

To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.

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Related Clinical Coverage Policies

Refer to: <https://medicaid.ncdhhs.gov/> for the related coverage policies listed below

5A-1, *Physical Rehabilitation Equipment and Supplies*
5A-2, *Respiratory Equipment and Supplies*
5A-3, *Nursing Equipment and Supplies*
10A, *Outpatient Specialized Therapies*
3A, *Home Health Services*

1.0 Description of the Procedure, Product, or Service

Orthotic and prosthetic devices are covered by NC Medicaid (Medicaid) when they are prescribed by the beneficiary's treating physician, physician's assistant, or nurse practitioner and medical necessity is documented. An orthotic or prosthetic device is medically necessary if it is needed to maintain or improve a beneficiary's medical, physical, or functional level.

Covered orthotic and prosthetic devices become the property of the beneficiary.

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics.

For the rates associated with the list of HCPCS codes found in **Attachment B**, refer to the Orthotics and Prosthetics fee schedule at <https://medicaid.ncdhhs.gov/providers>.

In compliance with the CMS Home Health Final Rule Title 42, §440.70, items not listed in **Attachment B** or in the Orthotics and Prosthetics fee schedule may be considered for coverage if requested by a provider, or a beneficiary through a provider, and submitted for prior authorization (PA) review of medical necessity. For beneficiaries under age 21, please request an "EPSDT review" using NCTracks. Refer to section **2.2 Special Provisions** for more information about EPSDT. For beneficiaries aged 21 and older, please submit the request through NCTracks per the procedure detailed in **Attachment E: Requesting Unlisted Orthotics and Prosthetics for Adults**.

1.1 Definitions

None Apply.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(The term "General" found throughout this policy applies to all Medicaid policies)

- a. An eligible beneficiary shall be enrolled in the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*);
- b. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.1.2 Specific

(The term “Specific” found throughout this policy only applies to this policy)

a. Medicaid

None Apply.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary’s physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary’s right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider’s documentation shows that the requested service is medically necessary “to correct or ameliorate a defect, physical or mental illness, or a condition” [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page:

https://ncgov.servicenowservices.com/sp_beneficiary?id=kb_article&sys_id=febdc9f1b84a8506aacdb1ee54bcb1c&table=kb_knowledge

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

3.1 General Criteria Covered

Medicaid shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by Medicaid

Medicaid shall cover orthotics and prosthetics when the beneficiary meets all the following specific criteria:

- a. they are ordered by a physician, physician assistant, or nurse practitioner;
- b. they are medically necessary to maintain or improve a beneficiary's medical, physical or functional level, and appropriate for use in any non-institutional setting in which normal life activities take place;
- c. a documented face-to-face encounter with the beneficiary and the ordering physician, physician assistant, or nurse practitioner related to the primary reason the beneficiary requires orthotics and prosthetics has occurred no more than six (6) months prior to the initiation of orthotics and prosthetics; and
- d. the beneficiary's need for orthotics and prosthetics is reviewed by the ordering physician, physician assistant, or nurse practitioner at least annually.

Medicaid covers orthotic and prosthetic services when they are medically necessary, and the beneficiary meets the specific coverage requirements for the device.

- a. Orthotic devices are medically necessary when required to correct or prevent skeletal deformities, to support or align movable body parts, or to preserve or improve physical function.
- b. Prosthetic devices are medically necessary as a replacement for all or part of the function of a permanently inoperative, absent, or malfunctioning body part. The beneficiary shall require the prosthesis for mobility, daily care, or rehabilitation purposes.
- c. In addition, orthotic and prosthetic devices must be:
 1. a reasonable and medically necessary part of the beneficiary's treatment plan;
 2. consistent with the beneficiary's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the beneficiary; and
 3. of high quality, with replacement parts available and obtainable.
- d. Medical doctors (MDs), doctors of osteopathic medicine (DOs), doctors of podiatric medicine (DPMs), physician assistants (PAs) and nurse practitioners (NPs) may provide certain orthotic and prosthetic devices when the devices are part of the beneficiary's current care and treatment. These professionals may provide devices as indicated in the Required Provider Certification column of **Attachment B**.
- e. To be reimbursed for an orthotic or prosthetic device, the provider shall be enrolled as an appropriate board-certified provider for the specific device. Refer to **Attachment B**, which includes the **Required Professional Certification for Orthotic and Prosthetic Devices**.

For specific coverage requirements, refer to **Subsection 5.3, Documenting Medical Necessity**.

3.2.2 Medicaid Additional Criteria Covered

None Apply.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by Medicaid

Medicaid shall not cover the following devices and supplies:

- a. Devices for the beneficiary's comfort or convenience or for the convenience of the beneficiary's caregiver(s);
- b. Devices to have on hand for backup or duplicates to have available at various locations;
- c. Devices and supplies for residents of nursing facilities;
- d. Devices or supplies covered by another agency; and
- e. Equipment or supplies for beneficiaries receiving hospice care, as defined in **Subsection 7.3, Coordinating Care**

4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

5.1 Prior Approval

Note: Medicaid shall require prior approval for certain orthotic and prosthetic devices. The provider shall obtain prior approval before rendering these devices. Devices that require prior approval are identified on the **NC Medicaid Orthotics and Prosthetics Fee Schedule**, which can be found at <https://medicaid.ncdhhs.gov/providers>.

Prior approval is valid for the time period approved on the Certificate of Medical Necessity/Prior Approval (CMN/PA) form. If a physician, physician assistant or nurse practitioner decides that device is needed for a different or extended period of time, the provider shall submit a new CMN/PA form.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

- a. the prior approval request; and
- b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

5.2.2 Specific

None Apply.

5.3 Documenting Medical Necessity

Medical necessity must be documented by the prescriber (physician, physician assistant, or nurse practitioner), for every item provided regardless of any requirements for approval. A letter of medical necessity written and signed by the physician, physician assistant, or nurse practitioner, or other licensed professional permitted to perform those tasks and responsibilities by their NC state licensing board, may be submitted along with the CMN/PA form.

5.3.1 Diabetic Shoes and Inserts, Fitting, and Modifications

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

Diabetic shoes, inserts, and modifications to diabetic shoes are covered if the following criteria are met:

- a. The beneficiary has a diagnosis of diabetes mellitus; and
- b. The beneficiary has one or more of the following conditions:
 1. Previous amputation of the other foot, or part of either foot; or
 2. History of previous foot ulceration of either foot; or
 3. History of pre-ulcerative calluses of either foot; or
 4. Peripheral neuropathy with evidence of callus formation of either foot; or
 5. Foot deformity of either foot; or
 6. Poor circulation in either foot; and
- c. The physician who is managing the beneficiary's diabetes has certified that indications (a) and (b) above are met and that the physician is treating the beneficiary under a comprehensive plan of care for diabetes and that the beneficiary needs diabetic shoes.

For adult beneficiaries meeting these criteria, coverage is limited to one of the following within one year:

- a. One pair of custom molded shoes (which includes inserts provided with these shoes) and 2 additional pairs of inserts; or
- b. One pair of depth shoes and 3 pairs of inserts (not including the non-customized removable inserts provided with such shoes).

Separate inserts may be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the beneficiary has appropriate footwear into which the insert can be placed. This footwear must meet the definitions found in this policy for depth shoes or custom molded shoes. Refer to **Subsection 5.3.8, Orthopedic Shoes and Footwear**.

Note: There is no separate payment for the fitting of, certification of need for, or prescription for the shoes, inserts, or modifications.

5.3.2 Spinal Orthoses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

A thoracic–lumbar–sacral orthosis, lumbar orthosis, or lumbar–sacral orthosis is covered when it is ordered for one of the following indications:

- a. To reduce pain by restricting mobility of the trunk;
- b. To facilitate healing following an injury to the spine or related soft tissues;
- c. To facilitate healing following a surgical procedure on the spine or related soft tissue; or
- d. To otherwise support weak spinal muscles or a deformed spine.

5.3.3 Helmets

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

5.3.3.1 Cranial Protection

Protective helmets are considered medically necessary when cranial protection is required due to a documented medical condition that makes the beneficiary susceptible to injury during activities of daily living. Protective helmets are not provided for use during sports-related activities.

Note: Prior Approval is required for custom molded helmets used for cranial protection.

5.3.3.2 Cranial Remolding Orthosis

Plagiocephaly is a generic term often used to describe abnormal head shapes and can be divided into synostotic and non-synostotic types.

Synostotic plagiocephaly (craniosynostosis) is the deformity that specifically results from the premature closure of the cranial sutures.

Deformational plagiocephaly is the deformity that results from several different etiologies including intrauterine constraint, prematurity, developmental delay, supine sleeping, congenital muscular torticollis, plural birth, and others. Deformational plagiocephaly may also be referred to as occipital, positional, or non-synostotic plagiocephaly.

The important distinction is that in deformational plagiocephaly, the cranial sutures remain open.

Both craniosynostosis and deformational plagiocephaly can result in asymmetry (plagiocephaly) and disproportionality (brachycephaly, dolichocephaly/scaphocephaly) of the head shape, with brachycephaly referring to short-wide head shapes and dolichocephaly and scaphocephaly referring to long-narrow head shapes.

Cranial remolding is the use of a custom helmet or band on the head, which aids in molding the shape of the cranium to within normal limits and is often used either post-operatively for craniosynostosis, or to treat deformational plagiocephaly.

Synostotic Plagiocephaly

For the post-operative management of synostotic plagiocephaly (craniosynostosis), a cranial remolding orthosis may be considered medically necessary when the following criteria are met:

- a. Clinical documentation from the beneficiary's neurosurgeon or craniofacial surgeon indicates the need for surgical correction of craniosynostosis and the postoperative need for a cranial remolding orthosis; and
- b. Documentation includes the date and type of surgical procedure performed.

Deformational Plagiocephaly (non-synostotic)

Most cases of mild deformational plagiocephaly resolve with time and conservative intervention in the first six (6) months after birth. Cranial remolding orthoses are most effective in the first four (4) to twelve (12) months after birth when head growth is most significant. Cranial remolding orthoses are not medically necessary or effective after head growth has stabilized, which is generally after eighteen (18) months of age.

For the non-operative management of deformational plagiocephaly, a cranial remolding orthosis may be considered medically necessary when the following criteria are met:

- a. The beneficiary has been diagnosed with any form of deformational non-synostotic plagiocephaly; and
- b. A cranial remolding orthosis has been prescribed by the beneficiary's primary care physician (MD, DO), or a neurosurgical or craniofacial surgical specialist (MD, DO, NP, PA); and
- c. Unless conservative treatment is contraindicated, there is documentation that indicates at least a two (2) month trial of failed conservative treatment such as a repositioning regimen, or physical or occupational therapy. If the beneficiary is six (6) months of age or greater at the time of presentation, this requirement is waived as conservative interventions are unlikely to resolve the deformity; and
- d. The beneficiary is four (4) to eighteen (18) months of age and one of the following anthropometric measures is documented verifying a moderate to severe deformity:

Note: These measurements are generally obtained by the cranial orthosis provider.

- a. Cranial vault asymmetry index (CVAI) of 6.25 or greater, and may include secondary skull characteristics such as ear shift, frontal bossing or flattening, orbit asymmetry and cheek asymmetry; or
- b. Cephalic index (CI) (cephalic ratio) greater than 90 percent for deformational brachycephaly (short and wide head shape) and may include secondary skull characteristics such as bilateral forehead bossing, increased posterior vault, and bilateral protrusion of parietal bone above ears; or
- c. Cephalic index (CI) (cephalic ratio) of 75 percent or less for deformational dolichocephaly (long and narrow head shape) and may include secondary skull characteristics such as bitemporal pinching, occipital prominence, and facial narrowing.

Note: Prior approval is required for cranial remolding orthoses.

Note: The initial reimbursement covers any modifications and adjustments.

5.3.4 Cervical Orthoses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for

Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

A cervical orthosis is covered when it is ordered for one of the following indications:

- a. To reduce pain by restricting mobility of the neck
- b. To facilitate healing following an injury to the cervical spine or related soft tissues
- c. To facilitate healing following a surgical procedure on the cervical spine or related soft tissue
- d. To otherwise support weak cervical muscles or a deformed cervical spine

5.3.5 Hip Orthoses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

A hip orthosis is covered when it is ordered for one of the following indications:

- a. To reduce pain by restricting mobility of the hip
- b. To facilitate healing following an injury to the hip or related soft tissues
- c. To facilitate healing following a surgical procedure on the hip or related soft tissue
- d. To otherwise support weak hip muscles or a hip deformity

5.3.6 Knee Orthoses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

A knee orthosis is covered when it is ordered for one of the following indications:

- a. To reduce pain by restricting mobility of the knee
- b. To facilitate healing following an injury to the knee or related soft tissues
- c. To facilitate healing following a surgical procedure on the knee or related soft tissue
- d. To otherwise support weak knee muscles or a knee deformity

Note: Knee orthoses are not provided solely for use during sports-related activities.

5.3.7 Ankle–Foot/Knee–Ankle–Foot Orthoses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

Ankle Foot Orthoses Not Used During Ambulation

A static AFO is covered if either all of Criteria a through d or Criterion e is met:

- a. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (such as a non-fixed contracture); and
- b. Reasonable expectation of the ability to correct the contracture; and
- c. Contracture is interfering or expected to interfere significantly with the beneficiary's functional abilities; and
- d. Used as a component of a therapy program which includes active stretching of the involved muscles or tendons; OR
- e. The beneficiary has a diagnosis of plantar fasciitis.

If a static AFO is used for the treatment of a plantar flexion contracture, the pretreatment passive range of motion must be measured with a goniometer and documented in the medical record. There must be documentation of an appropriate stretching program carried out by professional staff or caregiver. A static AFO and replacement interface shall be denied as not medically necessary if the contracture is fixed. A static AFO and replacement interface shall be denied as not medically necessary for a beneficiary with a foot drop but without an ankle flexion contracture. A component of a static AFO that is used to address positioning of the knee or hip shall be denied as not medically necessary because the effectiveness of this type of component is not established.

For static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment is covered, a replacement interface is covered as long as the beneficiary continues to meet indications and other coverage rules for the splint. Coverage of a replacement interface is limited to a maximum of one (1) per six (6) months. Additional interfaces shall be denied as not medically necessary.

A foot drop splint or recumbent positioning device and replacement interface shall be denied as not medically necessary in a beneficiary with foot drop who is non-ambulatory because there are other more appropriate treatment modalities.

AFOs and KAFOs Used During Ambulation

Ankle-foot orthoses (AFO) are covered for ambulatory beneficiaries with weakness or deformity of the foot and ankle who require stabilization for medical reasons and have the potential to benefit functionally.

Knee-ankle-foot orthoses (KAFO) are covered for ambulatory beneficiaries for whom an ankle-foot orthosis is covered and for whom additional knee stability is required.

If the basic coverage criteria for an AFO or KAFO are not met, the orthosis shall be denied as not medically necessary. AFOs and KAFOs that are molded-to-patient-model, or custom-fabricated, are covered for ambulatory beneficiaries when the basic coverage criteria listed above and one of the following criteria are met:

- a. The beneficiary could not be fit with a prefabricated AFO;
- b. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than six months);
- c. There is a need to control the knee, ankle or foot in more than one plane;

- d. The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury;
or
- e. The beneficiary has a healing fracture that lacks normal anatomical integrity or anthropometric proportions.

L-coded additions to AFOs and KAFOs shall be denied as not medically necessary if either the base orthosis is not medically necessary, or the specific addition is not medically necessary.

5.3.8 Orthopedic Shoes and Footwear

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

An orthopedic shoe is covered for adults if it is an integral part of a covered leg brace described by codes that are covered in these situations. Other shoes, such as high top, depth inlay or custom for non-diabetics, etc., are also covered if they are an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace. Heel replacements, sole replacements, and shoe transfers involving shoes on a covered brace are also covered. Inserts and other shoe modifications are covered if they are on a shoe that is an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace.

A shoe and related modifications, inserts, and heel/sole replacements, are covered only when the shoe is an integral part of a brace. A matching shoe which is not attached to a brace is non-covered.

Shoes which are incorporated into a brace must be billed by the same supplier billing for the brace.

A prosthetic shoe is covered if it is an integral part of a prosthesis for a beneficiary with a partial foot amputation. Claims for prosthetic shoes for other diagnosis codes shall be denied as not medically necessary.

Shoes are denied as non-covered when they are put on over a partial foot prosthesis or other lower extremity prosthesis which is attached to the residual limb by other mechanisms.

Orthopedic shoes are covered for Medicaid beneficiaries ages birth through 20 years beneficiaries ages 6 through 18 years of age when deemed medically necessary by the prescribing physician regardless of the provision of a brace.

5.3.9 Upper Limb Orthoses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

An upper limb orthosis is covered when it is ordered for one of the following indications:

- a. To reduce pain by restricting mobility of the joint(s)
- b. To facilitate healing following an injury to the joint(s) or related soft tissues
- c. To facilitate healing following a surgical procedure on the joint(s) or related soft tissue
- d. To otherwise support weak skeletal muscles or musculo-skeletal deformities

5.3.10 Lower Limb Prostheses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

A prosthesis is a device designed to replace, as much as possible, the function of a missing limb or body part. The following items are covered when they are medically necessary in accordance with this policy.

A Lower Limb Prosthesis is covered when the beneficiary meets all of the following:

- a. reaches or maintains a defined functional state within a reasonable period of time;
- b. is motivated to ambulate;
- c. is able to perform unipedal sit-to-stand with upper extremity support; and
- d. is able to bear weight on the residual extremity with upper extremity support.

Additions to the prosthesis or add on components are covered when:

- a. They are determined to be medically necessary based on the beneficiary's potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthesis and treating physician.
- b. Considering factors such as the following:
 1. The beneficiary's history (including prior prosthetic use if applicable);
 2. The beneficiary's current condition, including the status of the residual limb and the nature of other medical problems; and
 3. The beneficiary's desire to ambulate.

