

Nk Washington Apple Health (Medicaid)

Prosthetic and Orthotic (P&O) Devices Billing Guide

November 15, 2024

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict arises between this document and a governing statute or Health Care Authority (HCA) rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If the broken link is in the most recent guide, please notify us at askmedicaid@hca.wa.gov.

About this guide¹

This publication takes effect **November 15, 2024**, and supersedes earlier billing guides to this program.

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Services, equipment, or both, related to any of the programs listed below, must be billed using their program-specific billing guides:

- [Medical Equipment and Supplies Billing Guide](#)
- [Medical Nutrition Billing Guide](#)
- [Home Infusion Therapy Billing Guide](#)

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by HCA.

Refer also to HCA's [ProviderOne billing and resource guide](#) for valuable information to help you conduct business with the Health Care Authority.

How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

¹ This publication is a billing instruction.

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Confidentiality toolkit for providers

The [Washington State Confidentiality Toolkit for Providers](#) is a resource for providers required to comply with health care privacy laws.

Where can I download HCA forms?

To download an HCA form, see HCA's [Forms & Publications webpage](#). Type only the form number into the Search box (Example: 13-835).

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What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the Subject column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

| Subject | Change | Reason for Change |
|---|---|--|
| Coverage Determination Process | Moved section | Clarity – combined with provider requirements section |
| Cochlear implants and bone conduction hearing devices Replacement parts or repairs for cochlear implants and bone conduction hearing devices | Updated billing guide reference from the Physician Related Services Billing Guide to the Hearing Services Billing Guide | Information moved and found in the Hearing Services Billing Guide. |
| Medical Necessity Coverage Determination Process | Added medical necessity information | Clarification |
| Cranial Orthosis | Added medical necessity criteria | Clarification |

| Subject | Change | Reason for Change |
|---|---|--|
| <p>Coverage Table</p> | <p>Removed PA requirement from the following HCPCS codes: L0450, L0454, L0455, L0456, L0457, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0621, L0623, L0625, L0626, L0627, L0628, L0630, L0631, L0633, L0635, L0637, L0639, L0641, L0642, L0643, L0648, L0649, L0650, L1001, L1851, L1852, L1951, L1971, L2768, L3677, L3678, L3808, L3915, L3916, L3918, L3930, L3931, L3981, L3999, L4002, L4630, L4361, L4370, L4386, and L4387</p> <p>Changed limitation from one per limb every 5 years to one per limb every 3 years for HCPCS codes L5940, L5950, L5960, L5960, and L5962</p> | <p>HCA decision</p> |
| <p>Authorization</p> | <p>Added language to the authorization section</p> | <p>Clarification on requirements</p> |
| <p>What is expedited prior authorization (EPA)</p> | <p>Added language to the EPA section</p> | <p>Clarification on requirements</p> |
| <p>What is a limitation extension (LE)</p> | <p>Added new section</p> | <p>To clarify what an LE is and requirements</p> |
| <p>What are the general billing requirements</p> | <p>Added new section on billing by report (BR) items</p> | <p>Clarification on how to bill by report</p> |

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Resources Available

| Topic | Contact Information |
|---|--|
| Becoming a provider or submitting a change of address or ownership | See HCA's Billers and Providers webpage |
| Finding out about payments, denials, claims processing, or HCA-contracted managed care organizations | See HCA's Billers and Providers webpage |
| Electronic billing. | See HCA's Billers and Providers webpage |
| Finding HCA documents (e.g., billing guides, fee schedules) | See HCA's Billers and Providers webpage |
| Private insurance or third-party liability, other than - contracted managed care | See HCA's Billers and Providers webpage |
| Requesting that equipment/supplies be added to the covered list in this guide | (800) 562-3022 (toll free) (866) 668-1214 (toll free fax) |
| Requesting prior authorization or a limitation extension | Providers may submit prior authorization requests online through direct data entry into ProviderOne. See HCA's prior authorization webpage for details. Providers may also fax requests to 866-668-1214. The first page of the fax must be the completed General Information for Authorization (GIA) form, HCA 13-835. Do not include a fax cover sheet. |
| Questions about the payment rate listed in the fee schedule | Cost Reimbursement Analyst Professional Reimbursement PO Box 45510 Olympia, WA 98504-5510 (360) 753-9152 (fax) |
| Medicare Learning Network | MLN Homepage CMS |

Definitions

This section defines terms and abbreviations, including acronyms, used in this billing guide. Refer to [Chapter 182-500 WAC](#) for a complete list of definitions for Washington Apple Health and [WAC 182-543-1000](#).

Artificial limb – See prosthetic device.

Authorized treating and prescribing provider–

- A physician, nurse practitioner, clinical nurse specialist, or physician assistant who may order and conduct home health services, including face-to-face encounter services; or
- A certified midwife under [42 C.F.R. 440.70](#) when furnished by a home health agency that meets the conditions of participation for Medicare who may conduct home health services, including face-to-face encounter services.

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

Date of Delivery – The date the client actually took physical possession of an item or equipment. See [Proof of delivery](#).

Health Care Common Procedure Coding System (HCPCS) – A standardized coding system established by the Centers for Medicare and Medicaid Services (CMS) that is used primarily to identify products, supplies, and services, such as durable medical equipment, prosthetics, orthotics and supplies. This term is used interchangeably with “procedure code.”

Personal or comfort item – An item or service that primarily facilitates leisure or recreational activities or that primarily services the comfort or convenience of the client or caregiver and is considered not medically necessary.

Proof of delivery – A supplier is responsible for delivery of Medicaid covered items and must instruct clients on the use of these items and maintain proof of delivery and client instruction. See [Date of delivery](#).

Orthotic Device or Orthotic – A corrective or supportive device that:

- Prevents or corrects physical deformity or malfunction.
- Supports a weak or deformed portion of the body.

Prosthetic device or prosthetic – A replacement, corrective, or supportive device prescribed by an authorized practitioner to:

- Artificially replace a missing portion of the body.
- Prevent or correct physical deformity or malfunction.
- Support a weak or deformed portion of the body.

Warranty period – A guarantee or assurance, according to manufacturer’s or provider’s guidelines, of set duration from the date of purchase.

About the Program

What is the purpose of the Prosthetic and Orthotic Devices (P&O) program?

For eligible clients, the Prosthetic and Orthotic Devices (P&O) program covers the purchase of medically necessary P&O and related supplies when they are not included in other reimbursement methods (e.g., inpatient hospital diagnosis related group (DRG), nursing facility daily rate, health maintenance organization (HMO), or managed care organizations (MCOs)). The federal government considers P&O and related supplies as services under the Medicaid program, except when:

- Prescribed as an integral part of an approved plan of treatment under the Home Health program.
- Required under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Client Eligibility

Most Apple Health clients are enrolled in an HCA-contracted managed care organization (MCO). This means that Apple Health pays a monthly premium to an MCO for providing preventative, primary, specialty, and other health services to Apple Health clients. Clients in managed care must see only providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. See [HCA's managed care webpage](#) for further details.

It is important to always check a client's eligibility prior to providing any services because it affects who will pay for the services.

How do I verify a client's eligibility?

Check the client's Services Card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service HCA will not pay for.

Verifying eligibility is a two-step process:

- Step 1. **Verify the patient's eligibility for Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in HCA's [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Apple Health, proceed to **Step 2**. If the patient is **not eligible**, see the **Note** below.

- Step 2. **Verify service coverage under the Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's [Program Benefit Packages and Scope of Services webpage](#)

Note: Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online:** Go to [Washington Healthplanfinder](#) - select the "Apply Now" button. For patients age 65 and older or on Medicare, go to [Washington Connections](#) select the "Apply Now" button.
- **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account".
- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 1-855-627-9604 (TTY).

- **Paper:** By completing an *Application for Health Care Coverage (HCA 18-001P)* form. To download an HCA form, see HCA's Free or Low Cost Health Care, [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older or on Medicare, complete the *Washington Apple Health Application for Aged, Blind, Disabled/Long-Term Services and Support (HCA 18-005)* form.
- **In-person:** Local resources who, at no additional cost, can help you apply for health coverage. See the [Health Benefit Exchange Navigator](#).

Are clients enrolled in an HCA-contracted managed care organization (MCO) eligible?

Yes. Most Apple Health clients are enrolled in one of HCA's contracted managed care organizations (MCO). For these clients, managed care enrollment is displayed on the client benefit inquiry screen in ProviderOne.

All medical services covered under an HCA-contracted MCO must be obtained through the MCO's contracted network. The MCO is responsible for:

- Payment of covered services
- Payment of services referred by a provider participating with the plan to an outside provider

Note: A client's enrollment can change monthly. Providers who are not contracted with the MCO must receive approval from **both** the MCO and the client's primary care provider (PCP) prior to serving a managed care client.

Send claims to the client's MCO for payment. Call the client's MCO to discuss payment prior to providing the service. Providers may bill clients only in very limited situations as described in [WAC 182-502-0160](#).

Managed care enrollment

Most Apple Health clients are enrolled in an HCA-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. Some clients may start their first month of eligibility in the fee-for-service (FFS) program because their qualification for MC enrollment is not established until the month following their Apple Health eligibility determination. Providers must check eligibility to determine enrollment for the month of service.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health managed care. Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Checking eligibility

Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to HCA's [Apply for or renew coverage webpage](#),

Clients' options to change plans

Clients have a variety of options to change their plan:

- **Available to clients with a Washington Healthplanfinder account:**

Go to [Washington HealthPlanFinder website](#).

- **Available to all Apple Health clients:**

- Visit the [ProviderOne Client Portal website](#):
- Request a change online at [ProviderOne Contact Us](#) (this will generate an email to Apple Health Customer Service). Select the topic "Enroll/Change Health Plans."
- Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.

For online information, direct clients to HCA's [Apple Health Managed Care webpage](#).

Clients who are not enrolled in an HCA-contracted managed care plan for physical health services

Some Apple Health clients do not meet the qualifications for managed care enrollment or have the option to enroll in fee-for-service (FFS). These clients are eligible for physical health services under the FFS program.

In this situation, each managed care organization (MCO) will have a Behavioral Health Services Only (BHSO) benefit available for Apple Health clients who are not in integrated managed care. The BHSO covers only behavioral health treatment for those clients. Eligible clients who are not enrolled in an integrated HCA-contracted managed care plan are automatically enrolled in a BHSO except

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for American Indian/Alaska Native clients. If the client receives Medicaid-covered services before being automatically enrolled in a BHSO, the FFS Medicaid program will reimburse providers for the covered services. Examples of populations that may be exempt from enrolling into a managed care plan are Medicare dual-eligible, American Indian/Alaska Native, Adoption Support and Foster Care Alumni.

Integrated managed care

Clients qualified for enrollment in an integrated managed care plan receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contracted managed care organization (MCO).

For full details on integrated managed care, see HCA's [Apple Health managed care webpage](#) and scroll down to "Changes to Apple Health managed care."

Integrated Apple Health Foster Care (AHFC)

Children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care's (CC) Apple Health Core Connections Foster Care program will receive both medical and behavioral health services from CC.

Clients under this program are:

- Under the age of 18 who are in foster care (out of home placement).
- Under the age of 21 who are receiving adoption support.
- Age 18-21 years old in extended foster care.
- Age 18 to 26 years old who aged out of foster care on or after their 18th birthday (alumni).

These clients are identified in ProviderOne as "**Coordinated Care Healthy Options Foster Care.**"

The Apple Health Customer Services team can answer general questions about this program. For specific questions about Adoption Support, Foster Care or Alumni clients, contact HCA's Foster Care and Adoption Support (FCAS) team at 1-800-562-3022, Ext. 15480.

Fee-for-service Apple Health Foster Care

Children and young adults in the fee-for-service Apple Health Foster Care, Adoption Support and Alumni programs receive behavioral health services through the regional Behavioral Health Services Organization (BHSO). For details, see HCA's [Mental Health Services Billing Guide](#), under *How do providers identify the correct payer?*

Apple Health Expansion

Individuals age 19 and older who do not meet the citizenship or immigration requirements to receive benefits under federally funded programs and who CPT® codes and descriptions only are copyright 2023 American Medical Association.

receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contracted managed care organization. For more information, visit [Apple Health Expansion](#).

American Indian/Alaska Native (AI/AN) clients

American Indian/Alaska Native (AI/AN) clients have two options for Apple Health coverage:

- Apple Health Managed Care
- Apple Health coverage without a managed care plan (also referred to as fee-for-service [FFS])

If an AI/AN client does not choose a managed care plan, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the Health Care Authority's (HCA) [American Indian/Alaska Native webpage](#).

What if the client has third-party liability (TPL) coverage?

If the client has third-party liability (TPL) coverage (excluding Medicare), prior authorization must be obtained before providing any service requiring prior authorization. For more information on TPL, refer to HCA's [ProviderOne Billing and Resource Guide](#).

Benefit Coverage

What is covered?

HCA provides a benefit for prosthetic and orthotic (P&O) devices, repairs, and labor charges listed in the [Coverage Table](#) in this billing guide. Medical necessity guidelines apply to certain items.

HCA covers a replacement prosthesis only when the purchase of a replacement prosthesis is less costly than repairing or modifying a client's current prosthesis. (See [WAC 182-543-5000\(3\)](#)).

What requirements must providers and suppliers meet for coverage?

