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1.0 Description of the Procedure, Product, or Service

Orthotic and prosthetic devices are covered by NC Medicaid (Medicaid) and NC Health Choice (NCHC) when they are prescribed by the beneficiary's provider. 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 the Orthotic and Prosthetic Devices Fee Schedule for more information. The fee schedule is available on the Division of Medical Assistance (DMA) Web site at http://dma.ncdhhs.gov.~~

Refer to **Attachment B** for a list of HCPCS codes, established lifetime expectancies and quantity limitations 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://dma.ncdhhs.gov/.

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 will 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 directly to Division of Medical Assistance (DMA) per the procedure detailed in **Attachment E**.

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 and NCHC policies*)

a. An eligible beneficiary shall be enrolled in either:
   1. the NC Medicaid Program *(Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
   2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise)* Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.

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b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

2.1.2 Specific

(***The term "Specific" found throughout this policy only applies to this policy***) **a. Medicaid**

None Apply.

b. NCHC

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/providermanuals.html

   EPSDT provider page: https://dma.ncdhhs.gov

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

The Division of Medical Assistance (DMA) shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

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 and NCHC 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.

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3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by both Medicaid and NCHC

Medicaid and NCHC cover orthotics and prosthetics when ALL the following requirements are met:

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 and NCHC cover 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), ~~and~~ doctors of osteopathic medicine (DOs), 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**. ~~**Attachment A** indicates MD, DO, or both beside those devices that medical doctors and doctors of osteopathic medicine, respectively, may provide.~~
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 ~~A~~ B,** which includes the **Required Professional Certification for Orthotic and Prosthetic Devices.**

For specific coverage requirements, please refer to **Subsection 5.4, Documenting Medical Necessity.**

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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 and NCHC 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 both Medicaid and NCHC

Medicaid and NCHC do 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
e. Equipment or supplies for beneficiaries receiving hospice care, as defined in **Subsection 7.3, Coordinating Care**

~~Providers who have questions about whether a device is covered should call or DMA Provider Services at 800-688-8888 or 919-851-8888. Beneficiaries who have questions should call the CARE Line at 800-662-7030.~~

Providers who have questions about this policy or the fee schedule located at: https://dma.ncdhhs.gov/ may contact the Durable Medical Equipment, Orthotic and Prosthetic Section of the Division of Medical Assistance (DMA) at 919-855-4310. Beneficiaries who have questions should call the Customer Service Center for Medicaid and N.C. Health Choice at 1-888-245-0179.

4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

4.2.3 NCHC Additional Criteria Not Covered

a. NCGS § 108A-70.21(b) "Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
   1. No services for long-term care.
   2. No nonemergency medical transportation.
   3. No EPSDT.

4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection."

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

The provider shall obtain prior approval before providing certain orthotic and prosthetic devices for a Medicaid or NCHC beneficiary. Those devices are identified by an asterisk (*) on the **Orthotic and Prosthetic Devices Fee Schedule,** which can be found at https://dma.ncdhhs.gov/~~http://www.ncdhhs.gov/dma/fee/~~. They are also listed in **Attachment B. ~~, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices.~~** When prior approval is required only for beneficiaries 21 years of age or older, the device is identified by a plus sign (+).

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.

5.4 3 Documenting Medical Necessity

~~The provider shall document medical necessity on the CMN/PA form regardless of whether prior approval is required and the Physician, Physician Assistant or Nurse Practitioner shall sign the CMN/PA form.~~

Medical necessity must be documented by the prescriber (physician, physician assistant, or nurse practitioner), for every item provided/billed 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.

5.4.3.1 Diabetic Shoes, Fitting, and Modifications

~~Refer to Section A of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices,** for specific information for individual devices and supplies.~~

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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, see **sections 1.0, 2.2 and Attachment E** for instructions.

Diabetic shoes, inserts, and/or 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 5.4.8, 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.

5.4.~~3~~3.2 Spinal Orthoses

~~Refer to Sections C–E and H of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices,** for specific information for individual devices and supplies.~~

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, see **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.

5.4.3.3 Helmets

~~Refer to Section B of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices,** for specific information for individual devices and supplies.~~

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, see **sections 1.0, 2.2 and Attachment E** for instructions.

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. Helmets are not provided for use during sports-related activities.

Cranial Orthosis for Plagiocephaly

Plagiocephaly describes an asymmetrically shaped head. Synostotic plagiocephaly (craniosynostosis) is due to the premature closure of the cranial sutures. In non-synostotic plagiocephaly, also referred to as positional or deformational, the cranial sutures remain open. Cranial orthosis is the use of a special helmet or band on the head, which aids in molding the shape of the cranium to normal.

Dynamic orthotic cranioplasty, which may also be referred to as cranial molding, molding helmet, cranial banding, or cranial orthosis, is considered medically necessary only as an adjunct to operative therapy following surgery for craniosynostosis. Unless indicated through a Neurosurgical consult or Craniofacial Surgery consult in severe cases, molding helmet therapy, including dynamic orthotic cranioplasty, is not a covered benefit for the non-operative management of positional or non-synostotic plagiocephaly.

The provider shall obtain prior approval before providing dynamic orthotic cranioplasty. Medical necessity for the device must be documented on the CMN/PA The date and type of any surgical procedure performed must be indicated on the form as well.

Note: Initial reimbursement shall cover any subsequent revisions.

5.4.3.4 Cervical Orthoses

~~Refer to Sections C and D of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices,** for specific information for individual devices and supplies.~~

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, see **sections 1.0, 2.2 and Attachment E** for instructions.

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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

5.4.3.5 Hip Orthoses

~~Refer to Section E of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices,** for specific information for individual devices and supplies.~~

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, see **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

5.4.3.6 Knee Orthoses

~~Refer to Section E of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.~~

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, see **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.

5.4.3.7 Ankle–Foot/Knee–Ankle–Foot Orthoses

~~Refer to Sections E, H, and I of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic~~

~~**and Prosthetic Devices,** for specific information for individual devices and supplies.~~

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, see **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 (i.e., 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 and/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 will be denied as not medically necessary if the contracture is fixed. A static AFO and replacement interface will 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 will 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 will be denied as not medically necessary.

A foot drop splint/recumbent positioning device and replacement interface will 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 will 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 will be denied as not medically necessary if either the base orthosis is not medically necessary or the specific addition is not medically necessary.

5.4.3.8 Orthopedic Shoes and Footwear

~~Refer to Section F of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices,** for specific information for individual devices and supplies.~~ 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, see **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 are covered in these situations. Other shoes, e.g. 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 will 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 and NCHC beneficiaries ages 6 through 18 years of age when deemed medically necessary by the prescribing physician regardless of the provision of a brace.

5.4.3.9 Upper Limb Orthoses

~~Refer to Section G of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices,** for specific information for individual devices and supplies.~~

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, see **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 and/or musculo-skeletal deformities

5.4.3.10 Lower Limb Prostheses

~~Refer to Section I of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.~~

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, see **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. will reach or maintain 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 include but are not limited to all of 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 (e.g., 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 *Prior Approval Form for Lower Extremity Prosthetic Component* (signed by prescribing physician), must be submitted along with a CMN/PA form and supporting medical documentation to DMA's fiscal agent. The *Prior Approval Form for Lower Extremity Prosthetic Component* (Refer to **Attachment ~~F~~** D for

sample forms) is available online at http://dma.ncdhhs.gov under Orthotics and Prosthetics.

Note: *indicates 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 will 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 will 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. the beneficiary's functional needs cannot be adequately met with Lower

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Limb Prosthesis **Subsection 5.4.10**, **Attachment B, Section I;**

c. All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal);
d. All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system; and
e. Include a detailed explanation showing why each of these alternatives will not work.

*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 prostheses, flex foot system or an exoskeletal lower extremity prostheses axial rotation unit. Include a detailed explanation showing why each of these alternatives will 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 showing why other alternatives will 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 or NCHC 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; and
e. Adjustments of the prosthesis or the prosthetic component made when fitting the prosthesis or component and for 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.

5.4.~~3.~~11 Upper Limb Prostheses

~~Refer to Section K of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.~~

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, see **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 (e.g., 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 or NCHC 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 for 90 days from the date of delivery when the adjustments are not necessitated by changes in the residual limb or the beneficiary's functional abilities

5.4.3.12 Elastic Supports

~~Refer to Section L of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices,** for specific information for individual devices and supplies.~~

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, see **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

5.4.3.13 Trusses

~~Refer to Section M of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.~~
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, see **sections 1.0, 2.2 and Attachment E** for instructions.

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

5.4.3.14 Orthotic and Prosthetic-Related Supplies

~~Refer to Sections K and N of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.~~
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, see **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.

5.4.3.15 External Breast Prostheses

~~Refer to Section O of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices,** for specific information for individual devices and supplies.~~
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, see **sections 1.0, 2.2 and Attachment E** for instructions.

A 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 breast prosthesis.

5.4.3.16 Ocular Prostheses

~~Refer to Section P of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.~~
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, see **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.

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

~~Refer to Section F of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.~~ 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, see **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 and/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.

5.5.4 Amount of Service

~~The amount of service is limited to that which is medically necessary as described in Medicaid policies. Refer to **Sections 3.0, When the Service Is Covered,** and **Subsection 5.4, Documenting Medical Necessity**. Also refer to **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Professional Certification for Orthotic and Prosthetic Devices** for specific limitations.~~

The amount of service is limited to that which is medically necessary as determined by DMA'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, see **sections 1.0**, **2.2 and Attachment E** for instructions.

5.6.5 Orthotic and Prosthetic Limitations

Medicaid and NCHC 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 authorization for payment for these items through NCTracks.

