
L0950		Torso support, post surgical support; custom fabricated	P		3 years	R	$3.00
L0960		Torso support, post surgical support; pads for post surgical support	P		3 years	R	$2.00
ADDITIONS TO SPINAL ORTHOSES							
L0970		Thoracic-lumbar-sacral-orthosis (TLSO), corset front	P		1 year	R	$3.00
L0972		Lumbar-sacral-orthosis (LSO), corset front	P		1 year	R	$3.00
L0974		Thoracic-lumbar-sacral-orthosis (TLSO), full corset	P		1 year	R	$3.00
L0976		Lumbar-sacral-orthosis (LSO), full corset	P		1 year	R	$3.00
L0978		Axillary crutch extension	P		1 year	R	$0.00
L0980		Peritoneal straps, pair	P		1 year	R	$0.00
L0982		Stocking supporter grips, set of four (4)	P		1 year	R	$0.00
ORTHOTIC DEVICES - SCOLIOSIS PROCEDURES							
SCOLIOSIS - CERVICAL - THORACIC - LUMBAR - SACRAL							
L1000		Cervical-thoracic-lumbar-sacral-orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthoses, including model	P		3 years	R	$3.00
CORRECTION PADS							
L1010	*	Additions to CTLSO or scoliosis orthosis; axilla sling	P		1 year	R	$0.00
L1020	*	Additions to CTLSO or scoliosis orthosis; kyphosis pad	P		1 year	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L1025	*	Additions to CTLSO or scoliosis orthosis; kyphosis pad, floating	P		1 year	R	$0.00
L1030	*	Additions to CTLSO or scoliosis orthosis; lumbar bolster pad	P		1 year	R	$0.00
L1040	*	Additions to CTLSO or scoliosis orthosis; lumbar or lumbar rib pad	P		1 year	R	$0.00
L1050		Additions to CTLSO or scoliosis orthosis; sternal pad	P		1 year	R	$0.00
L1060	*	Additions to CTLSO or scoliosis orthosis; thoracic pad	P		1 year	R	$0.00
L1070		Additions to CTLSO or scoliosis orthosis; trapeze sling	P		1 year	R	$0.00
L1080		Additions to CTLSO or scoliosis orthosis; outrigger	P		1 year	R	$0.00
L1085		Additions to CTLSO or scoliosis orthosis; outrigger, bilateral with vertical extensions	P		1 year	R	$0.00
L1090	*	Additions to CTLSO or scoliosis orthosis; lumbar sling	P		1 year	R	$0.00
L1100	*	Additions to CTLSO or scoliosis orthosis; ring flange, plastic or leather	P		1 year	R	$0.00
L1110	*	Additions to CTLSO or scoliosis orthosis; ring flange, plastic or leather, molded to patient model	P		1 year	R	$0.00
L1120		Additions to CTLSO or scoliosis orthosis; covers for upright, each	P		1 year	R	$0.00
SCOLIOSIS - THORACIC - LUMBAR - SACRAL (LOW PROFILE)							
L1200		TLSO; inclusive of furnishing initial orthosis only	P		1 year	R	$3.00
L1210	*	Addition to TLSO, (low profile); lateral thoracic extension away detachable foot rests	P		1 year	R	$0.00
L1220	*	Addition to TLSO, (low profile); anterior thoracic extension	P		1 year	R	$0.00
L1230		Addition to TLSO, (low profile); Milwaukee type superstructure	P		1 year	R	$0.00
L1240	*	Addition to TLSO, (low profile); lumbar derotation pad	P		1 year	R	$0.00
L1250	*	Addition to TLSO, (low profile); anterior axis pad	P		1 year	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L1260	*	Addition to TLSO, (low profile); anterior thoracic derotation pad	P		1 year	R	$0.00
L1270		Addition to TLSO, (low profile); abdominal pad	P		1 year	R	$0.00
L1280	*	Addition to TLSO, (low profile); rib gusset (elastic), each	P		1 year	R	$0.00
L1290	*	Addition to TLSO, (low profile); lateral trochanteric pad	P		1 year	R	$0.00
OTHER SCOLIOSIS PROCEDURES							
L1300		Other scoliosis procedure; body jacket molded to patient model	P		1 year	R	$3.00
L1310		Other scoliosis procedure; post-operative body jacket	P		2 per year	R	$3.00
L1499		Unlisted procedure for spinal orthosis	P	*		R	$3.00
THORACIC - HIP - KNEE - ANKLE							