Accessories (such as, stump stockings for the residual limb, harness, including replacements) are covered when these appliances aid in or are essential to the effective use of the prosthesis.

Clinical assessments of a beneficiary's rehabilitation potential must be based on the following classification levels:

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

Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Level 1 is typical of the limited and unlimited household ambulator.

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

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

Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Level 4 is typical of the prosthetic demands of the child, active adult, or athlete. The records must document the beneficiary's current functional capabilities and expected functional potential, including an explanation for the difference, if that is the case.

Additional coverage criteria must be met for prior approval. Medical documentation is required to show that all criteria are met and a completed CMN/PA form and supporting medical documentation must be submitted to NC Medicaid's fiscal agent. An optional *Prior Approval Form for Lower Extremity Prosthetic Component* is available online at: <https://medicaid.ncdhhs.gov/providers>. Refer to Attachment D of this policy for sample forms.

Note: The *Prior Approval Form for Lower Extremity Prosthetic Component* is not necessary if all requirements for the component are clearly documented on the CMN/PA form or in attached medical documentation.

Note: The asterisks below indicate prior approval is required for the HCPCS code.

*Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system:

- a. beneficiary is classified as a Level 3 (K3) or higher ambulator;
- b. beneficiary is a candidate for suction suspension;
- c. beneficiary has used a lower limb prosthesis for at least 18 months; and
- d. beneficiary has experienced volume changes of the equivalent of 8 ply on a daily basis for 30 consecutive days while wearing a non-vacuum assisted socket; or beneficiary's existing socket is a vacuum assisted moisture evacuating design and requires replacement (all criteria for a replacement socket must be met in addition to this criteria).

*Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty:

- a. beneficiary is classified as a Level 3 (K3) or higher ambulator;
- b. beneficiary is a candidate for suction suspension;

- c. beneficiary has used a lower limb prosthesis for at least 18 months;
- d. beneficiary has experienced volume changes of the equivalent of 8 ply on a daily basis for 30 consecutive days while wearing a non-vacuum assisted socket; or beneficiary's existing socket is a vacuum assisted moisture evacuating design and requires replacement (all criteria for a replacement socket must be met in addition to this criteria); and
- e. the beneficiary weighs more than 220 pounds.

*Addition, endoskeletal system, high activity knee control frame:

- a. beneficiary is classified as a Level 4 (K4) ambulator; and
- b. a detailed explanation of why a standard knee control frame or knee control frame system does not meet the functional needs of the beneficiary.

*Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature:

- a. standard multiaxial ankle-foot components do not meet the beneficiary's functional needs;
- b. beneficiary is not able to generate an adequate compensatory dorsiflexion response during swing phase with standard components; and
- c. beneficiary requires active swing phase dorsiflexion for specific functional activities. List the specific activities and include the medical justification for each activity.

* All lower extremity prostheses, flex-foot system:

- a. the beneficiary requires a flex-foot system for specific functional activities. List the specific activities and include the medical justification for each activity;
- b. explain why the beneficiary's functional needs cannot be adequately met with a less complex Lower Limb Prosthetic Foot System listed in **Attachment B, Section I**;
- c. provide a detailed explanation of why each of the following alternatives do not work:
 - 1. all lower extremity prostheses, energy storing foot
 - 2. all lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system.

*All lower extremity prostheses, shank foot system with vertical loading pylon:

- a. the beneficiary requires a shank foot system for specific functional activities. List the specific activities and include the medical justification for each activity; and
- b. the beneficiary's functional needs cannot be adequately met with a lower extremity prosthesis, flex-foot system or an exoskeletal lower extremity prosthesis axial rotation unit. Include a detailed explanation of why each of these alternatives do not work.

*Addition to lower limb prosthesis, vertical shock reducing pylon feature:

- a. the beneficiary requires the use of a vertical shock reducing component for specific functional activities. List the specific activities and include the medical justification for each activity; and
- b. the beneficiary's functional needs cannot be adequately met with an energy storage or dynamic response foot without the vertical shock component. Include a detailed explanation of why other alternatives do not work.

Note: A detailed explanation of the beneficiary's medical need for these additions is required. Restatement of the prior approval requirement is not sufficient justification.

The following services are not billable to Medicaid as they are included in the established reimbursement rate for the prosthetic device: a.

Evaluation of the residual limb and gait;

- b. Fitting of the prosthesis;
- c. Cost of base component parts and labor contained in HCPCS base codes;
- d. Repairs due to normal wear or tear within 90 calendar days of delivery;
- e. Adjustments of the prosthesis or the prosthetic component made when fitting the prosthesis or component; and
- f. Adjustments of the prosthesis or the prosthetic component made within 90 calendar days from the date of delivery when the adjustments are not necessitated by changes in the residual limb or the beneficiary's functional abilities.

5.3.11 Upper Limb Prostheses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

An upper limb prosthetic device is covered when it replaces all or part of the function of a permanently inoperative, absent, or malfunctioning part of the upper limb. The beneficiary must require the prosthesis for activities of daily living or rehabilitation purposes. The treating physician, physician assistant, or nurse practitioner must document that the beneficiary is motivated to utilize the device prescribed. The physician, physician assistant, or nurse practitioner must sign a written rehabilitation plan incorporating goals the prescriber expects the beneficiary to achieve.

Accessories (such as, stump stockings for the residual limb, harness, including replacements) are also covered when these appliances aid in or are essential to the effective use of the artificial limb.

The following services are included in the reimbursement for a prosthesis and, therefore, are not separately billable to Medicaid as they are included in the established reimbursement rate for the device:

- a. Evaluation of the residual limb and activities of daily living
- b. Fitting of the prosthesis

- c. Cost of base component parts and labor contained in the HCPCS base code
- d. Repairs due to normal wear or tear within 90 days of delivery
- e. Adjustments of the prosthesis or the prosthetic component made when fitting the prosthesis or component; and
- f. Adjustments of the prosthesis or the prosthetic component made within 90 calendar days from the date of delivery when the adjustments are not necessitated by changes in the residual limb or the beneficiary's functional abilities.

5.3.12 Elastic Supports

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

Elastic supports are covered when they are ordered for one of the following indications:

- a. Severe or incapacitating vascular problems, such as:
 - 1. acute thrombophlebitis;
 - 2. massive venous stasis; or
 - 3. pulmonary embolism
- b. Venous insufficiency
- c. Varicose veins
- d. Edema of lower extremities
- e. Edema of pregnancy
- f. Lymphedema

5.3.13 Trusses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

Trusses are covered when a hernia is reducible with the application of a truss.

5.3.14 Orthotic and Prosthetic-Related Supplies

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

Orthotic and prosthetic-related supplies are covered when the device with which it is used is covered and they are necessary for the function of the orthotic or prosthetic device.

5.3.15 External Breast Prostheses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

An external breast prosthesis is covered for a beneficiary who has had a mastectomy. An external breast prosthesis garment, with mastectomy form, is covered for use in the postoperative period prior to a permanent breast prosthesis or as an alternative to a mastectomy bra and external breast prosthesis.

5.3.16 Ocular Prostheses

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

An eye prosthesis is covered for a beneficiary with absence or shrinkage of an eye due to birth defect, trauma, or surgical removal.

A scleral cover shell is covered if it is ordered by the physician, physician assistant or nurse practitioner as an artificial support to a shrunken and sightless eye or as a barrier in the treatment of severe dry eye.

5.3.17 Cast Boot, Post-Operative Sandal or Shoe, Healing Shoe

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

A cast boot or post-operative sandal or shoe is covered when it is medically necessary for **one** of the following indications. Prior approval is not required.

- a. To protect a cast from damage during weight-bearing activities following injury or surgery;
- b. To provide appropriate support or weight-bearing surface to a foot following surgery;
- c. To promote good wound care and healing via appropriate weight distribution and foot protection; or
- d. When the beneficiary is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

5.4 Amount of Service

The amount of service is limited to that which is medically necessary as determined by NC Medicaid's clinical coverage policies. Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

5.5 Orthotic and Prosthetic Limitations

Medicaid may place appropriate limits, based on medical necessity criteria, on Orthotics and Prosthetics. When the prescribing physician, physician assistant, or nurse practitioner, orders equipment or supplies beyond these limits, the provider shall seek prior authorization for these items through NCTracks.

A PA request for an override of a quantity limit, or lifetime expectancy must contain the usual PA documentation (**Subsections 5.2 and 5.3**) along with the following additional information:

- a. The item being requested for an override clearly marked on the CMN/PA form.
- b. The type of override (quantity limit, or lifetime expectancy) clearly stated.
- c. An explanation of the medical necessity for the override from the physician, physician assistant, nurse practitioner, or therapist.

Override PA requests are reviewed for medical necessity as per usual PA review timelines. Override PA review outcomes are communicated to providers and beneficiaries in the same way as a typical PA request.

Refer to **Attachment B** for a listing of the established lifetime expectancies and quantity limitations for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

5.6 Delivery of Service

Providers shall dispense orthotic and prosthetic devices as quickly as possible due to the medical necessity identified for a device. However, providers who deliver a device requiring prior approval before approval has been received, do so at their own risk.

5.6.1 Delivery Directly to the Beneficiary

When a device is delivered directly to a beneficiary, the delivery slip must be signed by the beneficiary or a designee. The provider shall properly fit the orthotic or prosthetic device to the beneficiary, and provide teaching and training appropriate for the beneficiary's needs, and the beneficiary shall be educated on the warranty of the item.

5.6.2 Utilizing Delivery or Shipping Service

- a. When a provider utilizes a shipping service or mail order, the provider shall:
 1. Report the shipping date as the date of service on the claim; and
 2. Proof of delivery is required.
- b. The provider's records shall document:
 1. The shipping service's package identification number for the package sent to the beneficiary.
 2. The shipping service's tracking slip must reference each individual package, the delivery address, the corresponding package identification number given by the shipping service, and the delivery date.
- c. In case of lost, stolen, damaged or incomplete delivery of specified supplies, it is the provider's responsibility to:
 1. Replace the specified supplies without cost to the beneficiary or Medicaid.
 2. It is expected that the replacement occurs in a timely manner.

Note: Shipping service or mail order is appropriate for orthotic and prosthetic supply items such as socks, straps, replacement liners, and replacement pads associated with a previously delivered device. Repaired parts can be shipped if fitting and adjustments are not required.

5.7 Servicing and Repairing Orthotic and Prosthetic Devices

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, refer to **sections 1.0, 2.2 and Attachment E** for instructions.

5.7.1 Repairs Under Warranty

Providers are responsible for replacement or repair of equipment or any part thereof that is found to be non-functional because of faulty material or workmanship within the guarantee of the manufacturer, without charge to the beneficiary or to Medicaid.

5.7.2 Repairs not Under Warranty

Service and repairs must be handled under any warranty coverage a device may have. Medicaid do not cover maintenance or service contracts. If there is no warranty, providers may request prior approval to perform the needed service and repairs by submitting a completed CMN/PA form with a repair estimate to NCTracks. The estimate must show a breakdown of charges for parts and the number of hours of labor. No charge is allowed for pick-up or delivery of the device or for the assembly of Medicaid-reimbursed parts. All the following information must be entered in block 30 of the CMN/PA form:

- a. The description and HCPCS procedure code of the device being serviced or repaired;
- b. The age of the device;
- c. The number of times it has been previously repaired; and
- d. The current replacement cost.

5.7.3 Replacing Orthotic and Prosthetic Devices

When the repair of a device is no longer cost-effective or the device is out of warranty, Medicaid may replace the device if it has met or exceeded its anticipated life expectancy. The anticipated life expectancies for some of the major categories of orthotic and prosthetic devices are listed in **Attachment B**.

When requesting prior approval for the replacement of a device before its usual life expectancy has ended, the provider shall explain on the CMN/PA form why the replacement is needed.

Specific documentation in addition to the prescription and CMN/PA form is required in the following situations:

- a. In cases of equipment loss or damage beyond repair, a letter from the social worker, case manager, or child service coordinator explaining the circumstances.
- b. In cases of theft, a copy of the police report or a letter from the appropriate person with knowledge of the occurrence, such as the school principal, social worker, etc.
- c. In cases of equipment destruction by fire, a copy of the fire report.
- d. In cases of wide-spread natural disasters, documentation is accepted from any of the entities listed above or from the NC Division of Emergency Management, Federal Emergency Management Agency, American Red Cross, the National Guard or other appropriate state or local authorities and agencies on the ground in the affected areas.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

Provider(s) shall be enrolled and participate in Medicare as orthotics and prosthetics supplier(s).

The provider agency must be located within the boundaries of North Carolina or in an adjoining state from which North Carolina beneficiaries living on the border can use the agency as a general practice. **Out-of-state providers may be enrolled when the product they supply, or manufacture is not available through an enrolled provider located within the state or border area.** Provider(s) shall be either:

- a. A business entity authorized to conduct business in the state of North Carolina or in the locality where the business site is located. Proof of authorization shall include a certificate of assumed name, certificate of authority, certificate of good standing, license, permit or privilege license; or
- b. A Medicaid-enrolled home health agency, a state agency, a local health department, a local lead agency for the Community Alternatives Program for Disabled Adults (CAP/DA), a local lead agency for the Community Alternatives Program for the Intellectually/Developmentally Disabled (CAP/I-DD), or an agency that provides case management for the Community Alternatives Program for Children (CAP/C); or
- c. MDs, DOs, DPMs, PAs and NPs who are enrolled with Medicaid. These professionals may provide devices as indicated in the Required Provider Certification column of **Attachment B**.

Note: Provider(s) shall be enrolled to provide the specific device/HCPCS procedure code they provide in order to be reimbursed for the device. Refer to **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certification for Orthotic and Prosthetic Devices**.

6.2 Provider Qualifications

In addition to the provisions in **Section 6.0**, provider(s) other than MDs, DOs, DPMs, PAs and NPs shall fulfill all the following conditions to qualify for participation with Medicaid as orthotics and prosthetics supplier(s).

Provider(s) shall be enrolled and meet the provider qualifications on the date that service is provided.

- a. Provider(s) shall be Board certified or accredited by one of the following entities:
 - 1. American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABCOP);
 - 2. Board of Certification/Accreditation (BOC);
 - 3. National Examining Board of Ocularists, Inc. (NEBO);
 - 4. Board for Certification in Clinical Anaplastology (BCCA)

- b. Provider(s) shall not accept prescriptions for Medicaid -covered equipment from any physician, physician assistant or nurse practitioner or practitioner who has an ownership interest in their agency.

6.3 Federal Law Compliance

Providers shall comply with the following requirements in addition to the Title XIX and Title XXI laws and regulations pertaining to Medicaid and SCHIP Programs, respectively:

- a. **Title VI of the Civil Rights Act of 1964**, which states that “no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation under any program or activity receiving federal financial assistance.”
- b. **Section 504 of the Rehabilitation Act of 1973**, as amended, which states that “no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”
- c. The **Americans with Disabilities Act of 1990**, which prohibits exclusion from participation in or denial of services because the agency’s facilities are not accessible to individuals with a disability.

6.4 Seeking Other Sources of Payment

Medicaid provider(s) shall take all reasonable measures to determine the legal liabilities of third parties, including Medicare and private insurance, to pay for services. If third party liability is established, providers must bill the third party before billing Medicaid. Refer *NCTracks Provider Claims and Billing Assistance Guide*:
<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html> for additional information.

6.5 Accepting Payment

Provider(s) shall accept Medicaid payment according to the rules for reimbursement promulgated by the Secretary of the Department of Health and Human Services (DHHS). This includes accepting Medicaid payment as payment in full.

Providers billing Medicaid beneficiaries shall comply with North Carolina Administrative Code *10A NCAC 22J .0106*.

6.6 Verifying Beneficiary Eligibility

Provider(s) shall verify Medicaid eligibility when a beneficiary presents for services.

6.7 Disclosing Ownership Information

Provider(s) shall disclose ownership and control information, and information about the provider agency’s owners or employees that have been convicted of criminal offenses against Medicare, Medicaid, and the Title XX services program.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

7.2 Record Keeping

Records and documentation relating to the delivery of a Medicaid-reimbursed service must be kept for six years from the date of service. The provider shall furnish any information that the U.S. DHHS and its designated contractors, NC Medicaid and its designated contractors, or the State Medicaid Fraud Investigation Unit requests regarding payments received for providing Medicaid services.

Provider(s) shall keep the following documentation of their services:

- a. The prescription for the device signed by the physician, physician assistant, or nurse practitioner. The prescription must include the number being ordered, frequency to be used, and the duration of the prescription.
- b. The original CMN/PA form for orthotic and prosthetic devices.
- c. A full description of all device(s) supplied to a beneficiary.
- d. The dates the devices were supplied—the delivery date for purchased devices or the delivery and pickup dates for rental devices—including signed pick-up and delivery slips.
- e. A full description of any service or repairs, including details of parts and labor, applicable warranty information, and the date of the service or repair. If the device is removed from the beneficiary's environment for service or repair, the provider shall record the date of removal and the date of return.

Note: All beneficiary information, including the beneficiary's Medicaid status, must be kept confidential. This information must be provided only to those who are authorized to receive it.

7.3 Coordinating Care

The provider shall coordinate services to ensure appropriate beneficiary care while avoiding duplication or overlap of Medicaid-covered services.

7.3.1 Community Alternatives Programs (CAP/C, CAP/DA, CAP/I-DD)

Provider(s) shall notify the CAP case manager of all devices they anticipate providing to a Medicaid beneficiary who participates in a CAP program. The CAP case manager shall be aware of all services being provided to a Medicaid beneficiary to coordinate care and keep the cost of care within the CAP limit. CAP participants have a two-letter CAP indicator in the CAP block of the Medicaid identification card.