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The medical equipment provider shall submit an override request which contains the following information:

a. A statement requesting an override of the quantity or life expectancy limitation and an explanation of why an override is needed.

b. The item (including HCPCS code) an override is needed for.

c. A prescription for the additional quantity or item the override is needed for.

d. A letter of medical necessity stating the medical need for the additional quantity requested, written by the physician, physician's assistant, nurse practitioner, or therapist.

e. A copy of the remittance and status advice statement showing a denial by Medicaid or NCHC.

The override request is reviewed for appropriateness and medical necessity and a written decision, either an override letter or a denial letter, is returned to the medical equipment provider. Beneficiaries are notified in writing if the override request is denied.

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, see **sections 1.0**, **2.2 and Attachment E** for instructions.

~~Medicaid and NCHC may place appropriate limits, based on medical necessity criteria, on orthotic and prosthetic devices and supplies. When the prescribing physician, physician's assistant, or nurse practitioner orders devices or supplies beyond these limits, the provider must seek authorization for payment for these devices and supplies from DMA. The orthotic and prosthetic provider shall send a written request to DMA, along with a letter of medical necessity from the prescribing physician, physician's assistant or nurse practitioner. Consideration will be given to the request and a written decision will be returned to the provider. Beneficiaries will be notified in writing if the request is denied.~~

~~Refer to **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Professional Certification for Orthotic and Prosthetic Devices,** for a listing of the established lifetime expectancies and quantity limitations for orthotic and prosthetic supplies.~~

~~***Note: Refer to Subsection 2.2 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.***~~

5.~~7.~~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.

~~Refer to **Attachment C: How a Beneficiary Obtains Orthotic and Prosthetic Devices and Supplies**, for an outline of the basic steps to follow for a beneficiary to obtain orthotic and prosthetic devices.~~

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5.~~8.~~7 Servicing and Repairing Orthotic and Prosthetic Devices

~~Refer to Sections H and K of **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.~~

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, see **sections 1.0**, **2.2 and Attachment E** for instructions.

5.~~8.~~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 or NCHC.

5.~~8.~~7.2 Repairs not Under Warranty

Service and repairs must be handled under any warranty coverage a device may have. Medicaid and NCHC do not cover maintenance or service contracts. ~~However, if there is no warranty, providers may request prior approval to perform the needed service and repairs by sending a completed CMN/PA form with a repair estimate to the address listed on the form.~~ 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 or Health Choice-reimbursed parts. All the following information must be entered in block 24 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.

~~5.8.3 Emergency Repairs~~

~~If emergency repairs are needed to ensure the continued mobility or support of the beneficiary, providers may request approval by calling 800-688-6696 or 919851-8888 between 8:00 a.m. and 4:30 p.m., Monday through Friday, except holidays. Providers shall furnish the information required on the CMN/PA form for service or repair of a purchased device. The provider shall submit the completed CMN/PA form to DMA or DMA's contractor within 10 business days of the phone approval or the prior approval will be void.~~

5.~~8.4.~~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 or NCHC 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 ~~below~~ in **Attachment B**.

a. ~~Helmets are expected to last at least six months.~~

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b. ~~Most orthotic devices are expected to last at least three years for adults (ages 21 years and older).~~
c. ~~Most orthotic devices are expected to last at least six months for children (ages birth through 20 years).~~
d. ~~Certain orthotic devices that include fabrics and/or elastic materials are expected to last shorter periods of time.~~
e. ~~Scoliosis orthotic devices are expected to last at least six months.~~
f. ~~Most upper limb and lower limb prosthetic devices are expected to last at least three years for adults (ages 21 years and older).~~
g. ~~Most upper limb and lower limb prosthetics are expected to last at least one year for children (ages birth through 20 years).~~
h. ~~Certain prosthetic devices that include fabric and/or soft materials are expected to last shorter periods of time.~~
i. ~~Diabetic shoes are expected to last at least one year for adults (ages 21 years and older).~~
j. ~~Most diabetic shoes and orthopedic shoes and footwear for children (ages birth through 20 years) may be replaced twice in six months.~~
k. ~~Most orthopedic shoes and footwear for adults (ages 21 and older) may be replaced twice a year.~~

~~**Note:** Providers shall refer to **Attachment B, Lifetime Expectancies, Quantity Limitations, and Required Professional Certification for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.~~

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. Item loss or damage beyond repair: a letter from the social worker, case manager, or child service coordinator explaining the circumstances
b. 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. Item destruction by fire: a copy of the fire report

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 or NCHC 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 will 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 ~~(s)~~, ~~and~~ DOs ~~(s)~~, PAs and NPs who are enrolled ~~as physician(s) or therapists~~ with Medicaid ~~DMA~~. These professionals ~~individuals~~ may provide devices as indicated ~~"MD" or "DO," respectively,~~ in the Required Provider Certification column of **Attachment ~~A~~ 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 Professional 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, PAs and NPs ~~MD(s) and DO(s)~~ shall fulfill all of the following conditions to qualify for participation with Medicaid and NCHC 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 and Prosthetics;
   2. Board for Orthotist/Prosthetist Certification;
   3. Board for Certification in Pedorthics;
   4. National Examining Board of Ocularists, Inc.; 5. Board of Certification in Clinical Anaplastology; or 6. The Compliance Team, Inc.

b. Provider(s) shall not accept prescriptions for Medicaid or NCHC-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.

Health Choice is the sole insurer and sole payor for Health Choice beneficiaries. 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 or NCHC 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.

~~6.6 Billing the Beneficiary~~

~~When a non-covered service is requested by a beneficiary, the provider shall inform the beneficiary either orally or in writing that the requested service is not covered under the Medicaid or NCHC program and will, therefore, be the financial responsibility of the beneficiary. This must be done prior to providing the service.~~

~~A provider may refuse to accept a Medicaid or NCHC beneficiary and bill the beneficiary as private pay **only** if the provider informs the beneficiary, either orally or in writing, that the service will not be billed to Medicaid or NCHC and that the beneficiary will be responsible for payment.~~

6.7 Verifying Beneficiary Eligibility

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

6.8 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.

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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 DMA'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).

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7.2 Record Keeping

Records and documentation relating to the delivery of a Medicaid or NCHC-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 agents, DMA and its agents, or the State Medicaid Fraud Control Unit requests regarding payments received for providing Medicaid or NCHC 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 should 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 or NCHC 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 or NHCH-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 may also provide supplies, the provider shall coordinate the provision of orthotic and prosthetic devices and related supplies with any home health agencies serving a Medicaid or NCHC 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 or NCHC 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 include 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 or NCHC beneficiary in Hospice care, he shall determine whether the device is needed for a medical condition related to the terminal illness. The providers shall not bill Medicaid or NCHC 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.

~~Refer to **Attachment C, How a Beneficiary Obtains Orthotic and Prosthetic Devices** for step-by-step instructions on how a beneficiary receives orthotic and prosthetic devices.~~

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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.
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, LL8200, L8210, L8220, L8230, and L8239 were end-dated and replaced with codes A6530 through A6544 and A6549.

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Date	Section Revised	Change
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.
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,

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Date	Section Revised	Change
		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.
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.

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Date	Section Revised	Change
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.
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.

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Date	Section Revised	Change
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.
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

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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)

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Date	Section Revised	Change
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.
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: • 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:*** *Signature stamps are* **NOT** *acceptable for the physician, physician assistant, or nurse practitioner signature.*

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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.
	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.
	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.
	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

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Date	Section Revised	Change
		became Attachment C. Attachment F: Prior Approval Forms for Lower Extremity Prosthetic Components became Attachment D.

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Attachment A: Claims-Related Information

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

A. Claim Type

Professional (CMS-1500/837P transaction)

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

B. International Classification of Diseases, Tenth Revisions, 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/or modifications			
E10.10	E10.630	E11.52	E13.359
E10.11	E10.638	E11.59	E13.36
E10.21	E10.641	E11.610	E13.39
E10.22	E10.649	E11.618	E13.40
E10.29	E10.65	E11.620	E13.41
E10.311	E10.69	E11.621	E13.42
E10.319	E10.8	E11.622	E13.43
E10.321	E10.9	E11.628	E13.44
E10.329	E11.00	E11.630	E13.49
E10.331	E11.01	E11.638	E13.51
E10.339	E11.21	E11.641	E13.52
E10.341	E11.22	E11.649	E13.59
E10.349	E11.29	E11.65	E13.610
E10.351	E11.311	E11.69	E13.618
E10.359	E11.319	E11.8	E13.620
E10.36	E11.321	E11.9	E13.621
E10.39	E11.329	E13.00	E13.622
E10.40	E11.331	E13.01	E13.628
E10.41	E11.339	E13.10	E13.630
E10.42	E11.341	E13.11	E13.638
E10.43	E11.349	E13.21	E13.641
E10.44	E11.351	E13.22	E13.649
E10.49	E11.359	E13.29	E13.65
E10.51	E11.36	E13.311	E13.69
E10.52	E11.39	E13.319	E13.8
E10.59	E11.40	E13.321	E13.9

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E10.610	E11.41	E13.329	
E10.618	E11.42	E13.331	
E10.620	E11.43	E13.339	
E10.621	E11.44	E13.341	
E10.622	E11.49	E13.349	
E10.628	E11.51	E13.351	

ICD-10-CM Code(s)			
Ankle Foot Orthoses			
M24.571	M24.573	M24.575	M35.1 M72.2
M24.572	M24.574	M24.576	