HCA covers the P&O devices listed in the [Coverage Table](#) in this billing guide when all of the following apply:

- The device must be Medically necessary. Providers must provide a medical necessity justification for each item requested specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client.
 - Providers must submit medical record documentation, sourced from the client's Electronic Health Record (EHR), that provides credible evidence, as outlined in WAC 182-501-0165, to substantiate criteria for medical necessity, as specified under [Medical Necessity guidelines for Prosthetics and Orthotics](#) in this billing guide.
 - The client's medical record must sufficiently demonstrate their condition, justify prescribed items and quantities, and specify frequency of use or replacement if applicable. Mere submission of an agency form, supplier statement, or provider attestation, even if endorsed, is insufficient without supporting medical record information. Reference [Documentation Matters Toolkit | CMS](#).
- The device must be within accepted medical or physical medicine community standards of practice.
- The provider has received prior authorized (see [Authorization](#)).
- Billed to HCA using only the allowed procedure codes published within this billing guide.
- Prescribed by an authorized provider. Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and HCA is billed for co-pay and/or deductible only.
- There is a valid written order/prescription from the treating provider as a condition for payment. This written order/prescription must be submitted on HCA's Prescription form, HCA 13-794 and must:
 - Include provider credentials.

- Be signed by an authorized provider (see [Definitions](#)). Electronic signatures are acceptable. Stamped signatures are not acceptable.
- Be dated by the provider on or before the date of delivery of the supply, equipment, or device. Prescriptions must not be backdated.
- Be no older than one year from the date the provider signs the prescription.
- Include the client diagnosis.
- State the item or service requested, diagnosis, quantity, and estimated length of need.
- Documentation is provided that states the client diagnosis, specific item or service requested, estimated length of need (weeks, months, or years), and quantity.
- HCA is billed as the payer of last resort.

Note: HCA evaluates by-report (BR) items, procedures, or services for medical appropriateness and reimbursement value on a case-by-case basis.

What are habilitative services under this program?

Habilitative services are those medically necessary services provided to help a client partially or fully attain or maintain developmental age-appropriate skills that were not fully acquired due to a congenital, genetic, or early-acquired health condition. Such services are required to maximize the client's ability to function in his or her environment.

For clients in the expanded population and covered by the Alternative Benefit Plan (ABP) only, HCA will cover prosthetic and orthotic devices to treat one of the qualifying conditions listed in HCA's [Habilitative Services Billing Guide](#), under Client Eligibility.

All other program requirements are applicable to a habilitative service and should be followed unless otherwise directed (e.g., prior authorization).

Billing for habilitative services

Habilitative services must be billed using one of the qualifying diagnosis codes listed in HCA's [Habilitative Services Billing Guide](#) in the primary diagnosis field on the claim.

Billing for occupational therapist evaluation

When billing for an occupational therapist evaluation, refer to the [Outpatient Rehabilitative Billing Guide](#).

Cochlear implants and bone conduction hearing devices

See HCA's [Hearing Services Billing Guide](#).

Replacement parts or repairs for cochlear implants and bone conduction hearing devices

See HCA's [Hearing Services Billing Guide](#).

Medical Necessity guidelines for Prosthetics and Orthotics

HCA covers prosthetic and orthotic (P&O) equipment. P&O equipment that requires prior authorization is reviewed individually using evidence-based standards to determine medical necessity. This section outlines the routine guidelines to enhance the efficiency of prior authorization reviews. Other clinical factors may also support medical necessity based on credible evidence from the electronic health record (EHR) in line with evidence-based standard and HCA's review under WAC 182-501-0165.

Cranial Orthosis

HCPCS code:

S1040 Cranial remolding orthotic, pediatric

Cranial remolding is covered to correct the shape of the infant's head as a treatment for head deformities, when medically necessary.

Medical necessity guidelines (Routine)

The routine medical necessity guidelines for cranial remolding orthotic are as follows. These guidelines are reviewed on an individual basis. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR).

- Clients with craniosynostosis, non-synostotic plagiocephaly (asymmetrically shaped posterior head), scaphocephaly (abnormally shaped narrow head), and brachycephaly (abnormally shaped head; shortened in antero-posterior dimension without asymmetry) in infants less than 12 months old.
- Clients who are infants with persistent moderate to severe plagiocephaly after a course of conservative treatment (repositioning and/or physical therapy).
- Initial application of cranial orthosis for infants over the age of 12 months is not an evidence-based standard of care and is considered not medically necessary.
- Continued use of cranial orthosis after 18 months of age is not evidence-based standard of care and is considered not medically necessary.

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Fee-for-service billing instructions

Cranial orthosis requires prior authorization (PA). See the [Authorization](#) section of this guide.

In addition to the guidelines listed above, additional clinical factors may be reviewed for medical necessity under WAC 182-501-0165 on a case-by-case basis.

Documentation requirements

Providers must submit a medical necessity justification for each cranial remolding orthotic requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

What if a service is covered but considered experimental or has restrictions or limitations?

HCA evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by [WAC 182-531-0050](#), under the provisions of [WAC 182-501-0165](#) that relate to medical necessity.

HCA evaluates a request for a covered service that is subject to limitations or other restrictions and approves such a service beyond those limitations or restrictions when medically necessary, under the standards for covered services in [WAC 182-501-0165](#) (see limitation extensions).

Coverage Table

Legend

| Column | Abbreviations | Definition |
|------------------------|---------------|--|
| Code Status Indicators | N | New |
| Code Status Indicators | BR | By Report |
| Code Status Indicators | DC | Same/similar code in fee schedule |
| Code Status Indicators | DP | Service is managed through a different program |
| Code Status Indicators | U | Update |
| Code Status Indicators | P | Policy change |
| Code Status Indicators | Y | Requires prior authorization |
| PA | Y* | Requires prior authorization for clients 17 years of age and older |
| PA | Y | Licensure required |
| Lic (License) | *** | The item can be provided by a medical equipment or pharmacy provider if other licensure requirements have been met |
| Lic (License) | + | Allowed for occupational therapists |

Note: Where used in the Coverage Table, “year” means the period starting 365 days before the date of service. **For example:** If a service is allowed once per client, per year, and it was provided on June 30, 2022, then the service would not be allowed for that client again until June 30, 2023.

Who owns the purchased P&O devices and related supplies?

- P&O devices and related supplies that HCA purchases for a client are the client's property. HCA reimbursement for covered P&O devices and related supplies includes all of the following:
 - Any adjustments or modifications to the equipment that are required within three months of the date of delivery. (This does not apply to adjustments required because of changes in the client's medical condition)
 - Fitting and set-up
 - Instruction to the client or client's caregiver in the appropriate use of the equipment, device, and/or supplies
- HCA requires a provider to furnish to HCA clients only new equipment that includes full manufacturer and dealer warranties.
- HCA charges the dispensing provider for any costs it incurs to have another provider repair equipment if all of the following apply:
 - The dispensing provider is unwilling or unable to fulfill the warranty.
 - The client still needs the equipment.
- HCA rescinds purchase orders for the following reasons:
 - If the equipment was not delivered to the client before the client:
 - Dies
 - Loses medical eligibility
 - Becomes covered by a hospice agency
 - Becomes covered by an HCA-contracted MCO
 - A client may become an MCO enrollee before HCA completes the purchase of prescribed medical equipment. If this occurs:
 - HCA rescinds the purchase order until the managed care primary care provider (PCP) evaluates the client.
 - HCA requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary (see Definitions).
 - The MCO's applicable reimbursement policies apply to the purchase or rental of the equipment.

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|------------------------------------|
| DC | A4280 | | | Adhesive skin support attachment for use with external breast prosthesis, each | |
| | A5500 | | | For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe | Limit one per foot every 12 months |
| | 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 | Limit one per foot every 12 months |
| | 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 | Limit one per foot every 12 months |
| | A5504 | | | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedges, per shoe | Limit one per foot every 12 months |
| | A5505 | | | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe | Limit one per foot every 12 months |
| | 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 | Limit one per foot every 12 months |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|------------------------------------|
| | A5507 | Y | | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay or custom molded shoe, per shoe | |
| BR | A5508 | | | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe | Limit one per foot every 12 months |
| BR | A5510 | | | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s) prefabricated, per shoe | Limit one per foot every 12 months |
| | A5512 | | | For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each | Limit one per foot every 12 months |
| | A5513 | | | For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each | Limit one per foot every 12 months |

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|------------------------|------------|----|-----|--|------------------------------------|
| | A5514 | | | For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | Limit one per foot every 12 months |
| | K0672 | Y | | Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each. | Limit 1 per limb per year |
| | L0112 | Y | Y | Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated | Limit 3 per year |
| | L0113 | Y | Y | Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment | Limit 3 per year |
| | L0120 | | *** | Cervical, flexible, nonadjustable (foam collar) | Limit 3 per year |
| | L0130 | | Y | Cervical, flexible, thermoplastic collar, molded to patient | Limit 3 per year |
| | L0140 | | *** | Cervical, semi-rigid, adjustable (plastic collar) | Limit 3 per year |
| | L0150 | | *** | Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece) | Limit 3 per year |

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| | L0160 | | | Cervical, semi-rigid, wire frame occipital/mandibular support | Limit 1 per limb per year |
| | L0170 | Y | Y | Cervical, collar, molded to patient model | Limit 1 per year |
| | L0172 | | *** | Cervical, collar, semi-rigid thermoplastic foam, two piece | Limit 1 per year |
| | L0174 | | *** | Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension | Limit 1 per year |
| | L0180 | | | Cervical, multiple post collar, occipital/mandibular supports, adjustable | Limit 1 per year |
| | L0190 | | | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types) | Limit 1 per year |
| | L0200 | | | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension | Limit 1 per year |
| | L0220 | | *** | Thoracic, rib belt, custom fabricated | Limit 1 per year |
| | 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 | Limit 1 per year |

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|------------------------|------------|----|-----|--|------------------|
| BR | L0452 | Y | | TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated | Limit 1 per year |
| | L0454 | | | TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross truck 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 | Limit 1 per year |
| | L0455 | | | 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, off-the-shelf | Limit 1 per year |

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|------------------------|------------|----|-----|---|------------------|
| | 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 truck motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment | Limit 1 per year |
| | L0457 | | | TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf | Limit 1 per year |

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|------------------------|------------|----|-----|--|------------------|
| | L0458 | | Y | TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment | Limit 1 per year |
| | L0460 | | Y | TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment | Limit 1 per year |

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|------------------------|------------|----|-----|---|------------------|
| | L0462 | | Y | <p>TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment</p> | Limit 1 per year |
| | L0464 | | Y | <p>TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p> | Limit 1 per year |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|------------------|
| | L0466 | | Y | TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | Limit 1 per year |
| | L0467 | | | TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf | Limit 1 per year |
| | L0468 | | | TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacroccocygeal junction over scapulae, lateral strength provided by pelvic, thoracic and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes filling and adjustment | Limit 1 per year |

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|------------------------|------------|----|-----|--|------------------|
| | L0469 | N | | <p>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, prefabricated, off-the-shelf</p> | Limit 1 per year |
| | L0470 | | | <p>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 the load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment</p> | Limit 1 per year |

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|------------------------|------------|----|-----|---|------------------|
| | L0472 | | | <p>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</p> | Limit 1 per year |
| | L0480 | Y | Y | <p>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</p> | Limit 1 per year |

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|------------------------|------------|----|-----|--|------------------|
| | L0482 | Y | Y | TLSO, triplanar control, one-piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | Limit 1 per year |
| | L0484 | Y | Y | TLSO, triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | Limit 1 per year |

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|------------------------|------------|----|-----|---|------------------|
| | L0486 | Y | Y | TLSO, triplanar control, two-piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | Limit 1 per year |
| | 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 | Limit 1 per year |
| | L0491 | | Y | TLSO, Sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction area | Limit 1 per year |
| | L0492 | | Y | TLSO, Sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction | Limit 1 per year |

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|------------------------|------------|----|-----|--|------------------|
| | L0621 | | | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment | Limit 1 per year |
| | L0622 | Y | | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | Limit 1 per year |
| BR | 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 | Limit 1 per year |
| BR | L0624 | Y | | Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | Limit 1 per year |

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| | L0625 | | | Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment | Limit 1 per year |
| | 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 | Limit 1 per year |
| | 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 | Limit 1 per year |

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| | L0628 | | | Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | Limit 1 per year |
| BR | L0629 | Y | | Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated | Limit 1 per year |
| | L0630 | | | Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | Limit 1 per year |

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|------------------------|------------|----|-----|--|------------------|
| | L0631 | | | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | Limit 1 per year |
| BR | L0632 | Y | Y | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | Limit 1 per year |
| | L0633 | | | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/Panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | Limit 1 per year |

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|------------------------|------------|----|-----|---|------------------|
| BR | L0634 | Y | Y | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/Panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated | Limit 1 per year |
| | L0635 | | Y | Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment | Limit 1 per year |

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|------------------------|------------|----|-----|--|------------------|
| | L0636 | Y | Y | Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated | Limit 1 per year |
| | L0637 | | | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | Limit 1 per year |

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|------------------------|------------|----|-----|--|------------------|
| | L0638 | Y | Y | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | Limit 1 per year |
| | L0639 | | | Lumbar-sacral orthosis, sagittal-control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment | Limit 1 per year |

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|------------------------|------------|----|-----|---|------------------|
| | L0640 | Y | | Lumbar-sacral orthosis, sagittal-control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated | Limit 1 per year |
| | L0641 | | | 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, off-the-shelf | Limit 1 per year |
| | L0642 | | | 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, off-the-shelf | Limit 1 per year |

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|------------------------|------------|----|-----|--|------------------|
| | L0643 | | | Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | Limit 1 per year |
| | L0648 | | | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | Limit 1 per year |
| | L0649 | | | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | Limit 1 per year |

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| | L0650 | | | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | Limit 1 per year |
| | L0651 | | | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf | Limit 1 per year |
| | L0700 | Y | Y | CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type) | Limit 1 per year |
| | L0710 | Y | Y | CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type) | Limit 1 per year |
| | L0810 | | Y | Halo procedure, cervical halo incorporated into jacket vest | Limit 1 per year |