7.3.2 Home Health Services

Because home health agencies can also provide supplies, the provider shall coordinate the provision of orthotic and prosthetic devices and related supplies with any home health agency serving a Medicaid beneficiary to ensure that supplies being provided by the home health agency are not being duplicated.

If orthotic or prosthetic devices are being provided to a home health beneficiary, the home health agency staff may be involved in helping the Medicaid beneficiary learn how to use the equipment and may be monitoring its use. The provider shall ensure that the beneficiary and caregiver:

- a. Know how to care for the orthotic and prosthetic devices and related supplies; and
- b. Understand the rights and responsibilities of the beneficiary, the caregiver, and the provider agency.

Note: The provider shall give the beneficiary and caregiver written instructions that contain emergency provisions and a telephone number for contacting the provider agency 24 hours per day.

7.3.3 Hospice

If an orthotic or prosthetic provider is asked to provide a device for a Medicaid beneficiary in Hospice care, the provider shall determine whether the device is needed for a medical condition related to the terminal illness. The providers shall not bill Medicaid for orthotic or prosthetic devices or supplies related to the terminal illness.

Refer to **Attachment A, Claims-Related Information** for payment restrictions related to Hospice care.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2005 **Revision Information:**

Date	Section Revised	Change
07/11/2005	Attachment A	Instructions for completing the CMN/PA form were revised to reflect updated CM/PA form.
08/01/2005	All sections and attachment(s)	Policy was expanded to include coverage for beneficiaries through age 115.
09/01/2005	Section 2.2	The special provision related to EPSDT was revised.
10/01/2005	Section 8.8	Information related to copayments was added.
12/01/2005	Section 2.2	The Web address for DMA's EDPST policy instructions was added to this section.
12/01/2005	Section 6.1	Board certification in Clinical Anaplastology was added as one of the conditions to qualify for participation with Medicaid as an Orthotics and Prosthetics supplier.
12/01/2005	Attachment F	The provider certification requirement for BCO was revised to include board certification in Clinical Anaplastology.
01/01/2006	Section 5.3.1, Attachment D and Attachment F	HCPCS codes K0628 and K0629 were end-dated and replaced with codes A5512 and A5513.
01/01/2006	Section 5.3.2, Attachment D and Attachment F	HCPCS codes K0630 through K0649 were end-dated and replaced with codes L0621 through L0621 through L0640; L0860 was end-dated and replaced with L0859.
01/01/2006	Section 5.3.7, Attachment D and Attachment F	HCPCS code L2039 was end-dated and replaced with codes L2034 and L2387.
01/01/2006	Section 5.3.9, Attachment D and Attachment F	HCPCS code L3963 was end-dated and replaced with code L3961. HCPCS codes L3671 through L3673, L3702, L3763 through L3766, L3905, L3913, L3919, L3921, L3933, L3935, L3967, L3971, L3973, and L3975 through L3978 were added to the list of covered codes for upper limb orthoses.

Date	Section Revised	Change
01/01/2006	Section 5.3.10, Attachment D and Attachment F	HCPCS codes L5703 and L5971 were added to the list of covered codes for lower limb prostheses.
01/01/2006	Section 5.3.11, Attachment D and Attachment F	HCPCS codes L6883 through L6885 and L7400 through L7405 were added to the list of covered codes for upper limb prostheses.
01/01/2006	Section 5.3.12, Attachment D and Attachment F	HCPCS codes L8100, L8110, L8120, L8130, L8140, L8150, L8160, L8170, L8180, L8190, L8195, L8200, L8210, L8220, L8230, and L8239 were end-dated and replaced with codes A6530 through A6544 and A6549.
01/01/2006	Section 5.3.14, Attachment D and Attachment F	HCPCS code L7600 was added to the list of covered codes for orthotic and prosthetic-related supplies.
01/01/2006	Attachment D and Attachment F	Code descriptions were updated for L1832 through L1844, L1846, L2036 through L2038, L2405, L3170, L3215 through L3217, L3221, L3222, L3906, and L3923.
04/01/2006	Section 6.1	Information about when an out-of-state provider can enroll with Medicaid was added to item #4.
07/01/2006	Attachment D and Attachment F	An asterisk was added to codes L3671, L3763, and L7405 to indicate the need for prior approval.
07/01/2006	Attachment D and Attachment F	The asterisks were deleted from codes L2387 and L7402 to indicate that prior approval is not needed.
08/01/2006	Attachment D	Codes L3300, L3310, L3320, L3330, L3332, and L3334 are no longer subject to a 2-per-year limitation.
08/01/2006	Attachment F	The list of board certified providers who may bill for L1831, L1386, and L1840 was updated to include CO and CPO certifications.
09/01/2006	Section 6.1	The provider qualifications were updated to state that providers may be certified or accredited, and The Compliance Team, Inc. was added as one of the entities that may provide certification or accreditation.
12/01/2006	Section 2.2	The special provision related to EPSDT was revised.
12/01/2006	Sections 3.0, 4.0, and 5.0	A note regarding EPSDT was added to these sections.
01/01/2007	Section 5.3 and Appendices	HCPCS code changes were implemented.
04/01/2007	Section 2.2	Corrections were made to the EPSDT explanation.

Date	Section Revised	Change
04/01/2007	Section 5.3.3	Coverage was added for helmets used for plagiocephaly.
04/01/2007	Section 5.3.17	Previous coverage of orthopedic footwear (cast boot, postoperative sandal or shoe, healing shoe) was detailed in this new section and removed from 5.3.8.
04/01/2007	Section 5.7	Removed requirement for statement of hourly labor rate on repair estimates.
04/01/2007	Sections 2.2., 3.0, 4.0, and 5.0	EPSDT information was revised to clarify exceptions to policy limitations for beneficiaries under 21 years of age.
07/01/2007	Throughout policy	Reformatted in accordance with instructions to begin lists with letter "a." Subsequent list levels are 1, (a), and (1).
07/01/2007	Sections 3.0, 6.1; Attachment F	Added allowance for medical doctors and doctors of osteopathic medicine to supply some items.
07/01/2007	Section 5.1	Added note about prior approval for beneficiaries 18 or older.
07/01/2007	Attachment B	Deleted references to pediatric mobility systems.
01/01/2008	All sections and attachment(s)	HCPCS code update: end-dated and deleted L0960, L1855, L1858, L1870, L1880, L3800, L3805, L3810, L3815, L3820, L3825, L3830, L3835, L3840, L3845, L3850, L3855, L3860, L3907, L3910, L3916, L3918, L3920, L3922, L3924, L3926, L3928, L3930, L3932, L3934, L3936, L3938, L3940, L3942, L3944, L3946, L3948, L3950, L3952, L3954; revised the description of L3806; added L3925, L3927, L3929, L3931, L7611, L7612, L7613, L7614, L7621, L7622.
01/01/2008	Sections 4.1 and 4.2	Incorporated standard language for this section; added a phrase in Section 4.2 about convenience items.
01/01/2008	Section 7.2.1	Deleted reference to CAP/AIDS.
01/01/2008	Attachment B, Steps 2 and 6	Updated instructions to reflect current practice.
02/01/2009 (eff. 01/01/2009)	Sections 5.3.7, 5.3.9, 5.3.10, 5.3.11; Attachments D & F	CPT code update: end-dated codes L2860, L3890, L5993, L5994, L5995, L7611, L7612, L7613, L7614, L7621, and L7622.
02/01/2009 (eff. 01/01/2009)	Sections 5.3.2, 5.3.7, 5.3.11, 5.3.12; Attachments D & F	CPT code update: added codes A6545, K0672, L0113, L6677, L6711, L6712, L6713, L6714, L6721, and L6722. CPT codes L4002 and L4110, which were already listed in the Attachments, were added to the list in 5.3.7.
02/01/2009 (eff. 01/01/2009)	Attachments D & F	CPT code update: changed description of code L4360. Moved CPT codes L7510 and L7520 from section on Upper Limb Prostheses to section on Repair/Replace; moved Repair/Replace section to follow all listings for prosthetics.

Date	Section Revised	Change
05/01/2009	All sections and attachment(s)	Changed “patient” to “beneficiary”; “item” or “equipment” to “device”; and “footwear” to “shoes” where appropriate. Referred to “a shoe” rather than “shoes” where appropriate. Updated URLs to reflect DMA’s Web site redesign.
05/01/2009	Section 2.1	Revised to reflect current standard language.
05/01/2009	Sections 3 and 4	Updated title to standard language.
05/01/2009	Section 3.1	Added standard coverage criteria.
05/01/2009	Section 3.2	Revised existing text to complement new Section 3.1.
05/01/2009	Section 4.1	Revised noncoverage criteria to reflect current standard language.
05/01/2009	Section 4.2	Deleted “experimental or investigational” because this is mentioned in Section 4.1.
05/01/2009	Sections 5.1 and 5.2	Reversed the order; Prior Approval comes first in DMA’s standard layout.
05/01/2009	Section 5.3	Added references to specific sections of Attachment E.
05/01/2009	Section 5.3.1	Changed title and first sentence to match HCPCS nomenclature; deleted the words “systemic” and “condition” before and after the word “diabetes”; clarified reference in item c to requirements in items a. and b.
05/01/2009	Section 5.3.8 and throughout	Changed title and first sentence to match HCPCS nomenclature; changed references to the section.
05/01/2009	Section 5.3.10 and Attachment E	Added HCPCS procedure code L5964 and deleted HCPCS procedure code L5799; deleted duplicate listings in Section 5.3.10.
05/01/2009	Section 5.3.16	Added section title.
05/01/2009	Section 5.7	Added code L4002 to this section (it was already in Attachment E).
05/01/2009	Section 5.8	Revised summary statements of life expectancies for diabetic and orthopedic shoes for children and orthopedic shoes for adults.
05/01/2009	Section 6.1	Incorporated current standard language and moved Note from end of Section 6.1 to just above the list of additional requirements; removed requirement that providers be licensed by the N.C. Board of Pharmacy.
05/01/2009	Section 7.1	Added standard statement about compliance with applicable laws and regulations.
05/01/2009	Section 8.0 and all sections and attachment(s)	Moved Billing Guidelines to Attachment A, Claims Related Information; renumbered subsequent attachments; and corrected citations to the Attachments throughout the policy.
05/01/2009	New Attachment A	Added information about modifiers and place of service.

Date	Section Revised	Change
05/01/2009	Former Attachment B (now Attachment C)	Deleted explanation of the various colors of Medicaid ID cards and what services may be provided to various beneficiary categories.
05/01/2009	Former Attachment C (now Attachment D)	In the Instructions chart, changed “Item” to “Block” when it described a location on the form.
05/01/2009	Former Attachments D and F (now Attachment E)	Combined Lifetime Expectancies, Quantity Limitations, and Required Professional Certification into one table; separated by category; added internal headings to each category; listed in the Table of Contents; corrected descriptions to match HCPCS procedure codes as of 2008.
05/01/2009 (eff. 05/01/2008)	Former Attachments D and F (now Attachment E)	Removed prior approval requirement from codes L3806, L3808, L3915, L3925, L3929, and L3931.
05/01/2009 (eff. 10/01/2007)	Former Attachment D (now E)	Added Certified Fitters of Therapeutic Shoes (CFts) as approved provider certifications to codes A5500 and A5512.
05/01/2009	Former Attachment F (now E)	Changed lifetime expectancies/quantity limitations from “1 year through age 20 and 3 years for 21 and over” to “6 months for all ages” for codes L5618, L5620, L5622, L5624, L5626, L5628, L5629–L5632, L5634, L5637, L5640, L5643, L5645, L5647, L5649–L5656, L5658, L5661, L5665, L5666, L5668, L5670–L5672, L5676, L5677, L5680, L5686, L5688, L5690, L5692, L5694–L5698, L6600, L6605, L6610, L6680, L6682, L6684, L6686–L6691, L6698, and L7403–L7405.
05/01/2009	Former Attachment F (now E)	Changed lifetime expectancies/quantity limitations from “2 per year through age 20 and 1 per year for 21 and over” to “2 per year, all ages” for L5681, L5683, L6655, L6660, and L6665.
05/01/2009	Former Attachment F (now E)	Changed lifetime expectancies/quantity limitations from “1 year through age 20 and 3 years for 21 and over” to “1 year all ages” for L5962, L5964, L5966.
05/01/2009	Former Attachment F (now E)	Changed lifetime expectancies/quantity limitations from “1 year through age 20 and 3 years for 21 and over” to “2 per 6 months, all ages” for L6632.
05/01/2009	Former Attachment F (now E)	Changed lifetime expectancies/quantity limitations from “1 year through age 20 and 3 years for 21 and over” to “1 per year, all ages” for L6670, L6672, L6675, and L6676.
05/01/2009	Former Attachment F (now E)	Changed lifetime expectancies/quantity limitations from 1 year to “2 per year, all ages” for L8010.

Date	Section Revised	Change
05/01/2009	Former Attachment F (now E)	Changed lifetime expectancy/quantity limitation from “2 years through age 20 and 5 years for 21 and over” to “18 months through age 5 and 3 years for 6 and over” for V2625.
05/01/2009	Former Attachment F (now E)	Changed lifetime expectancy/quantity limitation from “2 years through age 20 and 5 years for 21 and over” to “6 per year through age 2 and 2 years for 3 and over” for V2628.
05/01/2009	Former Attachment F (now E)	Add the phrase “all ages” to lifetime expectancy/quantity limitations where appropriate.
07/01/2010	Throughout	Session Law 2009-451, Section 10.31(a) Transition of NC Health Choice Program administrative oversight from the State Health Plan to DMA in the NC Department of Health and Human Services.
11/16/2010	Attachment E	Added procedure code S1040 in Section B
11/16/2010	Sections 1.0, 3.0, 4.0, 5.0, 6.0, 7.0	Added standard DMA language
11/30/2010	5.3.10 Lower Limb Prostheses	HCPCS code L5990 was end dated effective 11/30/2010

Date	Section Revised	Change
03/01/2011	5.3.10 Lower Limb Prostheses	Added definition of prosthesis Added HCPCS code, description, lifetime expectancy/quantity limitation, and required provider certification for the following HCPCS codes: L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5311, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5962, L5964, L5966, L5968, L5670, L5971, L5972, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5999.
03/01/2011	5.3.10 Lower Limb Prostheses	Added additional coverage criteria for a lower limb prosthesis.
03/01/2011	5.3.10 Lower Limb Prostheses	Added additional coverage criteria that must be met for prior approval for each of the following HCPCS codes: L5781, L5782, L5930, L5968, L5980, L5987, L5988.
03/01/2011	Attachment E	Added CPed, Certified Pedorthist (BCP, Board for Certification in Pedorthics) as approved provider certification to HCPCS code L5000. Removed L5990 from the attachment.
03/01/2011	Attachment E	L5000 changed from 3 years to 1 year for all ages.
03/01/2011	Attachment G	Added Prior Approval forms for Lower Extremity Prosthetic Components.
03/12/2012	All sections and attachment(s)	To be equivalent where applicable to NC DMA's Clinical Coverage Policy # 5B under Session Law 2011-145, § 10.41(b)
11/01/2012	All sections and attachment(s)	Effective with date of service December 31, 2011, the following codes were end-dated and removed from the Orthotics & Prosthetics (O&P) fee schedule: L1500, L1510, L1520, L3964, L3965, L3966, L3968, L3969, L3970, L3972, L3974, L4380, L5311, L7500.

Date	Section Revised	Change
11/01/2012	Attachment B	Updated List for effective current codes, added new codes that were not on the list and removed old codes that had been DC'd.
11/01/2012	All sections and attachment(s)	Technical changes to merge Medicaid and NCHC current coverage into one policy.
11/01/2012	All sections and attachment(s)	Replaced "recipient" with "beneficiary."
11/01/2012	Subsection 5.4.3	Added, "Unless indicated through a Neurosurgical consult or Craniofacial Surgery consult in severe cases"
07/01/2013	Subsection 4.2; Attachment A, section H; and Attachment F, item 4.	Replaced "HP Enterprise Services" with "CSC."
07/01/2013	Subsection 5.4	Added "and the Physician, Physician Assistant or Nurse Practitioner shall sign the CMN/PA form."
07/01/2013	Subsection 5.4.3	Deleted "The prescribing physician, physician's assistant, or nurse practitioner shall document medical necessity for the device on the CMN/PA form. " Added "Medical necessity for the device must be documented on the CMN/PA"
07/01/2013	Attachment C, Block 27	Deleted "Provider Signature/Board Certified Practitioner Signature and Date." Deleted "An authorized representative of the supplier signs and dates the form to show acceptance of the order and agreement to provide the requested items. A signature stamp is acceptable – stamp all three pages. For items on the Orthotic and Prosthetic Fee Schedule, the certified staff member authorized to provide the item must sign and date the form to indicate that their level of expertise is appropriate for the device and that the appropriate device will be provided."
07/01/2013	Attachment C, Block 28	Deleted "Provider Signature/Board Certified Practitioner Signature and Date." Deleted the following: <ul style="list-style-type: none"> • The physician, physician assistant, or nurse practitioner signs and dates the form to verify the accuracy of the information on the form, the medical necessity for the requested item(s) and, if applicable, the agreement to provide instruction and supervision to the beneficiary. • NOTE: <i>Signature stamps are NOT acceptable for the physician, physician assistant, or nurse practitioner signature.</i>

Date	Section Revised	Change
07/01/2013	Attachment C, Block 29	Deleted "Return Address" Deleted "Enter your company name and the mailing address that you want the form returned. You may hand write, type or stamp the information on the form."
07/01/2013	Attachment C	Deleted Attachment C due to those instructions becoming obsolete with new fiscal agent.
07/01/2013	Attachment D, E, F & G	Renumbered to now become Attachment C, D, E & F. Updated references throughout the policy to reflect this change.
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
03/15/2017	Subsection 5.3	Removed Subsection: Referral Authorizations for Carolina ACCESS Participants The provider shall obtain a referral authorization from the primary care physician before providing orthotic or prosthetic devices to a Carolina ACCESS participant. This referral authorization is required in addition to prior approval.
03/15/2017	Attachment D Item 19	Removed the following wording: "If the claim is for a Carolina ACCESS participant, enter the primary care provider's referring number – otherwise"
07/01/2017	Subsections 1.0, 3.2.1, 7.2 & Attachment C	Language amended to comply with CMS 42 CFR Part 440.70, Home Health Services, Final Rule.
08/01/2017	All Sections and Attachments	Amended policy posted on this date, with an EFFECTIVE Date of 07/01/2017.
1/15/2018	All sections and attachments	Policy language was amended to comply with CMS 42 CFR Part 440.70, Home Health Services, Final Rule. Attachment E: Requesting Unlisted Orthotics and Prosthetics for Adults was added.
1/15/2018	Section 6.6 Billing the Beneficiary	Section 6.6 Billing the Beneficiary became outdated and was deleted
1/15/2018	Attachment B	Attachment B: Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices was updated to allow PAs and NPs to dispense the same items as MDs and DOs in compliance with CMS 42 CFR Part 455.410, Attending, Rendering, Ordering, Prescribing or Referring Providers. HCPCS codes L0641, L0642, L0643, L0648 & L0651 currently present in the fee schedule, were added to Attachment B due to being inadvertently left out during a previous update.