ICD-10-CM Code(s)			
Prosthetic Shoes			
Q72.00	S98.022S	S98.141S	S98.319S
Q72.01	S98.029A	S98.142A	S98.321A
Q72.02	S98.029S	S98.142S	S98.321S
Q72.03	S98.111A	S98.149A	S98.322A
Q72.30	S98.111S	S98.149S	S98.322S
Q72.31	S98.112A	S98.211A	S98.329A
Q72.32	S98.112S	S98.211S	S98.329S
Q72.33	S98.119A	S98.212A	S98.911A
Q72.70	S98.119S	S98.212S	S98.911S
Q72.71	S98.121A	S98.219A	S98.912A
Q72.72	S98.121S	S98.219S	S98.912S
Q72.73	S98.122A	S98.221A	S98.919A
S98.011A	S98.122S	S98.221S	S98.919S
S98.011D	S98.129A	S98.222A	S98.921A
S98.011S	S98.129S	S98.222S	S98.921S
S98.012A	S98.131A	S98.229A	S98.922A
S98.012S	S98.131S	S98.229S	S98.922S
S98.019A	S98.132A	S98.311A	S98.929A
S98.019S	S98.132S	S98.311S	S98.929S
S98.021A	S98.139A	S98.312A	
S98.021S	S98.139S	S98.312S	
S98.022A	S98.141A	S98.319A	

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ICD-10-CM Code(s)			
External Breast Prostheses			
C50.011	C50.319	C50.812	D05.80
C50.012	C50.411	C50.819	D05.81
C50.019	C50.412	C50.911	D05.82
C50.111	C50.419	C50.912	D05.90
C50.112	C50.511	C50.919	D05.91
C50.119	C50.512	D05.00	D05.92
C50.211	C50.519	D05.01	Z90.10
C50.212	C50.611	D05.02	Z90.11
C50.219	C50.612	D05.10	Z90.12
C50.311	C50.619	D05.11	Z90.13
C50.312	C50.811	D05.12	

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 ~~a list of~~ the rates associated with the orthotic and prosthetic devices and related supplies listed in **Attachment B** below. ~~covered by Medicaid and NCHC~~. The fee schedules are available on DMA's Web site at https://dma.ncdhhs.gov. ~~**Attachment A** in this policy shows lifetime expectations, quantity limitations, and required provider certifications~~ To request a medical necessity review for an item not listed, see **sections 1.0**, **2.2 and Attachment E** for instructions.

~~Providers are required to select the most specific billing code that accurately describes the service(s) provided.~~

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.

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E. Billing Units

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

Medicaid and NCHC pay 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

Home

G. Co-payments

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at http://dma.ncdhhs.gov.
For NCHC refer to G.S. 108A-70.21(d), located at http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html

Medicaid & NCHC 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://dma.ncdhhs.gov

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 and NCHC.

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

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Effective with **date of service September 6, 2004,** claims filed to **Medicare will 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 CSC at 800-688-6696 or 919-851-8888. 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 DMA's Web site at http://www.ncdhhs.gov/dma/provider/forms.htm) and submitting it by fax or mail to the fax number or address listed on the form. Claims will 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 will need to 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.

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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)(listed in alphabetic order by abbreviation) may be reimbursed for orthotic and prosthetic service.

BCO indicates National Examining Board of Ocularists or Board for Certification in Clinical Anaplastology-Certified Ocularists

CFts indicates certified fitter of therapeutic shoes

CMF indicates Board for Orthotist/Prosthetist Certification (BOC)-Certified Mastectomy Fitter

CO indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Certified Orthotist or Board for Orthotist/Prosthetist Certification (BOC)-Certified Orthotist

COF indicates Board for Orthotist/Prosthetist Certification (BOC)-Certified Orthotic Fitter **CP**

indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Certified

Prosthetist or Board for Orthotist/Prosthetist Certification (BOC)-Certified Prosthetist

CPed indicates Board for Certification in Pedorthics (BCP)-Certified Pedorthist

CPO indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Certifed Prosthetist/Orthotist or Board for Orthotist/Prosthetist Certification (BOC)-Certified Prosthetist/Orthotist

DO indicates doctor of osteopathic medicine

MD indicates medical doctor

NP indicates nurse practitioner

PA indicates physician assistant

RFM indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Registered Fitter-Mastectomy

RFO indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Registered Fitter-Orthotics

RFOM indicates American Board for Certification in Orthotics and Prosthetics (ABC)Registered Fitter-Orthotics Mastectomy

A. Diabetic Shoes, Fitting, and Modifications

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification

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A5500*	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, Cped, CFts
A5501*	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5503*	For diabetics only, modification (including fitting) of off the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5504*	For diabetics only, modification (including fitting) of off the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5505*	For diabetics only, modification (including fitting) of off the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5506*	For diabetics only, modification (including fitting) of off the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5507*	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
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 per foot, per year	CO, CP, CPO, Cped, MD, DO, CFts, PA, NP
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 per foot, per year	CO, CP, CPO, CPed, MD, DO, PA, NP

B. Helmets

Helmets			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	6 months: ages 0–20 3 years: ages 21–115	CO, CPO, RFO, COF, RFOM
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	6 months: ages 0–20 3 years: ages 21–115	CO, CPO, RFO, COF, RFOM

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A8002*	Helmet, protective, soft, custom fabricated, includes all components and accessories	6 months: ages 0–20 3 years: ages 21–115	CO, CPO
A8003*	Helmet, protective, hard, custom fabricated, includes all components and accessories	6 months: ages 0–20 3 years: ages 21–115	CO, CPO
A8004*	Soft interface for helmet, replacement only	6 months	CO, CPO, RFO, COF, RFOM
S1040*	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Ages 0-12 months 1 per beneficiary Not Covered for NCHC beneficiaries	CO, CPO

C. Spinal Orthoses

Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
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	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0113*	Cranial cervical orthotic , without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO
L0120	Cervical, flexible, nonadjustable (foam collar)	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L0130	Cervical, flexible, thermoplastic collar, molded to patient	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L0140	Cervical, semi-rigid, adjustable (plastic collar)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	6 months: ages 0-20; 2 years: ages 21 and older	CO, CPO, RFO, COF, RFOM

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L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0170*	Cervical, collar, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0172	Cervical, collar, semi-rigid, thermoplastic foam, 2 piece	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0174	Cervical, collar, semi-rigid, thermoplastic foam, 2 piece with thoracic extension	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0220	Thoracic, rib belt, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0430*	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (DeWall Posture Protector only)	6 months: ages 0-20; 3 years: ages 21 and older	CO, 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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM

Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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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, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
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, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0458*	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Spinal Orthoses

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification

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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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
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, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures, and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Spinal Orthoses			
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Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**

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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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Spinal Orthoses			
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Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**

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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	6 months: ages 0-20; 3 years: ages 21 and older	CO, 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	6 months: ages 0-20; 3 years: ages 21 and older	CO, 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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0622	Sacroiliac orthotic, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO

Spinal Orthoses
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
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	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 1 year: ages 21 and older	CO, 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	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, MD, DO[1], 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, includes fitting and adjustment	6 months: ages 0-20; 1 year :ages 21 and older	CO, CPO, MD, DO[1], PA, NP
L0627	Lumbar orthotic, sagittal control, rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 1 year :ages 21 and older	CO, CPO
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	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO

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Spinal Orthoses			
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Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
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, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0631*	Lumbar-sacral orthotic, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0633	LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Spinal Orthoses
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
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	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0637*	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Spinal Orthoses			
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Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**

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L0639*	LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, 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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, 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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, 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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, MD, DO, PA, NP

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

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L0978	Axillary crutch extension	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0980	Peroneal straps, pair	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0982	Stocking supporter grips, set of four (4)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0984	Protective body sock, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0999*	Addition to spinal orthotic, NOS	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

D. Scoliosis Orthoses

Scoliosis Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L1000*	CTLSO (Milwaukee), inclusive of furnishing initial orthotic, including model	6 months: ages 0-20; 3 years: ages 21 and older	ABC-CO and ABCCPO only
L1001*	Cervical thoracic lumbar sacral orthotic, immobilizer, infant size, prefabricated, includes fitting and adjustment	6 months all ages	CO, CPO

Scoliosis Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L1005*	Tension based scoliosis orthotic and accessory pads, includes fitting and adjustment	6 months all ages	ABC-CO and ABCCPO only
L1010	Addition to CTLSO or scoliosis orthotic, axilla sling	6 months all ages	ABC-CO and ABCCPO only
L1020	Addition to CTLSO or scoliosis orthotic, kyphosis pad	6 months all ages	ABC-CO and ABCCPO only
L1025	Addition to CTLSO or scoliosis orthotic kyphosis pad, floating	6 months all ages	ABC-CO and ABCCPO only

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L1030	Addition to CTLSO or scoliosis orthotic, lumbar bolster pad	6 months all ages	ABC-CO and ABCCPO only
L1040	Addition to CTLSO or scoliosis orthotic, lumbar or lumbar rib pad	6 months all ages	ABC-CO and ABCCPO only
L1050	Addition to CTLSO or scoliosis orthotic, sternal pad	6 months all ages	ABC-CO and ABCCPO only
L1060	Addition to CTLSO or scoliosis orthotic, thoracic pad	6 months all ages	ABC-CO and ABCCPO only
L1070	Addition to CTLSO or scoliosis orthotic, trapezius sling	6 months all ages	ABC-CO and ABCCPO only
L1080	Addition to CTLSO or scoliosis orthotic, outrigger	6 months all ages	ABC-CO and ABCCPO only
L1085	Addition to CTLSO or scoliosis orthotic, outrigger, bilateral with vertical extensions	6 months all ages	ABC-CO and ABCCPO only
L1090	Addition to CTLSO or scoliosis orthotic, lumbar sling	6 months all ages	ABC-CO and ABCCPO only
L1100	Addition to CTLSO or scoliosis orthotic, ring flange, plastic or leather	6 months all ages	ABC-CO and ABCCPO only
L1110	Addition to CTLSO or scoliosis orthotic, ring flange, plastic or leather, molded to patient model	6 months all ages	ABC-CO and ABCCPO only
L1120	Addition to CTLSO or scoliosis orthotic, cover for upright, each	6 months all ages	ABC-CO and ABCCPO only
L1200*	TLSO, inclusive of furnishing initial orthotic only	6 months all ages	ABC-CO and ABCCPO only
L1210	Addition to TLSO (low profile), lateral thoracic extension	6 months all ages	ABC-CO and ABCCPO only
L1220	Addition to TLSO (low profile), anterior thoracic extension	6 months all ages	ABC-CO and ABCCPO only
L1230	Addition to TLSO (low profile), Milwaukee type superstructure	6 months all ages	ABC-CO and ABCCPO only
L1240	Addition to TLSO (low profile), lumbar derotation pad	6 months all ages	ABC-CO and ABCCPO only

