

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
	DIABETIC FOOT CODES	
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	60.02
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	180.03
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	26.70
A5504*	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH WEDGE(S), PER SHOE	26.70
A5505*	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH METATARSAL BAR, PER SHOE	26.70
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	26.70
A5507*	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	26.70
A5512*	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FARENHEIT 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	24.49
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	36.54
	ELASTIC SUPPORTS	
A6530	GRADIENT COMPRESSIONS STOCKING, BELOW KNEE, 18-30 mmHg, EACH	38.09
A6531	GRADIENT COMPRESSIONS STOCKING, BELOW KNEE, 30-40 mmHg, EACH	40.85
A6532	GRADIENT COMPRESSIONS STOCKING, BELOW KNEE, 40-50 mmHg, EACH	57.55
A6533	GRADIENT COMPRESSIONS STOCKING, THIGH LENGTH, 18-30 mmHg, EACH	60.79
A6534	GRADIENT COMPRESSIONS STOCKING, THIGH LENGTH, 30-40 mmHg, EACH	72.10
A6535	GRADIENT COMPRESSIONS STOCKING, THIGH LENGTH, 40-50 mmHg, EACH	74.27
A6536	GRADIENT COMPRESSIONS STOCKING, FULL LENGTH/CHAP STYLE, 18-30 mmHg, EACH	92.00
A6537	GRADIENT COMPRESSIONS STOCKING, FULL LENGTH/CHAP STYLE, 30-40 mmHg, EACH	102.79
A6538	GRADIENT COMPRESSIONS STOCKING, FULL LENGTH/CHAP STYLE, 40-50 mmHg, EACH	111.03
A6539	GRADIENT COMPRESSIONS STOCKING, WAIST LENGTH, 18-30 mmHg, EACH	126.89
A6540	GRADIENT COMPRESSIONS STOCKING, WAIST LENGTH, 30-40 mmHg, EACH	131.44

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
A6541	GRADIENT COMPRESSIONS STOCKING, WAIST LENGTH, 40-50 mmHg, EACH	141.60
A6544	GRADIENT COMPRESSIONS STOCKING, GARTER BELT, EACH	28.26
A6545*	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 mmHg, EACH	MANUALLY PRICED
A6549*	GRADIENT COMPRESSIONS STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED, EACH	MANUALLY PRICED
	<u>HELMETS</u>	
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	147.66
A8001	HELMET PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	147.66
A8002*	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	MANUALLY PRICED
A8003*	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	MANUALLY PRICED
A8004*	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	MANUALLY PRICED
S1040*	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE, MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S).	2,778.00
	<u>LOWER EXTREMITY ORTHOSIS</u>	
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	72.88
	<u>CERVICAL</u>	
L1001*	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUALLY PRICED
L0112*	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED	1145.56
L0113*	CRANIAL CERVICAL ORTHOSIS, WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUALLY PRICED
L0120	CERVICAL, FLEXIBLE, NONADJUSTABLE (FOAM COLLAR)	22.90
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	165.58
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	57.13
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	95.28
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	135.66
L0170*	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	574.07
L0172	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE	116.40
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	209.10
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	284.39
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	428.08

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	393.08
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	93.22
L0430*	SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL, CUSTOM FITTED (DEWALL POSTURE PROTECTOR ONLY)	1138.49
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	153.90
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	255.30
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 DISCS, WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	283.87
L0456*	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	814.05
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 FITTING AND ADJUSTMENT	729.95
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 FITTING AND ADJUSTMENT	821.62
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	1021.96

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0464*	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RES	1216.62
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 INTERVEREBRAL DISCS, INCLUDES FITTING AND S	312.84
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, RESTRICT	392.22
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	558.42
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, RE	350.51
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 STER	1083.87
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	1242.52
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 STER	1448.76
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	1435.16
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 NOT	821.62