L1500		Thoracic-hip-knee-ankle-orthosis (THKAO); mobility frame, (Newington, Parapodium types)	P	*	1 year		$3.00
L1510		THKAO; standing frame	P	*	1 year		$3.00
L1520		THKAO; swivel walker	P	*	1 year		$3.00
ORTHOTIC DEVICES - LOWER LIMB							
HIP - FLEXIBLE							
L1600	*	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover	P		1 year	R	$3.00
L1610	*	HO, abduction control of hip joints; flexible, Frejka cover only	P		1 year	R	$2.00
L1620	*	HO, abduction control of hip joints; flexible, Pavlik harness	P		1 year	R	$3.00
L1630	*	HO, abduction control of hip joints; semi-flexible (Von Rosen type)	P		1 year	R	$3.00
L1640	*	HO, abduction control of hip joints; static, pelvic band or spreader bar, thigh cuffs	P		1 year	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L1650	*	HO, abduction control of hip joints; static, adjustable, custom fitted, (Ilfled type)	P		1 year	R	$3.00
L1660	*	HO, abduction control of hip joints; static, plastic, custom fitted	P		1 year	R	$3.00
L1680	*	HO, abduction control of hip joints; dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type)	P		2 years	R	$3.00
L1685	*	HO, abduction control of hip joints; post operative hip abduction type, custom fabricated	P		2 years	R	$3.00
L1686	*	HO, abduction control of hip joint; post-operative hip abduction type, custom fitted	P		2 years	R	$3.00
LEGG PERTHES							
L1700	*	Legg Perthes orthosis; Toronto type	P		1 year	R	$3.00
L1710	*	Legg Perthes orthosis; Newington type	P		1 year	R	$3.00
L1720	*	Legg Perthes orthosis; trilateral, (Tachdijan type)	P		2 years	R	$3.00
L1730	*	Legg Perthes orthosis; Scottish Rite type	P		2 years	R	$3.00
L1750	*	Legg Perthes orthosis; Legg Perthes sling, (Sam Brown type)	P		1 year	R	$3.00
L1755	*	Legg Perthes orthosis; Patten Bottom type	P		1 year	R	$3.00
KNEE							
L1800	*	Knee orthosis (KO); elastic with stays	P		1 year	R	$2.00
L1810	*	KO; elastic with joints	P		1 year	R	$3.00
L1815	*	KO; elastic with condylar pads	P		1 year	R	$3.00
L1820	*	KO; elastic with condylar pads and joints	P		1 year	R	$3.00
L1825	*	KO; elastic knee cap	P		1 year	R	$2.00
L1830	*	KO; immobilizer; canvas longitudinal	P		1 year	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L1832	*	KO; adjustable knee joints, positional orthosis, rigid support, custom fitted	P		2 years	R	$3.00
L1834	*	KO; without knee joint, rigid, molded to patient model	P		2 years	R	$3.00
L1840	*	KO; derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model	P		2 years	R	$3.00
L1844	*	KO; single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted	P		2 years	R	$3.00
L1845	*	KO; double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted	P		2 years	R	$3.00
L1846	*	KO; double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model	P		2 years	R	$3.00
L1850	*	KO; Swedish type	P		2 years	R	$3.00
L1855	*	KO; molded plastic, thigh and calf sections, with double upright knee joints, molded to patient model	P		2 years	R	$3.00
L1858	*	KO; molded plastic, polycentric knee joints, pneumatic knee pads (CTI)	P		2 years	R	$3.00
L1860	*	KO; modification of supracondylar prosthetic socket, molded to patient model (SK)	P		1 year	R	$3.00
L1870	*	KO; double upright, thigh and calf lacers, molded to patient model with knee joints	P		2 years	R	$3.00
L1880	*	KO; double upright, non-molded thigh and calf cuffs/lacers with knee joints	P		2 years	R	$3.00
ANKLE - FOOT							
L1900	*	Ankle-foot orthosis (AFO); spring wire, dorsiflexion assist calf band	P		2 years	R	$3.00