Scoliosis Orthoses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1250	Addition to TLSO (low profile), anterior ASIS pad	6 months all ages	ABC-CO and ABCCPO only
L1260	Addition to TLSO (low profile), anterior thoracic derotation pad	6 months all ages	ABC-CO and ABCCPO only
L1270	Addition to TLSO (low profile), abdominal pad	6 months all ages	ABC-CO and ABCCPO only

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L1280	Addition to TLSO (low profile), rib gusset (elastic), each	6 months all ages	ABC-CO and ABCCPO only
L1290	Addition to TLSO (low profile), lateral trochanteric pad	6 months all ages	ABC-CO and ABCCPO only
L1300*	Other scoliosis procedure, body jacket molded to patient model	6 months all ages	ABC-CO and ABCCPO only
L1310*	Other scoliosis procedure, post operative body jacket	6 months all ages	ABC-CO and ABCCPO only
L1499*	Spinal orthotic, not otherwise specified	6 months all ages	CO, CPO

E. Lower Limb-Hip

Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L1600	Hip Orthotic (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1610	Hip orthotic (HO), abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1620	Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1630	Hip orthotic (HO), abduction control of hip joints, semi-flexible, (Von Rosen type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM

Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L1640	Hip orthotic (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1650	Hip orthotic (HO), abduction control of hip joints, static, adjustable (Ilfled type), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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L1652	Hip orthotic, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1660	Hip orthotic (HO), abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1680*	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1685*	Hip orthosis (HO), abduction control of hip joint, post-operative hip abduction type, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1686*	Hip orthotic (HO) , abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1690*	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1700*	Legg Perthes orthotic, (Toronto type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1710*	Legg Perthes orthotic, (Newington type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1720*	Legg Perthes orthotic, trilateral (Tachdijan type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L1730*	Legg Perthes orthotic, (Scottish Rite type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1755*	Legg Perthes orthotic, (Patten bottom type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP

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L1820	Knee orthotic, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L1831	Knee orthotic, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L1832*	Knee orthotic, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1834*	KO, without knee joint, rigid, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1836	Knee orthotic, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L1840*	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1843*	Knee orthotic, 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, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L1844*	Knee orthotic, 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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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L1845*	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1846*	Knee orthotic, 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	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1847	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1860*	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, CPed, RFO, COF, RFOM, MD, DO, PA, NP
L1904	AFO, molded ankle gauntlet, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1906	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, MD, DO, PA, NP
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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L1920	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, CPed, RFO, COF, RFOM
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1932*	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1940	AFO, plastic or other material, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1945*	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1950*	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1951*	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1960	AFO, posterior solid ankle, plastic, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1970*	AFO, plastic, with ankle joint, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar BK orthotic), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar BK orthotic), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L2000*	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthotic),	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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	custom fabricated		
L2005*	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2010*	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthotic), without knee joint, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2020*	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar AK orthosis), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2030*	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar AK orthotic), without knee joint, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2034*	Knee ankle foot orthotic, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2035	Knee ankle foot orthotic, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2036*	Knee ankle foot orthotic, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2037*	Knee ankle foot orthotic, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2038*	Knee ankle foot orthotic, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2106*	AFO, fracture orthotic, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2108*	AFO, fracture orthotic, tibial fracture cast orthosis, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2112	AFO, fracture orthotic, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, MD, DO, PA, NP
L2114	AFO, fracture orthotic, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2116*	AFO, fracture orthotic, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2126*	KAFO, fracture orthotic, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2128*	KAFO, fracture orthotic, femoral fracture cast orthosis, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2132*	Knee ankle foot orthotic fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
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Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L2134*	Knee ankle foot orthotic, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2136*	KAFO, fracture orthotic, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2180	Addition to lower extremity fracture orthotic, plastic shoe insert with ankle joints	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2182	Addition to lower extremity fracture orthotic, drop lock knee joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2184	Addition to lower extremity fracture orthotic, limited motion knee joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2186	Addition to lower extremity fracture orthotic, adjustable motion knee joint, Lerman type	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2188	Addition to lower extremity fracture orthotic, quadrilateral brim	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2190	Addition to lower extremity fracture orthotic, waist belt	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2192	Addition to lower extremity fracture orthotic, hip joint, pelvic band, thigh flange, and pelvic belt	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2200	Addition to lower extremity, limited ankle motion, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2220	Addition to lower extremity , dorsiflexion and plantar flexion assist/resist, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2232	Addition to lower extremity orthotic, rocker bottom for total contact ankle foot orthotic, for custom fabricated orthosis only	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2240	Addition to lower extremity, round caliper and plate attachment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
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Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2265	Addition to lower extremity, long tongue stirrup	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2280	Addition to lower extremity, molded inner boot	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2310	Addition to lower extremity, abduction bar, straight	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthotic only	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthotic only	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2335	Addition to lower extremity, anterior swing band	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2340	Addition to lower extremity, pretibial shell, molded to patient model	6 months: ages 0-20; 3 years :ages 21 and older	CO, CPO
L2350*	Addition to lower extremity, prosthetic type (BK) socket, molded to patient model (used for PTB, AFO orthoses)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2360	Addition to lower extremity, extended steel shank	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2370	Addition to lower extremity, Patten bottom	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthotic, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2390	Addition to lower extremity, offset knee joint, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2397	Addition to lower extremity, orthotic, suspension sleeve	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2405	Addition to knee joint, drop lock, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2492	Addition to knee joint, lift loop for drop lock ring	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2510*	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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L2525*	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L2526*	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, 2 position joint, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2580	Addition to lower extremity, pelvic control, pelvic sling	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2627*	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

L2628*	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO

Lower Limb–Hip

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2660	Addition to lower extremity, thoracic control, thoracic band	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2680	Addition to lower extremity, thoracic control, lateral support uprights	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2750	Addition to lower extremity orthotic, plating chrome or nickel, per bar	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2755	Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2760	Addition to lower extremity orthotic, extension, per extension, per bar (for lineal adjustment for growth)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2768	Orthotic side bar disconnect device, per bar	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2780	Addition to lower extremity orthotics, noncorrosive finish, per bar	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2785	Addition to lower extremity orthotic, drop lock retainer, each	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2795	Addition to lower extremity orthotic, knee control, full kneecap	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2800	Addition to lower extremity orthotic, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2810	Addition to lower extremity orthotic, knee control, condylar pad	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO

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L2820	Addition to lower extremity orthotic, soft interface for molded plastic, below knee section	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2830	Addition to lower extremity orthotic, soft interface for molded plastic, above knee section	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2840	Addition to lower extremity orthotic, tibial length sock, fracture or equal, each	4 per 6 months: ages 0-20; 4 per 1 year: ages 21 and older	CO, CPO
Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L2850	Addition to lower extremity orthotic, femoral length sock, fracture or equal, each	4 per 6 months: ages 0-20; 4 per 1 year: ages 21 and older	CO, CPO
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	1 every 6 months: ages 020; 1 every 3 yrs: ages 21and older	CO, CPO
L2999*	Lower extremity orthoses, NOS	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

F. Orthopedic Shoes and Footwear

Orthopedic Shoes and Footwear			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L3000+	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	2 per year	CO, CP, CPO, CPed
L3001+	Foot insert, removable, molded to patient model, Spenco, each	2 per year	CO, CP, CPO, CPed
L3002+	Foot insert, removable, molded to patient model, Plastazote or equal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3003+	Foot insert, removable, molded to patient model, silicone gel, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3010+	Foot insert, removable, molded to patient model, longitudinal arch support, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3020+	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP

L3030+	Foot insert, removable, formed to patient foot, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3040+	Foot, arch support, removable, premolded, longitudinal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3050+	Foot, arch support, removable, premolded, metatarsal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3060+	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3070+	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP

Orthopedic Shoes and Footwear			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L3080+	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3090+	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3100+	Hallus-valgus night dynamic splint	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3140+	Foot, abduction rotation bar, including shoes	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3150+	Foot, abduction rotation bar, without shoes	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3160+	Foot, adjustable shoe-styled positioning device	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3170	Foot, plastic, silicone or equal, heel stabilizer, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	2 per year	CO, CP, CPO, CPed
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	2 per year	CO, CP, CPO, CPed
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	2 per year	CO, CP, CPO, CPed
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	2 per year	CO, CP, CPO, CPed
L3206	Orthopedic shoe, hightop with supinator or pronator, child	2 per year	CO, CP, CPO, CPed
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	2 per year	CO, CP, CPO, CPed
L3208	Surgical boot, each, infant	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3209	Surgical boot, each, child	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3211	Surgical boot, each, junior	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP

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L3212	Benesch boot, pair, infant	2 per year	CO, CP, CPO, CPed
L3213	Benesch boot, pair, child	2 per year	CO, CP, CPO, CPed
L3214	Benesch boot, pair, junior	2 per year	CO, CP, CPO, CPed
L3215+	Orthopedic footwear, ladies shoe, oxford, each	2 per year	CO, CP, CPO, CPed
L3216+	Orthopedic footwear, ladies shoe, depth inlay, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3217+	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3219+	Orthopedic footwear, mens shoe, oxford, each	2 per year	CO, CP, CPO, CPed
L3221+	Orthopedic footwear, mens shoe, depth inlay, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP

Orthopedic Shoes and Footwear			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L3222+	Orthopedic footwear, mens shoe, hightop, depth inlay, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3224+	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthotic)	2 per year	CO, CP, CPO, CPed
L3225+	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthotic	2 per year	CO, CP, CPO, CPed
L3250+	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	2 per year	CO, CP, CPO, CPed
L3251+	Foot, shoe molded to patient model, silicone shoe, each	2 per year	CO, CP, CPO, CPed
L3252+	Foot, molded to patient model, Plastazote (or similar), custom fabricated, each	2 per year	CO, CP, CPO, CPed
L3253+	Foot, molded shoe, Plastazote (or similar), custom fitted, each	2 per year	CO, CP, CPO, CPed
L3254+	Nonstandard size or width	2 per year	CO, CP, CPO, CPed
L3255+	Nonstandard size or length	2 per year	CO, CP, CPO, CPed
L3257+	Orthopedic footwear, additional charge for split size	2 per year	CO, CP, CPO, CPed
L3260	Surgical boot/shoe, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3265	Plastazote sandal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3300+	Lift, elevation, heel, tapered to metatarsals, per inch	N/A	CO, CP, CPO, CPed
L3310+	Lift, elevation, heel and sole, neoprene, per inch	N/A	CO, CP, CPO, CPed
L3320+	Lift, elevation, heel and sole, cork, per inch	N/A	CO, CP, CPO, CPed
L3330+	Lift, elevation, metal extension (skate)	N/A	CO, CP, CPO, CPed
L3332+	Lift, elevation, inside shoe, tapered, up to one-half in.	N/A	CO, CP, CPO, CPed, MD, DO, PA, NP

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L3334+	Lift, elevation, heel, per in.	N/A	CO, CP, CPO, CPed, MD, DO, PA, NP
L3340+	Heel wedge, SACH	2 per year	CO, CP, CPO, CPed
L3350+	Heel wedge	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3360+	Sole wedge, outside sole	2 per year	CO, CP, CPO, CPed
L3370+	Sole wedge, between sole	2 per year	CO, CP, CPO, CPed
L3380+	Clubfoot wedge	2 per year	CO, CP, CPO, CPed
L3390+	Outflare wedge	2 per year	CO, CP, CPO, CPed
L3400+	Metatarsal bar wedge, rocker	2 per year	CO, CP, CPO, CPed
L3410+	Metatarsal bar wedge, between sole	2 per year	CO, CP, CPO, CPed
L3420+	Full sole and heel wedge, between sole	2 per year	CO, CP, CPO, CPed
L3430+	Heel, counter, plastic reinforced	2 per year	CO, CP, CPO, CPed
L3440+	Heel, counter, leather reinforced	2 per year	CO, CP, CPO, CPed
Orthopedic Shoes and Footwear			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L3450+	Heel, SACH cushion type	2 per year	CO, CP, CPO, CPed
L3455+	Heel, new leather, standard	2 per year	CO, CP, CPO, CPed
L3460+	Heel, new rubber, standard	2 per year	CO, CP, CPO, CPed
L3465+	Heel, Thomas with wedge	2 per year	CO, CP, CPO, CPed
L3470+	Heel, Thomas extended to ball	2 per year	CO, CP, CPO, CPed
L3480+	Heel, pad and depression for spur	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3485+	Heel, pad, removable for spur	2 per year	CO, CP, CPO, CPed, MD, DO, PA, NP
L3500+	Orthopedic shoe addition, insole, leather	2 per year	CO, CP, CPO, CPed
L3510+	Orthopedic shoe addition, insole, rubber	2 per year	CO, CP, CPO, CPed
L3520+	Orthopedic shoe addition, insole, felt covered with leather	2 per year	CO, CP, CPO, CPed
L3530+	Orthopedic shoe addition, sole, half	2 per year	CO, CP, CPO, CPed
L3540+	Orthopedic shoe addition, sole, full	2 per year	CO, CP, CPO, CPed
L3550	Orthopedic shoe addition, toe tap, standard	2 per year	CO, CP, CPO, CPed
L3560+	Orthopedic shoe addition, toe tap, horseshoe	2 per year	CO, CP, CPO, CPed
L3570+	Orthopedic shoe addition, special extension to instep (leather with eyelets)	2 per year	CO, CP, CPO, CPed
L3580+	Orthopedic shoe addition, convert instep to Velcro closure	2 per year	CO, CP, CPO, CPed
L3590+	Orthopedic shoe addition, convert firm shoe counter to soft counter	2 per year	CO, CP, CPO, CPed
L3595+	Orthopedic shoe addition, March bar	2 per year	CO, CP, CPO, CPed
L3600+	Transfer of an orthotic from one shoe to another, caliper plate, existing	2 per year	CO, CP, CPO, CPed

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L3610+	Transfer of an orthoticfrom one shoe to another, caliper plate, new	2 per year	CO, CP, CPO, CPed
L3620+	Transfer of an orthotic from one shoe to another, solid stirrup, existing	2 per year	CO, CP, CPO, CPed
L3630+	Transfer of an orthoticfrom one shoe to another, solid stirrup, new	6 months: ages 0–20; 1 year: ages 21 and older	CO, CP, CPO, CPed
L3640	Transfer of an orthotic from one shoe to another, Dennis Browne splint (Riveton), both shoes	6 months: ages 0–20; NOT FOR ADULTS	CO, CP, CPO, CPed
L3649*	Orthopedic shoe, modification, addition or transfer, not otherwise specified	6 months: ages 0–20; 3 years: ages 21 and older	CO, CP, CPO, CPed

G. Upper Limb Orthoses

Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L3650	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L3670	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L3671*	Shoulder orthotic (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: all ages	CO, CPO
L3674	Shoulder Orthotic, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 year: all ages	CO, CPO
L3675	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L3677*	Shoulder orthotic (SO), hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L3702	Elbow orthotic (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and	6 months: ages 0–20; 1 year: ages 21 and	CO, CPO

	adjustment	older	
L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM
L3720*	Elbow orthotic (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3730*	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3740*	Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position Lock with active control, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L3760	Elbow orthotic (EO), with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3762	Elbow orthotic (EO), rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L3763*	Elbow wristhand orthotic (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, 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	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3765*	Elbow wrist hand finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, 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	6 months: ages 0–20; 3 years: ages 21 and older	CO, 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	6 months: ages 0–20 3 years: ages 21–115	CO, CPO

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L3807	Wrist hand finger orthotic (WHFO), without joint(s), prefabricated, includes fitting and adjustments, any type	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, MD, DO, PA, NP
L3808	Wrist-hand-finger orthotic (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20 3 years: ages 21–115	CO, CPO
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	6 months: ages 00-20 3 years: ages 21-115	CO, CPO
L3900*	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3901*	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

Upper Limb Orthoses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3904*	WHFO, external powered, electric, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3905*	Wrist hand finger orthotic (WHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3906	Wrist hand orthotic (WHO), without joints, may include soft interface, straps, custom fabricated, includes filling and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3908	WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM
L3913	Hand finger orthotic (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3915	Wrist-hand orthotic (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment	6 months: ages 0–20 3 years: ages 21–115	CO, CPO, RFO, COF, RFOM

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L3917	Hand orthotic (HO), metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, MD, DO, PA, NP
L3919	Hand orthotic (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, 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	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3923	Hand finger orthotic (HFO), without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L3925	FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment.	6 months: ages 0–20; 1 year ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP

Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L3927*	FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion, (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment.	6 months: ages 0–20; 1 year ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L3929	HFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L3931	WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L3933	Finger orthotic(FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3935	Finger orthotic, nontorsion joint, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3956*	Addition of joint to upper extremity orthotic, any material; per joint	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO

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L3960*	SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3961*	Shoulder elbow wrist hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3962*	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
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	6 months: ages 0–20; 3 years: ages 21 and older	CO, 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	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
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	6 months: ages 0–20; 3 years: ages 21 and older	CO, 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	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3976*	Shoulder elbow wrist hand finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, 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	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

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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	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3980	Upper extremity fracture orthotic, humeral, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, MD, DO, PA, NP
L3982	Upper extremity fracture orthotic, radius/ulnar, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, MD, DO, PA, NP
L3984	Upper extremity fracture orthotic, wrist, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, MD, DO, PA, NP
L3995	Addition to upper extremity orthotic, sock, fracture or equal, each	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO
L3999*	Upper limb orthosis, NOS	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

H. Ancillary Orthoses

Ancillary Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
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 year all ages	CO, CPO, RFO, COF, RFOM, MD, DO~~)~~, PA, NP
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	1 year all ages	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	1 year all ages	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	1 year all ages	CO, CPO, RFO, COF, RFOM, MD, DO, PA, NP
L4392	Replacement soft interface material, static AFO	6 months all ages	CO, CPO, RFO, COF, RFOM
L4394	Replace soft interface material, foot drop splint	6 months all ages	CO, CPO, RFO, COF, RFOM

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L4396	Static ankle foot orthotic, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	1 year all ages	CO, CPO, RFO, COF, RFOM
L4398	Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	1 year all ages	CO, CPO, RFO, COF, RFOM
L4631	Ankle-foot orthotic, walking boot type, varus/valgue correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	1 year: all ages	CO, CPO, RFO, COF, RFOM

I. Lower Limb Prostheses

Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	1 year: all ages	CP, CPO, CPed
L5010*	Partial foot, molded socket, ankle height, with toe filler	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5020*	Partial foot, molded socket, tibial tubercle height, with toe filler	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5050*	Ankle, Symes, molded socket, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5060*	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5100*	Below knee, molded socket, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5105*	Below knee, plastic socket, joints and thigh lacer, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5150*	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5160*	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5200*	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