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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 SYMP	231.53
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	72.97
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC -SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	197.89
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACRILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AN	198.04
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC -SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANESL OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	251.10
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STR	45.11
L0626	LUMBAR ORTHOSIS,SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER	63.81
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOU	336.45
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOU	68.65
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOU	206.15

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, ANY INCLUDE PAD	132.54
L0631*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY	840.22
L0632*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY	281.17
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD	234.70
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD	298.42
L0635*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERA	870.35
L0636*	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, REGID 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 LATERA	1284.24
L0637*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO R	1114.25
L0638*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO R	1079.49
L0639*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRA	1114.25

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0640*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBR	856.46
L0700*	CTLSO, ANTERIOR-POSTERIOR LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)	1762.21
L0710*	CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL (MINERVA TYPE)	1923.57
L0810*	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	2043.50
L0820*	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	1653.11
L0830*	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	2386.90
L0859*	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	927.30
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	176.42
L0970	TLSO, CORSET FRONT	86.99
L0972	LSO, CORSET FRONT	88.93
L0974	TLSO, FULL CORSET	181.70
L0976	LSO, FULL CORSET	162.28
L0978	AXILLARY CRUTCH EXTENSION	146.52
L0980	PERONEAL STRAPS, PAIR	13.29
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	14.48
L0984	PROTECTIVE BODY SOCK, EACH	46.22
L0999*	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	<u>SCOLIOSIS ORTHOSES</u>	
L1000*	CTLSO, (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	1545.39
L1005 *	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	2619.67
L1010	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, AXILLA SLING	62.23
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	85.03
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	96.64
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	64.56
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	77.71
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	67.29
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	75.90
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	77.59
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	53.77
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	149.37
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	69.77
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	123.18
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	208.62

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L1120	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	33.24
L1200*	TLSO, INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	1322.84
L1210	ADDITION TO TLSO (LOW PROFILE), LATERAL THORACIC EXTENSION	199.17
L1220	ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC EXTENSION	168.63
L1230	ADDITION TO TLSO (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	432.69
L1240	ADDITION TO TLSO (LOW PROFILE), LUMBAR DEROTATION PAD	74.46
L1250	ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD	73.32
L1260	ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	75.34
L1270	ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	75.25
L1280	ADDITION TO TLSO (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	67.08
L1290	ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PAD	76.06
L1300*	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	1271.51
L1310*	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	1308.38
L1499*	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	<u>LOWER LIMB - HIP</u>	
L1500*	THKAO, MOBILITY FRAME (NEWINGTON, PARAPODIUM TYPES)	1445.84
L1510*	THKAO, STANDING FRAME	914.71
L1520*	THKAO, SWIVEL WALKER	2172.57
L1600	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA TYPE WITH COVER), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	98.08
L1610	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	33.42
L1620	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	110.04
L1630	HO, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE, (VON ROSEN TYPE), CUSTOM FABRICATED	131.31
L1640	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	351.23
L1650	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	186.25
L1652	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	291.77
L1660	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	130.27
L1680*	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	1070.98
L1685*	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	1130.06
L1686*	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	758.12
L1690*	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1582.74
L1700*	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	1316.74

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L1710*	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	1547.75
L1720*	LEGG PERTHES ORTHOSIS, TRILATERAL (TACHDIJAN TYPE), CUSTOM FABRICATED	1143.32
L1730*	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	862.62
L1755*	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	1255.54
L1810	KO, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	99.09
L1820	KO, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	98.70
L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	82.56
L1831	KO, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	240.89
L1832*	KO, ADJUSTABLE KNEE JOINTS, (UNICENTRIC OR POLYCENTRICE), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	617.03
L1834*	KO, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	725.92
L1836	KO, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	109.20
L1840*	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	763.07
L1843*	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	734.39
L1844*	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	1272.53
L1845*	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	766.64
L1846*	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	972.73
L1847	KO, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	470.77
L1850	KO, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	219.10
L1860*	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	849.81
L1900	AFO, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED	230.22
L1902	AFO, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	62.52