L1902	*	AFO; ankle gauntlet, custom fitted	P		2 years	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L1904	*	AFO; molded ankle gauntlet, molded to patient model	P		2 years	R	$3.00
L1906	*	AFO; multiligamentous ankle support	P		2 years	R	$3.00
L1910	*	AFO; posterior, single bar, clasp attachment to shoe counter	P		2 years	R	$3.00
L1920	*	AFO; single upright with static or adjustable stop, (Phelps or Perlstein type)	P		2 years	R	$3.00
L1930	*	AFO; custom fitted, plastic	P		2 years	R	$3.00
L1940	*	AFO; molded to patient model, plastic	P		2 years	R	$3.00
W6865	*	AFO; molded to patient model, plastic, rigid anterior tibial section (floor reaction)	P		2 years	R	$3.00
L1950	*	AFO; spiral, molded to patient model (IRM type), plastic	P		2 years	R	$3.00
L1960	*	AFO; posterior solid ankle, molded to patient model, plastic	P		2 years	R	$3.00
L1970	*	AFO; plastic molded to patient model, with ankle joint	P		2 years	R	$3.00
L1980	*	AFO; single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (Single Bar "BK" orthosis)	P		2 years	R	$3.00
L1990	*	AFO; double upright free plantar dorsiflexion, solid stirrup, calf band/cuff, (double bar "BK" orthosis)	P		2 years	R	$3.00
W1975	*	AFO; floor reaction, molded to patient model, plastic	P		2 years	R	$3.00
W6626	*	AFO; custom molded plastic, long inhibitory type, constructed around malleoli, with pelite inserts, leather forefoot extension, over cast	P		2 years	R	$3.00
		HIP - KNEE - ANKLE - FOOT					
L2000	*	Knee-ankle-foot-orthosis (KAFO); single upright, free knee, free ankle, solid stirrup, thigh and calf bands/ cuffs, (single bar "AK" orthosis)	P		2 years	R	$3.00
L2010	*	KAFO; single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint	P		2 years	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L2020	*	KAFO; double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis)	P		2 years	R	$3.00
L2030	*	KAFO; double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint	P		2 years	R	$3.00
L2036	*	KAFO; full plastic, double upright, free knee, molded to patient model	P		2 years	R	$3.00
TORSION CONTROL							
L2040		Hip-knee-ankle-foot, orthosis (HKAFO); torsion control, bilateral rotation straps, pelvic band/belt	P		1 year	R	$3.00
L2050		HKAFO; torsion control, bilateral torsion cables, hip joint, pelvic band/belt	P		1 year	R	$3.00
L2060		HKAFO; torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt	P		1 year	R	$3.00
L2070	*	HKAFO; torsion control, unilateral rotation straps, pelvic band/belt	P		1 year	R	$3.00
L2080	*	HKAFO; torsion control, unilateral torsion cable, hip joint, pelvic band/belt	P		1 year	R	$3.00
L2090	*	HKAFO; torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt	P		1 year	R	$3.00
FRACTURE ORTHOSES							
L2102	*	Ankle-foot-orthosis (AFO); fracture orthosis, tibial fracture cast orthosis; plaster type casting material, molded to patient	P		2 years	R	$3.00
L2104	*	AFO; fracture orthosis, tibial fracture cast orthosis; synthetic type casting material, molded to patient	P		2 years	R	$3.00
L2106	*	AFO; fracture orthosis, tibial fracture cast orthosis; thermoplastic type casting material, molded to patient	P		2 years	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L2108	*	AFO; fracture orthosis, tibial fracture cast orthosis; molded to patient model	P		2 years	R	$3.00
L2112	*	AFO; fracture orthosis, tibial fracture cast orthosis; soft custom fitted	P		2 years	R	$3.00
L2114	*	AFO; fracture orthosis, tibial fracture cast orthosis; semi-rigid custom fitted	P		2 years	R	$3.00
L2116	*	AFO; fracture orthosis, tibial fracture cast orthosis; rigid custom fitted	P		2 years	R	$3.00