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| | L0820 | | Y | Halo procedure, cervical halo incorporated into plaster body jacket | Limit 1 per year |
| | L0830 | Y | Y | Halo procedure, cervical halo incorporated into Milwaukee type orthosis | Limit 1 per year |
| | L0859 | | Y | Addition to halo procedures, magnetic resonance image compatible system | Limit 1 per year |
| | L0861 | Y | Y | Addition to halo procedure, replacement liner/interface material | Limit 1 per year |
| | L0970 | Y | Y *** | TLSO, corset front | Limit 1 per year |
| | L0972 | Y | | LSO, corset front | Limit 1 per year |
| | L0974 | Y | | TLSO, full corset | Limit 1 per year |
| | L0976 | Y | Y *** | LSO, full corset | Limit 1 per year |
| | L0978 | | *** | Axillary crutch extension | Limit 1 per year |
| | L0980 | | *** | Peroneal straps, pair | Limit 1 per year |
| | L0982 | | *** | Stocking supporter grips, set of 4 | Limit 1 set 4 per year |
| | L0984 | Y | *** | Protective body sock, each | Limit 2 per year |
| BR | L0999 | Y | | Addition to spinal orthosis, not otherwise specified | Limit 1 per year |
| | L1000 | Y* | Y | CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model | Limit 1 per year |
| | L1001 | | | Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment | Limit 1 per year |

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| | L1005 | Y | Y | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment | Limit 1 per year |
| | L1010 | | Y | Addition to CTLSO or scoliosis orthosis, axilla sling | Limit 1 per year |
| | L1020 | Y | Y | Addition to CTLSO or scoliosis orthosis, kyphosis pad | Limit 1 per year |
| | L1025 | | Y | Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating | Limit 1 per year |
| | L1030 | | Y | Addition to CTLSO or scoliosis orthosis, lumbar bolster pad | Limit 1 per year |
| | L1040 | | Y | Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad | Limit 1 per year |
| | L1050 | | Y | Addition to CTLSO or scoliosis orthosis, sternal pad | Limit 1 per limb per year |
| | L1060 | | Y | Addition to CTLSO or scoliosis orthosis, thoracic pad | Limit 1 per limb per year |
| | L1070 | | Y | Addition to CTLSO or scoliosis orthosis, trapezius sling | Limit 1 per limb per year |
| | L1080 | | Y | Addition to CTLSO or scoliosis orthosis, outrigger | Limit 1 per limb per year |
| | L1085 | | Y | Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions | Limit 1 per limb per year |
| | L1090 | | Y | Addition to CTLSO or scoliosis orthosis, lumbar sling | Limit 1 per limb per year |
| | L1100 | | Y | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather | Limit 1 per limb per year |

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| | L1110 | Y* | Y | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model | Limit 1 per limb per year |
| | L1120 | Y* | Y | Addition to CTLSO or scoliosis orthosis, cover for upright, each | Limit 1 per limb per year |
| | L1200 | Y* | Y | TLSO, inclusive of furnishing initial orthosis only | |
| | L1210 | | Y | Addition to TLSO, (low profile), lateral thoracic extension | Limit 1 per limb per year |
| | L1220 | | Y | Addition to TLSO, (low profile), anterior thoracic extension | Limit 1 per limb per year |
| | L1230 | | Y | Addition to TLSO, (low profile), Milwaukee type superstructure | Limit 1 per limb per year |
| | L1240 | | Y | Addition to TLSO, (low profile), lumbar derotation pad | Limit 1 per limb per year |
| | L1250 | | Y | Addition to TLSO, (low profile), anterior ASIS pad | Limit 1 per limb per year |
| | L1260 | | Y | Addition to TLSO, (low profile), anterior thoracic derotation pad | Limit 1 per limb per year |
| | L1270 | | Y | Addition to TLSO, (low profile), abdominal pad | Limit 1 per limb per year |
| | L1280 | | Y | Addition to TLSO, (low profile), rib gusset (elastic), each | Limit 1 per limb per year |
| | L1290 | | Y | Addition to TLSO, (low profile), lateral trochanteric pad | Limit 1 per limb per year |
| | L1300 | Y* | Y | Other scoliosis procedure, body jacket molded to patient model | Limit 1 per limb per year |
| | L1310 | Y* | Y | Other scoliosis procedures, postoperative body jacket | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| BR | L1499 | Y | Y | Spinal orthosis, not otherwise specified | |
| | L1600 | | | HO, abduction control of hip joints, flexible, Frejka type, with cover, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1610 | | | HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1620 | | | HO, abduction control of hip joints, flexible, (Pavlik Harness), prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1630 | | Y | HO, abduction control of hip joints, semi-flexible (Von Rosen type), prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1640 | | Y | HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated | Limit 1 per limb per year |
| | L1650 | | | HO, abduction control of hip joints, static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1652 | | | Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type | Limit 1 per limb per year |
| | L1660 | | | HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L1680 | | Y | HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated | Limit 1 per limb per year |
| N, BR | L1681 | Y | Y | | Limit 1 per limb per year |
| | L1685 | | Y | HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated | Limit 1 per limb per year |
| | L1686 | | Y | HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1690 | Y | Y | Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1700 | Y | Y | Legg Perthes orthosis (Toronto type), custom fabricated | Limit 1 per limb per year |
| | L1710 | Y | Y | Legg Perthes orthosis (Newington type), custom fabricated | Limit 1 per limb per year |
| | L1720 | Y | Y | Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated | Limit 1 per limb per year |
| | L1730 | | Y | Legg Perthes orthosis (Scottish Rite type), custom fabricated | Limit 1 per limb per year |
| | L1755 | Y | Y | Legg Perthes orthosis (Patten bottom type), custom fabricated | Limit 1 per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L1810 | | | KO, elastic with joints, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1812 | | | Knee orthosis, elastic with joints, prefabricated, off-the-shelf | Limit 1 per limb per year |
| | L1820 | | *** | KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1830 | | *** | KO, Immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1831 | | | Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1832 | | | KO, adjustable knee joints (Unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1833 | | | Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf | Limit 1 per limb per year |
| | L1834 | Y | Y | KO, without knee joints, rigid, custom fabricated | Limit 1 per limb per year |
| | L1836 | | | Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L1840 | | Y | KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated | Limit 1 per limb per year |
| | L1843 | | | KO, single upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1844 | Y | | KO, single upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, custom fabricated | Limit 1 per limb per year |
| | L1845 | | | KO, double upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1846 | Y | Y | KO, double upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, custom fabricated | Limit 1 per limb per year |
| | L1847 | | | KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1848 | | | Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L1850 | | | KO, Swedish type, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1851 | | | Knee orthosis (ko), 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, prefabricated, off-the-shelf | Limit 1 per limb per year |
| | L1852 | | | Knee orthosis (ko), 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, off-the-shelf | Limit 1 per limb per year |
| | L1860 | Y | Y | KO, modification of supracondylar prosthetic socket, custom fabricated (SK) | Limit 1 per limb per year |
| | L1900 | | Y | AFO, spring wire, dorsiflexion assist calf band, custom fabricated | Limit 1 per limb per year |
| | L1902 | | *** | AFO, ankle gauntlet, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1904 | | Y | AFO, molded ankle gauntlet, custom fabricated | Limit 1 per limb per year |
| | L1906 | | *** | AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |

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| | L1907 | | Y | AFO, supramalleolar with straps, with or without interface/pads, custom fabricated | Limit 1 per limb per year |
| | L1910 | | | AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1920 | | Y | AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated | Limit 1 per limb per year |
| | L1930 | | | Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1932 | | | AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1940 | | Y | Ankle foot orthosis, plastic or other material, custom fabricated | Limit 1 per limb per year |
| | L1945 | Y | Y | AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated | Limit 1 per limb per year See EPA Criteria Table |
| | L1950 | Y | Y | AFO, spiral, (IRM type), plastic, custom fabricated | Limit 1 per limb per year |
| | L1951 | | Y | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L1960 | | Y | AFO, posterior solid ankle, plastic, custom fabricated | Limit 1 per limb per year |
| | L1970 | | Y | AFO, plastic, with ankle joint, custom fabricated | Limit 1 per limb per year |
| | L1971 | | Y | Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L1980 | | Y | AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated | Limit 1 per limb per year |
| | L1990 | | Y | AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated | Limit 1 per limb per year |
| | L2000 | | Y | KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated | Limit 1 per limb per year |
| | L2005 | Y | Y | Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated | Limit 1 per limb per year |
| | L2010 | | Y | KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L2020 | | Y | KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated | Limit 1 per limb per year |
| | L2030 | | Y | KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint, custom fabricated | Limit 1 per limb per year |
| | L2034 | Y | Y | Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion | Limit 1 per limb per year |
| | L2035 | | | KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L2036 | Y | Y | KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated | Limit 1 per limb per year |
| | L2037 | Y | Y | KAFO, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated | Limit 1 per limb per year |
| | L2038 | Y | Y | KAFO, full plastic, with or without free motion knee, with or without free motion ankle, multiaxis ankle, (Lively orthosis or equal), custom fabricated | Limit 1 per limb per year |
| | L2040 | | Y | HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L2050 | | Y | HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated | Limit 1 per limb per year |
| | L2060 | | Y | HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated | Limit 1 per limb per year |
| | L2070 | | Y | HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated | Limit 1 per limb per year |
| | L2080 | | Y | HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated | Limit 1 per limb per year |
| | L2090 | | Y | HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated | Limit 1 per limb per year |
| | L2106 | | Y | AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated | Limit 1 per limb per year |
| | L2108 | Y | Y | AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated | Limit 1 per limb per year |
| | L2112 | | | AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L2114 | | | AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L2116 | | | AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L2126 | Y | Y | KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated | Limit 1 per limb per year |
| | L2128 | Y | Y | KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated | Limit 1 per limb per year |
| | L2132 | | | KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L2134 | | | KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L2136 | | | KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L2180 | | | Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints | Limit 1 per limb per year |
| | L2182 | | | Addition to lower extremity fracture orthosis, drop lock knee joint | Limit 2 per limb per year |
| | L2184 | | | Addition to lower extremity fracture orthosis, limited motion knee joint | Limit 2 per limb per year |
| | L2186 | | | Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type | Limit 2 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L2188 | | | Addition to lower extremity fracture orthosis, quadrilateral brim | Limit 1 per limb per year |
| | L2190 | | | Addition to lower extremity fracture orthosis, waist belt | Limit 1 per limb per year |
| | L2192 | | | Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt | Limit 1 per limb per year |
| | L2200 | | | Addition to lower extremity, limited ankle motion, each joint | Limit 2 per limb per year |
| | L2210 | | | Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint | Limit 2 per limb per year |
| | L2220 | | | Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint | Limit 2 per limb per year |
| | L2330 | | | Addition to lower extremity, split flat caliper stirrups and plate attachment | Limit 1 per limb per year |
| | L2232 | Y | Y | Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only | Limit 1 per limb per year |
| | L2240 | | | Addition to lower extremity, round caliper and plate attachment | Limit 1 per limb per year |
| | L2250 | | | Addition to lower extremity, foot plate, molded to patient model, stirrup attachment | Limit 1 per limb per year |
| | L2260 | | | Addition to lower extremity, reinforced solid stirrup (Scott-Craig type) | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L2265 | | | Addition to lower extremity, long tongue stirrup | Limit 1 per limb per year |
| | L2270 | | | Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad | Limit 1 per limb per year |
| | L2275 | | | Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined | Limit 1 per limb per year |
| | L2280 | | Y | Addition to lower extremity, molded inner boot | Limit 1 per limb per year |
| | L2300 | | | Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable | Limit 1 per limb per year |
| | L2310 | | | Addition to lower extremity, abduction bar, straight | Limit 1 per limb per year |
| | L2320 | | | Addition to lower extremity, nonmolded lacer | Limit 1 per limb per year |
| | L2330 | | Y | Addition to lower extremity, lacer molded to patient model | Limit 1 per limb per year |
| | L2335 | | | Addition to lower extremity, anterior swing band | Limit 1 per limb per year |
| | L2340 | | Y | Addition to lower extremity, pretibial shell, molded to patient model | Limit 1 per limb per year |
| | L2350 | | Y | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses) | Limit 1 per limb per year |
| | L2360 | | | Addition to lower extremity, extended steel shank | Limit 1 per limb per year |
| | L2370 | | | Addition to lower extremity, Patten bottom | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L2375 | | | Addition to lower extremity, torsion control, ankle joint and half solid stirrup | Limit 1 per limb per year |
| | L2380 | | | Addition to lower extremity, torsion control, straight knee joint, each joint | Limit 1 per limb per year |
| | L2385 | | | Addition to lower extremity, straight knee joint, heavy duty, each joint | Limit 2 per limb per year |
| | L2387 | Y | | Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint | Limit 2 per limb per year |
| | L2390 | | | Addition to lower extremity, offset knee joint, each joint | Limit 2 per limb per year |
| | L2395 | | | Addition to lower extremity, offset knee joint, heavy duty, each joint | Limit 2 per limb per year |
| | L2397 | | | Addition to lower extremity orthosis, suspension sleeve | Limit 1 per limb per year |
| | L2405 | | | Addition to knee joint, drop lock, each. | Limit 2 per limb per year |
| | L2415 | | | Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint | Limit 2 per limb per year |
| | L2425 | | | Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint | Limit 2 per limb per year |
| | L2430 | | | Addition to knee joint, ratchet lock for active and progressive extension, each joint | Limit 2 per limb per year |
| | L2492 | | | Addition to knee joint, lift loop for drop lock ring | Limit 1 per limb per year |