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L1904	AFO, MOLDED ANKLE GAUNTLET, CUSTOM FABRICATED	357.94
L1906	AFO, MULTILIGAMENOUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	104.60
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	460.56
L1910	AFO, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	203.56
L1920	AFO, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	266.11
L1930	AFO, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	180.07
L1932*	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	730.37
L1940	AFO, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	406.93
L1945*	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	747.29
L1950*	AFO, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED	566.97
L1951*	AFO, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	687.38
L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PATIENT MODEL, PLASTIC, CUSTOM FABRICATED	421.92
L1970*	AFO, PLASTIC, WITH ANKLE JOINT, CUSTOM FABRICATED	624.03
L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	383.64
L1980	AFO, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS), CUSTOM FABRICATED	279.36
L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS), CUSTOM FABRICATED	358.93
L2000*	KAFO, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), CUSTOM FABRICATED	772.06
L2005*	KAFO, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FITTED	3353.91
L2010*	KAFO, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	703.80
L2020*	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOSIS), CUSTOM FABRICATED	888.79
L2030*	KAFO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	771.11
L2034*	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIATELATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1680.59

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2035	KAFO, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	141.79
L2036*	KAFO, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1412.24
L2037*	KAFO, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1301.46
L2038*	KAFO, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	1088.29
L2040	HKAFO, TORSION CONTROL, BILATERAL ROATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	139.01
L2050	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	370.21
L2060	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	475.13
L2070	HKAFO, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	136.49
L2080	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	291.07
L2090	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	358.78
L2106*	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	517.54
L2108*	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	813.29
L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	386.16
L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	441.82
L2116*	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	582.11
L2126*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	1035.70
L2128*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	1305.23
L2132*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	614.03
L2134*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	736.20
L2136*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	900.18
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	89.14
L2182	ADDITION TO LOWER EXTERMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	69.76
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	125.72
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	139.31

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	303.96
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	78.95
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	271.41
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	36.19
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	58.74
L2220	ADDITION TO LOWER EXTREMITY , DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	67.43
L2230	ADDITION TO LOWER EXTREMITY, SPLIT CALIPER STIRRUPS AND PLATE ATTACHMENT	58.41
L2232	ADDITION TO LOWER EXTERMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	79.07
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	63.66
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	270.47
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	152.59
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	89.63
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD	40.88
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION PADDED/LINED	99.46
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	369.52
L2300	ADDITION TO LOWER EXTREMITY , ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	208.58
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR, STRAIGHT	93.64
L2320	ADDITION TO LOWER EXTREMITY, NONMOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	156.61
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	298.89
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	175.83
L2340	ADDITION TO LOWER EXTREMITY, PRETIBIAL SHELL, MOLDED TO PATIENT MODEL	414.91
L2350*	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR PTB, AFO ORTHOSES)	678.25
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	39.38
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	195.40
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	86.01
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	93.71
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	101.95
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	138.36
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	83.32

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	127.22
L2397	ADDITION TO LOWER EXTREMITY, ORTHOSIS, SUSPENSION SLEEVE	89.21
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	71.37
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	99.42
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	117.31
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	117.31
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	77.62
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ISCHIAL WEIGHT BEARING, RING	240.13
L2510*	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRILATERAL BRIM, MOLDED TO PATIENT MODEL	642.94
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRILATERAL BRIM, CUSTOM FITTED	350.66
L2525*	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	1203.05
L2526*	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	648.45
L2530	ADDITION TO LOWER EXTREMITY, TIGHT/WEIGHT BEARING, LACER, NON-MOLDED	178.84
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	321.82
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	218.62
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, TWO POSITION JOINT, EACH	483.41
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	458.25
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	156.33
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE OR THRUST BEARING, LOCK, EACH	184.86
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	203.52
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	233.43
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	317.33
L2627*	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	1307.39
L2628*	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	1535.78
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	188.48
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	255.80
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	91.34
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	141.87