L5210*	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5220*	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5230*	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L5250*	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5270*	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5280*	Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5301*	Below knee, molded socket, shin, SACH foot, endoskeletal system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	1 year: ages 0-20 3 years: ages 21-115	CP, CPO
L5321*	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5331*	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5341*	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5400*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	1 year: ages 0–20; 3 years ages 21 and older	CP, 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 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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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 year: ages 0–20; 3 years ages 21 and older	CP, CPO
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 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5500*	Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5505*	Initial, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot plaster socket, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5510*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5520*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5530*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5535*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5540*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5560*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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L5570*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5580*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5585*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5590*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Lower Limb Prostheses

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5595*	Preparatory, hip disarticulation–hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5600*	Preparatory, hip disarticulation–hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5610*	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5611*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5613*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5614*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5616*	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5618	Addition to lower extremity, test socket, Symes	6 months all ages	CP, CPO
L5620	Addition to lower extremity, test socket, below knee	6 months all ages	CP, CPO

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L5622	Addition to lower extremity, test socket, knee disarticulation	6 months all ages	CP, CPO
L5624	Addition to lower extremity, test socket, above knee	6 months all ages	CP, CPO
L5626	Addition to lower extremity, test socket, hip disarticulation	6 months all ages	CP, CPO
L5628	Addition to lower extremity, test socket, hemipelvectomy	6 months all ages	CP, CPO
L5629	Addition to lower extremity, below knee, acrylic socket	6 months all ages	CP, CPO
L5630	Addition to lower extremity, Symes type, expandable wall socket	6 months all ages	CP, CPO
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	6 months all ages	CP, CPO
L5632	Addition to lower extremity, Symes type, PTB brim design socket	6 months all ages	CP, CPO
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	6 months all ages	CP, CPO

Lower Limb Prostheses

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5636	Addition to lower extremity, Symes type, medial opening socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5637	Addition to lower extremity, below knee, total contact	6 months all ages	CP, CPO
L5638	Addition to lower extremity, below knee, leather socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5639*	Addition to lower extremity, below knee, wood socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5640*	Addition to lower extremity, knee disarticulation, leather socket	6 months all ages	CP, CPO
L5642*	Addition to lower extremity, above knee, leather socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5643*	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	6 months all ages	CP, CPO
L5644	Addition to lower extremity, above knee, wood socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5645*	Addition to lower extremity, below knee, flexible inner socket, external frame	6 months all ages	CP, CPO
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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L5647*	Addition to lower extremity, below knee, suction socket	6 months all ages	CP, CPO
L5648*	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5649*	Addition to lower extremity, ischial containment/narrow M-L socket	6 months all ages	CP, CPO
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	6 months all ages	CP, CPO
L5651*	Addition to lower extremity, above knee, flexible inner socket, external frame	6 months all ages	CP, CPO
L5652*	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	6 months all ages	CP, CPO
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	6 months all ages	CP, CPO

Lower Limb Prostheses

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	6 months all ages	CP, CPO
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	6 months all ages	CP, CPO
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	6 months all ages	CP, CPO
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	6 months all ages	CP, CPO
L5661	Addition to lower extremity, socket insert, multidurometer, Symes	6 months all ages	CP, CPO
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	6 months all ages	CP, CPO
L5666	Addition to lower extremity, below knee, cuff suspension	6 months all ages	CP, CPO
L5668	Addition to lower extremity, below knee, molded distal cushion	6 months all ages	CP, CPO
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)	6 months all ages	CP, CPO
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism, (shuttle, lanyard or equal), excludes socket insert	6 months all ages	CP, CPO
L5672	Addition to lower extremity, below knee, removable medial brim suspension	6 months all ages	CP, CPO

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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 per 6 months all ages	CP, CPO
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair	6 months all ages	CP, CPO
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	6 months all ages	CP, CPO
L5678	Addition to lower extremity, below knee joint covers, pair	2 per year all ages	CP, 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 per 6 months all ages	CP, CPO
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded	6 months all ages	CP, CPO

Lower Limb Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
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 per year all ages	CP, CPO
L5682*	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	1 year: ages 0–20; 3 years ages 21 and older	CP, 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 per year all ages	CP, CPO
L5684	Addition to lower extremity, below knee, fork strap	6 months: ages 0–20; 1 year ages 21 and older	CP, CPO
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	2 per 6 months all ages	CP, CPO
L5686	Addition to lower extremity, below knee, back check (extension control)	6 months all ages	CP, CPO
L5688	Addition to lower extremity, below knee, waist belt, webbing	6 months all ages	CP, CPO

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L5690	Addition to lower extremity, below knee, waist belt, padded and lined	6 months all ages	CP, CPO
L5692	Addition to lower extremity, above knee, pelvic control belt, light	6 months all ages	CP, CPO
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	6 months all ages	CP, CPO
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	6 months all ages	CP, CPO
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	6 months all ages	CP, CPO
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	6 months all ages	CP, CPO
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	6 months all ages	CP, CPO
L5699	All lower extremity prostheses, shoulder harness	1 per year all ages	CP, CPO
L5700*	Replacement, socket, below knee, molded to patient model	6 months all ages	CP, CPO

Lower Limb Prostheses

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5701*	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	6 months all ages	CP, CPO
L5702*	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	6 months all ages	CP, CPO
L5703*	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	6 months all ages	CP, CPO
L5704	Custom shaped protective cover, below knee	6 months all ages	CP, CPO
L5705*	Custom shaped protective cover, above knee	6 months all ages	CP, CPO
L5706*	Custom shaped protective cover, knee disarticulation	6 months all ages	CP, CPO
L5707*	Custom shaped protective cover, hip disarticulation	6 months all ages	CP, CPO
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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L5716*	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5718*	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5722*	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5724*	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5726*	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5728*	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Lower Limb Prostheses			
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Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L5780*	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5781*	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	3 years all ages	CP, CPO
L5782*	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	3 years all ages	CP, CPO
L5785*	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5790*	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5795*	Addition, exoskeletal system, hip disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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L5811*	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5814*	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5816*	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5818*	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	3 years all ages	CP, CPO
L5822*	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5824*	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Lower Limb Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

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

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L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5910	Addition, endoskeletal system, below knee, alignable system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5930*	Addition, endoskeletal system, high activity knee control frame	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5950*	Addition, endosketetal system, above knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L5960*	Addition, endosketetal system, hip disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and or extension control	1 year: ages 0-20 3 years: ages 21-115	CP, CPO
L5962*	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	1 year all ages	CP, CPO
L5964*	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	1 year all ages	CP, CPO
L5966*	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	1 year all ages	CP, CPO
L5968*	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5970	All lower extremity prostheses, foot, external keel, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5972	All lower extremity prostheses, flexible keel foot (SAFE, STEN, Bock Dynamic or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5974	All lower extremity prostheses, foot, single axis ankle/foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5979*	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L5980*	All lower extremity prostheses, flex-foot system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5981*	All lower extremity prostheses, flex-walk system or equal	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5986*	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5987*	All lower extremity prosthesis, shank foot system with vertical loading pylon	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

L5988*	Addition to lower limb prosthesis, vertical shock reducing pylon feature	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5999*	Lower extremity prosthesis, not otherwise specified	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

J. Upper Limb Prostheses

Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L6000*	Partial hand, thumb remaining (or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L6010*	Partial hand, little and/or ring finger remaining (or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6020*	Partial hand, no finger remaining	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6050*	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6055*	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6100*	Below elbow, molded socket, flexible elbow hinge, triceps pad	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6110*	Below elbow, molded socket (Muenster or Northwestern suspension types)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6120*	Below elbow, molded double wall split socket, step-up hinges, half cuff	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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L6130*	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6200*	Elbow disarticulation, molded socket, outside locking hinge, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6205*	Elbow disarticulation, molded socket with expandable interface, outside locking hinge, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6250*	Above elbow, molded double wall socket, internal locking elbow, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6300*	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6310*	Shoulder disarticulation, passive restoration (complete prosthesis)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Upper Limb Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6320*	Shoulder disarticulation, passive restoration (shoulder cap only)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6350*	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6360*	Interscapular thoracic, passive restoration (complete prosthesis)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6370*	Interscapular thoracic, passive restoration (shoulder cap only)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
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 year: ages 0–20; 3 years ages 21 and older	CP, 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 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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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 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6388*	Immediate postsurgical or early fitting, application of rigid dressing only	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6400*	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6450*	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6500*	Above elbow, molded socket, endosketetal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L6550*	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6570*	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, 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 year: ages 0–20; 3 years ages 21 and older	CP, 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 year: ages 0–20; 3 years ages 21 and older	CP, 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 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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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 year: ages 0–20; 3 years ages 21 and older	CP, 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 year: ages 0–20; 3 years ages 21 and older	CP, 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 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6600	Upper extremity additions, polycentric hinge, pair	6 months all ages	CP, CPO
L6605	Upper extremity additions, single pivot hinge, pair	6 months all ages	CP, CPO
L6610	Upper extremity additions, flexible metal hinge, pair	6 months all ages	CP, CPO
L6615	Upper extremity addition, disconnect locking wrist unit	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Upper Limb Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6623*	Upper extremity addition, spring assisted rotational wrist unit with latch release	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6624*	Upper extremity addition, flexion/extension and rotation wrist unit	6 months: ages 0–20 3 years: ages 21–115	CP, CPO
L6625	Upper extremity addition, rotation wrist unit with cable lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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L6630	Upper extremity addition, stainless steel, any wrist	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6632	Upper extremity addition, latex suspension sleeve, each	2 per 6 months, all ages	CP, CPO
L6635	Upper extremity addition, lift assist for elbow	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6637	Upper extremity addition, nudge control elbow lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6638*	Upper extremity addition to prosthesis, electric locking feature only for use with manually powered elbow	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6640	Upper extremity additions, shoulder abduction joint, pair	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6641	Upper extremity addition, excursion amplifier, pulley type	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6642	Upper extremity addition, excursion amplifier, lever type	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