L2122	*	Knee-ankle-foot-orthosis (KAFO); fracture orthosis, femoral fracture cast orthosis; plaster type casting material, molded to patient	P		2 years	R	$3.00
L2124	*	KAFO; fracture orthosis, femoral fracture cast orthosis; synthetic type casting material, molded to patient	P		2 years	R	$3.00
L2126	*	KAFO; fracture orthosis, femoral fracture cast orthosis; molded to patient	P		2 years	R	$3.00
L2128	*	KAFO; fracture orthosis, femoral fracture cast orthosis; molded to patient model	P		2 years	R	$3.00
L2132	*	KAFO; fracture orthosis, femoral fracture cast orthosis; soft custom fitted	P		2 years	R	$3.00
L2134	*	KAFO; fracture orthosis, femoral fracture cast orthosis; semi-rigid custom fitted	P		2 years	R	$3.00
L2136	*	KAFO; fracture orthosis, femoral fracture cast orthosis; rigid custom fitted	P		2 years	R	$3.00
ADDITIONS TO FRACTURE ORTHOSIS							
L2180	*	Addition to lower extremity fracture orthosis; plastic shoe insert with ankle joints	P		2 years	R	$0.00
L2182	*	Addition to lower extremity fracture orthosis; drop lock knee joint	P		2 per 2 years	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L2184	*	Addition to lower extremity fracture orthosis; limited motion knee joint	P		2 per 2 years	R	$0.00
L2186	*	Addition to lower extremity fracture orthosis; adjustable motion knee joint, Lerman type	P		2 per 2 years	R	$0.00
L2188	*	Addition to lower extremity fracture orthosis; quadrilateral brim	P		2 years	R	$0.00
L2190		Addition to lower extremity fracture orthosis; waist belt	P		2 years	R	$0.00
L2192	*	Addition to lower extremity fracture orthosis; hip joint, pelvic band, thigh flange, and pelvic belt	P		2 years	R	$0.00
ADDITIONS TO LOWER EXTREMITY ORTHOSIS							
ADDITIONS - SHOE - ANKLE - SHIN - KNEE							
L2200	*	Addition to lower extremity; limited ankle motion, each joint	P		2 per 2 years	R	$0.00
L2210	*	Addition to lower extremity; dorsiflexion assist (plantar flexion resist), each joint	P		2 per 2 years	R	$0.00
L2220	*	Addition to lower extremity; dorsiflexion and plantar flexion assist/resist, each joint	P		2 per 2 years	R	$0.00
L2230	*	Addition to lower extremity; split flat caliper stirrups, and plate attachment	P		2 years	R	$0.00
L2240	*	Addition to lower extremity; round caliper and plate attachment	P		2 years	R	$0.00
L2250	*	Addition to lower extremity; foot plate, molded to patient model, stirrup attachment	P		2 years	R	$0.00
L2260	*	Addition to lower extremity; reinforced solid stirrup (Scott-Craig type)	P		2 years	R	$0.00
L2270	*	Addition to lower extremity; varus/valgus correction ("T") strap, padded/lined or malleolus pad	P		2 years	R	$0.00
L2280	*	Addition to lower extremity; molded inner boot	P		2 years	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L2300	*	Addition to lower extremity; abduction bar (bilateral hip involvement), jointed, adjustable	P		2 years	R	$0.00
L2310	*	Addition to lower extremity; abduction bar - straight	P		2 years	R	$0.00
L2320	*	Addition to lower extremity; non-molded lacer	P		2 years	R	$0.00
L2330	*	Addition to lower extremity; lacer molded to patient model	P		2 years	R	$0.00
L2335	*	Addition to lower extremity; anterior swing band	P		2 years	R	$0.00
L2340	*	Addition to lower extremity; pre-tibial shell, molded to patient model	P		2 years	R	$0.00
L2350	*	Addition to lower extremity; prosthetic type, (BK) socket, molded to patient model, (used for "PTB" "AFO" orthoses)	P		2 years	R	$0.00
L2360	*	Addition to lower extremity; extended steel shank	P		2 years	R	$0.00
L2370	*	Addition to lower extremity; patten bottom	P		2 years	R	$0.00