Date	Section Revised	Change
01/15/2018	All attachments	Attachment C: How a Beneficiary Obtains Orthotic and Prosthetic Devices and Attachment E: Frequently Asked Questions became outdated and were deleted. Attachment D: Completing a Claim for Orthotic or Prosthetic Services became Attachment C. Attachment F: Prior Approval Forms for Lower Extremity Prosthetic Components became Attachment D.
01/25/2018	All Sections and Attachments	Policy posted on this date, with an Amended Date of January 15, 2018
03/15/2019	Table of Contents	Added, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP."
03/15/2019	All Sections and Attachments	Updated policy template language.
11/01/2019	All Sections and Attachments	Spelling and grammatical errors corrected throughout.
11/01/2019	Subsection 1.0	Updated to instruct providers to submit PA requests for unlisted items through NCTracks instead of directly to NC Medicaid clinical policy.
11/01/2019	Subsection 4.2	Updated contact information.
11/01/2019	Subsection 5.5	Updated instructions for requesting overrides of quantity or lifetime expectancy limits.
11/01/2019	Subsection 5.7.3	Updated to allow use of a wider array of entities to fulfill PA documentation requirements when replacing lost/stolen equipment during natural disasters.
11/01/2019	Subsection 6.5	Added language reminding providers billing Medicaid beneficiaries that they must comply with North Carolina Administrative Code 10A NCAC 22J .0106.
11/01/2019	Attachment A, Section H	Updated claims vendor name and contact information.
11/01/2019	Attachment B	Corrected description of HCPCS code L4000.
11/01/2019	Attachment E	Updated to instruct providers to submit PA requests through NCTracks instead of directly to NC Medicaid clinical policy.
11/01/2019	Attachment A	Updated policy template language: "Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines".

Date	Section Revised	Change
01/10/2020	Table of Contents	Updated policy template language, “To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.”
01/22/2020	Header & Attachment B Section, L	Corrected header error & corrected error with A6545 code to read “30-50 mm Hg”
2/1/2022	All Sections and Attachments	Spelling, grammatical, line spacing, and numbering errors corrected throughout.
2/1/2022	Section 5.3 References to Attachment B	Updated policy language for each reference to Attachment B to read, “Refer to Attachment B for a list of HCPCS codes, established lifetime expectancies, quantity limitations, and required provider certification for Orthotics and Prosthetics” adding “required provider certification for Orthotics and Prosthetics”.
2/1/2022	Section 1.0	In reference to Attachment E , added “ Requesting Unlisted Orthotics and Prosthetics for Adults ” so that the sentence now reads, “For beneficiaries aged 21 and older, please submit the request through NCTracks per the procedure detailed in Attachment E: Requesting Unlisted Orthotics and Prosthetics for Adults. ”
2/1/2022	Subsection 5.3.1, and Attachment B, Section A	Added “/Inserts” to the title so that it now reads, “ Diabetic Shoes/Inserts, Fitting, and Modifications. ”
2/1/2022	Subsection 5.3.10, Level 4	Removed the requirement for the Prior Approval Form for Lower Extremity Prosthetic Component and added a Note, “ Note: The Prior Approval Form for Lower Extremity Prosthetic Component is not necessary if all requirements for the component are clearly documented on the CMN/PA form or in attached medical documentation.” The criteria for documenting the medical justification for the flex-foot system was updated for clarity. Removed reference to the brand (Seattle Carbon Copy II) of energy storing foot.
2/1/2022	Subsection 5.3.15	Clarification: “An external breast prosthesis is covered for a beneficiary who has had a mastectomy.” Added “external” for clarification.
2/1/2022	Subsection 5.6, Delivery of Service	Added 5.6.1 Delivery Directly to the Beneficiary and 5.6.2 Utilizing Delivery or Shipping Service to policy. This update specifies expectations for training and fitting of orthotic and prosthetic devices and clarifies what supply items are appropriate to mail beneficiaries along with clarifying expectations when using shipping services.

Date	Section Revised	Change
2/1/2022	Attachment A, Section B	<p>Updated ICD-10 CM codes listed for diabetic shoes, inserts, and/or modifications. The following ICD-10 CM codes were added: E08.00-E09.9, indicating diabetes mellitus.</p> <p>Updated ICD-10 CM codes listed for Ankle or Foot Orthoses. The following “Unspecified” ICD-10 CM codes were deleted: M24.573, M24.576, and M72.2.</p> <p>Updated ICD-10 CM codes listed for Prosthetic Shoes. The following “Unspecified” ICD-10 CM codes were deleted: Q72.00, Q72.30, Q72.70, S98.019A, S98.019S, S98.029A, S98.029S, S98.119A, S98.119S, S98.129A, S98.129S, S98.139A, S98.139S, S98.149A, S98.149S, S98.219A, S98.219S, S98.229A, S98.229S, S98.319A, S98.319S, S98.329A, S98.329S, S98.919A, S98.919S, S98.929A, and S98.929S.</p> <p>Updated ICD-10 CM codes listed for External Breast Prostheses. The following “Unspecified” ICD-10 CM codes were deleted: C50.019, C50.119, C50.219, C50.319, C50.419, C50.519, C50.619, C50.819, and C50.919.</p>
2/1/2022	Subsection 6.2 and Attachment B	<p>Corrected certifying/accrediting board’s (BOC) title from “Board for Orthotist/Prosthetist Certification” to, “The Board of Certification/Accreditation”.</p> <p>Corrected certifying/accrediting board’s (ABC) title from “American Board for Certification in Orthotics and Prosthetics” to, “The American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABCOP)”.</p>
2/1/2022	Subsection 6.2	Removed “The Compliance Team, Inc.” from subsection 6.2 Provider Qualifications as this entity only accredits facilities and is not a certifying/accrediting entity for Ocularists and Anaplastologists.
2/1/2022	Subsection 6.2 and Attachment B	Removed the Board for Certification in Pedorthics (BCP) from subsection 6.2 Provider Qualifications and from Attachment B as this certifying entity has merged with the American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABCOP).
2/1/2022	Subsection 6.2 and Attachment B	<p>Updated the credentials of the American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABCOP)- Certified Pedorthist from “CPed” to, “C.Ped.”</p> <p>Added The Board of Certification/Accreditation (BOC) board-certified Pedorthist credentials with the description for a BOCPD, “BOCPD indicates Board of Certification/Accreditation -Certified Pedorthist.”</p> <p>Added BOCPD credentials to all HCPCS codes that are listed with the C.Ped. credentials as it is also appropriate for a BOC board certified Pedorthist to dispense these HCPCS codes.</p>
2/1/2022	Attachment B	<p>Added The Board of Certification/Accreditation (BOC) board-certified Prosthetist credentials with the description for a BOCP, “BOCP indicates Board of Certification/Accreditation –Certified Prosthetist”.</p> <p>Added BOCP credentials to all HCPCS codes that are listed with the CP credentials as it is also appropriate for a BOC board certified Prosthetist to dispense these HCPCS codes.</p>

Date	Section Revised	Change
2/1/2022	Attachment B	Added The Board of Certification/Accreditation (BOC) board-certified Orthotist credentials with the description for a BOCO, “ BOCO indicates Board of Certification/Accreditation –Certified Orthotist”. Added BOCO credentials to all HCPCS codes that were listed with the CO credentials as it is also appropriate for a BOC board certified Orthotist to dispense these HCPCS codes.
2/1/2022	Attachment B	Corrected board-certified provider description for the BCO credentials, “ BCO indicates National Examining Board of Ocularists -Board Certified Ocularists”. Added board-certified credentials with description for CCA, “ CCA indicates Board for Certification in Clinical Anaplastology-Certification in Clinical Anaplastology” to match the accepted board certifying entity listed in section 6.2 Provider Qualifications .
2/1/2022	Attachment B, Section P, Ocular Prostheses	Added Certification in Clinical Anaplastology (CCA) credentials to the Ocular Prostheses HCPCS codes as an appropriate provider to dispense ocular prosthetics.
2/1/2022	Attachment B	Updated credentials used by the American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABCOP) for a Certified Fitter-Mastectomy (CFm) and removed old credentials, Registered Fitter-Mastectomy (RFM) no longer used by the ABCOP, “ CFm indicates American Board for Certification in Orthotics, Prosthetics, and Pedorthics -Certified Fitter-mastectomy”. Updated credentials used by the American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABCOP) for a Certified Fitter-orthotics (CFo) and removed old credentials, Registered Fitter-Orthotics (RFO) no longer used by the ABCOP, “ CFo indicates American Board for Certification in Orthotics, Prosthetics, and Pedorthics -Certified Fitter-orthotics”. Removed Registered Fitter Orthotics Mastectomy (RFOM) credentials which are no longer used by the American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABCOP).
2/1/2022	Attachment B	The following was removed from Attachment B: Asterisks (*) denoting HCPCS procedure codes that require prior approval and plus signs (+) denoting HCPCS procedure codes that require prior approval for an adult. Bold codes denoting items covered by Medicare were also removed from Attachment B. The fee schedule is an updated reference for HCPCS codes that require prior approval.

Date	Section Revised	Change
2/1/2022	Attachment B	<p>Updated HCPCS code descriptions in the HCPCS code tables of Attachment B per the HCPCS Level II 2020 edition reference for the following codes: L0454, L0456, L0458, L0466, L0468, L0626, L0627, L0630, L0631, L0633, L0637, L0639, L1000, L1001, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1600, L1610, L1620, L1690, L1810, L1812, L1830, L1831, L1832, L1833, L1834, L1836, L1840, L1843, L1844, L1845, L1847, L1848, L1850, L1860, L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2186, L2232, L2387, L2800, L2999, L3100, L3170, L3225, L3252, L3600, L3610, L3620, L3630, L3640, L3650, L3660, L3670, L3675, L3677, L3710, L3730, L3762, L3807, L3809, L3891, L3900, L3901, L3904, L3905, L3906, L3908, L3912, L3915, L3917, L3923, L3925, L3927, L3929, L3931, L3960, L3962, L3976, L3999, L4000, L4002, L4040, L4045, L4050, L4055, L4360, L4370, L4386, L4396, L4398, L5972, L6000, L6010, L7499, L8000, L8001, L8002, L8015, L8030, L8417, L8420, L8430, L8440, L8460, L8470, L8480, and A6545.</p>
2/1/2022	Attachment B	<p>In January 2014, CMS split prefabricated orthotic codes into two separate codes including off-the-shelf (OTS) prefabricated codes requiring only minimal adjustment and codes that require expertise in customizing the orthotic to fit the individual patient.</p> <p>The following new prefabricated off-the shelf orthotic HCPCS codes, were added to the HCPCS code tables of Attachment B in policy January 15, 2018: L0641, L0642, L0643, L0648 and L0651. Revision is effective January 1, 2014.</p> <p>Added remaining new prefabricated off-the shelf orthotic HCPCS codes to the HCPCS code tables of Attachment B of policy: L0455, L0457, L0467, L0469, L0649, L0650, L1812, L1833, L1848, L3809, L3916, L3918, L3924, L3930, L4361, L4387, and L4397. Revision is effective January 1, 2014.</p> <p>Updated descriptions in the HCPCS code tables of Attachment B of policy of existing prefabricated codes that require expertise in customizing the orthotic to fit the individual patient: L0454, L0456, L0466, L0468, L0626, L0627, L0630, L0631, L0633, L0637, L0639, L1810, L1832, L1847, L3807, L3915, L3917, L3923, L3929, L4360, L4386, and L4396.</p>
2/1/2022	Attachment B	<p>“CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP” credentials were added as appropriate providers to dispense the following prefabricated off-the shelf orthotic HCPCS codes: L0455, L0457, L0467, L0469, L0649, L0650, L1812, L1833, L1848, L3809, L3916, L3918, L3924, and L3930.</p>

Date	Section Revised	Change
2/1/2022	Attachment B	“CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP, C.Ped., BOCPD” credentials were added as appropriate providers to dispense the following prefabricated off-the shelf orthotic HCPCS codes: L4361, L4387, and L4397.
2/1/2022	Attachment B	“COF and CFo” credentials were added as appropriate providers to dispense the following existing prefabricated codes that require expertise in customizing the orthotic to fit the individual patient: L0454, L0456, L0466, L0468, L0626, L0627, L0630, L0631, L0633, L0637, L0639, L1832, L1847, L3807, and L3917.
2/1/2022	Attachment B	“C.Ped., and BOCPD” credentials were added as appropriate providers to dispense the following existing prefabricated codes that require expertise in customizing the orthotic to fit the individual patient: L4360, L4386, and L4396.
2/1/2022	Attachment B	“MD, DO, PA, and NP” credentials were removed from the following existing prefabricated codes that require expertise in customizing the orthotic to fit the individual patient: L0626, L1810, L3807, L3917, L3923, and L3929.
2/1/2022	Attachment B, Section E, Lower Limb-Hip, Section G, Upper Limb Orthoses, and Section H, Ancillary Orthoses	Added “MD, DO, PA and NP” credentials to HCPCS codes L3675, L1850, L3710, L3762, L3912, and L4398 to allow MDs, DOs, PAs, and NPs to dispense these prefabricated, off-the-shelf items.
2/1/2022	Attachment B, Section C, Spinal Orthoses and Section G, Upper Limb Orthoses	Added “MD, DO, PA and NP” credential to HCPCS codes L3670, L3760, L0172, and L0174 to allow MDs, DOs, PAs and NPs to dispense these prefabricated codes.
2/1/2022	Attachment B, Section L, Elastic Supports	Added “MD, DO, PA, and NP” credentials to the A6549 HCPCS code to allow MDs, DOs, PAs, and NPs to dispense a gradient compression stocking/sleeve, not otherwise specified.
2/1/2022	Attachment B, Section A, Diabetic Shoes/Inserts, Fitting, and Modifications	Removed “MD, DO, PA, and NP” credentials from the following HCPCS code: A5513.

Date	Section Revised	Change
2/1/2022	Attachment B, Section F, Orthopedic Shoes and Footwear	Removed “MD, DO, PA, and NP” credentials from the following HCPCS codes: L3070, L3080, L3090, L3140, L3150, L3160, L3216, L3217, L3221, and L3222.
2/1/2022	Attachment B, Section D, Scoliosis Orthoses	Removed all reference to “ABC-CO and ABCCPO only” from the Required Provider Certification field for Scoliosis HCPCS codes. The American Board for Certification of Orthotics, Prosthetics and Pedorthics (ABCOP), was formally referenced in policy as the (ABC). Certified Orthotists certified by the Board of Certification/Accreditation (BOC) prior to 2016 are also qualified to dispense scoliosis orthoses. The BOCO credentials were added to all scoliosis orthotic HCPCS codes.
2/1/2022	Attachment B	Removed “CP” credentials from the following HCPCS codes as these fall outside the scope of practice of a Certified Prosthetists: A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5513, L3000, L3001, L3070, L3080, L3090, L3140, L3150, L3160, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, and L3649.
2/1/2022	Attachment B, Section I, Lower Limb Prostheses	Added “CO and BOCO” credentials to the L5000 HCPCS code.
2/1/2022	Attachment B	Added “C.Ped. and BOCPD” credentials to the following HCPCS codes: L1900, L1904, L1906, L1907, L1910, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2106, L2108, L2112, L2114, L2116, L2180, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2350, L2375, L4205, L4210, L4350, L4360, L4361, L4386, L4387, L4392, L4394, L4396, L4397, L4398, L4631, L5010, and L5020.
2/1/2022	Attachment B	Added “CFo and COF” credentials to the following HCPCS codes: L0113, L0430, L0454, L0455, L0456, L0457, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0488, L0490, L0621, L0623, L0625, L0626, L0627, L0629, L0630, L0631, L0633, L0635, L0637, L0639, L0649, L0650, L1001, L1650, L1660, L1686, L1690, L1812, L1832, L1833, L1843, L1845, L1847, L1848, L1850, L1906, L1910, L1930, L1932, L1951, L1971, L2035, L2112, L2114, L2116, L2132, L2134, L2136, L3040, L3050, L3060, L3100, L3170, L3760, L3807, L3809, L3916, L3917, L3918, L3924, L3930, L3960, L3962, L3980, L3982, L3984, L4361, L4387, and L4397.
2/1/2022	Attachment B	Removed certified orthotic fitter “COF” credentials from the following HCPCS codes: L0220, L0631, L1630, L1640, L1840, and L1920.

Date	Section Revised	Change
2/1/2022	Attachment C	Removed “ICD-9-CM” from block 21 of the instructions for completing a claim and replaced it with “ICD-10-CM”. Removed “or NCHC” from block 1 of the instruction for completing a claim. Instruction now reads, “Place an X in the MEDICAID block.”
2/1/2022	Attachment D	Updated the hyperlink to the Prior Approval Forms for Lower Extremity Prosthetic Components to, “https://medicaid.ncdhhs.gov/providers/forms/durable-medical-equipment-orthotics-and-prosthetics-forms” .
12/15/2022	Subsection 3.2.1.d, Specific criteria covered by both Medicaid and NCHC	Added “doctors of podiatric medicine (DPMs)” to Subsection 3.2.1.d, so that it now reads, “Medical doctors (MDs), doctors of osteopathic medicine (DOs), doctors of podiatric medicine (DPMs), physician assistants (PAs) and nurse practitioners (NPs) may provide certain orthotic and prosthetic devices when the devices are part of the beneficiary’s current care and treatment. These professionals may provide devices as indicated in the Required Provider Certification column of Attachment B .”
12/15/2022	Subsection 6.1c, Provider Qualifications and Occupational Licensing Entity Regulations	Added “DPMs” to Subsection 6.1.c, so that it now reads, “MDs, DOs, DPMs, PAs and NPs who are enrolled with Medicaid. These professionals may provide devices as indicated in the Required Provider Certification column of Attachment B .”
12/15/2022	Subsection 6.2, Provider Qualifications	Added “DPMs” to Subsection 6.2, so that it now reads, “ In addition to the provisions in Section 6.0 , provider(s) other than MDs, DOs, DPMs, PAs and NPs shall fulfill all the following conditions to qualify for participation with Medicaid and NCHC as orthotics and prosthetics supplier(s).”
12/15/2022	Attachment B	Added “ DPM indicates Doctor of Podiatric Medicine”, to Attachment B: Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices.
12/15/2022	Attachment B, Section A. Diabetic Shoes/Inserts, Fitting and Modifications	Added “DPM” credentials to the following HCPCS codes: A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5512, and A5513.

Date	Section Revised	Change
12/15/2022	Attachment B, Section E. Lower Limb Orthoses	Added “DPM” credentials to the following HCPCS codes: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2106, L2108, L2112, L2114, L2116, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2320, L2330, L2360, L2370, L2375, L2820, L2840 and L2999.
12/15/2022	Attachment B, Section F. Orthopedic Shoes and Footwear	Added “DPM” credentials to the following HCPCS codes: L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, and L3649.
12/15/2022	Attachment B, Section H. Ancillary Orthoses	Added “DPM” credentials to the following HCPCS codes: L4350, L4360, L4361, L4370, L4386, L4387, L4392, L4394, L4396, L4397, L4398, and L4631.
12/15/2022	Attachment B, Section I. Lower Limb Prostheses	Added “DPM” credentials to the following HCPCS codes: L5000, L5010, and L5020.
12/15/2022	Attachment B, Section K. Replacement and Repair	Added “DPM” credentials to the following HCPCS codes: K0672, L4002, L4050, L4055, L4205, L4210, L7510, and L7520.
12/15/2022	Attachment B, Section L. Elastic Supports	Added “DPM” credentials to the following HCPCS codes: codes: A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6545, and A6549.
12/15/2022		DPM policy changes have an effective date of 9/1/2022 with an amended date of 12/15/2022.
12/15/2022	Attachment B, Section K. Replacement and Repair	Added “C.Ped.”, and “BOCPD” credentials to the following HCPCS codes: K0672, L4002, L4050, L4055, L7510, and L7520.
12/15/2022	Attachment B, Section E. Lower Limb Orthoses	Removed “C.Ped.” and “BOCPD” credentials from HCPCS codes L2180 and L2350. Added “C.Ped.” and “BOCPD” credentials to HCPCS codes: L2320, L2330, L2360, L2370, L2820, L2840, and L2999.

Date	Section Revised	Change
12/15/2022	Attachment B, Section H. Ancillary Orthoses	Added "C.Ped." and "BOCPD" credentials to HCPCS code L4370.
12/15/2022	Attachment B, Section I. Lower Limb Prostheses	Removed "C.Ped." and "BOCPD" credentials from the following HCPCS code: L5020.
12/15/2022	Attachment B Section I. Lower Limb Prostheses	Added coverage, lifetime expectancies, and rendering provider credentials for HCPCS code K1022 Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type. Code K1022 has an effective date of 10/1/2021 with an amended date of 12/15/2022.
12/15/2022	Attachment B, Section E. Lower Limb Orthoses	For HCPCS code L2755, changed the Lifetime Expectancy from "6 months: ages 0-20; per 3 years: ages 21 and older" to now read, "4 per 6 months: ages 0-20; 4 per 3 years: ages 21 and older".
12/15/2022	Attachment B, I. Lower Limb Prostheses and J. Upper Limb Prostheses	For HCPCS codes L5618, L5620, L5622, L5624, L5626, L5628, L5695, L6680, L6682, and L6684, changed the Lifetime Expectancy from "6 months all ages" to now read, "2 per 6 months all ages".
12/15/2022	Attachment B, Lifetime Expectancy and Quantity Limitations	In the Lifetime Expectancy and Quantity Limitations column of Attachment B, changed age limits from "ages 21-115" to "ages 21 and older".
12/15/2022	All Sections and Attachments	Grammatical updates made throughout policy.
12/15/2022	Attachment B, C. Spinal Orthoses	Removed L0430 as the code was end-dated 12/31/2013.
12/15/2022	Attachment B, Lifetime Expectancy and Quantity Limitations	Clarified Lifetime Expectancy and Quantity Limitations column of Attachment B.
12/15/2022	Attachment A, Section F. Place of Service	Updated Place of Service to now read, "12-Home, 04-Homeless Shelter, 13-Assistive Living Facility, 14-Group Home, 33-Custodial Care Facility, and 34-Hospice".

Date	Section Revised	Change
12/15/2022	Related Clinical Coverage Policies	Added clinical coverage policies 5A-2 Respiratory Equipment and Supplies and 5A-3 Nursing Equipment and Supplies.
4/1/2023	All Sections and Attachments	Updated policy template language due to North Carolina Health Choice Program's move to Medicaid. Policy posted 6/1/2023 with an effective date of 4/1/2023.
07/15/2024	Subsection 5.1, Prior Approval	Removed references to asterisks (*) and plus signs (+) indicating requirement for prior approval as these symbols are no longer used on the Orthotics and Prosthetics fee schedule.
07/15/2024	Subsection 5.3.3, Helmets	Renamed "Cranial Orthosis for Plagiocephaly" to "Cranial Remolding Orthosis". Divided Helmets into "5.3.3.1 Cranial Protection" and "5.3.3.2 Cranial Remolding Orthosis".
07/15/2024	Subsection 5.3.3, Helmets	Updated medical necessity criteria for the Cranial Remolding Orthosis to align with current standards of practice.
07/15/2024	Attachment B	Changed lifetime expectancy of HCPCS code S1040 from "0-12 months" to now read "0-18" months to align with updated cranial remolding medical necessity criteria.
07/15/2024	Attachment B	Quantity limitations for diabetic shoes and inserts was updated.
07/15/2024	Attachment B	Removed CP and BOCIP credentials from the following HCPCS codes as these fall outside the scope of practice for these certifications: A5512, L3002, L3003, L3010, L3020, L3030, L3300, L3310, L3320, L3330, and L3334.
07/15/2024	Attachment B	Updated the following HCPCS code to align with the 2024 CMS annual HCPCS code update: K1022 was replaced with L5926, effective 1/1/2024.
07/15/2024	Attachment B	Updated the following HCPCS codes to align with the 2024 CMS annual HCPCS code update: A6531 was replaced with A6552, A6532 was replaced with A6554, and A6545 was replaced with A6583, effective 1/1/2024
07/15/2024	Attachment B	Per previous CMS annual HCPCS code updates, prefabricated off-the-shelf HCPCS codes L1851, L1852, L3761, and L3678 were split off from existing prefabricated, custom fitted HCPCS codes L1843, L1845, L3760, and L3677. The following prefabricated, off-the shelf orthotic HCPCS codes, were added to the HCPCS code tables of Attachment B: L3678 with an effective date of 1/1/2014, L1851 and L1852 with an effective date of 1/1/2017, and L3761 with an effective date of 1/1/2018.
07/15/2024	Attachment B	The description of L3760 was updated.

Date	Section Revised	Change
07/15/2024	Attachment B	Removed CO, BOCO, CPO, C. Ped, and BOCPD certifications from L3265 as this code falls outside the scope of practice for these certifications.
07/15/2024	Attachment B	Removed MD, DO, PA and NP certifications from L3760 as this code falls outside the scope of practice for these certifications.
07/15/2024	Attachment B	The description of L0120 was updated.
07/15/2024	Attachment C	Instructions about when to submit an invoice with a claim for a manually priced item was updated at the bottom of page 136 to align with current practice.
07/15/2024	All Sections and Attachments	Grammatical corrections made throughout policy and links to fee schedule updated throughout policy.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid’s clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

A. Claim Type

Professional (CMS-1500/837P transaction)

Refer to **Attachment C, Completing a Claim for Orthotic and Prosthetic Services**, for additional information.

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

B. International Classification of Diseases and Related Health Problems, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

ICD-10-CM Code(s)	
Diabetic Shoes, Inserts, and Modifications	
E08.00 – E09.9, E10.10 – E10.9, E11.00– E11.9, E13.0 – E13.9	

ICD-10-CM Code(s)			
Ankle or Foot Orthoses			
M24.571 M24.572	M24.574	M24.575	M35.1

ICD-10-CM Code(s)			
Prosthetic Shoes			
Q72.01	S98.022S	S98.141S	S98.321A
Q72.02	S98.111A	S98.142A	S98.321S
Q72.03	S98.111S	S98.142S	S98.322A
Q72.31	S98.112A	S98.211A	S98.322S
Q72.32	S98.112S	S98.211S	S98.911A
Q72.33	S98.121A	S98.212A	S98.911S
Q72.71	S98.121S	S98.212S	S98.912A
Q72.72	S98.122A	S98.221A	S98.912S
Q72.73	S98.122S	S98.221S	S98.921A
S98.011A	S98.131A	S98.222A	S98.921S
S98.011D	S98.131S	S98.222S	S98.922A
S98.011S	S98.132A	S98.311A	S98.922S
S98.012A	S98.132S	S98.311S	
S98.012S	S98.141A	S98.312A	
S98.021A		S98.312S	
S98.021S			
S98.022A			

ICD-10-CM Code(s)			
External Breast Prostheses			
C50.011	C50.411	C50.812	D05.80
C50.012	C50.412	C50.911	D05.81
C50.019	C50.511	C50.912	D05.82
C50.111	C50.512	D05.00	D05.90
C50.112	C50.611	D05.01	D05.91
C50.211	C50.612	D05.02	D05.92
C50.212	C50.811	D05.10	Z90.10
C50.311		D05.11	Z90.11
C50.312		D05.12	Z90.12
			Z90.13

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

Refer to the **Orthotic and Prosthetic Devices Fee Schedule** for the rates associated with the orthotic and prosthetic devices and related supplies listed in **Attachment B** below. The fee schedules are available on NC Medicaid's website at: <https://medicaid.ncdhhs.gov/providers>. To request a medical necessity review for an item not listed, refer to **Subsections 1.0, 2.2 and Attachment E** for instructions.

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s)

Medicaid pays for services in specific units that measure the amount of service provided to the beneficiary.

For orthotics and prosthetics, the units of service are as follows:

1. **Purchased Equipment:** The unit of service is one (1) for each device provided.
2. **Service and Repair:** The unit of service is one (1) for each approved service or repair unit, in 15-minute increments.

F. Place of Service

12-Home, 04-Homeless Shelter, 13-Assisted Living Facility, 14-Group Home, 33-Custodial Care Facility, and 34-Hospice.

G. Co-payments

For Medicaid refer to Medicaid State Plan:

<https://medicaid.ncdhhs.gov/providersget-involved/nc-health-choice-state-plan>

Medicaid eligible beneficiaries are exempt from co-payments for orthotic and prosthetic devices.

H. Reimbursement

Provider(s) shall bill their usual and customary charges.

For a schedule of rates, see: <https://medicaid.ncdhhs.gov/providers>

Providers shall bill their usual and customary charges. Payment is calculated based on the lower of the provider's billed charge or the maximum amount allowed by Medicaid.

Payment for all devices includes delivery to the beneficiary as well as any required fitting or assembly.

Note: Medicaid does not pay separately for travel time, shipping costs, delivery, fitting, or assembly of orthotic and prosthetic devices. Medicaid's fees include these services.

a. Payment Restrictions

Medicaid payment is restricted in relation to hospice services. A hospice agency that Medicaid is reimbursing for care of a terminally ill beneficiary must supply all orthotic and prosthetic equipment and supplies for treatment relative to the terminal illness. Only those devices unrelated to the treatment of the terminal illness may be provided and billed by an enrolled orthotic and prosthetic provider. Refer to **Subsection 7.2, Coordinating Care**, for additional information.

Note: Participation in a Medicaid managed care program or CAP may also affect coverage.

b. Dually Eligible Beneficiaries

Effective with **date of service September 6, 2004**, claims filed to **Medicare** must be **crossed over automatically** to Medicaid for payment if a Medicare Crossover Request form is on file with Medicaid for that provider and Medicare and Medicaid have matching data for the beneficiary. It is the provider's responsibility to check the Medicaid Remittance and Status Report to verify that the claim was crossed over from Medicare. Providers may verify that their Medicare provider number is cross-referenced to their Medicaid provider number by contacting GDIT at 800-688-6696. Providers whose Medicare provider number is not cross-referenced to their Medicaid provider number may have it cross-referenced by completing the Medicare Crossover Request form (available from NC Medicaid's website at: <https://medicaid.ncdhhs.gov/providers> and submitting it by fax or mail to the fax number or address listed on the form. Claims must pay to the Medicaid provider number to which the NPI filed on the Medicare claim crosswalks in the Medicaid claims payment system. If the NPI on the claim filed to Medicare is different from the one registered with Medicaid, the provider shall resubmit the claim with the correct NPI and taxonomy.

Note: If the claims payment system is unable to map to the correct Medicaid provider number, refer to the May 2008 Special Bulletin 3, National Provider Identifier, for instructions. Refer to the August 2004 Special Bulletin V, Medicare Part B Billing, for details regarding crossover claims for a beneficiary with both Medicaid and Medicare eligibility.

Attachment B: Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices

Along with lifetime expectancies and quantity limitations, the charts that follow indicate the level of board-certified provider required for each orthotic and prosthetic HCPCS procedure code. The following board-certified provider(s) may be reimbursed for orthotic and prosthetic service.

BCO indicates National Examining Board of Ocularists-Board Certified Ocularists

CCA indicates Board for Certification in Clinical Anaplastology-Certification in Clinical Anaplastology

CFts indicates American Board for Certification in Orthotics, Prosthetics and Pedorthics-Certified Fitter-therapeutic shoes

CMF indicates Board of Certification/Accreditation-Certified Mastectomy Fitter

CO indicates American Board for Certification in Orthotics, Prosthetics and Pedorthics-Certified Orthotist

BOCO indicates Board of Certification/Accreditation–Certified Orthotist

COF indicates Board of Certification/Accreditation-Certified Orthotic Fitter

CP indicates American Board for Certification in Orthotics, Prosthetics and Pedorthics-Certified Prosthetist

BOCP indicates Board of Certification/Accreditation –Certified Prosthetist

C.Ped. indicates American Board for Certification in Orthotics, Prosthetics and Pedorthics-Certified Pedorthist

BOCPD indicates Board of Certification/Accreditation-Certified Pedorthist

CPO indicates American Board for Certification in Orthotics, Prosthetics and Pedorthics-Certified Prosthetist-Orthotist

DO indicates Doctor of Osteopathic Medicine

MD indicates Medical Doctor

DPM indicates Doctor of Podiatric Medicine

NP indicates Nurse Practitioner

PA indicates Physician Assistant-Certified or PA-C

CFm indicates American Board for Certification in Orthotics, Prosthetics and Pedorthics-Certified Fitter-mastectomy

CFo indicates American Board for Certification in Orthotics, Prosthetics and Pedorthics-Certified Fitter-orthotics

A. Diabetic Shoes/Inserts, Fitting, and Modifications

Diabetic Shoes/Inserts, Fitting, and Modifications			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
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	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, CFts, DPM
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	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD DPM,
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	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
A5504	For diabetics only, modification (including fitting) of off the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
A5505	For diabetics only, modification (including fitting) of off the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
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	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
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	3 left and 3 right per year: all ages	CO, BOCO, CPO, MD, DO, PA, NP, CFts, C.Ped., BOCPD, DPM

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	3 left and 3 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
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B. Helmets

Helmets			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	1 per 6 months: ages 0–20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	1 per 6 months: ages 0–20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	1 per 6 months: ages 0–20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	1 per 6 months: ages 0–20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
A8004	Soft interface for helmet, replacement only	1 per 6 months: all ages	CO, BOCO, CPO, COF, CFo
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	1 per beneficiary: ages 0-18 months	CO, BOCO, CPO

C. Spinal Orthoses

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0112	Cranial cervical orthotic, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO
L0113	Cranial cervical orthotic, without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0130	Cervical, flexible, thermoplastic collar, molded to patient	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0140	Cervical, semi-rigid, adjustable (plastic collar)	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	1 per 6 months: ages 0-20; 1 per 2 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0170	Cervical, collar, molded to patient model	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0172	Cervical, collar, semi-rigid, thermoplastic foam, 2 piece	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0174	Cervical, collar, semi-rigid, thermoplastic foam, 2 piece with thoracic extension	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0220	Thoracic, rib belt, custom fabricated	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO
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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0452	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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0458	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0466	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures, and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0469	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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0482	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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0484	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 the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0486	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 the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0488	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0621	Sacroiliac orthotic, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0622	Sacroiliac orthotic, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO
L0623	Sacroiliac orthotic 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	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0624	Sacroiliac orthotic, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO
L0625	Lumbar orthotic, 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	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0626	Lumbar orthotic, 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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
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 item that has been trimmed, bent, molded, or assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0628	Lumbar-sacral orthotic, 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	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0629	Lumbar-sacral orthotic 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	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO
L0630	Lumbar-sacral orthotic, 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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0634	LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0635	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0636	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0638	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0639	Lumbar-sacral orthosis sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to 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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0640	LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to 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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
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	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
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	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
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	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
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	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
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	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0650	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, off-the-shelf	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
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	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0700	CTLISO, anterior-posterior-lateral control, molded to patient model (Minerva type)	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0710	CTLISO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0810	Halo procedure, cervical halo incorporated into jacket vest	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L0861	Addition to halo procedure, replacement liner/interface material	2 per 6 months: all ages	CO, BOCO, CPO
L0970	TLSO, corset front	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0972	LSO, corset front	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0974	TLSO, full corset	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0976	LSO, full corset	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L0978	Axillary crutch extension	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0980	Peroneal straps, pair	1 pair per 6 months: ages 0-20; 1 pair per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF

Spinal Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0982	Stocking supporter grips, set of four (4)	1 set of four (4) per 6 months: ages 0-20; 1 set of four (4) per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0984	Protective body sock, each	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L0999	Addition to spinal orthotic, NOS	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO

D. Scoliosis Orthoses

Scoliosis Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1000	Cervical-thoracic-lumbar-sacral orthotic (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, CPO, BOCO
L1001	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), immobilizer, infant size, prefabricated, includes fitting and adjustment	1 per 6 months: all ages	CO, BOCO, CPO, CFo, COF
L1005	Tension based scoliosis orthotic and accessory pads, includes fitting and adjustment	1 per 6 months: all ages	CO, BOCO, CPO
L1010	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, axilla sling	1 left and 1 right per 6 months: all ages	CO, BOCO, CPO
L1020	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, kyphosis pad	1 per 6 months: all ages	CO, BOCO, CPO
L1025	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic kyphosis pad, floating	1 per 6 months: all ages	CO, BOCO, CPO
L1030	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, lumbar bolster pad	1 per 6 months: all ages	CO, BOCO, CPO
L1040	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, lumbar or lumbar rib pad	1 per 6 months: all ages	CO, BOCO, CPO
L1050	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, sternal pad	1 per 6 months: all ages	CO, BOCO, CPO
L1060	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, thoracic pad	1 per 6 months: all ages	CO, BOCO, CPO
L1070	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, trapezius sling	1 per 6 months: all ages	CO, BOCO, CPO
L1080	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, outrigger	1 left and 1 right per 6 months: all ages	CO, BOCO, CPO
L1085	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, outrigger, bilateral with vertical extensions	1 per 6 months: all ages	CO, BOCO, CPO
L1090	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, lumbar sling	1 per 6 months: all ages	CO, BOCO, CPO
L1100	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, ring flange, plastic or leather	1 per 6 months: all ages	CO, BOCO, CPO
L1110	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, ring flange, plastic or leather, molded to patient model	1 per 6 months: all ages	CO, BOCO, CPO
L1120	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, cover for upright, each	1 left and 1 right per 6 months: all ages	CO, BOCO, CPO

Scoliosis Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1200	Thoracic-lumbar-sacral-orthotic (TLSO), inclusive of furnishing initial orthotic only	1 per 6 months: all ages	CO, BOCO, CPO
L1210	Addition to thoracic-lumbar-sacral-orthotic (TLSO) (low profile), lateral thoracic extension	1 left and 1 right per 6 months: all ages	CO, BOCO, CPO
L1220	Addition to thoracic-lumbar-sacral-orthotic (TLSO) (low profile), anterior thoracic extension	1 per 6 months: all ages	CO, BOCO, CPO
L1230	Addition to thoracic-lumbar-sacral-orthotic (TLSO) (low profile), Milwaukee type superstructure	1 left and 1 right per 6 months: all ages	CO, BOCO, CPO
L1240	Addition to thoracic-lumbar-sacral-orthotic (TLSO) (low profile), lumbar derotation pad	1 per 6 months: all ages	CO, BOCO, CPO
L1250	Addition to thoracic-lumbar-sacral-orthotic (TLSO) (low profile), anterior ASIS pad	1 per 6 months: all ages	CO, BOCO, CPO
L1260	Addition to thoracic-lumbar-sacral-orthotic (TLSO) (low profile), anterior thoracic derotation pad	1 per 6 months: all ages	CO, BOCO, CPO
L1270	Addition to thoracic-lumbar-sacral-orthotic (TLSO) (low profile), abdominal pad	1 per 6 months: all ages	CO, BOCO, CPO
L1280	Addition to thoracic-lumbar-sacral-orthotic (TLSO) (low profile), rib gusset (elastic), each	1 per 6 months: all ages	CO, BOCO, CPO
L1290	Addition to thoracic-lumbar-sacral-orthotic (TLSO) (low profile), lateral trochanteric pad	1 left and 1 right per 6 months: all ages	CO, BOCO, CPO
L1300	Other scoliosis procedure, body jacket molded to patient model	1 per 6 months: all ages	CO, BOCO, CPO
L1310	Other scoliosis procedure, postoperative body jacket	1 per 6 months: all ages	CO, BOCO, CPO
L1499	Spinal orthotic, not otherwise specified	1 per 6 months: all ages	CO, BOCO, CPO

E. Lower Limb Orthoses

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1600	Hip orthosis,-abduction control of hip joints, flexible, frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo
L1610	Hip orthosis abduction control of hip joints, flexible, (frejka cover only), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo
L1620	Hip orthosis abduction control of hip joints, flexible, (pavlik harness), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo
L1630	Hip orthotic, abduction control of hip joints, semi-flexible, (von rosen type), custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L1640	Hip orthotic, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L1650	Hip orthotic, abduction control of hip joints, static, adjustable (ilfld type), prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L1652	Hip orthotic, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo
L1660	Hip orthotic, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1685	Hip orthosis, abduction control of hip joint, post-operative hip abduction type, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L1700	Legg Perthes orthotic, (toronto type), custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L1710	Legg Perthes orthotic, (newington type), custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L1720	Legg Perthes orthotic, trilateral (tachdijan type), custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L1730	Legg Perthes orthotic, (scottish rite type), custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L1755	Legg Perthes orthosis, (patten bottom type), custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L1820	Knee orthotic, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo, MD, DO, PA, NP
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo, MD, DO, PA, NP

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1831	Knee orthotic, locking knee joint(s), positional orthosis prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo, MD, DO, PA, NP
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo, MD, DO, PA, NP
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L1844	Knee orthotic (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, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
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	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
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	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (sk)	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L1900	Ankle-foot-orthosis, spring wire, dorsiflexion assist calf band, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21	CO, BOCO, CPO, C.Ped., BOCPD, DPM

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		and older	
L1902	Ankle orthosis, ankle gauntlet, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, COF, CFo, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L1906	Ankle orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L1910	Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, DPM
L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L1930	Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, DPM
L1932	Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, DPM
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L1951	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF C.Ped., BOCPD, DPM
L1960	Ankle-foot orthosis, posterior solid ankle, plastic, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L1970	Ankle-foot orthosis, plastic, with ankle joint, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L1971	Ankle-foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, DPM
L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2000	Knee-ankle foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2005	Knee-ankle foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2010	Knee-ankle foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2020	Knee-ankle foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' -orthosis), custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2030	Knee-ankle foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2034	Knee ankle foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2035	Knee ankle foot orthosis (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L2036	Knee ankle foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2037	Knee ankle foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2038	Knee ankle foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2040	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L2050	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L2060	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L2070	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2080	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2090	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2106	Ankle-foot orthotic (AFO) fracture orthotic, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2108	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthosis, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, CFo, COF MD, DO, PA, NP, DPM
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, CFo, COF, DPM
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, CFo, COF, DPM
L2126	Knee-ankle foot orthosis (KAFO), fracture orthotic, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2128	Knee-ankle foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2132	Knee ankle foot orthosis (KAFO), fracture cast orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2134	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L2136	Knee-ankle foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2190	Addition to lower extremity fracture orthosis, waist belt	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2200	Addition to lower extremity, limited ankle motion, each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis (AFO), for custom fabricated orthosis only	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2240	Addition to lower extremity, round caliper and plate attachment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2260	Addition to lower extremity, reinforced solid stirrup (scott-craig type)	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2265	Addition to lower extremity, long tongue stirrup	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2270	Addition to lower extremity, varus/valgus correction (t) strap, padded/lined or malleolus pad	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2280	Addition to lower extremity, molded inner boot	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2310	Addition to lower extremity, abduction bar, straight	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthotic only	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthotic only	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L2335	Addition to lower extremity, anterior swing band	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2340	Addition to lower extremity, pretibial shell, molded to patient model	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2350	Addition to lower extremity, prosthetic type (BK) socket, molded to patient model (used for PTB, AFO orthoses)	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPPD
L2360	Addition to lower extremity, extended steel shank	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L2370	Addition to lower extremity, Patten bottom	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis (KAFO), each joint	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2390	Addition to lower extremity, offset knee joint, each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2397	Addition to lower extremity, orthotic, suspension sleeve	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2405	Addition to knee joint, drop lock, each	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2415	Addition to knee lock with integrated release mechanism (ball, cable, or equal), any material, each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2492	Addition to knee joint, lift loop for drop lock ring	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO,
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, 2 position joint, each	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2580	Addition to lower extremity, pelvic control, pelvic sling	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO
L2660	Addition to lower extremity, thoracic control, thoracic band	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	1 per 6 months: ages 0-20; 1 per year: ages 21 and older	CO, BOCO, CPO
L2680	Addition to lower extremity, thoracic control, lateral support uprights	1 per 6 months: ages 0-20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	4 left and 4 right per 6 months: ages 0-20; 4 left and 4 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only	4 left and 4 right per 6 months: ages 0-20; 4 left and 4 right per 3 years: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	4 left and 4 right per 6 months: ages 0-20; 4 left and 4 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2768	Orthotic side bar disconnect device, per bar	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar	4 left and 4 right per 6 months: ages 0-20; 4 left and 4 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2785	Addition to lower extremity orthosis, drop lock retainer, each	2 left and 2 right per 6 months: ages 0-20; 2 left and 2 right per year: ages 21 and older	CO, BOCO, CPO
L2795	Addition to lower extremity orthosis, knee control, full kneecap	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO
L2800	Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull, for use with custom fabricated orthosis only	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO
L2810	Addition to lower extremity orthosis, knee control, condylar pad	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	4 left and 4 right per 6 months: ages 0-20; 4 left and 4 right per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	4 left and 4 right per 6 months: ages 0-20; 4 left and 4 right per year: ages 21 and older	CO, BOCO, CPO

Lower Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	1 left and 1 right per every 6 months: ages 0-20; 1 left and 1 right per every 3 years: ages 21 and older	CO, BOCO, CPO
L2999	Lower extremity orthosis not otherwise specified	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM

F. Orthopedic Shoes and Footwear

Orthopedic Shoes and Footwear			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3001	Foot insert, removable, molded to patient model, Spenco, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3003	Foot insert, removable, molded to patient model, silicone gel, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3030	Foot insert, removable, formed to patient foot, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3040	Foot, arch support, removable, premolded, longitudinal, each	2 left and 2 right per year: all ages	CO, BOCO, CP, BOCP, CPO, C.Ped., BOCPD, MD, DO, PA, NP, CFo, COF, DPM
L3050	Foot, arch support, removable, premolded, metatarsal, each	2 left and 2 right per year: all ages	CO, BOCO, CP, BOCP, CPO, C.Ped., BOCPD,- MD, DO, PA, NP, CFo, COF, DPM
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	2 left and 2 right per year: all ages	CO, BOCO, CP, BOCP, CPO, C.Ped., BOCPD, MD, DO, PA, NP, CFo, COF, DPM

Orthopedic Shoes and Footwear			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	2 left and 2 right per year: all ages	CO, BOCO, CP, BOCP, CPO, CFo, COF, C.Ped., BOCPPD, MD, DO, PA, NP, DPM
L3140	Foot, abduction rotation bar, including shoes	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3150	Foot, abduction rotation bar, without shoes	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3160	Foot, adjustable shoe-styled positioning device	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	2 left and 2 right per year: all ages	CO, BOCO, CP, BOCP, CPO, CFo, COF, C.Ped., BOCPPD, MD, DO, PA, NP, DPM
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	2 left and 2 right per year	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	2 left and 2 right per year	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	2 left and 2 right per year	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	2 left and 2 right per year	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3206	Orthopedic shoe, hightop with supinator or pronator, child	2 left and 2 right per year	CO, BOCO, CPO, C.Ped., BOCPPD, DPM

Orthopedic Shoes and Footwear			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	2 left and 2 right per year	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3208	Surgical boot, each, infant	2 left and 2 right per year	CO, BOCO, CPO, C.Ped., BOCPD MD, DO, PA, NP, DPM
L3209	Surgical boot, each, child	2 left and 2 right per year	CO, BOCO, CPO C.Ped., BOCPD MD, DO, PA, NP, DPM
L3211	Surgical boot, each, junior	2 left and 2 right per year	CO, BOCO, CPO, C.Ped., BOCPD MD, DO, PA, NP, DPM
L3212	Benesch boot, pair, infant	2 pair per year	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3213	Benesch boot, pair, child	2 pair per year	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3214	Benesch boot, pair, junior	2 pair per year	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3215	Orthopedic footwear, ladies shoe, oxford, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3219	Orthopedic footwear, mens shoe, oxford, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3221	Orthopedic footwear, mens shoe, depth inlay, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM

Orthopedic Shoes and Footwear			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthotic)	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthotic)	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3251	Foot, shoe molded to patient model, silicone shoe, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3254	Nonstandard size or width	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3255	Nonstandard size or length	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3257	Orthopedic footwear, additional charge for split size	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3260	Surgical boot/shoe, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, MD, DO, PA, NP, DPM
L3265	Plastazote sandal, each	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPPD, MD, DO, PA, NP, DPM
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	N/A	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3310	Lift, elevation, heel and sole, neoprene, per inch	N/A	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L3320	Lift, elevation, heel and sole, cork, per inch	N/A	CO, BOCO, CPO, C.Ped., BOCPPD,

Orthopedic Shoes and Footwear			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
			DPM
L3330	Lift, elevation, metal extension (skate)	N/A	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3332	Lift, elevation, inside shoe, tapered, up to one-half in.	N/A	CO, BOCO, CP, BOCP, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3334	Lift, elevation, heel, per in.	N/A	CO, BOCO, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3340	Heel wedge, SACH	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3350	Heel wedge	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3360	Sole wedge, outside sole	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3370	Sole wedge, between sole	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3380	Clubfoot wedge	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3390	Outflare wedge	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3400	Metatarsal bar wedge, rocker	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3410	Metatarsal bar wedge, between sole	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3420	Full sole and heel wedge, between sole	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3430	Heel, counter, plastic reinforced	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM

Orthopedic Shoes and Footwear			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3440	Heel, counter, leather reinforced	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3450	Heel, SACH cushion type	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3455	Heel, new leather, standard	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3460	Heel, new rubber, standard	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3465	Heel, Thomas with wedge	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3470	Heel, Thomas extended to ball	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3480	Heel, pad and depression for spur	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3485	Heel, pad, removable for spur	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L3500	Orthopedic shoe addition, insole, leather	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3510	Orthopedic shoe addition, insole, rubber	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3520	Orthopedic shoe addition, insole, felt covered with leather	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3530	Orthopedic shoe addition, sole, half	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3540	Orthopedic shoe addition, sole, full	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3550	Orthopedic shoe addition, toe tap, standard	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD,

Orthopedic Shoes and Footwear			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
			DPM
L3560	Orthopedic shoe addition, toe tap, horseshoe	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3580	Orthopedic shoe addition, convert instep to Velcro closure	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3595	Orthopedic shoe addition, March bar	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	2 left and 2 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (riveton), both shoes	1 left and 1 right per 6 months: ages 0–20 only	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM

G. Upper Limb Orthoses

Upper Limb Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3671	Shoulder orthotic (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: all ages	CO, BOCO, CPO
L3674	Shoulder Orthotic, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per year: all ages	CO, BOCO, CPO
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP

L3702	Elbow orthotic (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO
L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3720	Elbow orthotic (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3730	Elbow orthotic (EO), double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3740	Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3760	Elbow orthotic (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L3761	Elbow orthosis (EO), with adjustable position locking joints(s), prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3762	Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3763	Elbow wrist hand orthotic (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO

L3764	Elbow wrist hand orthotic (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3765	Elbow wrist hand finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3766	Elbow wrist hand finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3806	WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3807	Wrist hand finger orthotic without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L3808	Wrist-hand-finger orthotic (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3891	Addition to upper extremity joint, wrist or elbow adjustable torsion style mechanism for custom fabricated orthotics only, each	1 left and 1 right per 6 months: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3	CO, BOCO, CPO

		years: ages 21 and older	
L3904	Wrist-hand-finger orthotic (WHFO), external powered, electric, custom fabricated	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3905	Wrist hand orthotic (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3906	Wrist hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3908	Wrist-hand orthosis, wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3912	Hand finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3913	Hand finger orthotic (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3915	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and	CO, BOCO, CPO, COF, CFo

		older	
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3919	Hand orthotic (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3921	Hand finger orthotic (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3925	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non-torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment.	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3927	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion, (e.g. static or ring type), may include soft interface material, prefabricated, off-the-shelf	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF
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	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP

L3931	Wrist-hand-finger orthotic (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3933	Finger orthotic (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3935	Finger orthotic, nontorsion joint, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3956	Addition of joint to upper extremity orthotic, any material; per joint	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO
L3960	Shoulder-elbow-wrist-hand orthotic, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L3961	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3962	Shoulder-elbow-wrist-hand orthotic, abduction positioning, Erb’s palsy design, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, CFo, COF
L3967	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3971	Shoulder elbow wrist hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO

L3973	Shoulder elbow wrist hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3975	Shoulder elbow wrist hand finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3976	Shoulder elbow wrist hand finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3977	Shoulder elbow wrist hand finger orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3978	Shoulder elbow wrist hand finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L3980	Upper extremity fracture orthotic, humeral, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3982	Upper extremity fracture orthotic, radius/ulnar, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3984	Upper extremity fracture orthotic, wrist, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP
L3995	Addition to upper extremity orthotic, sock, fracture or equal, each	2 left and 2 right per 6 months: ages 0–20; 2 left and 2 right per year: ages 21 and older	CO, BOCO, CPO

L3999	Upper limb orthosis, not otherwise specified	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
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H. Ancillary Orthoses

Ancillary Orthoses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L4350	Ankle control orthotic, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment	1 left and 1 right per year: all ages	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per year: all ages	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, DPM
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	1 left and 1 right per year: all ages	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP, C.Ped., BOCPD, DPM
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	1 left and 1 right per year: all ages	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP, C.Ped., BOCPD, DPM
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per year: all ages	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, DPM
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	1 left and 1 right per year: all ages	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP, C.Ped., BOCPD, DPM
L4392	Replacement soft interface material, static AFO	1 left and 1 right per 6 months: all ages	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, DPM
L4394	Replace soft interface material, foot drop splint	1 left and 1 right per 6 months: all ages	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, DPM
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	1 left and 1 right per year: all ages	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, DPM

L4397	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	1 left and 1 right per year: all ages	CO, BOCO, CPO, CFo, COF, MD, DO, PA, NP C.Ped., BOCPD, DPM
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	1 left and 1 right per year: all ages	CO, BOCO, CPO, CFo, COF, C.Ped., BOCPD, MD, DO, PA, NP, DPM
L4631	Ankle-foot orthotic, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	1 left and 1 right per year: all ages	CO, BOCO, CPO, C.Ped., BOCPD, DPM

I. Lower Limb Prostheses

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	1 left and 1 right per year: all ages	CP, BOCP, CPO, CO, BOCO, C.Ped., BOCPD, DPM
L5010	Partial foot, molded socket, ankle height, with toe filler	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO C.Ped., BOCPD, DPM
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO DPM
L5050	Ankle, Symes, molded socket, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO,
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO,
L5100	Below knee, molded socket, shin, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		3 years: ages 21 and older	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5280	Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		3 years: ages 21 and older	
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	1 left and 1 right per year: ages 0-20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, and suspension, AK or knee disarticulation, each additional cast change and realignment	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5500	Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5505	Initial, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot plaster socket, direct formed	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5530	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5535	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5540	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5560	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5570	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5580	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5585	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5590	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5595	Preparatory, hip disarticulation–hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5611	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5614	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5618	Addition to lower extremity, test socket, Symes	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L5620	Addition to lower extremity, test socket, below knee	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L5622	Addition to lower extremity, test socket, knee disarticulation	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L5624	Addition to lower extremity, test socket, above knee	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L5626	Addition to lower extremity, test socket, hip disarticulation	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L5628	Addition to lower extremity, test socket, hemipelvectomy	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L5629	Addition to lower extremity, below knee, acrylic socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5630	Addition to lower extremity, Symes type, expandable wall socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5632	Addition to lower extremity, Symes type, PTB brim design socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5636	Addition to lower extremity, Symes type, medial opening socket	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5637	Addition to lower extremity, below knee, total contact	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5638	Addition to lower extremity, below knee, leather socket	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5639	Addition to lower extremity, below knee, wood socket	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5640	Addition to lower extremity, knee disarticulation, leather socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5642	Addition to lower extremity, above knee, leather socket	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5644	Addition to lower extremity, above knee, wood socket	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5647	Addition to lower extremity, below knee, suction socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5661	Addition to lower extremity, socket insert, multidurometer, Symes	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5666	Addition to lower extremity, below knee, cuff suspension	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5668	Addition to lower extremity, below knee, molded distal cushion	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism, (shuttle, lanyard or equal), excludes socket insert	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5672	Addition to lower extremity, below knee, removable medial brim suspension	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5673	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	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5678	Addition to lower extremity, below knee joint covers, pair	2 left and 2 right per year: all ages	CP, BOCP, CPO
L5679	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	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5681	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)	2 left and 2 right per year: all ages	CP, BOCP, CPO
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	2 left and 2 right per year: all ages	CP, BOCP, CPO
L5684	Addition to lower extremity, below knee, fork strap	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per year: ages 21 and older	CP, BOCP, CPO
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L5686	Addition to lower extremity, below knee, back check (extension control)	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5688	Addition to lower extremity, below knee, waist belt, webbing	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5692	Addition to lower extremity, above knee, pelvic control belt, light	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5699	All lower extremity prostheses, shoulder harness	1 left and 1 right per year: all ages	CP, BOCP, CPO
L5700	Replacement, socket, below knee, molded to patient model	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5703	Ankle, Symes, molded to patient model, socket <u>without</u> solid ankle cushion heel (SACH) foot, replacement only	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5704	Custom shaped protective cover, below knee	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5705	Custom shaped protective cover, above knee	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5706	Custom shaped protective cover, knee disarticulation	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5707	Custom shaped protective cover, hip disarticulation	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		3 years ages: 21 and older	
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	1 left and 1 right per 3 years: all ages	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	1 left and 1 right per 3 years: all ages	CP, BOCP, CPO
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5795	Addition, exoskeletal system, hip disarticulation, ultralight material (titanium, carbon fiber or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	1 left and 1 right per 3 years: all ages	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	1 left and 1 right per 3 years: all ages	CP, BOCP, CPO
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	1 left and 1 right per 3 years: all ages	CP, BOCP, CPO
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5910	Addition, endoskeletal system, below knee, alignable system	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5930	Addition, endoskeletal system, high activity knee control frame	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years ages: 21 and older	CP, BOCP, CPO
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	1 left and 1 right per year: all ages	CP, BOCP, CPO
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	1 left and 1 right per year: all ages	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	1 left and 1 right per year: all ages	CP, BOCP, CPO
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5970	All lower extremity prostheses, foot, external keel, SACH foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5972	All lower extremity prostheses, flexible keel	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5974	All lower extremity prostheses, foot, single axis ankle/foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		older	
L5980	All lower extremity prostheses, flex-foot system	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5981	All lower extremity prostheses, flex-walk system or equal	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	1 left and 1 right per year: ages 0–20; 1 left and 1 right per	CP, BOCP, CPO

Lower Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		3 years: ages 21 and older	
L5999	Lower extremity prosthesis, not otherwise specified	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO

J. Upper Limb Prostheses

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6000	Partial hand, thumb remaining	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6010	Partial hand, little and/or ring finger remaining	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6020	Partial hand, no finger remaining	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	1 left and 1 right per year: ages 0–20; 1 left and 1 right per	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		3 years: ages 21 and older	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinge, forearm	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		3 years: ages 21 and older	
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6388	Immediate postsurgical or early fitting, application of rigid dressing only	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 left and 1 right per year: ages 0–20; 1 left and 1 right per	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		3 years: ages 21 and older	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6600	Upper extremity additions, polycentric hinge, pair	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6605	Upper extremity additions, single pivot hinge, pair	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6610	Upper extremity additions, flexible metal hinge, pair	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6615	Upper extremity addition, disconnect locking wrist unit	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6625	Upper extremity addition, rotation wrist unit with cable lock	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6630	Upper extremity addition, stainless steel, any wrist	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6632	Upper extremity addition, latex suspension sleeve, each	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L6635	Upper extremity addition, lift assist for elbow	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6637	Upper extremity addition, nudge control elbow lock	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6638	Upper extremity addition to prosthesis, electric locking feature only for use with manually powered elbow	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6640	Upper extremity additions, shoulder abduction joint, pair	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6641	Upper extremity addition, excursion amplifier, pulley type	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6642	Upper extremity addition, excursion amplifier, lever type	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		older	
L6650	Upper extremity addition, shoulder universal joint, each	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6655	Upper extremity addition, standard control cable, extra	2 left and 2 right per year: all ages	CP, BOCP, CPO
L6660	Upper extremity addition, heavy duty control cable	2 left and 2 right per year: all ages	CP, BOCP, CPO
L6665	Upper extremity addition, Teflon or equal, cable lining	2 left and 2 right per year: all ages	CP, BOCP, CPO
L6670	Upper extremity addition, hook to hand, cable adapter	1 left and 1 right per year: all ages	CP, BOCP, CPO
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	1 left and 1 right per year: all ages	CP, BOCP, CPO
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	1 left and 1 right per year: all ages	CP, BOCP, CPO
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	1 left and 1 right per year: all ages	CP, BOCP, CPO
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L6686	Upper extremity addition, suction socket	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6691	Upper extremity addition, removable insert, each	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6692	Upper extremity addition, silicone gel insert or equal, each	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6693	Upper extremity addition, locking elbow, forearm counterbalance	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L6695	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	2 left and 2 right per 6 months: all ages	CP, BOCP, CPO
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	2 left and 2 right per year: ages 0–20; 1 left and 1 right per year ages: 21 and older	CP, BOCP, CPO
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	2 left and 2 right per year: ages 0–20; 1 left and 1 right per year ages: 21 and older	CP, BOCP, CPO
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6703	Terminal device, passive hand/mitt, any material, any size	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6704	Terminal device, sport/recreational/work attachment, any material, any size	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		older	
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	1 left and 1 right per year: ages 0–20	CP, BOCP, CPO
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	1 left and 1 right per year: ages 0–20	CP, BOCP, CPO
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	1 left and 1 right per year: ages 0–20	CP, BOCP, CPO
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	1 left and 1 right per year: ages 0–20	CP, BOCP, CPO
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6805	Addition to terminal device, modifier wrist unit	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		older	
L6810	Addition to terminal device, precision pinch device	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L6915	Hand restoration (shading and measurements included), replacement glove for above	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO

Upper Limb Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	1 left and 1 right per 6 months: all ages	CP, BOCP, CPO
L7499	Upper extremity prosthesis, not otherwise specified	1 left and 1 right per year: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CP, BOCP, CPO
L7600	Prosthetic donning sleeve, any material, each	4 left and 4 right per year: all ages	CP, BOCP, CPO

K. Replacement and Repair

Replacement and Repair			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
K0672	Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each	1 per 6 months: ages 0–20; 1 per year: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L4000	Replace girdle for spinal orthotic (cervical-thoracic-lumbar-sacral orthotic (CTLSO) or spinal orthotic SO)	1 per 6 months: ages 0–20; 1 per 3 years: ages 21 and older	CO, BOCO, CPO
L4002	Replacement strap, any orthosis, includes all components, any length, any type	4 left and 4 right per 3 months: ages 0–20; 4 left and 4 right per 6 months: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L4010	Replace trilateral socket brim	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per	CO, BOCO, CPO

Replacement and Repair			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		3 years: ages 21 and older	
L4020	Replace quadrilateral socket brim, molded to patient model	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L4030	Replace quadrilateral socket brim, custom fitted	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L4045	Replace nonmolded thigh lacer, for custom fabricated orthosis only	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L4050	Replace molded calf lacer, for custom fabricated orthosis only	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L4055	Replace nonmolded calf lacer, for custom fabricated orthosis only	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO, C.Ped., BOCPPD, DPM
L4060	Replace high roll cuff	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L4070	Replace proximal and distal upright for KAFO	2 left and 2 right per 6 months: ages 0–20; 2 left and 2 right per 3 years: ages 21 and older	CO, BOCO, CPO

Replacement and Repair			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L4080	Replace metal bands KAFO, proximal thigh	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L4100	Replace leather cuff KAFO, proximal thigh	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 2 years: ages 21 and older	CO, BOCO, CPO
L4110	Replace leather cuff, KAFO-AFO, calf or distal thigh	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 2 years: ages 21 and older	CO, BOCO, CPO
L4130	Replace pretibial shell	1 left and 1 right per 6 months: ages 0–20; 1 left and 1 right per 3 years: ages 21 and older	CO, BOCO, CPO
L4205	Repair of orthotic device, labor component, per 15 minutes	NA	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L4210	Repair of orthotic device, repair or replace minor parts	NA	CO, BOCO, CPO, C.Ped., BOCPD, DPM
L7510	Repair prosthetic device, repair or replace minor parts	NA	CP, BOCP, CPO, C.Ped., BOCPD, DPM
L7520	Repair prosthetic device, labor component, per 15 minutes	NA	CP, BOCP, CPO, C.Ped., BOCPD, DPM

L. Elastic Supports

Elastic Supports			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, CFo, COF, CFm, CMF, MD, DO, PA, NP, DPM
A6552	Gradient compression stocking, below knee, 30-40 mm Hg, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, CFo, COF, CFm, CMF, MD, DO, PA, NP, DPM
A6554	Gradient compression stocking, below knee, 40 mm Hg or greater, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6537	Gradient compression stocking, full length/chap style, 30-40 mm Hg, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM

Elastic Supports			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, CFo, CFm, CMF, COF, MD, DO, PA, NP, DPM
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	4 per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	4 per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	4 per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6544	Gradient compression stocking, garter belt	4 per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM
A6549	Gradient compression stocking/sleeve, not otherwise specified	4 left and 4 right per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo, CFm, CMF, MD, DO, PA, NP, DPM

M. Trusses

Trusses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L8300	Truss, single with standard pad	2 per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo
L8310	Truss, double with standard pads	2 per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo
L8320	Truss, addition to standard pad, water pad	2 per year: all ages	CO, BOCO, CP, BOCP, CPO, CFo, COF
L8330	Truss, addition to standard pad, scrotal pad	2 per year: all ages	CO, BOCO, CP, BOCP, CPO, COF, CFo

N. Prosthetic Socks

Prosthetic Socks			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L8400	Prosthetic sheath, below knee, each	12 left and 12 right per year: all ages	CP, BOCP, CPO
L8410	Prosthetic sheath, above knee, each	12 left and 12 right per year: all ages	CP, BOCP, CPO
L8415	Prosthetic sheath, upper limb, each	12 left and 12 right per year: all ages	CP, BOCP, CPO
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each	6 left and 6 right per year: all ages	CP, BOCP, CPO
L8420	Prosthetic sock, multiple ply, below knee (BK), each	6 left and 6 right per year: all ages	CP, BOCP, CPO
L8430	Prosthetic sock, multiple ply, above knee (AK), each	6 left and 6 right per year: all ages	CP, BOCP, CPO
L8435	Prosthetic sock, multiple ply, upper limb, each	6 left and 6 right per year: all ages	CP, BOCP, CPO
L8440	Prosthetic shrinker, below knee (BK), each	4 left and 4 right per year: all ages	CP, BOCP, CPO
L8460	Prosthetic shrinker, above knee (AK), each	4 left and 4 right per year: all ages	CP, BOCP, CPO
L8465	Prosthetic shrinker, upper limb, each	4 left and 4 right per	CP, BOCP, CPO

Prosthetic Socks			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
		year: all ages	
L8470	Prosthetic sock, single ply, fitting, below knee (BK), each	12 left and 12 right per year: all ages	CP, BOCP, CPO
L8480	Prosthetic sock, single ply, fitting, above knee (AK), each	12 left and 12 right per year: all ages	CP, BOCP, CPO
L8485	Prosthetic sock, single ply, fitting, upper limb, each	12 left and 12 right per year: all ages	CP, BOCP, CPO
L8499	Unlisted procedure for miscellaneous prosthetic services	NA	CP, BOCP, CPO

O. External Breast Prostheses

External Breast Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	1 package of 5 left and 1 package of 5 right per month: all ages	CMF, CFm
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	6 per year: all ages	CMF, CFm
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	2 per 6 months: all ages	CMF, CFm
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	2 per 6 months: all ages	CMF, CFm
L8010	Breast prosthesis, mastectomy sleeve	2 left and 2 right per year: all ages	CMF, CFm
L8015	External breast prosthesis garment, with mastectomy form, postmastectomy	2 per 6 months with max. limit of 6 per lifetime: all ages	CMF, CFm
L8020	Breast prosthesis, mastectomy form	2 left and 2 right per year: all ages	CMF, CFm
L8030	Breast prosthesis, silicone or equal, without integral adhesive	1 left and 1 right per 2 years: all ages	CMF, CFm

P. Ocular Prostheses

Ocular Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
V2623	Prosthetic eye, plastic, custom	1 left and 1 right per 2 years: ages 0–20; 1 left and 1 right per 5 years: ages 21 and older	BCO, CCA
V2624	Polishing/resurfacing of ocular prosthesis	2 left and 2 right per year: all ages	BCO, CCA
V2625	Enlargement of ocular prosthesis	1 left and 1 right per 18 months: ages 0-5; 1 left and 1 right per 3 years: ages 6 and older	BCO, CCA

Ocular Prostheses			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
V2626	Reduction of ocular prosthesis	1 left and 1 right per 2 years: ages 0–20; 1 left and 1 right per 5 years: ages 21 and older	BCO, CCA
V2627	Scleral cover shell	1 left and 1 right per 2 years: ages 0–20; 1 left and 1 right per 5 years: ages 21 and older	BCO, CCA
V2628	Fabrication and fitting of ocular conformer	6 left and 6 right per year, ages 0-2; 1 left and 1 right per 2 years: ages 3 and older	BCO, CCA

Attachment C: Completing a Claim for Orthotic or Prosthetic Services

Refer to the following information for completing a CMS-1500 claim form for O&P services.

Block #/Description	Instruction
1.	Place an X in the MEDICAID block.
1a. Insured's ID Number	Enter the beneficiary's Medicaid ID number (nine digits and the alpha suffix) from the beneficiary's Medicaid ID card.
2. Beneficiary's Name	Enter the beneficiary's last name, first name and middle initial from the ID card.
3. Beneficiary's Birth Date/Sex	Enter eight numbers to show the beneficiary's date of birth - MMDDYYYY. The birth date is on the ID card. EXAMPLE: November 14, 1949 is 11141949. Place an X in the appropriate block to show the beneficiary's sex.
4. Insured's Name	Leave blank
5. Beneficiary's Address	Enter the beneficiary's street address, including the city, state and zip code. The information is on the Medicaid ID card. Entering the telephone number is optional.
6. – 8.	Leave blank.
9. Other Insurer's Name	Enter applicable private insurer's name or the appropriate Medicare override statement if you know that Medicare will not cover the billed item, using the EXACT wording shown below: <i>This is a Medicare non-covered service.</i> <i>Service does not meet Medicare criteria.</i> <i>Medicare benefits are exhausted.</i> REMEMBER: You must have documentation to support the use of any of these statements.
9a. – 9d.	Enter applicable insurance information.
10. Is Beneficiary's Condition...?	Place an X in the appropriate block for each question.
11. – 14.	Optional.
15. – 16.	Leave blank.
17., 17a. and 18.	Optional.
19. Reserved for Local Use	Leave blank.
20. Outside Lab...	Leave blank.
21. Diagnosis or Nature of Illness	Enter the ICD-10 CM code(s) to describe the primary diagnosis related to the service. You may also enter related secondary diagnoses. Entering written descriptions is optional.
22. Medicaid Resubmission Code	Leave blank.
23. Prior Authorization Number	Leave blank.

Note: Blocks 24A through 24K are where to provide the details about what is being billed. There are several lines for listing services. Each line is called a “detail.” When completing these blocks:

- Use one line for each HCPCS procedure code that billed on a given date.
- If providing more than one type of the same device on one day, include all the devices on the same line. For example, if providing 2 ankle-foot orthotics on May 1, include both on one line. Enter 2 units in 24G for that date of service.
- Include only dates of service for which the beneficiary is eligible for Medicaid.

Block #/Description	Instructions
24a. Date(s) of Service, From/To	Your entry depends upon the services: Prosthetics and Orthotics: You may enter either the date of the physician's prescription or the date of delivery to the beneficiary's home as the date of service. Place the date in the FROM block. Enter the same date in the TO block. Service and Repairs: Enter the date that the item is serviced or repaired in the beneficiary's home as the date of service. If the item is removed from the beneficiary's home for service or repairs, enter the date that it is returned. Place the date in the FROM block. Enter the same date in the TO block.
24b. Place of Service	Enter 12 to show the items are provided at the beneficiary's residence.
24c. Type of Services	Leave blank.
24d. Procedures, Services...	Enter the appropriate HCPCS procedure code and modifier: NU for new purchase. Indicate RT for right side or LT for left side, if appropriate to the HCPCS procedure code.
24e. Diagnosis Code	Leave blank.
24f. Charges	Enter the total charge for the items on the line.
24g. Days or Units	Enter the number of units or devices as follows: Prosthetics and Orthotics: Enter the number of devices provided on the date of service. Service and Repair: Enter 1 unit for each 15-minute increment being billed.
24h. – 24i.	Leave blank.
24j. – 24k.	Optional.
25. Federal Tax ID Number	Optional
26. Beneficiary's Account No.	Optional. You may enter your agency's record or account number for the beneficiary. The entry may be any combination of numbers and letters up to a total of nine characters. If you enter a number, it will appear on your RA. This will assist in reconciling your accounts.
27. Accept Assignment	Leave blank.
28. Total Charge	Enter the sum of the charges listed in Block 24F .
29. Amount Paid	Enter the total amount received from third party payment sources.
30. Balance Due	Subtract the amount in Block 29 from the amount in Block 28 and enter the result here.
31. Signature of Physician or Supplier...	Leave blank if there is a signature on file with Medicaid. Otherwise, an authorized representative of your agency must sign and date the claim in this block. A written signature stamp is acceptable.
32. Name and Address of Facility...	Optional.
33. Physician's/ Supplier's Billing Name...	Enter your agency's name, address, including ZIP code, and phone number. The name and address must be EXACTLY as shown on your orthotic and prosthetic Provider Administrative Participation Agreement.
PIN#	Enter your seven-digit board-certified attending practitioner provider number.
GRP#	Enter your seven-digit Medicaid orthotic and prosthetic provider number.

Note: For manually priced items requiring PA, if the maximum allowable reimbursement was based on a quote or estimate, then the invoice must be submitted with the claim. If the invoice was submitted with the PA request, then it is not required again with claim.

Example of Claim Form for Orthotics and Prosthetics

PLEASE DO NOT STAPLE IN THIS AREA

HEALTH INSURANCE CLAIM FORM

CARRIER ↑

PATIENT AND INSURED INFORMATION ↑

PHYSICIAN OR SUPPLIER INFORMATION ↑

1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 999-99-9999T																																																																																																																																																																																																																																															
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Recipient, Jane, D.			3. PATIENT'S BIRTH DATE MM DD YY 05 01 99 M <input type="checkbox"/> F <input checked="" type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																																																																																																																																																																																																			
5. PATIENT'S ADDRESS (No., Street) 123 Any Street CITY: Any Town STATE: NC ZIP CODE: 12345			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street) CITY: STATE: ZIP CODE: TELEPHONE (INCLUDE AREA CODE):																																																																																																																																																																																																																																																			
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>			9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? PLACE (State) YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																																																																																																																																																																																																			
11. INSURED'S POLICY GROUP OR FECA NUMBER			12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED: DATE:			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED:																																																																																																																																																																																																																																																			
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																																																																																																																																																																																																			
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE			17a. I.D. NUMBER OF REFERRING PHYSICIAN			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																																																																																																																																																																																																			
19. RESERVED FOR LOCAL USE			20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES			22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																																																																																																																																																																																																																																																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)										23. PRIOR AUTHORIZATION NUMBER																																																																																																																																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">A</th> <th colspan="2">B</th> <th colspan="2">C</th> <th colspan="2">D</th> <th colspan="2">E</th> <th colspan="2">F</th> <th colspan="2">G</th> <th colspan="2">H</th> <th colspan="2">I</th> <th colspan="2">J</th> <th colspan="2">K</th> </tr> <tr> <th colspan="2">DATE(S) OF SERVICE From</th> <th colspan="2">To</th> <th colspan="2">Place of Service</th> <th colspan="2">Type of Service</th> <th colspan="2">PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)</th> <th colspan="2">DIAGNOSIS CODE</th> <th colspan="2">\$ CHARGES</th> <th colspan="2">DAYS OR UNITS</th> <th colspan="2">EPSDT Family Plan</th> <th colspan="2">EMG</th> <th colspan="2">COB</th> <th colspan="2">RESERVED FOR LOCAL USE</th> </tr> <tr> <th>MM</th><th>DD</th><th>YY</th><th>MM</th><th>DD</th><th>YY</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th> </tr> </thead> <tbody> <tr> <td>07</td><td>20</td><td>05</td><td>07</td><td>20</td><td>05</td><td>12</td><td></td><td>L1960 INJURY</td><td></td><td></td><td>295</td><td>00</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>												A		B		C		D		E		F		G		H		I		J		K		DATE(S) OF SERVICE From		To		Place of Service		Type of Service		PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSDT Family Plan		EMG		COB		RESERVED FOR LOCAL USE		MM	DD	YY	MM	DD	YY																			07	20	05	07	20	05	12		L1960 INJURY			295	00	1																																																																																																																																																										
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25. FEDERAL TAX I.D. NUMBER			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>			28. TOTAL CHARGE \$ 295.00		29. AMOUNT PAID \$		30. BALANCE DUE \$ 295.00																																																																																																																																																																																																																																												
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this claim and are made a part thereof.) SIGNED: A. Boulder DATE: 7/27/05						32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office) 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # Acme Orthotics + Prosthetics 1 Any Street Any Town, NC 12345 PIN# 7799001 GRP# 7700000																																																																																																																																																																																																																																																			

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) PLEASE PRINT OR TYPE APPROVED OMB-0938-0008 FORM CMS-1500 (12/90), FORM RFB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

Attachment D: Prior Approval Forms for Lower Extremity Prosthetic Components

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at <https://medicaid.ncdhhs.gov/providers/providers/forms/durable-medical-equipment-orthotics-and-prosthetics-forms>

Prior Approval Form for Lower Extremity Prosthetic Component L5781 or L5782

Refer to Subsection 5.3.10 of [Clinical Coverage Policy 5B, Orthotics and Prosthetics](#), for more details

L5781: Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system

L5782: Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty

Recipient name: _____ Date of Birth: _____

Medicaid number: _____

For prior approval of either of these prosthetic components, this form must be completed and signed by the referring physician and submitted with the certificate of medical necessity and supporting medical documentation.

Please check all of the following that apply to this recipient:

- _____ 1. The recipient is classified as a functional Level 3 (K3), or above, ambulator.
- _____ 2. The recipient is an experienced prosthetic user of 18 months or more.
- _____ 3. The recipient has demonstrated volume fluctuation of at least the equivalent of 8 ply on a daily basis for at least 30 consecutive days while wearing a non-vacuum assisted socket.
- _____ 4. The recipient's existing prosthesis, which requires replacement of the socket under the general coverage guidelines, is a vacuum assisted moisture evacuating socket design.
- _____ 5. The recipient weighs more than 220 pounds (required for approval of L5782).

I certify that the information provided above is accurate and this component is medically necessary for this recipient.

Physician Signature: _____ Date: _____

Physician Name Printed: _____

DMA-3350

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at <https://medicaid.ncdhhs.gov/providersproviders/forms/durable-medical-equipment-orthotics-and-prosthetics-forms>

Prior Approval Form for Lower Extremity Prosthetic Component L5930

Refer to Subsection 5.3.10 of [Clinical Coverage Policy 5B, Orthotics and Prosthetics](#), for more details **L5930**: Addition, endoskeletal system, high activity knee control frame

Recipient name: _____ Date of Birth: _____

Medicaid number: _____

For prior approval of this prosthetic component, this form must be completed and signed by the referring physician and submitted with the certificate of medical necessity and supporting medical documentation.

Please check all of the following that apply to this recipient:

- _____ 1. The recipient is classified as a functional Level 4 (K4) ambulator.
- _____ 2. An L5616 or other standard knee control frame or knee control frame system will not meet the functional needs of the recipient. (Provide detailed explanation)

I certify that the information provided above is accurate and this component is medically necessary for this recipient.

Physician Signature: _____ Date: _____

Physician Name Printed: _____

DMA-3351

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at <https://medicaid.ncdhhs.gov/providersproviders/forms/durable-medical-equipment-orthotics-and-prosthetics-forms>

Prior Approval Form for Lower Extremity Prosthetic Component L5968

Refer to Subsection 5.3.10 of [Clinical Coverage Policy 5B, Orthotics and Prosthetics](#), for more details **L5968**: Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature

Recipient name: _____ Date of Birth: _____
Medicaid number: _____

For prior approval of this prosthetic component, this form must be completed and signed by the referring physician and submitted with the certificate of medical necessity and supporting medical documentation.

Please check all of the following that apply to this recipient:

- _____ 1. Standard multiaxial ankle-foot components will not meet the recipient's function needs.
- _____ 2. The recipient is not able to generate an adequate compensatory dorsiflexion response during swing phase with standard components.
- _____ 3. The recipient requires active swing phase dorsiflexion for specific functional activities. (List the specific activities and medical justification for each activity.)

I certify that the information provided above is accurate and this component is medically necessary for this recipient.

Physician Signature: _____ Date: _____

Physician Name Printed: _____

DMA-3352

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at <https://medicaid.ncdhhs.gov/providers/providers/forms/durable-medical-equipment-orthotics-and-prosthetics-forms>

Prior Approval Form for Lower Extremity Prosthetic Component L5980

Refer to Subsection 5.3.10 of [Clinical Coverage Policy 5B, Orthotics and Prosthetics](#), for more details
L5980: All lower extremity prostheses, flex-foot system

Recipient name: _____ Date of Birth: _____

Medicaid number: _____

For prior approval of this prosthetic component, this form must be completed and signed by the referring physician and submitted with the certificate of medical necessity and supporting medical documentation.

Please check all of the following that apply to this recipient:

_____ 1. The recipient requires a flex-foot system for specific functional activities. (List the specific activities and medical justification for each activity.)

_____ 2. The recipient's functional needs cannot be adequately met with any of the following prosthetic feet: L5976, L5979, or L5981. (Explain why each of these alternatives will not work.)

I certify that the information provided above is accurate and this component is medically necessary for this recipient.

Physician Signature: _____ Date: _____

Physician Name Printed: _____

DMA-3353

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at <https://medicaid.ncdhhs.gov/providersproviders/forms/durable-medical-equipment-orthotics-and-prosthetics-forms>

Prior Approval Form for Lower Extremity Prosthetic Component L5987

Refer to Subsection 5.3.10 of [Clinical Coverage Policy 5B, Orthotics and Prosthetics](#), for more details **L5987**: All lower extremity prostheses, shank foot system with vertical loading pylon

Recipient name: _____ Date of Birth: _____
Medicaid number: _____

For prior approval of this prosthetic component, this form must be completed and signed by the referring physician and submitted with the certificate of medical necessity and supporting medical documentation.

Please check all of the following that apply to this recipient:

- _____ 1. The recipient requires a shank foot system with vertical loading pylon for specific functional activities. (List the specific activities and medical justification for each activity.)
- _____ 2. The recipient's functional needs cannot be adequately met with any of the following prosthetic feet: L5980 or L5981. (Explain why each of these alternatives will not work.)

I certify that the information provided above is accurate and this component is medically necessary for this recipient.

Physician Signature: _____ Date: _____

Physician Name Printed: _____

DMA-3354

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at <https://medicaid.ncdhhs.gov/providers/providers/forms/durable-medical-equipment-orthotics-and-prosthetics-forms>

Prior Approval Form for Lower Extremity Prosthetic Component L5988

Refer to Subsection 5.3.10 of [Clinical Coverage Policy 5B, Orthotics and Prosthetics](#), for more details

L5988: Addition to lower limb prosthesis, vertical shock reducing pylon feature

Recipient name: _____ Date of Birth: _____

Medicaid number: _____

For prior approval of this prosthetic component, this form must be completed and signed by the referring physician and submitted with the certificate of medical necessity and supporting medical documentation.

Please check all of the following that apply to this recipient:

_____ 1. The recipient requires the use of a vertical shock reducing component for specific functional activities. (List the specific activities and medical justification for each activity.)

_____ 2. The recipient's functional needs cannot be adequately met with an energy storage or dynamic response foot without the vertical shock component. (Explain why these other alternatives will not work.)

I certify that the information provided above is accurate and this component is medically necessary for this recipient.

Physician Signature: _____ Date: _____

Physician Name Printed: _____

DMA-3355

Attachment E: Requesting Unlisted Orthotics and Prosthetics for Adults

In compliance with the Centers for Medicare & Medicaid Services (CMS) Home Health Final Rule, 42 CFR Part 440.70, please follow these guidelines when requesting medical necessity reviews for Orthotics and Prosthetics for adults not listed in Attachment B or the O&P fee schedule.

1. The general requirements and criteria set forth in clinical coverage policy 5B must be met. This includes, but is not limited to:
 - a. The device being requested must fit the definition of an orthotic or prosthetic;
 - b. The beneficiary must be enrolled in the NC Medicaid program and be eligible for the device;
 - c. The provider must be enrolled in the NC Medicaid program with an appropriate taxonomy;
 - d. The requested device must be safe, effective, economical and not intended for the convenience of the beneficiary, the beneficiary's caregiver, or the provider;
 - e. The device must be medical in nature, generally recognized as an accepted method of treatment, and must not be experimental or investigational;
 - f. The device must be ordered by a physician, physician assistant, or nurse practitioner;
 - g. The device must be medically necessary to maintain or improve a beneficiary's medical, physical or functional level, and appropriate for use in any non-institutional setting in which normal life activities take place;
 - h. A documented face-to-face encounter with the beneficiary and the ordering physician, physician assistant, or nurse practitioner related to the primary reason the beneficiary requires the device must have occurred no more than six months prior to the initiation of orthotics and prosthetics; and
 - i. The beneficiary's need for the device must be reviewed by the ordering physician, physician assistant, or nurse practitioner at least annually.
2. If the provider determines that the applicable requirements and criteria set forth in clinical coverage policy 5B have been met, then the provider may submit a completed Certificate of Medical Necessity/Prior Approval (CMN/PA) form and the usual supportive prior authorization documentation through NCTracks for a medical necessity review.
3. Providers may request non-covered, unlisted or restricted items using their identifiable HCPCS code. If no HCPCS code exists, providers may use the national miscellaneous code L8499.
4. Items approved by this procedure may be manually priced. Please include the appropriate manual pricing documentation with the prior authorization request.
5. Providers should expect medical necessity reviews using this procedure to take longer than usual.
6. Claims for items approved using this procedure should also be submitted through NCTracks.
7. If denied, the provider and beneficiary will be notified, and normal beneficiary appeal rights will apply.
8. Providers will be notified if the device requested is covered by a different NC Medicaid policy area or waiver program.

Additional Resources

For additional information, link to the NC Medicaid Orthotic and Prosthetic Devices web page, or the CMS final rule at 42 CFR Part 440.70.