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| | L2500 | | | Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring | Limit 1 per limb per year |
| | L2510 | | Y | Addition to lower extremity, thigh/weight bearing, quadric-lateral brim, molded to patient model | Limit 1 per limb per year |
| | L2520 | | | Addition to lower extremity, thigh/weight bearing, quadric-lateral brim, custom fitted | Limit 1 per limb per year |
| | L2525 | Y | Y | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model | Limit 1 per limb per year |
| | L2526 | | | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted | Limit 1 per limb per year |
| | L2530 | | | Addition to lower extremity, thigh/weight bearing, lacer, nonmolded | Limit 1 per limb per year |
| | L2540 | | Y | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model | Limit 1 per limb per year |
| | L2550 | | | Addition to lower extremity, thigh/weight bearing, high roll cuff | Limit 1 per limb per year |
| | L2570 | | | Addition to lower extremity, pelvic control, hip joint Clevis type, two position joint, each | Limit 1 per limb per year |
| | L2580 | | | Addition to lower extremity, pelvic control, pelvic sling | Limit 1 per limb per year |
| | L2600 | | | Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each | Limit 1 per limb per year |

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| | L2610 | | | Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each | Limit 1 per limb per year |
| | L2620 | | | Addition to lower extremity, pelvic control, hip joint, heavy-duty, each | Limit 1 per limb per year |
| | L2622 | | | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each | Limit 1 per limb per year |
| | L2624 | | | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each | Limit 1 per limb per year |
| | L2627 | Y | Y | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables | Limit 1 per limb per year |
| | L2628 | Y | | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables | Limit 1 per limb per year |
| | L2630 | | | Addition to lower extremity, pelvic control, band and belt, unilateral | Limit 1 per limb per year |
| | L2640 | | | Addition to lower extremity, pelvic control, band and belt, bilateral | Limit 1 per limb per year |
| | L2650 | | | Addition to lower extremity, pelvic and thoracic control, gluteal pad, each | Limit 1 per limb per year |
| | L2660 | | | Addition to lower extremity, thoracic control, thoracic band | Limit 1 per limb per year |
| | L2670 | | | Addition to lower extremity, thoracic control, paraspinal uprights | Limit 1 per limb per year |

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| | L2680 | | | Addition to lower extremity, thoracic control, lateral support uprights | Limit 1 per limb per year |
| | L2750 | | Y | Addition to lower extremity orthosis, plating chrome or nickel, per bar | Limit 4 per limb per year |
| | L2755 | | Y | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment | Limit 4 per limb per year |
| | L2760 | | | Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth) | Limit 2 per limb per year |
| | L2768 | | Y | Orthotic side bar disconnect device, per bar | Limit 2 per limb per year |
| | L2780 | | Y | Addition to lower extremity orthosis, noncorrosive finish, per bar | Limit 4 per limb per year |
| | L2785 | | | Addition to lower extremity orthosis, drop lock retainer, each | Limit 2 per limb per year |
| | L2795 | | | Addition to lower extremity orthosis, knee control, full kneecap | Limit 1 per limb per year |
| | L2800 | | | Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull | Limit 1 per limb per year |
| | L2810 | | | Addition to lower extremity orthosis, knee control, condylar pad | Limit 1 per limb per year |
| | L2820 | | Y | Addition to lower extremity orthosis, soft interface for molded plastic, below knee section | Limit 1 per limb per year |

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| | L2830 | | Y | Addition to lower extremity orthosis, soft interface for molded plastic, above knee section | Limit 1 per limb per year |
| | L2840 | | | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each | Limit 2 per limb per year |
| | L2850 | | | Addition to lower extremity orthosis, femoral length sock, fracture or equal, each | Limit 2 per limb per year |
| BR | L2999 | Y | Y | Lower extremity orthoses, not otherwise specified | Limit 1 per limb per year |
| | L3000 | Y | | Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each | Limit 1 per limb per year See EPA Criteria Table |
| DC | L3001 | | | Foot insert, removable, molded to patient model, Spenco, each. | |
| DC | L3002 | | | Foot insert, removable, molded to patient model, Plastazote or equal, each | |
| DC | L3003 | | | Foot insert, removable, molded to patient model, silicone gel, each | |
| DC | L3020 | | | Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each | |
| | L3030 | Y | | Foot insert, removable, formed to patient foot, each | Limit 1 per limb per year See EPA Criteria Table |

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| | L3031 | Y | | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each | Limit 1 per limb per year |
| | L3100 | | | Hallus-Valgus night dynamic splint | Limit 1 per limb per year |
| | L3140 | | | Foot, abduction rotation bar, including shoes | Limit 1 per limb per year |
| | L3150 | | | Foot, abduction rotation bar, without shoes | Limit 1 per limb per year |
| DC | L3160 | | | Foot, adjustable shoe-styled positioning device | |
| | L3170 | Y | | Foot, plastic, silicone or equal, heel stabilizer, each. | Limit 1 per limb per year |
| DC | L3201 | | | Orthopedic shoe, oxford with supinator or pronator, infant | |
| DC | L3202 | | | Orthopedic shoe, oxford with supinator or pronator, child | |
| DC | L3203 | | | Orthopedic shoe, oxford with supinator or pronator, junior | |
| DC | L3204 | | | Orthopedic shoe, hightop with supinator or pronator, infant | |
| DC | L3206 | | | Orthopedic shoe, hightop with supinator or pronator, child | |
| DC | L3207 | | | Orthopedic shoe, hightop with supinator or pronator, junior | |
| | L3215 | Y | | Orthopedic footwear, ladies shoe, oxford, each | Limit 1 pair per year See EPA Criteria Table |

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| | L3219 | Y | | Orthopedic footwear, mens shoe, oxford, each | Limit 1 pair every 12 months See EPA Criteria Table |
| DC | L3221 | | | Orthopedic footwear, mens shoe, each. depth inlay | |
| DC | L3222 | | | Orthopedic footwear, mens shoe, hightop, depth inlay, each | |
| DC | L3224 | | | Orthopedic footwear, woman's shoe, oxford, used as an integral part of brace (orthosis) | |
| DC | L3225 | | | Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis) | |
| | L3230 | Y | | Orthopedic footwear, custom shoe, depth inlay, each. | Limit 1 pair every 12 months |
| DC | L3250 | | | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, | |
| DC | L3251 | | | Foot, shoe molded to patient model, silicone shoe, each | |
| DC | L3252 | | | Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, | |
| DC | L3253 | | | Foot, molded shoe Plastazote (or similar), custom fitted, each | |
| DC | L3254 | | | Nonstandard size or width | |
| DC | L3255 | | | Nonstandard size or width | |
| DC | L3300 | | | Lift, elevation, heel, tapered to metatarsals, per inch | |

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| | L3310 | Y | | Lift, elevation, heel and sole, neoprene, per inch | Limit 1 per limb per year See EPA Criteria Table |
| | L3320 | Y | | Lift, elevation, heel and sole, cork, per inch | Limit 1 per limb per year See EPA Criteria Table |
| DC | L3330 | | | Lift, elevation, metal extension (skate) | |
| DC | L3332 | | | Lift, elevation, inside shoe, tapered, up to one-half inch | |
| | L3334 | Y | | Lift, elevation, heel, per inch | Limit 1 per limb per year See EPA Criteria Table |
| | L3340 | Y | | Heel wedge, SACH | Limit 1 per limb per year |
| | L3350 | Y | | Heel wedge | Limit 1 per limb per year |
| | L3360 | Y | | Sole wedge, outside sole | Limit 1 per limb per year |
| DC | L3370 | | | Sole wedge, between sole | |
| DC | L3380 | | | Clubfoot wedge | |
| DC | L3390 | | | Outflare wedge | |
| | L3400 | Y | | Metatarsal bar wedge, rocker | Limit 1 per limb per year |
| | L3410 | Y | | Metatarsal bar wedge, between sole | Limit 1 per limb per year |
| | L3420 | Y | | Full sole and heel wedge, between sole | Limit 1 per limb per year |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|---------------------------|
| | L3430 | | | Heel, counter, plastic reinforced | Limit 1 per limb per year |
| DC | L3440 | | | Heel, counter, leather reinforced | |
| DC | L3450 | | | Heel, SACH cushion type | |
| DC | L3455 | | | Heel, new leather, standard | |
| DC | L3460 | | | Heel, new rubber, standard | |
| DC | L3465 | | | Heel, Thomas with wedge | |
| DC | L3470 | | | Heel, Thomas extended to ball | |
| DC | L3480 | | | Heel, pad and depression for spur | |
| DC | L3485 | | | Heel, pad, removable for spur | |
| DC | L3500 | | | Orthopedic shoe addition, insole, leather | |
| DC | L3510 | | | Orthopedic shoe addition, insole, rubber | |
| DC | L3520 | | | Orthopedic shoe addition, insole, felt covered with leather | |
| DC | L3530 | | | Orthopedic shoe addition, sole, half | |
| DC | L3540 | | | Orthopedic shoe addition, sole, full | |
| DC | L3550 | | | Orthopedic shoe addition, toe tap, standard | |
| DC | L3560 | | | Orthopedic shoe addition, toe tap, horseshoe | |
| DC | L3570 | | | Orthopedic shoe addition, special extension to instep (leather with eyelets) | |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---|
| DC | L3580 | | | Orthopedic shoe addition, convert instep to velcro closure | |
| DC | L3590 | | | Orthopedic shoe addition, convert firm shoe counter to soft counter | |
| DC | L3595 | | | Orthopedic shoe addition, March bar | |
| DC | L3600 | | | Transfer of an orthosis from one shoe to another, caliper plate, existing | See L3620 |
| DC | L3610 | | | Transfer of an orthosis from one shoe to another, caliper plate, new | |
| | L3620 | | | Transfer of an orthosis from one shoe to another, solid stirrup, existing. | 1 in a 12-month period allowed without PA |
| DC | L3630 | | | Transfer of an orthosis from one shoe to another, solid stirrup, new | |
| DC | L3640 | | | Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes | |
| DC | L3649 | | | Orthopedic shoe, modification, addition or transfer, not otherwise specified | |
| | L3650 | | *** | SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment | Limit 1 per year |
| | L3660 | | *** | SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment | Limit 1 per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L3670 | | *** | SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment | Limit 1 per year |
| | L3671 | Y | Y | SO, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per year |
| | L3674 | | | Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| DC | L3675 | | | SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment | |
| BR | L3677 | | Y | Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| BR | L3678 | | | Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf | Limit 1 per limb per year |
| | L3702 | Y | Y+ | EO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3710 | | *** | EO, elastic with metal joints, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L3720 | | Y+ | EO, double upright with forearm/arm cuffs, free motion, custom fabricated | Limit 1 per limb per year |
| | L3730 | Y | Y+ | EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated | Limit 1 per limb per year |
| | L3740 | Y | Y+ | EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated | Limit 1 per limb per year |
| | L3760 | | | EO, with adjustable position, locking joints, prefabricated, includes fitting and adjustment, any type | Limit 1 per limb per year |
| | L3761 | | | Elbow orthosis with adjustable position locking joint(s) prefabricated | Limit 1 per limb per year |
| | L3762 | | *** | EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3763 | Y | Y+ | EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3764 | Y | Y | EWHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3765 | Y | Y | EWHFO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L3766 | Y | Y | EWHFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom | Limit 1 per limb per year |
| | L3806 | Y | Y+ | Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3807 | | | WHFO without joint(s), prefabricated, includes fitting and adjustment, any type | Limit 1 per limb per year |
| | L3808 | | Y | Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3809 | | | Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type | Limit 1 per limb per year |
| DC | L3891 | | | Addition to upper extremity joint, wrist or elbow, concentric adjustable | |
| | L3900 | | Y+ | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated | Limit 1 per limb per year |
| | L3901 | Y | Y | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L3904 | Y | Y | WHFO, external powered, electric, custom fabricated | Limit 1 per limb per year |
| | L3905 | Y | Y+ | WHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes | Limit 1 per limb per year |
| | L3906 | | Y+ | WHO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment. | Limit 1 per limb per year |
| | L3908 | | *** | WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L3912 | | *** | HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L3913 | Y | Y+ | HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3915 | | *** | Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3916 | | | Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf | Limit 1 per limb per year |
| | L3917 | | | HO, metacarpal fracture orthosis, prefabricated, includes fitting | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L3918 | | | Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf | Limit 1 per limb per year |
| | L3919 | Y | Y+ | Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3921 | Y | Y+ | Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3923 | | | HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3924 | Y | | Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf | Limit 1 per limb per year |
| | L3925 | Y | *** | Finger orthosis, proximal interphalangeal (Pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment. | Limit 1 per limb per year |
| | L3927 | Y | | Finger orthosis, proximal interphalangeal (Pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment. | Limit 1 per limb per year |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---------------------------|
| | L3929 | Y | | Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3930 | | | Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf | Limit 1 per limb per year |
| | L3931 | Y | | Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3933 | Y | Y+ | Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3935 | Y | Y+ | Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| BR | L3956 | Y | Y | Addition of joint to upper extremity orthosis, any material; per joint | Limit 1 per limb per year |
| | L3960 | Y | | SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L3961 | Y | Y | Shoulder elbow wrist hand orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3962 | | | SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L3967 | Y | | SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L3971 | Y | | SEWHO, shoulder joint design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface | Limit 1 per limb per year |
| | L3973 | Y | | SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints | Limit 1 per limb per year |
| | L3975 | Y | Y | SEWHFO, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | Limit 1 per limb per year |
| | L3976 | Y | | SEWHFO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustments | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L3977 | Y | | SEWHFO, shoulder joint design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L3978 | Y | | SEWHFO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion | Limit 1 per limb per year |
| | L3980 | | *** | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L3981 | | | Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder joint design, with or without joints, forearm section, may include soft interface, straps, includes fitting | Limit 1 per limb per year |
| | L3982 | | | Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L3984 | | | Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L3995 | | | Addition to upper extremity orthosis, sock, fracture or equal, each | Limit 2 per limb per year |
| BR | L3999 | | Y | Upper limb orthosis, not otherwise specified | Limit 1 per limb per year |
| | L4000 | Y | Y | Replace girdle for spinal orthosis (CTLSO or SO) | Limit 1 per year |