L2375	*	Addition to lower extremity; torsion control, ankle joint and half solid stirrup	P		2 per 2 years	R	$0.00
L2380	*	Addition to lower extremity; torsion control, straight knee joint, each joint	P		2 per 2 years	R	$0.00
L2385	*	Addition to lower extremity; straight knee joint, heavy duty, each joint	P		2 per 2 years	R	$0.00
L2390	*	Addition to lower extremity; offset knee joint, each joint	P		2 per 2 years	R	$0.00
L2395	*	Addition to lower extremity; offset knee joint, heavy duty, each joint	P		2 per 2 years	R	$0.00
ADDITIONS TO STRAIGHT OR OFFSET KNEE JOINTS							
L2405	*	Addition to knee joint; drop lock, each joint	P		2 per 2 years	R	$0.00
L2415	*	Addition to knee joint; cam lock (Swiss, French, Bail Types), each joint	P		2 per 2 years	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L2425	*	Addition to knee joint; disc or dial lock for adjustable knee flexion, each joint	P		2 per 2 years	R	$0.00
L2435	*	Addition to knee joint; polycentric joint, each joint	P		2 per 2 years	R	$0.00
L2492	*	Addition to knee joint; lift loop for drop lock ring	P		2 per 2 years	R	$0.00
GLUTEAL/ISCHIAL WEIGHT							
L2500	*	Addition to lower extremity, thigh/weight bearing; gluteal/ischial weight bearing, ring	P		2 years	R	$0.00
L2510	*	Addition to lower extremity, thigh/weight bearing; quadrilateral brim, molded to patient model	P		2 years	R	$0.00
L2520	*	Addition to lower extremity, thigh/weight bearing; quadrilateral brim, custom fitting	P		2 years	R	$0.00
L2525	*	Addition to lower extremity, thigh/weight bearing; ischial containment/narrow M-I brim molded to patient model	P		2 years	R	$0.00
L2526	*	Addition to lower extremity, thigh/weight bearing; ischial containment/narrow M-I brim, custom fitted	P		2 years	R	$0.00
L2530	*	Addition to lower extremity, thigh/weight bearing; lacer, non-molded	P		2 years	R	$0.00
L2540	*	Addition to lower extremity, thigh/weight bearing; lacer, molded to patient model	P		2 years	R	$0.00
L2550	*	Addition to lower extremity, thigh/weight bearing; high roll cuff	P		2 years	R	$0.00
ADDITIONS - PELVIC AND THORACIC CONTROL							
L2570	*	Addition to lower extremity, pelvic control, hip joint, Clevis type two position joint; each	P		2 years	R	$0.00
L2580		Addition to lower extremity, pelvic control; pelvic sling	P		2 years	R	$0.00
L2600	*	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing; free, each	P		2 years	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L2610	*	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing; lock, each	P		2 years	R	$0.00
L2620	*	Addition to lower extremity, pelvic control, hip joint; heavy duty, each	P		2 years	R	$0.00
L2622	*	Addition to lower extremity, pelvic control, hip joint; adjustable flexion, each	P		2 years	R	$0.00
L2624	*	Addition to lower extremity, pelvic control, hip joint; adjustable flexion, extension, abduction control, each	P		2 years	R	$0.00
L2627		Addition to lower extremity, pelvic control; plastic, molded to patient model, reciprocating hip joint and cables	P		2 years	R	$0.00
L2628		Addition to lower extremity, pelvic control; metal frame, reciprocating hip joint and cables	P		2 years	R	$0.00
L2630		Addition to lower extremity, pelvic control; band and belt, unilateral	P		2 years	R	$0.00
L2640		Addition to lower extremity, pelvic control; band and belt, bilateral	P		2 years	R	$0.00
L2650	*	Addition to lower extremity, pelvic control; gluteal pad, each	P		2 years	R	$0.00
L2660		Addition to lower extremity, thoracic control; thoracic band	P		2 years	R	$0.00
L2670	*	Addition to lower extremity, thoracic control; paraspinal uprights	P		2 years	R	$0.00
L2680	*	Addition to lower extremity, thoracic control; lateral support uprights	P		2 years	R	$0.00
ADDITIONS - GENERAL							
L2750	*	Addition to lower extremity orthosis; plating chrome or nickel, per bar	P		2 years	R	$0.00
L2760	*	Addition to lower extremity orthosis; extension, per extension, per bar (for lineal adjustment for growth)	P		2 years	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L2770	*	Addition to lower extremity orthosis; stainless steel - per bar or joint	P		2 years	R	$0.00
L2780	*	Addition to lower extremity orthosis; non-corrosive finish, per bar	P		2 years	R	$0.00
L2785	*	Addition to lower extremity orthosis; drop lock retainer, each	P		2 per 2 years	R	$0.00
L2795	*	Addition to lower extremity orthosis; knee control, full kneecap	P		2 years	R	$0.00
L2800	*	Addition to lower extremity orthosis; knee control, knee cap, medial or lateral pull	P		2 years	R	$0.00
L2810	*	Addition to lower extremity orthosis; knee control, condylar pad	P		2 per 2 years	R	$0.00
L2820	*	Addition to lower extremity orthosis; soft interface for molded plastic, below knee section	P		2 years	R	$0.00
L2830	*	Addition to lower extremity orthosis; soft interface for molded plastic, above knee section	P		2 years	R	$0.00
L2840	*	Addition to lower extremity orthosis; tibial length sock, fracture or equal, each	P		3 per year	R	$0.00
L2850	*	Addition to lower extremity orthosis; femoral length sock, fracture or equal, each	P		3 per year	R	$0.00
L2999	*	Unlisted procedures for lower extremity orthoses	P	*$150		R	$1.00
ORTHOTIC DEVICES - UPPER LIMB							
SHOULDER							
L3650	*	Shoulder orthosis (SO); figure of "8" design abduction restrainer	P		6 months	R	$2.00
L3660	*	SO; figure of "8" design abduction restrainer, canvas and webbing	P		6 months	R	$3.00
L3670	*	SO; acromio/clavicular (canvas and webbing type)	P		6 months	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
ELBOW							
L3700	*	Elbow orthosis (EO); elastic with stays	P		2 years	R	$1.00
L3710	*	EO; elastic with metal joints	P		2 years	R	$3.00
L3720	*	EO; double upright with forearm/arm cuffs, free motion	P		2 years	R	$3.00
L3730	*	EO; double upright with forearm/arm cuffs, extension/flexion assist	P		2 years	R	$3.00
L3740	*	EO; double upright, with forearm/arm cuffs, adjustable position lock with active control	P		2 years	R	$3.00
WRIST - HAND - FINGER							
L3800	*	Wrist-hand-finger-orthoses (WHFO); short opponens, no attachments	P		1 year	R	$3.00
L3805	*	WHFO; long opponens, no attachment	P		1 year	R	$3.00
ADDITIONS							
L3810	*	Wrist-hand-finger-orthoses (WHFO); addition to short and long opponens; thumb abduction ("C") bar	P		1 year	R	$0.00
L3815	*	WHFO; addition to short and long opponens; second m.p. abduction assist	P		1 year	R	$0.00
L3820	*	WHFO; addition to short and long opponens; i.p. extension assist, with m.p. extension stop	P		1 year	R	$0.00
L3825	*	WHFO; addition to short and long opponens; m.p. extension stop	P		1 year	R	$0.00
L3830	*	WHFO; addition to short and long opponens; m.p. extension assist	P		1 year	R	$0.00
L3835	*	WHFO; addition to short and long opponens; m.p. spring extension assist	P		1 year	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L3840	*	WHFO; addition to short and long opponens; spring swivel thumb	P		1 year	R	$0.00
L3845	*	WHFO; addition to short and long opponens; thumb i.p. extension assist, with m.p. stop	P		1 year	R	$0.00