Upper Limb Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6646*	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6650	Upper extremity addition, shoulder universal joint, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6655	Upper extremity addition, standard control cable, extra	2 per year, all ages	CP, CPO
L6660	Upper extremity addition, heavy duty control cable	2 per year, all ages	CP, CPO
L6665	Upper extremity addition, Teflon or equal, cable lining	2 per year, all ages	CP, CPO
L6670	Upper extremity addition, hook to hand, cable adapter	1 per year, all ages	CP, CPO

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L6672	Upper extremity addition, harness, chest or shoulder, saddle type	1 per year, all ages	CP, CPO
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	1 per year, all ages	CP, CPO
L6676	Upper extremity addition, harness, (e.g.,figure of eight type), dual cable design	1 per year, all ages	CP, CPO
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	1 year: ages 0–20; 3 years: ages 21 and older	CP, CPO
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	6 months all ages	CP, CPO
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	6 months all ages	CP, CPO
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	6 months all ages	CP, CPO
L6686*	Upper extremity addition, suction socket	6 months all ages	CP, CPO
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	6 months all ages	CP, CPO
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	6 months all ages	CP, CPO
L6689*	Upper extremity addition, frame type socket, shoulder disarticulation	6 months all ages	CP, CPO
L6690*	Upper extremity addition, frame type socket, interscapular-thoracic	6 months all ages	CP, CPO

Upper Limb Prostheses

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6691	Upper extremity addition, removable insert, each	6 months all ages	CP, CPO
L6692	Upper extremity addition, silicone gel insert or equal, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6693*	Upper extremity addition, locking elbow, forearm counterbalance	1 year: ages 0–20; 3 years ages 21 and older	CP, 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 per 6 months	CP, 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 per 6 months	CP, CPO

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L6696*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	2 per year: ages 0–20; 1 year ages 21 and older	CP, 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 per year: ages 0–20; 1 year ages 21 and older	CP, CPO
L6698*	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	6 months all ages	CP, CPO
L6703	Terminal device, passive hand/mitt, any material, any size	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6704	Terminal device, sport/recreational/work attachment, any material, any size	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6707*	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6708*	Terminal device, hand, mechanical, voluntary opening, any material, any size	1 year: ages 0–20 3 years: ages 21–115	CP, CPO

Upper Limb Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6709*	Terminal device, hand, mechanical, voluntary closing, any material, any size	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6711*	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	1 year: ages 0–20	CP, CPO
L6712*	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	1 year: ages 0–20	CP, CPO
L6713*	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	1 year: ages 0–20	CP, CPO
L6714*	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	1 year: ages 0–20	CP, CPO
L6721*	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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L6722*	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6805	Addition to terminal device, modifier wrist unit	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6810	Addition to terminal device, precision pinch device	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6883*	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	6 months all ages	CP, CPO
L6884*	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	6 months all ages	CP, CPO
L6885*	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	6 months all ages	CP, CPO
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	6 months all ages	CP, CPO
L6900*	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6905*	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L6910*	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6915*	Hand restoration (shading and measurements included), replacement glove for above	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	6 months all ages	CP, CPO
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	6 months all ages	CP, CPO
L7405*	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	6 months all ages	CP, CPO
L7499*	Upper extremity prosthesis, NOS	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7600	Prosthetic donning sleeve, any material, each	4 per year	CP, CPO

K. Replacement and Repair

Replacement and Repair			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
K0672	Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO
L4000*	Replace girdle for spinal orthotic (cervical-thoraciclumbar-sacral orthotic (CTLSO) or spinal orthotic SO)	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4002*	Replacement strap, any orthotic, includes all components, any length, any type	4 per 3 months for ages 0–20; 6 months for 21 and older	CO, CPO
L4010*	Replace trilateral socket brim	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4020*	Replace quadrilateral socket brim, molded to patient model	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4030	Replace quadrilateral socket brim, custom fitted	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4040	Replace molded thigh lacer, for custom fabricated orthotic only	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4045	Replace non-molded thigh lacer, for custom fabricated orthotic only	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

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L4050	Replace molded calf lacer, for custom fabricated orthotic only	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4055	Replace non-molded calf lacer, for custom fabricated orthotic only	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4060	Replace high roll cuff	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4070	Replace proximal and distal upright for KAFO	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4080	Replace metal bands KAFO, proximal thigh	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

Replacement and Repair			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4100	Replace leather cuff KAFO, proximal thigh	6 months: ages 0–20; 2 years: ages 21 and older	CO, CPO
L4110	Replace leather cuff, KAFO-AFO, calf or distal thigh	6 months: ages 0–20; 2 years: ages 21 and older	CO, CPO
L4130	Replace pretibial shell	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4205*	Repair of orthotic device, labor component, per 15 minutes	NA	CO, CPO
L4210*	Repair of orthotic device, repair or replace minor parts	NA	CO, CPO
L7510*	Repair prosthetic device, repair or replace minor parts	NA	CP, CPO
L7520*	Repair prosthetic device, labor component, per 15 minutes	NA	CP, CPO

L. Elastic Supports

Elastic Supports
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
Elastic Supports			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6536	Gradient compression stocking, full length/chap style, 1830 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6537	Gradient compression stocking, full length/chap style, 3040 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6538	Gradient compression stocking, full length/chap style, 4050 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD,

			DO, PA, NP
A6544	Gradient compression stocking, garter belt	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6545	Gradient compression wrap, non-elastic, below knee, 3050 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, PA, NP
A6549*	Gradient compression stocking/sleeve, not otherwise specified	4 per year	CO, CP, CPO, RFO, COF, RFOM

M. Trusses

Trusses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L8300	Truss, single with standard pad	2 per year	CO, CP, CPO, RFO, COF, RFOM
L8310	Truss, double with standard pads	2 per year	CO, CP, CPO, RFO, COF, RFOM
L8320	Truss, addition to standard pad, water pad	2 per year	CO, CP, CPO, RFO, COF, RFOM
L8330	Truss, addition to standard pad, scrotal pad	2 per year	CO, CP, CPO, RFO, COF, RFOM

N. Prosthetic Socks

Prosthetic Socks			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.			
Code	**Description**	**Lifetime Expectancies and Quantity Limitations**	**Required Provider Certification**
L8400	Prosthetic sheath, below knee, each	12 per year	CP, CPO
L8410	Prosthetic sheath, above knee, each	12 per year	CP, CPO
L8415	Prosthetic sheath, upper limb, each	12 per year	CP, CPO
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	6 per year	CP, CPO
L8420	Prosthetic sock, multiple ply, below knee, each	6 per year	CP, CPO
L8430	Prosthetic sock, multiple ply, above knee, each	6 per year	CP, CPO
L8435	Prosthetic sock, multiple ply, upper limb, each	6 per year	CP, CPO
L8440	Prosthetic shrinker, below knee, each	4 per year	CP, CPO

L8460	Prosthetic shrinker, above knee, each	4 per year	CP, CPO
L8465	Prosthetic shrinker, upper limb, each	4 per year	CP, CPO
L8470	Prosthetic sock, single ply, fitting, below knee, each	12 per year	CP, CPO
L8480	Prosthetic sock, single ply, fitting, above knee, each	12 per year	CP, CPO
L8485	Prosthetic sock, single ply, fitting, upper limb, each	12 per year	CP, CPO
L8499*	Unlisted procedure for miscellaneous prosthetic services	NA	CP, CPO

O. External Breast Prostheses

External Breast Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

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 per month	CMF, RFOM, RFM
L8000	Breast prosthesis, mastectomy bra	6 per year	CMF, RFOM, RFM
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	2 per 6 months	CMF, RFOM, RFM
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	2 per 6 months	CMF, RFOM, RFM
L8010	Breast prosthesis, mastectomy sleeve	2 per year, all ages	CMF, RFOM, RFM
L8015	External breast prosthesis garment, with mastectomy form, post-mastectomy	2 per 6 months with max. limit of 6 per lifetime	CMF, RFOM, RFM
L8020	Breast prosthesis, mastectomy form	2 per year	CMF, RFOM, RFM
L8030	Breast prosthesis, silicone or equal	2 years	CMF, RFOM, RFM

P. Ocular Prostheses

Ocular Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for Medicaid beneficiaries ages 21 and older; and **bold** codes denote items covered by Medicare.

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

V2626	Reduction of ocular prosthesis	2 years: ages 0–20; 5 years: ages 21 and older	BCO
V2627*	Scleral cover shell	2 years: ages 0–20; 5 years: ages 21 and older	BCO
V2628	Fabrication and fitting of ocular conformer	6 per year, ages 0-2; 2 years: ages 3 and older	BCO

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~~Attachment C: How a Beneficiary Obtains Orthotic and Prosthetic Devices~~

~~The following steps outline how a beneficiary receives orthotic and prosthetic devices. The steps are in the order that they are usually accomplished.~~

~~**Note:** These procedures do not apply when Medicare is the primary payer. Providers are responsible for knowing when a device provided to a Medicare-Medicaid beneficiary should be billed to Medicare first. The fee schedule indicates the devices that must always be billed to Medicare for dually eligible beneficiaries. For other Medicare/Medicaid covered devices billed to Medicaid for a dually eligible beneficiary, the provider must maintain documentation to support a decision to bill Medicaid as primary.~~

~~Step 1 Receive Physician's Prescription~~

~~A physician, physician assistant, or nurse practitioner who has personally examined the beneficiary in accordance with **Section 3.2, Specific Criteria Covered,** writes a prescription for the needed orthotic or prosthetic device. The prescription is given to the orthotic and prosthetic provider. If the orthotic or prosthetic device is provided by an MD or DO, the prescription for the device must be retained in the beneficiary's record.~~

~~Step 2 Complete Documentation of Need~~

~~For all orthotic and prosthetic devices, complete each item on the CMN/PA form, unless the instructions indicate that a block is optional. Include any additional documentation required to document medical necessity.~~

~~Send the CMN/PA to the prescribing physician, physician assistant, or nurse practitioner for completion of the items requiring the physician's knowledge and expertise. Ask the physician, physician assistant, or nurse practitioner to sign and date the form.~~

~~For requests for orthotic and prosthetic devices not listed on the Orthotic and Prosthetic Fee Schedule, but coverable under EPSDT for beneficiaries under 21 years of age, complete a NonCovered State Medicaid Plan Services Request Form in addition to the CMN/PA. This form is available on the DMA Web site at http://www.ncdhhs.gov/dma/provider/forms.htm (under Provider Forms, Prior Approval category). Submit this form with the CMN/PA to~~

~~Assistant Director, Clinical Policy and Programs~~
~~Division of Medical Assistance~~
~~2501 Mail Service Center~~
~~Raleigh, N.C. 27699-2501~~
~~Fax 919-715-7679~~

~~Step 3 Verify Medicaid or NCHC Eligibility~~

~~Verify Medicaid/NCHC eligibility according to the guidelines in **Section 2.0, Eligible Beneficiaries.**~~

~~**Note:** Check all other key information on the card such as eligibility dates, insurance information, and other important items. If the card shows that a beneficiary participates in a Medicaid Managed Care program, CAP or Hospice, coverage may be affected.~~

~~Note: NCHC beneficiaries do not participate in a CAP waiver and are ineligible.~~

~~Refer to **Section 7.2 Coordinating Care,** for additional information.~~

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Step 4 Assess Appropriateness

Although the beneficiary's physician, physician assistant or nurse practitioner is responsible for prescribing orthotic and prosthetic devices, providers should review the available information to see if a device appears appropriate. Key points are as follows:

a. **Does the beneficiary have a medical necessity for the device?** Look at whether the device is a necessity or a convenience for the beneficiary or his caregivers. For example, a beneficiary may want orthopedic footwear. However, regular footwear meets the beneficiary's needs.

b. **Is the device appropriate for the beneficiary's situation?** Check to ensure that the beneficiary or his caregiver can appropriately and safely apply the orthotic and prosthetic device.

c. **Has Medicaid or NCHC previously furnished this device to the beneficiary?** If Medicaid or NCHC has previously purchased the same equipment for a beneficiary, refer to **Section 5.8, Replacing Orthotics and Prosthetics** for information about replacement.

Step 5 Resolve Questions and Concerns

Resolve any questions or concerns you have about an orthotic and prosthetic device before you provide it. If anything ordered by the physician, physician assistant or nurse practitioner appears inappropriate or a potential source of problems, contact the physician, physician assistant or nurse practitioner.

Step 6 Request Prior Approval

If a device requires prior approval, and is listed on the Orthotic and Prosthetic Fee Schedule, send the completed three-part CMN/PA form to the address listed on the form.

All devices requested under EPSDT require prior approval. Send the completed three-part CMN/PA form with the Non-Covered State Medicaid Plan Services Request Form and all related medical documentation to the Assistant Director, Clinical Policy and Programs, at the address given in Step 2.

- **EPSDT does not apply to NCHC beneficiaries**.
- **EPSDT does not eliminate the requirement for prior approval if prior approval is required.**

Approved Requests: The CMN/PA form will show a PA number for each device and the time period for which it is approved. The dates of service that you bill must be within the approved period. Refer to **Attachment D, Completing a Claim for Orthotic and Prosthetic Services** for additional instructions about completing item **24A** on the CMS-1500 claim form.

Note: Prior approval authorizes payment of an O and P device only if the person is Medicaid or NCHC eligible. It does not ensure that the beneficiary is on Medicaid or NCHC, or waive other prerequisites to payment such as billing third-party payers. You must verify Medicaid or NCHC eligibility and meet other reimbursement responsibilities.

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Attachment ~~D~~ 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 or NCHC block.
1a. Insured's ID Number	Enter the beneficiary's Medicaid ID or NCHC number (nine digits and the alpha suffix) from the beneficiary's Medicaid ID or NCHC card.
1. 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 or NCHC 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: *This is a Medicare non-covered service.* *Service does not meet Medicare criteria.* *Medicare benefits are exhausted.* ***REMEMBER:*** *You must have documentation to support the use of any of these statements.* ***Note does not apply to NCHC beneficiaries.***
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-9-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 or NCHC.

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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 or NCHC. 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 or NCHC orthotic and prosthetic provider number.

Remember: When submitting a claim for manually priced devices, you must also attach an invoice to the claim.

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Example of Claim Form for Orthotics and Prosthetics

PLEASE DO NOT STAPLE IN THIS AREA

[redacted]

CARRIER

HEALTH INSURANCE CLAIM FORM

PICA ☐ PICA ☐

1. MEDICARE ☐ (Medicare #) MEDICAID ☒ (Medicaid #) CHAMPUS ☐ (Sponsor's SSN) CHAMPVA ☐ (VA File #) GROUP HEALTH PLAN ☐ (SSN or ID) FECA BLK LUNG ☐ (SSN) OTHER ☐ (ID)

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 SEX M ☐ F ☒

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 123 Any Street

6. PATIENT RELATIONSHIP TO INSURED: Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street):

CITY: Any Town STATE: NC

8. PATIENT STATUS: Single ☐ Married ☐ Other ☐ Employed ☐ Full-Time Student ☐ Part-Time Student ☐

CITY: STATE:

ZIP CODE: 12345 TELEPHONE (Include Area Code): (919) 123-4567

ZIP CODE: TELEPHONE (INCLUDE AREA CODE): ( )

PATIENT AND INSURED INFORMATION

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES ☐ NO ☐

a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. AUTO ACCIDENT? PLACE (State) YES ☐ NO ☐

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES ☐ NO ☐

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☐ *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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 MM DD YY FROM 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 MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES ☐ NO ☐ $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. 754.41
2. 343.9
3. ____
4. ____

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

PHYSICIAN OR SUPPLIER INFORMATION

24. A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
1 07 20 05	07 20 05	12		L1960	NU RT		295 00	1				
2												
3												
4												
5												
6												

25. FEDERAL TAX I.D. NUMBER SSN ☐ EIN ☐

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES ☐ NO ☐

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 bill and are made a part thereof.)

SIGNED A Provider 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 # 919-555-1212
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 RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

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~~Attachment E: Frequently Asked Questions~~

~~The following includes some of the common questions about providing orthotic and prosthetic devices and the answers to those questions.~~

1. ~~**How long does prior approval take?**~~
   ~~It usually takes five workdays from the date of receipt to mail back a prior approval request.~~

2. ~~**Can I choose to supply only certain items or do I have to supply all covered items if I want to be an enrolled supplier?**~~
   ~~You do not have to supply all covered items to be enrolled.~~

3. ~~**Do I have to have a CMN/PA form if the item does not require prior approval?** Yes, you must have a completed form with the physician's, physician assistant's, or nurse practitioner's signature for every item that you bill to Medicaid or NCHC.~~

4. ~~**Where do I get CMN/PA forms?**~~
   ~~Contact CSC at 800-688-6696 or 919-851-8888.~~

5. ~~**How do I get updated fee schedules?**~~
   ~~Fee schedules can be obtained by completing a Fee Schedule Request form and submitting it to DMA by fax at the number listed on the form. The form is available on DMA's Web site at http://www.ncdhhs.gov/dma/fee/.~~

6. ~~**Can I get prior approval by telephone in emergency situations?**~~
   ~~Prior approval by phone is available for only emergency service and repairs to orthotics and prosthetics. Refer to **Section 5.7, Servicing and Repairing Orthotics and Prosthetics.**~~

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Attachment ~~F~~ D: Prior Approval Forms for Lower Extremity Prosthetic Components

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at http://dma.ncdhhs.gov/

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

DRAFT

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at http://dma.ncdhhs.gov/

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

DRAFT

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at http://dma.ncdhhs.gov/

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

DRAFT

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at http://dma.ncdhhs.gov/

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

DRAFT

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at http://dma.ncdhhs.gov/

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

DRAFT

The Prior Approval Form for Lower Extremity Prosthetic Component is available online at http://dma.ncdhhs.gov/

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

DRAFT

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; and
b. The beneficiary must be enrolled in the N.C. Medicaid program and be eligible for the device; and
c. The provider must be enrolled in the N.C. Medicaid program with an appropriate taxonomy; and
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; and
e. The device must be medical in nature, generally recognized as an accepted method of treatment, and must not be experimental or investigational; and
f. The device must be ordered by a physician, physician assistant, or nurse practitioner; and
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; and
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) and the usual supportive prior authorization documentation, to the N.C. Division of Medical Assistance (DMA) for a medical necessity review.

3. The documentation should be **faxed directly to DMA at 919-715-1255** with a cover sheet to the attention of the **DME unit**. **Do not** submit these requests through NCTracks.

4. Items approved by this procedure will be manually priced. Please include the appropriate manual pricing documentation with the prior authorization request (see May 2017 Medicaid Bulletin for details).

5. The same timelines for review used by CSRA may also apply to this medical necessity review process.

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6. If approved, the provider will be notified and given instructions for submitting claims.

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 N.C. Medicaid policy area or waiver program.

Additional Resources

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