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|------------------------|------------|----|-----|--|-----------------|
| | L4002 | | Y | Replacement strap, any orthosis, includes all components, any length, any type | |
| | L4010 | | Y | Replace trilateral socket brim | |
| | L4020 | | Y | Replace quadrilateral socket brim, molded to patient model | |
| | L4030 | | Y | Replace quadrilateral socket brim, custom fitted | |
| | L4040 | | Y | Replace molded thigh lacer | |
| | L4045 | | Y | Replace nonmolded thigh lacer | |
| | L4050 | | Y | Replace molded calf lacer | |
| | L4055 | | Y | Replace nonmolded calf lacer | |
| | L4060 | | Y | Replace high roll cuff | |
| | L4070 | | Y | Replace proximal and distal upright for KAFO | |
| | L4080 | | Y | Replace metal bands KAFO, proximal thigh | |
| | L4090 | | Y | Replace metal bands KAFO–AFO, calf or distal thigh | |
| | L4100 | | Y | Replace leather cuff KAFO, proximal thigh | |
| | L4110 | | Y | Replace leather cuff KAFO–AFO, calf or distal thigh | |
| | L4130 | | Y | Replace pretibial shell | |
| | L4205 | Y | Y | Repair of orthotic device, labor component, per 15 minutes | |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---------------------------|
| BR | L4210 | Y | Y | Repair of orthotic device, repair or replace minor Parts | |
| | L4350 | | *** | Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L4360 | | | Pneumatic ankle foot orthosis, with or without joints, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L4361 | | | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf | Limit 1 per limb per year |
| | L4370 | | *** | Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L4386 | | *** | Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L4387 | | | Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf | Limit 1 per limb per year |
| DC | L4392 | | | Replacement soft interface material, static AFO | |
| DC | L4394 | | | Replace soft interface material, foot drop splint | |

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|------------------------|------------|----|-----|--|---------------------------|
| | L4396 | Y | | Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustments | Limit 1 per limb per year |
| | L4397 | Y | | Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf | Limit 1 per limb per year |
| DC | L4398 | | | Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustments | |
| | L4631 | Y | | Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated | Limit 1 per limb per year |
| | L5000 | | Y | Partial foot, shoe insert with longitudinal arch, toe filler | Limit 1 per limb per year |
| | L5010 | | Y | Partial foot, molded socket, ankle height, with toe filler | Limit 1 per limb per year |
| | L5020 | | Y | Partial foot, molded socket, tibial tubercle height, with toe filler | Limit 1 per limb per year |
| | L5050 | | Y | Ankle, Symes, molded socket, SACH Foot | Limit 1 per limb per year |
| | L5060 | Y | Y | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L5100 | | Y | Below knee, molded socket, shin, SACH foot | Limit 1 per limb per year |
| | L5105 | Y | Y | Below knee, plastic socket, joints and thigh lacer, SACH foot | Limit 1 per limb per year |
| | L5150 | Y | Y | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | Limit 1 per limb per year |
| | L5160 | Y | Y | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot | Limit 1 per limb per year |
| | L5200 | | Y | Above knee, molded socket, single axis constant friction knee, shin, SACH foot | Limit 1 per limb per year |
| | L5210 | | Y | Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each | Limit 1 per limb per year |
| | L5220 | Y | Y | Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each | Limit 1 per limb per year |
| | L5230 | Y | Y | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot | Limit 1 per limb per year |
| | L5250 | Y | Y | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | Limit 1 per hip per year |
| | L5270 | Y | Y | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot | Limit 1 per hip per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L5280 | Y | Y | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | Limit 1 per hip per year |
| | L5301 | | Y | Below knee, molded socket, shin, SACH foot, endoskeletal system | Limit 1 per limb per year |
| | L5312 | | | Knee disarticulation (or through knee) molded socket, single axis knee, pylon, sach foot, endoskeletal system | Limit 1 per limb per year |
| | L5321 | | Y | Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee | Limit 1 per limb per year |
| | L5331 | | Y | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | Limit 1 per hip per year |
| | L5341 | | Y | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | Limit 1 per hip per year |
| | L5400 | | Y | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee | Limit 2 per limb per year |
| | L5410 | | Y | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment | Limit 2 per limb per year |

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|------------------------|------------|----|-----|--|--|
| | L5420 | | Y | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation | Limit 2 per limb per year |
| | L5430 | | Y | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment | Limit 2 per limb per year |
| | L5450 | | Y | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee | Limit 2 per limb per year |
| | L5460 | | Y | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee | Limit 2 per limb per year |
| | L5500 | | Y | Initial, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed | Limit 2 per limb per year |
| | L5505 | Y | Y | Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed | Limit 1 per limb per year |
| | L5510 | | Y | Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model | Limit 1 per client per lifetime per limb |

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|------------------------|------------|----|-----|---|--|
| | L5520 | | Y | Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | Limit 1 per client per lifetime per limb |
| | L5530 | Y | Y | Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | Limit 1 per limb per year |
| | L5535 | Y | Y | Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket | Limit 1 per limb per year |
| | L5540 | Y | Y | Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model | Limit 1 per limb per year |
| | L5560 | Y | Y | Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model | Limit 1 per limb per year |
| | L5570 | Y | Y | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | Limit 1 per limb per year |
| | L5580 | Y | Y | Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L5885 | Y | Y | Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket | Limit 1 per limb per year |
| | L5590 | Y | Y | Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model | Limit 1 per limb per year |
| | L5595 | Y | Y | Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | Limit 1 per limb per year |
| | L5600 | Y | Y | Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model | Limit 1 per limb per year |
| | L5610 | Y | Y | Addition to lower extremity, endoskeletal system, above knee, hydracadence system | Limit 1 per limb per year |
| | L5611 | Y | Y | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control | Limit 1 per limb per year |
| | L5613 | Y | Y | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control | Limit 1 per limb per year |
| | L5614 | Y | Y | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| N/L | L5615 | Y | | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control | Limit 1 per limb per year |
| | L5616 | | Y | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control | Limit 1 per limb per year |
| | L5617 | | Y | Addition to lower extremity, quick change self-aligning unit, above or below knee, each | Limit 1 per limb per year |
| | L5618 | | Y | Addition to lower extremity, test socket, Symes | Limit 2 per limb per year |
| | L5620 | | Y | Addition to lower extremity, test socket, below knee | Limit 2 per limb per year |
| | L5622 | | Y | Addition to lower extremity, test socket, knee disarticulation | Limit 2 per limb per year |
| | L5624 | | Y | Addition to lower extremity, test socket, above knee | Limit 2 per limb per year |
| | L5626 | | Y | Addition to lower extremity, test socket, hip disarticulation | Limit 2 per limb per year |
| | L5628 | | Y | Addition to lower extremity, test socket, hemipelvectomy | Limit 2 per limb per year |
| | L5629 | | Y | Addition to lower extremity, below knee, acrylic socket | Limit 1 per limb per year |
| | L5630 | | Y | Addition to lower extremity, Symes type, expandable wall socket | Limit 1 per limb per year |
| | L5631 | | Y | Addition to lower extremity, above knee or knee disarticulation, acrylic socket | Limit 1 per limb per year |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---------------------------|
| | L5632 | | Y | Addition to lower extremity, Symes type, PTB brim design socket | Limit 1 per limb per year |
| | L5634 | | Y | Addition to lower extremity, Symes type, posterior opening (Canadian) socket | Limit 1 per limb per year |
| | L5636 | | Y | Addition to lower extremity, Symes type, medial opening socket | Limit 1 per limb per year |
| | L5637 | | Y | Addition to lower extremity, below knee, total contact | Limit 1 per limb per year |
| | L5638 | Y | Y | Addition to lower extremity, below knee, leather socket | Limit 1 per limb per year |
| | L5639 | Y | Y | Addition to lower extremity, below knee, wood socket | Limit 1 per limb per year |
| | L5640 | Y | Y | Addition to lower extremity, knee disarticulation, leather socket | Limit 1 per limb per year |
| | L5642 | Y | Y | Addition to lower extremity, above knee, leather socket | Limit 1 per limb per year |
| | L5643 | Y | Y | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame | Limit 1 per limb per year |
| | L5644 | Y | Y | Addition to lower extremity, above knee, wood socket | Limit 1 per limb per year |
| | L5645 | Y | Y | Addition to lower extremity, below knee, flexible inner socket, external frame | Limit 1 per limb per year |
| | L5646 | Y | Y | Addition to lower extremity, below knee, air cushion socket | Limit 1 per limb per year |
| | L5647 | Y | Y | Addition to lower extremity, below knee, suction socket | Limit 1 per limb per year |
| | L5648 | Y | Y | Addition to lower extremity, above knee, air cushion socket | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L5649 | | Y | Addition to lower extremity, ischial containment/narrow M-L socket | Limit 1 per limb per year |
| | L5650 | | Y | Addition to lower extremity, total contact, above knee or knee disarticulation socket | Limit 1 per limb per year |
| | L5651 | | Y | Addition to lower extremity, above knee, flexible inner socket, external frame | Limit 1 per limb per year |
| | L5652 | | Y | Addition to lower extremity, suction suspension, above knee or knee disarticulation socket | Limit 1 per limb per year |
| | L5653 | | Y | Addition to lower extremity, knee disarticulation, expandable wall socket | Limit 1 per limb per year |
| | L5654 | | Y | Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal) | Limit 2 per limb per year |
| | L5655 | | Y | Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal) | Limit 2 per limb per year |
| | L5656 | | Y | Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) | Limit 2 per limb per year |
| | L5658 | Y | Y | Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal) | Limit 2 per limb per year |
| | L5661 | Y | Y | Addition to lower extremity, socket insert, multidurometer, Symes | Limit 1 per year per limb |

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|------------------------|------------|----|-----|--|---------------------------|
| | L5665 | | Y | Addition to lower extremity, socket insert, multidurometer, below knee | Limit 1 per year per limb |
| | L5666 | | Y | Addition to lower extremity, below knee, cuff suspension | Limit 1 per year per limb |
| | L5668 | | Y | Addition to lower extremity, below knee, molded distal cushion | Limit 1 per year per limb |
| | L5670 | | Y | Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar) | Limit 1 per year per limb |
| | L5671 | | Y | Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert | Limit 1 per year per limb |
| | L5672 | | Y | Addition to lower extremity, below knee, removable medial brim suspension | Limit 1 per year per limb |
| | L5673 | | Y | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | Limit 2 per year per limb |
| | L5676 | | Y | Addition to lower extremity, below knee, knee joints, single axis, pair | Limit 1 per year per limb |
| | L5677 | Y | Y | Addition to lower extremity, below knee, knee joints, polycentric, pair | Limit 1 per year per limb |
| | L5678 | | Y | Addition to lower extremity, below knee, joint covers, pair | Limit 1 per year per limb |

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|------------------------|------------|----|-----|--|---------------------------|
| | L5679 | | Y | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | Limit 2 per year per limb |
| | L5680 | | Y | Addition to lower extremity, below knee, thigh lacer, nonmolded | Limit 1 per year per limb |
| | L5681 | Y | Y | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | Limit 1 per year per limb |
| | L5682 | Y | Y | Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded | Limit 1 per year per limb |
| | L5683 | Y | Y | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | Limit 1 per year per limb |
| | L5684 | | Y | Addition to lower extremity, below knee, fork strap | Limit 1 per year per limb |
| | L5685 | | Y | Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each | Limit 2 per year per limb |

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|------------------------|------------|----|-----|---|---------------------------|
| | L5686 | | Y | Addition to lower extremity, below knee, back check (extension control) | Limit 1 per year per limb |
| | L5688 | | Y | Addition to lower extremity, below knee, waist belt, webbing | Limit 1 per year per limb |
| | L5690 | | Y | Addition to lower extremity, below knee, waist belt, padded and lined | Limit 1 per year per limb |
| | L5692 | | Y | Addition to lower extremity, above knee, pelvic control belt, light | Limit 1 per year per limb |
| | L5694 | | Y | Addition to lower extremity, above knee, pelvic control belt, padded and lined | Limit 1 per year per limb |
| | L5695 | | Y | Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each | Limit 2 per year per limb |
| | L5696 | | Y | Addition to lower extremity, above knee or knee disarticulation, pelvic joint | Limit 1 per year per limb |
| | L5697 | | Y | Addition to lower extremity, above knee or knee disarticulation, pelvic band | Limit 1 per year per limb |
| | L5698 | | Y | Addition to lower extremity, above knee or knee disarticulation, Silesian bandage | Limit 1 per year per limb |
| | L5699 | | Y | All lower extremity prostheses, shoulder harness | Limit 1 per year per limb |

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|------------------------|------------|----|-----|--|-----------------------------|
| | L5700 | | Y | Replacement, socket, below knee, molded to patient model | Limit 1 per client per year |
| | L5701 | | Y | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model | Limit 1 per client per year |
| | L5702 | Y | Y | Replacement, socket, hip disarticulation, including hip joint, molded to patient model | Limit 1 per hip per year |
| | L5703 | Y | Y | Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only | Limit 1 per limb per year |
| | L5704 | Y | Y | Custom shaped protective cover, below knee | Limit 1 per limb per year |
| | L5705 | Y | Y | Custom shaped protective cover, above knee | Limit 1 per limb per year |
| | L5706 | Y | Y | Custom shaped protective cover, knee disarticulation | Limit 1 per limb per year |
| | L5707 | Y | Y | Custom shaped protective cover, hip disarticulation | Limit 1 per limb per year |
| | L5710 | | Y | Addition, exoskeletal knee-shin system, single axis, manual lock | Limit 1 per limb per year |
| | L5711 | | Y | Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material | Limit 1 per limb per year |
| | L5712 | | Y | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L5714 | | Y | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control | Limit 1 per limb per year |
| | L5716 | Y | Y | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock | Limit 1 per limb per year |
| | L5718 | Y | Y | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control | Limit 1 per limb per year |
| | L5722 | | Y | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | Limit 1 per limb per year |
| | L5724 | Y | Y | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | Limit 1 per limb per year |
| | L5726 | Y | Y | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | Limit 1 per limb per year |
| | L5728 | Y | Y | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | Limit 1 per limb per year |
| | L5780 | Y | Y | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | Limit 1 per limb per year |
| | L5781 | Y | Y | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | Limit 1 per limb per year |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|---------------------------|
| | L5782 | Y | Y | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | Limit 1 per limb per year |
| | L5785 | | Y | Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | Limit 1 per limb per year |
| | L5790 | | Y | Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | Limit 1 per limb per year |
| | L5795 | | Y | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium carbon fiber or equal) | Limit 1 per limb per year |
| | L5810 | | Y | Addition, endoskeletal knee-shin system, single axis, manual lock | Limit 1 per limb per year |
| | L5811 | | Y | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material | Limit 1 per limb per year |
| | L5812 | | Y | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | Limit 1 per limb per year |
| | L5814 | Y | Y | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | Limit 1 per limb per year |
| | L5816 | | Y | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock | Limit 1 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L5818 | | Y | Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control | Limit 1 per limb per year |
| | L5822 | | Y | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | Limit 1 per limb per year |
| | L5824 | | Y | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control | Limit 1 per limb per year |
| | L5826 | Y | Y | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | Limit 1 per limb per year |
| | L5828 | Y | Y | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | Limit 1 per limb per year |
| | L5830 | Y | Y | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | Limit 1 per limb per year |
| | L5840 | Y | Y | Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control | Limit 1 per limb per year |
| | L5848 | Y | Y | Addition to, endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable | Limit 1 per limb per year |
| | L5850 | | Y | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|-----------------------------------|
| | L5855 | | Y | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist | Limit 1 per limb per year |
| | L5856 | Y | | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | Limit 1 per limb every five years |
| | L5857 | Y | Y | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type | Limit 1 per limb every five years |
| | L5858 | y | | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | Limit 1 per limb every five years |
| | L5859 | Y | | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | Limit 1 per limb every five years |
| | L5910 | | Y | Addition, endoskeletal system, below knee, alignable system | Limit 1 per limb every five years |
| | L5920 | | Y | Addition, endoskeletal system, above knee or hip disarticulation, alignable system | Limit 1 per limb every five years |
| | L5925 | | Y | Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock | Limit 1 per limb every five years |

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|------------------------|------------|----|-----|--|------------------------------------|
| N/L | L5926 | Y | | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | Limit 1 per limb per year |
| | L5930 | Y | | Addition, endoskeletal system, high activity knee control frame | Limit 1 per limb every five years |
| | L5940 | Y | Y | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | Limit 1 per limb every three years |
| | L5950 | Y | Y | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | Limit 1 per limb every three years |
| | L5960 | Y | Y | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | Limit 1 per limb every three years |
| | L5961 | | | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | Limit 1 per limb every three years |
| | L5962 | Y | Y | Addition, endoskeletal system, below knee, flexible protective outer surface covering system | Limit 1 per limb every three years |
| | L5964 | Y | Y | Addition, endoskeletal system, above knee, flexible protective outer surface covering system | Limit 1 per limb per year |
| | L5966 | Y | Y | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L5968 | Y | Y | Addition to lower limb prosthesis, multiaxial ankle with swing phase action dorsiflexion feature | Limit 1 per limb per year |
| | L5970 | Y | Y | All lower extremity prostheses, foot, external keel, SACH foot | Limit 1 per limb per year |
| | L5971 | Y | Y | All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only | Limit 1 per limb per year |
| | L5972 | | Y | All lower extremity prostheses, flexible keel foot (safe, sten, bock dynamic or equal) | Limit 1 per limb per year |
| | L5974 | | Y | All lower extremity prostheses, foot, single axis ankle/foot | Limit 1 per limb per year |
| | L5975 | | Y | All lower extremity prosthesis, combination single axis and flexible keel foot | Limit 1 per limb per year |
| | L5976 | | Y | All lower extremity prostheses, energy storing foot (Seattle carbon copy II or equal) | Limit 1 per limb per year |
| | L5978 | | Y | All lower extremity prostheses, foot, multi-axial ankle/foot | Limit 1 per limb per year |
| | L5979 | Y | Y | All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system | Limit 1 per limb per year |
| | L5980 | Y | Y | All lower extremity prostheses, flex-foot system | Limit 1 per limb per year |
| | L5981 | Y | Y | All lower extremity prostheses, flex-walk system or equal | Limit 1 per limb per year |
| | L5982 | Y | Y | All exoskeletal lower extremity prostheses, axial rotation unit | Limit 1 per limb per year |
| | L5984 | Y | Y | All endoskeletal lower extremity prostheses, axial rotation unit | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L5985 | Y | Y | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon | Limit 1 per limb per year |
| | L5986 | Y | Y | All lower extremity prostheses, multi-axial rotation unit (MCP or equal) | Limit 1 per limb per year |
| DC | L5987 | | | All lower extremity prostheses, shank foot system with vertical loading pylon | |
| | L5988 | Y | Y | Addition to lower limb prosthesis, vertical shock reducing pylon feature | Limit 1 per limb per year |
| | L5990 | Y | Y | Addition to lower extremity prosthesis, user adjustable heel height | Limit 1 per limb per year |
| N, BR | L5991 | Y | Y | Addition to lower extremity prosthesis, osseointegrated external prosthetic connector | Limit 1 per limb per year |
| BR | L5999 | Y | Y | Lower extremity prosthesis, not otherwise specified | Limit 1 per limb per year |
| | L6000 | Y | Y | Partial hand, thumb remaining | Limit 1 per limb per year |
| | L6010 | Y | Y | Partial hand, little and/or ring finger remaining | Limit 1 per limb per year |
| | L6020 | Y | Y | Partial hand, no finger remaining | Limit 1 per limb per year |
| | L6050 | | Y | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad | Limit 1 per limb per year |
| | L6055 | Y | Y | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L6100 | | Y | Below elbow, molded socket, flexible elbow hinge, triceps pad | Limit 1 per limb per year |
| | L6110 | | Y | Below elbow, molded socket (Muenster or Northwestern suspension types) | Limit 1 per limb per year |
| | L6120 | Y | Y | Below elbow, molded double wall split socket, step-up hinges, half cuff | Limit 1 per limb per year |
| | L6130 | Y | Y | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff | Limit 1 per limb per year |
| | L6200 | | Y | Elbow disarticulation, molded socket, outside locking hinge, forearm | Limit 1 per limb per year |
| | L6205 | Y | Y | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm | Limit 1 per limb per year |
| | L6250 | | Y | Above elbow, molded double wall socket, internal locking elbow, forearm | Limit 1 per limb per year |
| | L6300 | | Y | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | Limit 1 per limb per year |
| | L6310 | Y | Y | Shoulder disarticulation, passive restoration (complete prosthesis) | Limit 1 per limb per year |
| | L6320 | Y | Y | Shoulder disarticulation, passive restoration (shoulder joint only) | Limit 1 per limb per year |

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|------------------------|------------|----|-----|--|---------------------------|
| | L6350 | Y | Y | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | Limit 1 per limb per year |
| | L6360 | Y | Y | Interscapular thoracic, passive restoration (complete prosthesis) | Limit 1 per limb per year |
| | L6370 | Y | Y | Interscapular thoracic, passive restoration (shoulder joint only) | Limit 1 per limb per year |
| | L6380 | | Y | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow | Limit 2 per limb per year |
| | L6382 | | Y | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow | Limit 2 per limb per year |
| | L6384 | | Y | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic | Limit 2 per limb per year |
| | L6386 | | Y | Immediate postsurgical or early fitting, each additional cast change and realignment | Limit 2 per limb per year |
| | L6388 | | Y | Immediate postsurgical or early fitting, application of rigid dressing only | Limit 2 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L6400 | | Y | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | Limit 1 per limb per year |
| | L6450 | Y | Y | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | Limit 1 per limb per year |
| | L6500 | | Y | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | Limit 1 per limb per year |
| | L6550 | | Y | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | Limit 1 per limb per year |
| | L6570 | | Y | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping | Limit 1 per limb per year |
| | L6580 | Y | Y | Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model | Limit 1 per limb per year |
| | L6582 | Y | Y | Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed | Limit 1 per limb per year |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|---------------------------|
| | L6584 | Y | Y | Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model | Limit 1 per limb per year |
| | L6586 | Y | Y | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed | Limit 1 per limb per year |
| | L6588 | Y | Y | Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model | Limit 1 per limb per year |
| | L6590 | Y | Y | Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed | Limit 1 per limb per year |
| | L6600 | | Y | Upper extremity additions, polycentric hinge, pair | Limit 1 per limb per year |
| | L6605 | | Y | Upper extremity additions, single pivot hinge, pair | Limit 1 per limb per year |
| | L6610 | | Y | Upper extremity additions, flexible metal hinge, pair | Limit 1 per limb per year |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|---------------------------|
| | L6611 | Y | Y | Addition to upper extremity prosthesis, external powered, additional switch, any type | Limit 1 per limb per year |
| | L6615 | | Y | Upper extremity addition, disconnect locking wrist unit | Limit 1 per limb per year |
| | L6616 | | Y | Upper extremity addition, additional disconnect insert for locking wrist unit, each | Limit 2 per limb per year |
| | L6620 | | Y | Upper extremity addition, flexion-friction wrist unit | Limit 1 per limb per year |
| | L6621 | Y | Y | Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device | Limit 1 per limb per year |
| | L6623 | Y | Y | Upper extremity addition, spring assisted rotational wrist unit with latch release | Limit 1 per limb per year |
| | L6624 | Y | Y | Upper extremity addition, flexion/extension and rotation wrist unit | Limit 1 per limb per year |
| | L6625 | Y | Y | Upper extremity addition, rotational wrist unit with cable lock | Limit 1 per limb per year |
| | L6628 | | Y | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal | Limit 1 per limb per year |
| | L6629 | | Y | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal | Limit 1 per limb per year |
| | L6630 | | Y | Upper extremity addition, stainless steel, any wrist | Limit 1 per limb per year |
| | L6632 | | Y | Upper extremity addition, latex suspension sleeve, each | Limit 2 per limb per year |