L3850	*	WHFO; addition to short and long opponens; action wrist, with dorsiflexion assist	P		1 year	R	$0.00
L3855	*	WHFO; addition to short and long opponens; adjustable m.p. flexion control	P		1 year	R	$0.00
L3860	*	WHFO; addition to short and long opponens; adjustable m.p. flexion control and i.p.	P		1 year	R	$0.00
DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION							
L3900	*	WHFO; dynamic flexor hinge reciprocal wrist extension/flexion, finger flexion/extension; wrist or finger driven	P		1 year	R	$3.00
L3901	*	WHFO; dynamic flexor hinge reciprocal wrist extension/flexion, finger flexion/extension; cable driven	P		1 year	R	$3.00
EXTERNAL POWER							
L3902	*	WHFO; external powered; compressed gas	P		1 year	R	$3.00
L3904	*	WHFO; external powered; electric	P		1 year	R	$3.00
OTHER WRIST - HAND - FINGER ORTHOSES - CUSTOM FITTED							
L3906	*	WHFO; wrist gauntlet, molded to patient model	P		1 year	R	$3.00
L3907	*	WHFO; with thumb spica molded to patient model	P		1 year	R	$3.00
L3908	*	WHFO; wrist extension control cock-up, canvas or leather design, non-molded	P		1 year	R	$2.00
L3910	*	WHFO; Swanson design	P		1 year	R	$3.00
L3912	*	WHFO; flexion glove with elastic finger control	P		1 year	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L3914	*	WHFO; wrist extension cock-up	P		1 year	R	$3.00
L3916	*	WHFO; wrist extension cock-up with outrigger	P		1 year	R	$3.00
L3918	*	WHFO; wrist extension cock-up; knuckle bender	P		1 year	R	$3.00
L3920	*	WHFO; wrist extension cock-up; knuckle bender with outrigger	P		1 year	R	$3.00
L3922	*	WHFO; wrist extension cock-up; knuckle bender, two segments to flex joints	P		1 year	R	$3.00
L3924	*	WHFO; wrist extension cock-up; Oppenheimer	P		1 year	R	$3.00
L3926	*	WHFO; wrist extension cock-up; Thomas suspension	P		1 year	R	[illegible].00
L3928	*	WHFO; wrist extension cock-up; finger extension, with clock spring	P		1 year	R	$2.00
L3930	*	WHFO; wrist extension cock-up; finger extension, with wrist support	P		1 year	R	$2.00
L3932	*	WHFO; wrist extension cock-up; safety pin, spring wire	P		1 year	R	$2.00
L3934	*	WHFO; wrist extension cock-up; safety pin, modified	P		1 year	R	$2.00
L3936	*	WHFO; wrist extension cock-up; Palmer	P		1 year	R	$3.00
L3938	*	WHFO; wrist extension cock-up; dorsal wrist	P		1 year	R	$2.00
L3940	*	WHFO; wrist extension cock-up; dorsal wrist, with outrigger attachment	P		1 year	R	$3.00
L3942	*	WHFO; wrist extension cock-up; reverse knuckle bender	P		1 year	R	$3.00
L3944	*	WHFO; wrist extension cock-up; reverse knuckle bender, with outrigger	P		1 year	R	$3.00
L3946	*	WHFO; wrist extension cock-up; composite elastic	P		1 year	R	$3.00
L3948	*	WHFO; wrist extension cock-up; finger knuckle bender	P		1 year	R	$2.00
L3950	*	WHFO; wrist extension cock-up; combination Oppenheimer, with knuckle bender and two attachments	P		1 year	R	$3.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L3952	*	WHFO; wrist extension cock-up; combination Oppenheimer, with reverse knuckle bender and two attachments	P		1 year	R	$3.00
L3954	*	WHFO; wrist extension cock-up; spreading hand	P		1 year	R	$3.00
UPPER LIMB - SHOULDER - ELBOW - WRIST - HAND							
ABDUCTION POSITIONING - CUSTOM FITTED							
L3960	*	Shoulder-elbow-wrist-hand-orthoses (SEWHO); abduction positioning, airplane design	P		2 years	R	$3.00
L3962	*	SEWHO; abduction positioning, Erbs palsy design	P		2 years	R	$3.00
L3963	*	SEWHO; molded shoulder, arm, forearm, and wrist, with articulating elbow joint	P		2 years	R	$3.00
L3964	*	SEWHO; mobile arm support attached to wheelchair, balanced and fitted to patient, adjustable	P		2 years	R	$3.00