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	129.84
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	119.12
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	63.63
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	106.97
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	46.25
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	106.66
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	54.71
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	32.16
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	64.67
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	81.20
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	59.45
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	66.10
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	74.33
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	41.48
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	47.13
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	MANUALLY PRICED
L2999*	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	ORTHOPEDIC SHOES	
L3000+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	257.11
L3001+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	108.24
L3002+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	132.19
L3003+	FOOT INSERT, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	142.60
L3010+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	142.60
L3020+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	162.39
L3030+	FOOT INSERT, REMOVALBE, FORMED TO PATIENT FOOT, EACH	62.46
L3040+	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDIANL, EACH	38.52

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3050+	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	38.52
L3060+	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	60.37
L3070+	FOOT, ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE, LONGITUDINAL, EACH	26.03
L3080+	FOOT, ARCH SUPPORT, NON-REMOVALBE, ATTACHED TO SHOE, METATARSAL, EACH	26.03
L3090+	FOOT, ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	33.32
L3100+	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	35.38
L3140+	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOE(S)	72.87
L3150+	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOE(S)	66.62
L3160+	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	78.48
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	41.65
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	30.06
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	32.89
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	39.60
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	32.26
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	34.94
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	40.99
L3208	SURGICAL BOOT, EACH, INFANT	35.27
L3209	SURGICAL BOOT, EACH, CHILD	36.00
L3211	SURGICAL BOOT, EACH, JUNIOR	31.78
L3212	BENESCH BOOT, PAIR, INFANT	57.29
L3213	BENESCH BOOT, PAIR, CHILD	59.22
L3214	BENESCH BOOT, PAIR, JUNIOR	62.11
L3215+	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	82.33
L3216+	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	139.76
L3217+	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	108.85
L3219+	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	83.29
L3221+	ORTHOPEDIC FOOTWEAR, MEN SHOE, DEPTH INLAY, EACH	178.74
L3222+	ORTHOPEDIC FOOTWEAR, MEN SHOE, HIGHTOP, DEPTH INLAY, EACH	131.76
L3224+	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	44.76
L3225+	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	51.49
L3250+	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOES, EACH	265.53
L3251+	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	329.95
L3252+	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	214.45
L3253+	FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR), CUSTOM FITTED, EACH	101.96
L3254+	NON-STANDARD SIZE OR WIDTH	27.44
L3255+	NON-STANDARD SIZE OR LENGTH	27.44
L3257+	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	39.16
L3260+	SURGICAL BOOT/SHOE, EACH	45.62
L3265+	PLASTAZOTE SANDAL, EACH	57.06
L3300+	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	42.67
L3310+	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	66.62
L3320+	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	68.74

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3330+	LIFT, ELEVATION, METAL EXTENSION (SKATE)	463.21
L3332+	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	60.37
L3334+	LIFT, ELEVATION, HEEL, PER INCH	31.23
L3340+	HEEL WEDGE, SACH	69.76
L3350+	HEEL WEDGE	18.72
L3360+	SOLE WEDGE, OUTSIDE SOLE	29.14
L3370+	SOLE WEDGE, BETWEEN SOLE	40.60
L3380+	CLUBFOOT WEDGE	40.60
L3390+	OUTFLARE WEDGE	40.60
L3400+	METATARSAL BAR WEDGE, ROCKER	33.32
L3410+	METATARSAL BAR WEDGE, BETWEEN SOLE	76.00
L3420+	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	44.75
L3430+	HEEL, COUNTER, PLASTIC REINFORCED	131.16
L3440+	HEEL, COUNTER, LEATHER REINFORCED	62.40
L3450+	HEEL, SACH CUSHION TYPE	86.38
L3455+	HEEL, NEW LEATHER, STANDARD	33.32
L3460+	HEEL, NEW RUBBER, STANDARD	28.08
L3465+	HEEL, THOMAS WITH WEDGE	47.87
L3470+	HEEL, THOMAS EXTENDED TO BALL	51.00
L3480+	HEEL, PAD AND DEPRESSION FOR SPUR	51.00
L3485+	HEEL, PAD, REMOVABLE FOR SPUR	21.77
L3500+	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	23.96
L3510+	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	23.96
L3520+	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	26.03
L3530+	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	26.03
L3540+	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	41.65
L3550+	ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD	7.30
L3560+	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	18.72
L3570+	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	69.76
L3580+	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	53.08
L3590+	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	43.72
L3595+	ORTHOPEDIC SHOE ADDITION, MARCH BAR	34.34
L3600+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	62.46
L3610+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	82.23
L3620+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	62.46
L3630+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	82.23
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	35.38
L3649*	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS	MANUALLY PRICED
	UPPER LIMB ORTHOSES	
L3650	SO, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	44.59
L3660	SO, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	76.56