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|------------------------|------------|----|-----|---|---------------------------|
| | L6635 | | Y | Upper extremity addition, lift assist for elbow | Limit 1 per limb per year |
| | L6637 | Y | Y | Upper extremity addition, nudge control elbow lock | Limit 1 per limb per year |
| | L6638 | Y | Y | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow | Limit 1 per limb per year |
| | L6640 | Y | Y | Upper extremity additions, shoulder abduction joint, pair | Limit 1 per limb per year |
| | L6641 | Y | Y | Upper extremity addition, excursion amplifier, pulley type | Limit 1 per limb per year |
| | L6642 | Y | Y | Upper extremity addition, excursion amplifier, lever type | Limit 1 per limb per year |
| | L6645 | | Y | Upper extremity addition, shoulder flexion-abduction joint, each | Limit 1 per limb per year |
| | L6646 | Y | Y | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system | Limit 1 per limb per year |
| | L6647 | | Y | Upper extremity addition, shoulder lock mechanism, body powered actuator | Limit 1 per limb per year |
| | L6648 | Y | Y | Upper extremity addition, shoulder lock mechanism, external powered actuator | Limit 1 per limb per year |
| | L6650 | | Y | Upper extremity addition, shoulder universal joint, each | Limit 1 per limb per year |
| | L6655 | | Y | Upper extremity addition, standard control cable, extra | Limit 1 per limb per year |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---------------------------|
| | L6660 | | Y | Upper extremity addition, heavy duty control cable | Limit 1 per limb per year |
| | L6665 | | Y | Upper extremity addition, Teflon, or equal, cable lining | Limit 1 per limb per year |
| | L6670 | | Y | Upper extremity addition, hook to hand, cable adapter | Limit 1 per limb per year |
| | L6672 | | Y | Upper extremity addition, harness, chest or shoulder, saddle type | Limit 1 per limb per year |
| | L6675 | | Y | Upper extremity addition, harness, figure of eight type, for single control | Limit 1 per limb per year |
| | L6676 | | Y | Upper extremity addition, harness, figure of eight type, for dual control | Limit 1 per limb per year |
| | L6677 | Y | Y | Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow. | Limit 1 per limb per year |
| | L6680 | | Y | Upper extremity addition, test socket, wrist disarticulation or below elbow | Limit 1 per limb per year |
| | L6682 | | Y | Upper extremity addition, test socket, elbow disarticulation or above elbow | Limit 1 per limb per year |
| | L6684 | | Y | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic | Limit 1 per limb per year |
| | L6686 | | Y | Upper extremity addition, suction socket | Limit 1 per limb per year |
| | L6687 | | Y | Upper extremity addition, frame type socket, below elbow or wrist disarticulation | Limit 1 per limb per year |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|--|
| | L6688 | | Y | Upper extremity addition, frame type socket, above elbow or elbow disarticulation | Limit 1 per limb per year |
| | L6689 | Y | Y | Upper extremity addition, frame type socket, shoulder disarticulation | Limit 1 per limb per year |
| | L6690 | Y | Y | Upper extremity addition, frame type socket, interscapular-thoracic | Limit 1 per limb per year |
| | L6691 | Y | Y | Upper extremity addition, removable insert, each | Limit 2 per limb per year |
| | L6692 | Y | Y | Upper extremity addition, silicone gel insert or equal, each | Limit 2 per limb per year |
| | L6693 | Y | Y | Upper extremity addition, external locking elbow, forearm counterbalance | Limit 1 per limb per year |
| | L6694 | | Y | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism. | Limit 2 per client per year without PA |
| | L6695 | | Y | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | Limit 2 per limb per year |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---------------------------|
| | L6696 | Y | Y | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) | Limit 1 per limb per year |
| | L6697 | | Y | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) | Limit 1 per limb per year |
| | L6698 | Y | Y | Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert | Limit 1 per limb per year |
| | L6703 | Y | Y | Terminal device, passive hand/mitt, any material, any size | Limit 1 per limb per year |
| | L6704 | Y | Y | Terminal device, sport/recreational/work attachment, any material, any size | Limit 1 per limb per year |
| | L6706 | Y | Y | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined | Limit 1 per limb per year |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---------------------------|
| | L6707 | Y | Y | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined | Limit 1 per limb per year |
| | L6708 | Y | Y | Terminal device, hand, mechanical, voluntary opening, any material, any size | Limit 1 per limb per year |
| | L6709 | Y | Y | Terminal device, hand, mechanical, voluntary closing, any material, any size | Limit 1 per limb per year |
| | L6711 | Y | Y | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric. | Limit 1 per limb per year |
| | L6712 | Y | Y | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric. | Limit 1 per limb per year |
| | L6713 | Y | Y | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric. | Limit 1 per limb per year |
| | L6714 | Y | Y | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric. | Limit 1 per limb per year |
| | L6721 | Y | Y | Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined. | Limit 1 per limb per year |
| | L6722 | Y | Y | Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined. | Limit 1 per limb per year |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|---------------------------|
| | L6810 | Y | Y | Terminal device, pincher tool, Otto Bock or equal | Limit 1 per limb per year |
| | L6881 | Y | Y | Automatic grasp feature, addition to upper limb prosthetic terminal device | Limit 1 per limb per year |
| | L6882 | Y | Y | Microprocessor control feature, addition to upper limb prosthetic terminal device | Limit 1 per limb per year |
| | L6883 | Y | Y | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power | Limit 1 per limb per year |
| | L6884 | Y | Y | Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power | Limit 1 per limb per year |
| | L6885 | Y | Y | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power | Limit 1 per limb per year |
| | L6890 | | Y | Terminal device, glove for above hands, production glove | Limit 1 per limb per year |
| | L6895 | Y | Y | Terminal device, glove for above hands, custom glove | Limit 1 per limb per year |
| | L6900 | Y | Y | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining | Limit 1 per limb per year |
| | L6905 | Y | Y | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining | Limit 1 per limb per year |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---------------------------|
| | L6910 | Y | Y | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining | Limit 1 per limb per year |
| | L6915 | Y | Y | Hand restoration (shading and measurements included), replacement glove for above | Limit 1 per limb per year |
| | L6920 | Y | Y | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Limit 1 per limb per year |
| | L6925 | Y | Y | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Limit 1 per limb per year |
| | L6930 | Y | Y | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Limit 1 per limb per year |
| | L6935 | Y | Y | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Limit 1 per limb per year |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|---------------------------|
| | L6940 | Y | Y | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Limit 1 per limb per year |
| | L6945 | Y | Y | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Limit 1 per limb per year |
| | L6950 | Y | Y | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Limit 1 per limb per year |
| | L6955 | Y | Y | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Limit 1 per limb per year |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|---------------------------|
| | L6960 | Y | Y | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Limit 1 per limb per year |
| | L6965 | Y | Y | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Limit 1 per limb per year |
| | L6970 | Y | Y | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Limit 1 per limb per year |
| | L6975 | Y | Y | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Limit 1 per limb per year |
| | L7007 | Y | Y | Electric hand, switch or myoelectric controlled, adult | Limit 1 per limb per year |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|---------------------------|
| | L7008 | Y | Y | Electric hand, switch or myoelectric, controlled, pediatric | Limit 1 per limb per year |
| | L7009 | Y | Y | Electric hook, switch or myoelectric controlled, adult | Limit 1 per limb per year |
| | L7040 | Y | Y | Prehensile actuator, Hosmer or equal, switch controlled | Limit 1 per limb per year |
| | L7045 | Y | Y | Electronic hook, child, Michigan or equal, switch controlled | Limit 1 per limb per year |
| | L7170 | Y | Y | Electronic elbow, Hosmer or equal, switch controlled | Limit 1 per limb per year |
| | L7180 | Y | Y | Electronic elbow, Boston, Utah or equal, myoelectronically controlled | Limit 1 per limb per year |
| | L7181 | Y | Y | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | Limit 1 per limb per year |
| | L7185 | Y | Y | Electronic elbow, adolescent, Variety Village or equal, switch controlled | Limit 1 per limb per year |
| | L7186 | Y | Y | Electronic elbow, child, Variety Village or equal, switch controlled | Limit 1 per limb per year |
| | L7190 | Y | Y | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | Limit 1 per limb per year |
| | L7191 | Y | Y | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | Limit 1 per limb per year |
| | L7360 | Y | Y | Six volt battery, Otto Bock or equal, each | Limit 1 per year |
| | L7362 | Y | Y | Battery charger, six volt, each. | Limit 1 per year |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|--|---------------------------|
| | L7364 | Y | Y | Twelve volt battery, each | Limit 1 per year |
| | L7366 | Y | Y | Battery charger, twelve volt, each. | Limit 1 per year |
| | L7367 | Y | Y | Lithium ion battery, replacement | Limit 1 per year |
| | L7368 | Y | Y | Lithium ion battery charger replacement only | Limit 1 per year |
| | L7400 | Y | Y | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal) | Limit 1 per limb per year |
| | L7401 | Y | Y | Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal) | Limit 1 per limb per year |
| | L7402 | Y | Y | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal) | Limit 1 per limb per year |
| | L7403 | Y | Y | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material | Limit 1 per limb per year |
| | L7404 | Y | Y | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material | Limit 1 per limb per year |
| | L7405 | Y | Y | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material | Limit 1 per limb per year |
| BR | L7499 | Y | Y | Upper extremity prosthesis, not otherwise specified | Limit 1 per limb per year |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---|
| BR | L7510 | Y | Y | Repair prosthetic device, repair or replace minor parts | Use L8499 for unlisted prosthetic services, including repair and replacement of minor parts |
| | L7520 | Y | Y | Repair of prosthetic device, labor component, per 15 minutes | |
| BR | L7600 | Y | Y | Prosthetic donning sleeve, any material, each | |
| | L7700 | | | Gasket seal, for use with prosthetic socket insert, any type each | Limit 1 per limb per year |
| | L8000 | | *** | Breast prosthesis, mastectomy bra | |
| | L8001 | | *** | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral | Not allowed with L8020 or L8030 |
| | L8002 | | *** | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral | Not allowed with L8020 or L8030 |
| | L8010 | | *** | Breast prosthesis, mastectomy sleeve | |
| | L8015 | | *** | External breast prosthesis garment, with mastectomy form, post mastectomy | |
| | L8020 | | *** | Breast prosthesis, mastectomy form | |
| | L8030 | | *** | Breast prosthesis, silicone or equal | |
| DC | L8035 | | | Custom breast prosthesis, post mastectomy, molded to patient model | See L8020 |

| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|-----------------|
| BR | L8039 | Y | | Breast prosthesis, not otherwise specified | |
| | L8300 | | *** | Truss, single with standard pad | |
| | L8310 | | *** | Truss, double with standard pads | |
| | L8320 | | *** | Truss, addition to standard pad, water pad | |
| | L8330 | | *** | Truss, addition to standard pad, scrotal pad | |
| | L8400 | | Y | Prosthetic sheath, below knee, each | |
| | L8410 | | Y | Prosthetic sheath, above knee, each | |
| | L8415 | | Y | Prosthetic sheath, upper limb, each | |
| | L8417 | | Y | Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each | |
| | L8420 | | Y | Prosthetic sock, multiple ply, below knee, each | |
| | L8430 | | Y | Prosthetic sock, multiple ply, above knee, each | |
| | L8435 | | Y | Prosthetic sock, multiple ply, upper limb, each | |
| | L8440 | | Y | Prosthetic shrinker, below knee, each | |
| | L8460 | | Y | Prosthetic shrinker, above knee, each | |
| | L8465 | | Y | Prosthetic shrinker, upper limb, each | |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|--|
| | L8470 | | Y | Prosthetic sock, single ply, fitting, below knee, each | |
| | L8480 | | Y | Prosthetic sock, single ply, fitting, above knee, each | |
| | L8485 | | Y | Prosthetic sock, single ply, fitting, upper limb, each | |
| BR | L8499 | Y | Y | Unlisted procedure for miscellaneous prosthetic services | |
| DP | L8500 | | | Artificial larynx, any type | See Medical Equipment and supplies |
| DP | L8501 | | | Tracheostomy speaking valve | See Respiratory Care |
| DP | L8505 | | | Artificial larynx replacement battery/accessory, any type | See Respiratory Care |
| | L8507 | Y | | Tracheo-esophageal voice prosthesis, patient inserted, any type, each | See Respiratory Care |
| | L8509 | Y | | Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type | |
| | L8511 | Y | | Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each | |
| | L8600 | | | Implantable breast prosthesis, silicone or equal | See Physician Related Services |
| | L8608 | Y | | Arg ii ext com/sup/acc misc | |
| | L8609 | | | Artificial cornea | See Outpatient Hospital Guide |
| | L8610 | | | Ocular Implant | See Outpatient Hospital Guide |

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|------------------------|------------|----|-----|---|--|
| | L8613 | | | Ossicular implant | See Physician Related Services |
| | L8630 | | | Metacarpal phalangeal joint implant | See IP Hospital Billing Guide |
| DP | L8631 | | | Metacarpal phalangeal joint replacement, two or more pieces, metal(e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system) | See IP Hospital Billing Guide |
| | L8641 | | | Metatarsal joint implant | See IP Hospital Billing Guide |
| | L8642 | | | Hallux implant | See IP Hospital Billing Guide |
| | L8658 | | | Interphalangeal joint implant | See IP Hospital Billing Guide |
| | L8659 | | | Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size | See IP Hospital Billing Guide |
| | L8670 | | | Vascular graft material, synthetic, implant | See IP Hospital Billing Guide |
| | L8680 | | | Implantable neurostimulator electrode, each | See IP Hospital Billing Guide |
| | L8681 | | | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator | See IP Hospital Billing Guide |
| | L8682 | | | Implantable neurostimulator radiofrequency receiver | See IP Hospital Billing Guide |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|---|---|
| | L8683 | | | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver | See IP Hospital Billing Guide |
| | L8696 | Y | | Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each | |
| | L8698 | Y | | Misc used with tot art heart | |
| DP | L8699 | Y | | Prosthetic implant, not otherwise specified | |
| DP | L9900 | Y | | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code | |
| BR | S1040 | Y | | Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s) | |
| | V2623 | | | Prosthetic eye, plastic, custom | |
| | V2624 | | | Polishing/resurfacing of ocular prosthesis | |
| | V2625 | | | Enlargement of ocular prosthesis | |
| | V2626 | | | Reduction of ocular prosthesis | |
| | V2627 | | | Scleral cover shell | |
| | V2628 | | | Fabrication and fitting of ocular conformer | |
| BR | V2629 | Y | | Prosthetic eye, other type | |
| | V2630 | | | Anter chamber intraocul lens | |
| | V2631 | | | Iris support intraoclr lens | |

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| Code Status Indicators | HCPCS Code | PA | Lic | Short Description | Policy/Comments |
|------------------------|------------|----|-----|-----------------------------|-----------------|
| | V2632 | | | Post chmbr intraocular lens | |

Note: For Implantable Ventricular Assistive Devices (VAD) codes Q0478-Q0509, see [Physician-Related Services Billing Guide](#)

Provider Requirements

Who does HCA reimburse for providing prosthetic and orthotic (P&O) devices, related supplies and services to HCA clients?

HCA may reimburse qualified providers for prosthetic and orthotic (P&O) devices, repairs, related supplies, and services on a fee-for-service (FFS) basis as follows:

- Providers who are licensed by the Washington State Department of Health (DOH) in P&O may be reimbursed. This does not apply to medical equipment dealers and pharmacies that do not require licensure to provide selected P&O.
- Medical equipment dealers, pharmacies, and home health agencies under their national provider identifier (NPI) may be reimbursed for medical supplies.
- All HCPCS codes with a *** indicator in the licensure column may be provided by a supplier that has an NPI with a taxonomy of medical equipment or Pharmacy as long as all other licensure requirements have been met.
- Authorized practitioners who provide medical equipment and supplies in the authorized practitioner's office may be reimbursed. HCA may pay separately for medical supplies, subject to the provisions in HCA's current [Physician-Related/Professional Services fee schedule](#).
- Out-of-state P&O providers who meet their state regulations may be reimbursed.

For more information about medical equipment that requires a face-to-face encounter, see the [list of covered items](#) published by the Centers for Medicare and Medicaid Services (CMS).

- In accordance with rule [CMS-17 13-F](#), a qualifying face-to-face encounter with the treating provider must be performed within 6 months prior to the prescription being written.

HCA terminates from Medicaid participation any provider who violates program regulations and policies, as described in [WAC 182-502-0030](#) and [WAC 182-543-5000](#).

Which providers are eligible and what are the requirements?

Providers and suppliers of P&O must meet all of the following:

- Meet the general provider requirements in chapter [182-502 WAC](#)
- Be enrolled with Medicaid
- Have the proper business license
- Be certified, licensed and/or bonded if required, to perform the services billed to HCA.

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- Provide instructions for use of equipment
- Furnish to clients only new equipment that includes full manufacturer and dealer warranties
- Bill HCA using only the allowed procedure codes listed in this billing guide (see [Coverage Table](#))
- Have a valid written order/prescription from the treating provider as a condition for payment. This written order/prescription must be on HCA's Prescription form, HCA 13-794. (See [Where can I download HCA forms?](#))
 - Include provider credentials.
 - Be signed by an authorized provider (see [Definitions](#)). Electronic signatures are acceptable. Stamped signatures are not acceptable.
 - Be dated by the provider on or before the date of delivery of the supply, equipment, or device. Prescriptions must not be backdated.
 - Be no older than one year from the date the provider signs the prescription.
 - State the item or service requested, diagnosis, quantity, and estimated length of need.
- Furnish a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client.
- Medical record documentation, sourced from the client's Electronic Health Record (EHR), must provide credible evidence, as outlined in WAC 182-501-0165, to substantiate guidelines for medical necessity as specified in this billing guide.
- In accordance with CMS guidelines for Medicaid documentation, the client's medical record must sufficiently demonstrate their condition, justify prescribed items and quantities, and specify the frequency of use or replacement if applicable. Mere submission of an agency form, supplier statement, or provider attestation, even if endorsed, is insufficient without supporting medical record information. Please refer to the [Documentation Matters Toolkit | CMS](#).

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

How can interested parties request that new medical equipment and technology be included in this billing guide?

Any interested party, such as providers, suppliers, or manufacturers, may request that HCA include new medical equipment and technology in this billing guide.

The request should include credible evidence, including but not limited to:

- Manufacturer's literature.
- Manufacturer's pricing.
- Clinical research/case studies (including FDA approval, if required) .
- Proof of the Centers for Medicare and Medicaid Services (CMS) certification, if applicable.
- Any additional information the requester feels will aid HCA in its determination.

Send requests to:

P&O Program Management Unit

PO Box 45506

Olympia WA 98504-5506

Authorization

What is prior authorization (PA)?

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

Providers may submit PA requests online through direct data entry into ProviderOne. See HCA's [prior authorization webpage](#) for details.

Facility or therapist letterhead must be used for any documentation that does not appear on an HCA form.

Note: For more information on requesting prior authorization, see Requesting Prior Authorization in HCA's [ProviderOne Billing and Resource Guide](#).

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

HCA requires certain information from providers to prior authorize the purchase or rental of equipment. This information includes, but is not limited to, the following:

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

HCA does not pay for the purchase, rental, or repair of prosthetic and orthotic (P&O) devices that duplicate equipment the client already owns or rents. If the provider believes the purchase, rental, or repair of P&O devices is not duplicative, the provider must request PA and submit one of the following to HCA:

- Why the existing equipment no longer meets the client's medical needs

OR

- Why the existing equipment could not be repaired or modified to meet those medical needs

AND

- Upon request, documentation showing how the client's condition met the guidelines for PA or EPA

A provider may resubmit a request for PA for an item or service that HCA has denied. HCA requires the provider to include new documentation that is relevant to the request.

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How do I request PA?

When a procedure's EPA criteria has not been met or the covered procedure requires PA, providers must request prior authorization from HCA. Procedures that require PA are listed in the fee schedule. HCA does not retrospectively authorize any health care services that require PA after they have been provided except when a client has a delayed certification of eligibility.

Online direct data entry into ProviderOne

Providers may submit a prior authorization request online through direct data entry into ProviderOne (see HCA's [prior authorization webpage](#) for details).

Fax Request to (866) 668-1214

If providers choose to submit a faxed PA request, the following must be provided:

- The *General Information for Authorization* form, HCA 13-835. See [Where can I download HCA forms?](#) This form must be page one of the faxed request and must be typed. Do not include a fax cover sheet.

Providers and suppliers must submit ALL of the following with a request for prior authorization:

- Credible evidence as outlined in [WAC 182-501-0165](#).
- Any HCA forms as outlined in this billing guide.
- Medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment rather than what the equipment does for the client.
- Medical record documentation, sourced from the client's Electronic Health Record (EHR), that provides credible evidence as outlined in WAC 182-501-0165, to substantiate guidelines for medical necessity as specified under the [Medical Necessity guidelines for Prosthetics and Orthotics](#) section of this billing guide.
- The client's medical record must sufficiently demonstrate their condition, justify prescribed items and quantities, and specify frequency of use or replacement, if applicable. Mere submission of an HCA form, supplier statement, or provider attestation, even if endorsed, is insufficient without supporting medical record information. Reference [Documentation Matters Toolkit | CMS](#).

What is expedited prior authorization (EPA)?

The expedited prior authorization (EPA) process is designed to eliminate the need for online or faxed submission for prior authorization for selected medical equipment procedure codes.

HCA requires a provider to create an authorization number for EPA for selected medical equipment procedure codes. The authorization number must be used when the provider bills HCA.

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

Prior authorization is required when a situation does not meet the EPA criteria for medical equipment procedure codes. See HCA's [Prior authorization webpage](#) for details.

HCA may recoup any payment made to a provider if the provider did not follow the required expedited authorization process and criteria.

HIPAA 5010 does not allow multiple authorization (prior/expedited) numbers per claim. If billing an electronic claim, enter the EPA at the claim level in the *Prior Authorization* section.

Suppliers are reminded that EPA numbers are only for those products listed on the following pages.

EPA numbers are not valid for:

- P&O devices requiring prior authorization through the P&O Devices program.
- Products for which the documented medical condition does not meet all of the specified EPA criteria.
- Over-limitation requests.

Providers must request PA when a situation does not meet the guidelines for a selected medical equipment code. See HCA's [Prior authorization webpage](#) for details.

What is a limitation extension (LE)?

HCA limits the amount, frequency, or duration of certain covered ME, and related supplies, and reimburses up to the stated limit without requiring prior authorization (PA).

Certain covered items have limitations on quantity and frequency. These limits are designed to avoid the need for PA for items normally considered medically necessary and for quantities sufficient for a 30-day supply for one client.

HCA requires a provider to request PA for a limitation extension (LE) to exceed the stated limits for ME, and medical supplies. See HCA's [Prior authorization webpage](#) for details.

HCA evaluates requests for LE under the provisions of WAC [182-501-0169](#).

EPA criteria coding table

Prosthetics

| Procedure | | | |
|------------------------------|----------|---|--|
| Code | EPA Code | Short Description | Criteria |
| L5683 L5681 | 787 | Addition to lower extremity, below knee/above knee, socket insert, suction suspension with or without locking mechanism | <p>Initial purchase of one (1) L5683 and L5681 per initial, lower extremity prosthesis (one to wash, one to wear) allowed per 12-month period if any of the following criteria are met:</p> <ul style="list-style-type: none"> • Short residual limb • Diabetic • History of skin problems/open sores on stump <p>Note:</p> <ol style="list-style-type: none"> 1. If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to medical equipment authorization unit (see Resources Available and HCA's prior authorization webpage). 2. This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. 3. EPA is for initial purchase only. It is not to be used for replacements of existing products. |

Orthotics

| Procedure | | | |
|--------------|----------|--|--|
| Code | EPA Code | Short Description | Criteria |
| L3030 | 780 | Foot insert, removable, formed to patient foot | <p>One (1) pair allowed in a 12-month period if one of the following criteria is met:</p> <ul style="list-style-type: none"> • Severe arthritis with pain • Flat feet or pes planus with pain • Valgus or varus deformity with pain • Plantar fasciitis with pain • Pronation |

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| Procedure Code | EPA Code | Short Description | Criteria |
|------------------------------|----------|---|--|
| | | | <p>Note:</p> <ol style="list-style-type: none"> 1. If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to the medical equipment authorization unit (see Resources Available and HCA's prior authorization webpage). 2. This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. |
| L3310 L3320 | 781 | Lift, elevation, heel & sole, per inch | For a client with a leg length discrepancy, allowed for as many inches as required (must be at least one inch), on one shoe per 12-month period. |
| L3334 | 782 | Lift, elevation, heel & sole, per inch | <p>Allowed for as many inches as required (has to be at least one inch), for a client with a leg length discrepancy, on one shoe per 12-month period.</p> <p>Note:</p> <ol style="list-style-type: none"> 1. Lift is covered per inch, for no less than one (1) inch, for one shoe. <p>For example: It is medically necessary for a client to have a two (2) inch lift for the left heel. Bill two units of L3334 using EPA # 870000782.</p> <ol style="list-style-type: none"> 2. If the medical condition does not meet the criteria specified above, you must obtain prior authorization by submitting a request in writing to the medical equipment authorization section (see Resources Available and HCA's prior authorization webpage). 3. This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. |
| L3000 | 784 | Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each | <p>Purchase of one (1) pair per 12-month period for a client 16 years of age or younger allowed if any of the following criteria are met:</p> <ul style="list-style-type: none"> • Required to prevent or correct pronation |

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| Procedure Code | EPA Code | Short Description | Criteria |
|--------------------------------------|------------|--|---|
| | | | <ul style="list-style-type: none"> Required to promote proper foot alignment due to pronation For ankle stability as required due to an existing medical condition such as hypotonia, Cerebral Palsy, etc. <p>Note:</p> <ol style="list-style-type: none"> If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to medical equipment authorization unit (see Resources Available and HCA's prior authorization webpage). This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service. If the client only medically requires one orthotic, right or left, prior authorization must be obtained. |
| <p>L3215 L3219</p> | <p>785</p> | <p>Orthopedic footwear, woman's or man's shoes, oxford</p> | <p>Purchase of one (1) pair per 12-month period allowed if any of the following criteria are met:</p> <ul style="list-style-type: none"> When one or both shoes are attached to a brace When one or both shoes are required to accommodate a brace with the exception of L3030 foot inserts To accommodate a partial foot prosthesis To accommodate club foot <p>Note:</p> <ol style="list-style-type: none"> HCA does not allow orthopedic footwear for the following reasons: <ul style="list-style-type: none"> To accommodate L3030 orthotics Bunions Hammer toes Size difference (mismatched shoes) Abnormal sized foot HCA allows only the following manufacturers of orthopedic footwear: |

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| Procedure Code | EPA Code | Short Description | Criteria |
|----------------|----------|---|--|
| | | | <ul style="list-style-type: none"> • Acor • Alden Shoe Company • Answer 2 • Apis Footwear • Billy • Hanger • Hatchbacks • Ikiki • Jerry Miller • Keeping Pace • Markell • New Balance – XW options • Nike: <ul style="list-style-type: none"> • Blazer, Flex Advance, and Fly Ease styles have unique velcro or zipper closures that work well with AFOs. • Air Monarch style is deep with XW options. • P.W. Minor • Walkin-Comfort <p>3. If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to the medical equipment authorization unit (see Resources Available, and HCA's prior authorization webpage).</p> <p>4. EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.</p> |
| L1945 | 786 | AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction) | <p>Purchase of one per limb allowed per 12-month period if all of the following criteria are met:</p> <ul style="list-style-type: none"> • Client is 16 years of age and younger • Required due to a medical condition causing crouched gait |

| Procedure Code | EPA Code | Short Description | Criteria |
|----------------|----------|-------------------|--|
| | | | <p>Note:</p> <ol style="list-style-type: none"> 1. If the medical condition does not meet one of the criteria specified above, you must obtain prior authorization by submitting a request in writing to the medical equipment authorization unit (see Resources Available, and HCA's prior authorization webpage). 2. EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria. |

What does HCA require when submitting photos and X-rays for medical and P&O requests?

For submitting photos and X-rays for medical and medical equipment PA requests, use the FastLook™ and FastAttach™ services provided by Vyne Medical.

Register with [Vyne Medical](#) through their website.

Contact Vyne Medical at 865-293-4111 with any questions.

When this option is chosen, fax the request to HCA and indicate the MEA# in box 18 on the *General Information for Authorization* (HCA 13-835) form. **There is an associated cost, which will be explained by the MEA services.**

See HCA's [ProviderOne Billing and Resource Guide](#) and review [Authorization](#) for more information on requesting authorization

Billing

All claims must be submitted electronically to HCA, except under limited circumstances. For more information about this policy change, [see Paperless Billing at HCA](#).

For providers approved to bill paper claims, see HCA's [Paper Claim Billing Resource](#).

What are the general billing requirements?

Providers must follow HCA's [ProviderOne Billing and Resource Guide](#). These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments
- When providers may bill a client
- How to bill for services provided to primary care case management (PCCM) clients
- How to bill for clients eligible for both Medicare and Medicaid
- How to handle third-party liability claims
- What standards to use for record keeping

Billing for By Report (BR) items:

HCA evaluates each by-report (BR) item, procedure, or service individually to determine its medical necessity, appropriateness, and reimbursement value. HCA reimbursement rate is based on a percentage of the manufacturer's list price or manufacturer's suggested retail price (MSRP), or a percentage of the wholesale acquisition cost (WAC). HCA uses specific percentages for these calculations. See WAC 182-543-9000:

Please note that in order to accurately determine the MSRP and consider any supplier discounts, an itemized **invoice** is required rather than a **quote**. The invoice must include the manufacturer's list price, any applicable discounts, and the final cost to the supplier. Providing the correct documentation is essential for the evaluation process.

Note: P&O devices placed during an inpatient or an outpatient hospital stay are included in the hospital reimbursement rate. Reimbursement for gender dysphoria surgery includes payment for all related prosthetics and supplies. HCA does not reimburse separately under these circumstances.

How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's [Billers and Providers webpage](#), under [Webinars](#).

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\) webpage](#).

How are Medicare crossovers submitted?

See HCA's [ProviderOne Billing and Resource Guide](#) for general instructions on how to submit Medicare crossovers.

What does HCA require from the provider-generated Explanation of Medicare Benefits (EOMB) to process a crossover claim?

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

- **Medicare** as the identified payer
- The Medicare claim paid or process date
- The client's name (if not in the column level)
- Medicare reason codes
- Text in font size 12 or greater

Column-level labels on the EOMB for the 1500 claim form must include all the following:

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

Where can I find the fee schedule for P&O devices?

See the [Prosthetic and Orthotic Devices fee schedule webpage](#).