L3965	*	SEWHO; radial arm support attached to wheelchair, balanced and fitted to patient, adjustable rancho type	P		2 years	R	$3.00
L3966	*	SEWHO; mobile arm support attached to wheelchair, balanced and fitted to patient, reclining	P		2 years	R	$3.00
L3968	*	SEWHO; mobile arm support attached to wheelchair, balanced and fitted to patient, friction arm support (friction dampening to proximal and distal joints)	P		2 years	R	$3.00
L3969	*	SEWHO; mobile arm support, monosuspension arm and hand support, overhead elbow/forearm hand sling support, yoke type arm suspension support	P		2 years	R	$3.00
ADDITIONS TO MOBILE ARM SUPPORTS							
L3970	*	SEWHO, addition to mobile arm support; elevating proximal arm	P		2 years	R	$0.00
L3972	*	SEWHO, addition to mobile arm support; offset or lateral rocker arm with elastic balance control	P		2 years	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L3974	*	SEWHO, additions to mobile arm support; supinator	P		2 years	R	$0.00
FRACTURE ORTHOSES							
L3980	*	Upper extremity fracture orthosis; humeral	P		2 years	R	$3.00
L3982	*	Upper extremity fracture orthosis; radius/ulnar	P		2 years	R	$3.00
L3984	*	Upper extremity fracture orthosis; wrist	P		2 years	R	$3.00
L3985	*	Upper extremity fracture orthosis; forearm, hand with wrist hinge	P		2 years	R	$3.00
L3986	*	Upper extremity fracture orthosis; combination of humeral, radius/ulnar, wrist, (example - Colles fracture)	P		2 years	R	$3.00
L3995	*	Addition to upper extremity orthosis, sock, fracture or equal, each	P		3 per year	R	$0.00
L3999	*	Unlisted procedures for upper limb orthosis	P	*$150		R	$1.00
SPECIFIC REPAIR							
L4000		Replace girdle for Milwaukee orthosis	P		1 year	R	$0.00
L4010	*	Replace trilateral socket brim	P		1 year	R	$0.00
L4020	*	Replace quadrilateral socket brim; molded to patient model	P		1 year	R	$0.00
L4030	*	Replace quadrilateral socket brim; custom fitted	P		1 year	R	$0.00
L4040	*	Replace molded thigh lacer	P		1 year	R	$0.00
L4045	*	Replace non-molded thigh lacer	P		1 year	R	$0.00
L4050	*	Replace molded calf lacer	P		1 year	R	$0.00
L4055	*	Replace non-molded calf lacer	P		1 year	R	$0.00
L4060	*	Replace high roll cuff	P		1 year	R	$0.00
L4070	*	Replace proximal and distal upright for KAFO	P		1 year	R	$0.00

HCPCS Code	Bi-lateral	Description	Rental/ Purchase Restrict.	Prior Auth. Req.	Life Expect.	N. Home Reimb.	Co-Payment
L4080	*	Replace metal bands KAFO, proximal thigh	P		1 year	R	$0.00
L4090	*	Replace metal bands KAFO-AFO, calf or distal thigh	P		1 year	R	$0.00
L4100	*	Replace leather cuff KAFO, proximal thigh	P		1 year	R	$0.00
L4110	*	Replace leather cuff KAFO-AFO, calf or distal thigh	P		1 year	R	$0.00
L4130	*	Replace pretibial shell	P		1 year	R	$0.00
	REPAIRS						
L4210		Repair of orthotic device, repair or replace minor parts (not to be used for wheelchair seating systems)	P	*$150		R	$0.00
	ANCILLARY ORTHOTIC SERVICES						
L4310	*	Multi-podus or equal orthotic preparatory management system for lower extremities	P		2 years	R	$3.00
L4320	*	Addition to AFO, multi-podus (or equal) orthotic preparatory management system for lower extremities, flexible foot positioner with soft interface for AFO, with velcro closure, custom fitted	P		2 years	R	$0.00
L4350	*	Pneumatic ankle control splint (aircast or equal)	P		1 year	R	$3.00
L4360	*	Pneumatic walking splint (aircast or equal)	P		1 year	R	$3.00
L4370	*	Pneumatic full leg splint (aircast or equal)	P		1 year	R	$3.00
L4380	*	Pneumatic knee splint (aircast or equal)	P		1 year	R	$2.00