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3670	SO, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	106.71
L3671*	SO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	671.18
L3672*	SO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	834.68
L3673*	SO, ABDUCTION POSITINING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES NONTORSION JOINT/TURNUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	909.71
L3675	SO, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	130.73
L3677*	SO, HARD PLASTIC, SHOULDER STABILIZER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	193.31
L3702	EO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	215.09
L3710	EO, ELASTIC WITH METAL JOINTS, PREFABRICATED, INLCUDES FITTING AND ADJUSTMENT	108.00
L3720*	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	538.81
L3730*	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM FABRICATED	709.28
L3740*	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	797.11
L3760	EO, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	372.51
L3762	EO, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	80.10
L3763*	ELBOW, WRIST, HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED. INCLUDES FITTING AND ADJUSTMENT	591.41
L3764*	ELBOW, WRIST, HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	589.80
L3765*	ELBOW, WRIST, HAND, FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	955.13
L3766*	ELBOW, WRIST, HAND, FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1011.42
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NON-TORSION JOINT(S), TURNUCKLES, ELASTIC BANDS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	338.36
L3807	WHFO, WITHOUT JOINT(S), PERFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	186.25

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS; CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	248.81
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	MANUALLY PRICED
L3900*	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED	1163.64
L3901*	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	1304.76
L3904*	WHFO, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	2656.12
L3905*	WHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	738.69
L3906	WHO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	314.24
L3908	WHO, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	44.63
L3912	HFO, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	71.59
L3913	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	201.75
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NON-TORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	395.97
L3917	HO, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	78.68
L3919	HO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	201.75
L3921	HFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	239.29
L3923	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	64.80
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	39.36
L3927*	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUALLY PRICED
L3929	HFO, INCLUDES ONE OR MORE NON TORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	62.71

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3931	WHFO, INCLUDES ONE OR MORE NON TORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	151.69
L3933	FO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	158.94
L3935	FO, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	164.57
L3956*	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	104.96
L3960*	SEWHO, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	614.00
L3961*	SEWHO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1251.50
L3962*	SEWHO, ABDUCTION POSITIONING, ERB'S PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	639.31
L3964*	SEO, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	586.34
L3965*	SEO, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	935.63
L3966*	SEO, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	699.56
L3967*	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1477.60
L3968*	SEO, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	891.97
L3969*	SEO, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	530.19
L3970	SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	249.51
L3971*	SEWHO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1402.56
L3972	SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	150.91
L3973*	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1477.60
L3974	SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	114.39
L3975*	SEWHFO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1251.50

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3976*	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1251.50
L3977*	SEWHRO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1402.56
L3978*	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT, AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1477.60
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	230.27
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	284.50
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	303.68
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	25.49
L3999*	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	<u>REPLACE/REPAIR</u>	
L4000*	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTL SO OR SO)	992.99
L4002*	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	15.17
L4010*	REPLACE TRILATERAL SOCKET BRIM	558.79
L4020*	REPLACE QUADILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	697.99
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	384.31
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	310.71
L4045	REPLACE NON-MOLDED THIGH LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY	249.69
L4050	REPLACE MOLDED CALF LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY	314.25
L4055	REPLACE NON-MOLDED CALF LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY	203.48
L4060	REPLACE HIGH ROLL CUFF	241.90
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	230.80
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	81.36
L4090	REPLACE METAL BANDS AND KAFO-AFO, CALF OR DISTAL THIGH	72.02
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	81.22
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	64.55
L4130	REPLACE PRETIBIAL SHELL	444.26
L4205*	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	14.84
L4210*	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS ANCILLARY ORTHOSES	MANUALLY PRICED

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	80.04
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	223.93
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	143.70
L4380	PNEUMATIC KNEE SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	88.11
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	129.77
L4392	REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO	19.28
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	14.07
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	137.37
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	63.21
	LOWER LIMB PROSTHESES	
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	429.17
L5010*	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	1036.53
L5020*	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	1760.29
L5050*	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	1947.21
L5060*	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	2239.84
L5100*	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	1951.50
L5105*	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	2817.19
L5150*	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	2847.79
L5160*	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	3097.48
L5200*	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	2966.29
L5210*	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	1967.83
L5220*	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	2236.79
L5230*	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	3084.99
L5250*	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	4207.64
L5270*	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	4188.97
L5280*	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	4156.89
L5301*	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	2230.68

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5311*	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS , SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	3193.07
L5321*	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	3233.43
L5331*	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	4120.05
L5341*	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	4288.98
L5400*	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	1104.38
L5410	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	338.83
L5420*	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE AK OR KNEE DISARTICULATION	1353.38
L5430	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDES FITTING, ALIGNMENT AND SUSPENSION, AK OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	408.08
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	331.99
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	442.30
L5500*	INITIAL, BELOW KNEE - "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	1041.53
L5505*	INITIAL, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT PLASTER SOCKET, DIRECT FORMED	1440.46
L5510*	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	1180.64
L5520*	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	1166.18
L5530*	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	1400.70
L5535*	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	1375.21
L5540*	PREPARATORY, BELOW KNEE-"PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	1467.78
L5560*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	1576.14

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5570*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	1638.64
L5580*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	1912.99
L5585*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	2354.24
L5590*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	1949.46
L5595*	PREPARATORY, HIP DISARTICULATION - HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	3444.00
L5600*	PREPARATORY, HIP DISARTICULATION - HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	3702.13
L5610*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	1678.97
L5611*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	1306.58
L5613*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, HYDRAULIC SWING PHASE CONTROL	2042.78
L5614*	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE WITH PNEUMATIC SWING PHASE CONTROL	1383.85
L5616*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	1103.91
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE OR BELOW KNEE, EACH	458.84
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	242.74
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	225.46
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	293.99
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	294.83
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	386.65
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	413.42
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	257.72
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	363.95
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	356.31
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, PTB BRIM DESIGN SOCKET	198.87
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	246.68
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	206.64

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	234.28
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	408.10
L5639*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	909.21
L5640*	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, WITH LEATHER SOCKET	518.55
L5642*	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	502.43
L5643*	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	1262.19
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	478.98
L5645*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	647.05
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	444.32
L5647*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET	645.08
L5648*	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	533.91
L5649*	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	1934.64
L5650	ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	395.89
L5651*	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	973.88
L5652*	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	353.55
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	471.96
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	268.94
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	227.91
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	305.75
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	294.85
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, SYMES	493.50
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	415.23
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	56.76
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	91.56
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION (PTS OR SIMILAR)	220.05
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	466.31
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	241.81

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5673*	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXSISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	576.63
L5676	ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	293.86
L5677	ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	399.84
L5678	ADDITION TO LOWER EXTREMITY, BELOW KNEE JOINT COVERS, PAIR	32.20
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXSISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	480.51
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-MOLDED	268.78
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	1078.73
L5682*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	507.16
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 INITIA	1078.73
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	39.03
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	105.04
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	41.42
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAISTBELT, WEBBING	49.53
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAISTBELT, PADDED AND LINED	79.35
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	107.76
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	147.12
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	135.82
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	150.04
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	65.10
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILES MAN BANDAGE	106.46
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	191.77
L5700 *	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	2323.51

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5701*	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	2790.37
L5702*	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	3530.23
L5703*	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	1826.93
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	434.67
L5705*	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	776.68
L5706*	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	761.36
L5707*	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	1003.74
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	303.28
L5711	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	423.86
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	355.17
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	364.82
L5716*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	591.05
L5718*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	738.75
L5722*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	780.47
L5724*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	1224.05
L5726*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS, FLUID SWING PHASE CONTROL	1410.69
L5728*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	1929.64
L5780*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	928.46
L5781*	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	3281.28
L5782*	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	3459.21
L5785*	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	521.90
L5790*	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	583.09
L5795*	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1160.94
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	394.82
L5811*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	591.44
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	458.42

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5814*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	3045.67
L5816*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MECHANICAL STANCE PHASE LOCK	693.81
L5818*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	778.77
L5822*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	1380.97
L5824*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	1243.64
L5826*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	2561.01
L5828*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	2290.06
L5830*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/SWING PHASE CONTROL	1538.80
L5840*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	2845.24
L5845*	ADDITION, ENDOSKELETAL KNEE SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	1469.89
L5848*	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	881.83
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	103.74
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	278.76
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	293.70
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	430.27
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	363.31
L5930*	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	2760.28
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	406.78
L5950*	ADDITION, ENDOSKETETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	636.03
L5960*	ADDITION, ENDOSKETETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	781.79
L5962*	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	514.50
L5964*	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	759.47
L5966*	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	967.75
L5968*	ADDITION TO LOWER LIMB PROTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORISFLEXION FEATURE	2980.11
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	164.69

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	164.69
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	307.64
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	188.97
L5975	ALL LOWER EXTREMITY PROSTHESES, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	380.19
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE, CARBON COPY II OR EQUAL)	454.15
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTI-AXIAL ANKLE/FOOT	236.66
L5979*	ALL LOWER EXTREMITY PROTHESES, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	1850.39
L5980*	ALL LOWER EXTREMITY PROTHESES, FLEX FOOT SYSTEM	3006.76
L5981*	ALL LOWER EXTREMITY PROTHESES, FLEX-WALK SYSTEM OR EQUAL	2429.04
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTIBILITY	468.82
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTIBILITY	461.97
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	231.57
L5986*	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT (MCP OR EQUAL)	513.89
L5987*	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	5899.44
L5988*	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	1638.26
L5999*	LOWER EXTREMITY PROTHESIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	UPPER LIMB PROSTHESES	
L6000*	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	1077.49
L6010*	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	1199.07
L6020*	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	1117.95
L6050*	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	1540.49
L6055*	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	2147.05
L6100*	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	1560.76
L6110*	BELOW ELBOW, MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	1655.44
L6120*	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	1929.19
L6130*	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	2099.31
L6200*	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	2212.34
L6205*	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	2953.12
L6250*	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	2318.01

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6300*	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	3021.28
L6310*	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	2608.74
L6320*	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	1425.11
L6350*	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	3176.41
L6360*	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	2856.69
L6370*	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	1709.35
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	990.53
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	1490.22
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	2061.55
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	325.67
L6388*	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	356.51
L6400*	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	1881.72
L6450*	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	2513.93
L6500*	ABOVE ELBOW, MOLDED SOCKET, ENDOSKETETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	2630.09
L6550*	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	3161.41
L6570*	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	3549.41
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	1355.09
L6582*	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	1227.35
L6584*	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	1924.79

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6586*	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PLYON, NO COVER, DIRECT FORMED	1801.29
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	2366.87
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	2248.17
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	152.12
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	150.19
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	144.24
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	155.42
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	57.59
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	248.65
L6623*	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	693.59
L6624*	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	3088.48
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	492.82
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	388.48
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	118.64
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	174.78
L6632	UPPER EXTREMITY ADDITIONS, LATEX SUSPENSION SLEEVE, EACH	60.70
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	142.83
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	304.66
L6638*	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE ONLY FOR USE WITH MANUALLY POWERED ELBOW	2050.80
L6640	UPPER EXTREMITY ADDITION, SHOULDER ABDUCTION JOINT, PAIR	270.65
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	130.10
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	176.34
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	325.49
L6646*	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM	2586.52
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	425.81
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	337.94
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	66.42
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	74.44
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	37.35
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	41.29

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	163.87
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF 8 EIGHT TYPE), SINGLE CABLE DESIGN	97.38
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF 8 EIGHT TYPE), DUAL CABLE DESIGN	112.58
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	255.47
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	188.15
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR BELOW ELBOW	208.02
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	282.68
L6686*	UPPER EXTREMITY ADDITION, SUCTION SOCKET	638.35
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	467.76
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	464.95
L6689*	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	557.06
L6690*	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	607.03
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	280.97
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	453.51
L6693*	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	2328.19
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	576.63
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	480.51
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 INIT	1078.73
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 OTHE	1078.73
L6698*	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	466.31
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	294.82
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	474.92

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	282.96
L6707*	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	1042.93
L6708*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	681.80
L6709*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	982.49
L6711*	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	578.91
L6712*	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	1065.91
L6713*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	1345.26
L6714*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	1139.44
L6721*	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE	2025.25
L6722*	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE	1745.90
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	275.91
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCHER DEVICE	156.40
L6883*	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	1286.88
L6884*	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	1909.99
L6885*	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	2856.69
L6890	ADDITION TO UPPER EXTERMITY PROSTHESIS, GOLVE FOR TERMINAL DEVICE, ANY MATERIAL, PERFABRICATED, INCLUDES FITTING AND ADJUSTMENT	137.93
L6900*	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	1448.03
L6905*	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULITPLE FINGERS REMAINING	1439.80
L6910*	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	1231.18
L6915*	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	620.74
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	251.35
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	281.38

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THOACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	303.85
L7403	ADDITION OTO UPPER EXTERMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	302.02
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	455.79
L7405*	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THOACIC, ACRYLIC MATERIAL	596.11
L7499*	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
L7510*	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	MANUALLY PRICED
L7520*	REPAIR OF PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	22.17
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	72.09
	TRUSSES	
L8300	TRUSS, SINGLE WITH STANDARD PAD	78.98
L8310	TRUSS, DOUBLE WITH STANDARD PADS	121.44
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	53.05
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	52.58
	PROSTHETIC SOCKS	
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	15.37
L8410	PORSTHETIC SHEATH, ABOVE KNEE, EACH	17.48
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	17.38
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	61.66
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	20.32
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	22.34
L8435	PROSTHETIC SOCK, MULITPLE PLY, UPPER LIMB, EACH	20.06
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	42.52
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	59.17
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	52.74
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	5.42
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	7.46
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	9.02
L8499*	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	MANUALLY PRICED
	EXTERNAL BREAST PROSTHESES	
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	5.03
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	35.67
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL	102.85
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL	135.31
L8010	BREAST PROSTHESIS, MASTECTOMY/SLEEVE	85.70
L8015	BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST-MASTECTOMY	49.16
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	184.89
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	267.43

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE
 MEDICAID ORTHOTICS PROSTHETICS - FEE SCHEDULE
 EFFECTIVE December 1, 2010

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
	OCULAR PROSTHESES	
V2623*	PROSTHETIC EYE, PLASTIC, CUSTOM	727.94
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	49.36
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	319.77
V2626	REDUCTION OF OCULAR PROSTHESIS	202.87
V2627*	SCLERAL COVER SHELL	1161.49
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	265.56

* indicates prior approval is required for HCPCS code

+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered