

NC Division of Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 225000000X, 224P00000X, 225000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

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	61.76
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	185.25
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	27.47
A5504*	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH WEDGE(S), PER SHOE	27.47
A5505*	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH METATARSAL BAR, PER SHOE	27.47
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	27.47
A5507*	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	27.47
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	25.20
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	37.60
	ELASTIC SUPPORTS	
A6530	GRADIENT COMPRESSIONS STOCKING, BELOW KNEE, 18-30 mmHg, EACH	39.20
A6531	GRADIENT COMPRESSIONS STOCKING, BELOW KNEE, 30-40 mmHg, EACH	42.03
A6532	GRADIENT COMPRESSIONS STOCKING, BELOW KNEE, 40-50 mmHg, EACH	59.22
A6533	GRADIENT COMPRESSIONS STOCKING, THIGH LENGTH, 18-30 mmHg, EACH	62.55
A6534	GRADIENT COMPRESSIONS STOCKING, THIGH LENGTH, 30-40 mmHg, EACH	74.19
A6535	GRADIENT COMPRESSIONS STOCKING, THIGH LENGTH, 40-50 mmHg, EACH	76.42
A6536	GRADIENT COMPRESSIONS STOCKING, FULL LENGTH/CHAP STYLE, 18-30 mmHg, EACH	94.67
A6537	GRADIENT COMPRESSIONS STOCKING, FULL LENGTH/CHAP STYLE, 30-40 mmHg, EACH	105.78
A6538	GRADIENT COMPRESSIONS STOCKING, FULL LENGTH/CHAP STYLE, 40-50 mmHg, EACH	114.25
A6539	GRADIENT COMPRESSIONS STOCKING, WAIST LENGTH, 18-30 mmHg, EACH	130.58
A6540	GRADIENT COMPRESSIONS STOCKING, WAIST LENGTH, 30-40 mmHg, EACH	135.25
A6541	GRADIENT COMPRESSIONS STOCKING, WAIST LENGTH, 40-50 mmHg, EACH	145.71

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
A6544	GRADIENT COMPRESSIONS STOCKING, GARTER BELT, EACH	29.07
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
	HELMETS	
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	151.95
A8001	HELMET PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	151.95
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).	2,858.56
	LOWER EXTREMITY ORTHOSIS	
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	74.99
	CERVICAL	
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	1,178.78
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)	23.56
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	170.38
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	58.79
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	98.04
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	139.59
L0170*	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	590.72
L0172	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE	119.77
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	215.17
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	292.64
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	440.50
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	404.48
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	95.93
L0430*	SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL, CUSTOM FITTED (DEWALL POSTURE PROTECTOR ONLY)	1,171.51

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	158.37
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	262.70
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	292.10
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	837.66
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	751.12
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	845.44
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	1,051.60
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	1,251.90

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 225000000X, 224P00000X, 225000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES FITTING AND S	321.91
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	403.60
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 STRENG	574.62
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	360.68
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	1,115.31
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	1,278.55
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	1,490.77
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	1,476.78
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	845.44
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	238.25

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	75.09
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC -SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	203.64
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	203.78
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	258.38
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	46.41
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	65.66
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	346.21
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOU	70.64
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOU	212.13
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, ANY INCLUDE PAD	136.38

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	864.59
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	289.32
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	241.51
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	307.07
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	895.59
L0636*	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	1,321.49
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	1,146.57
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	1,110.80
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	1,146.57
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	881.30

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0641*	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Manually Priced
L0642*	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Manually Priced
L0643*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Manually Priced
L0648*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Manually Priced
L0651*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Manually Priced
L0700*	CTLSO, ANTERIOR-POSTERIOR LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)	1,813.31
L0710*	CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL (MINERVA TYPE)	1,979.36
L0810*	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	2,102.76
L0820*	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	1,701.05
L0830*	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	2,456.13
L0859*	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	954.19
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	181.53
L0970	TLISO, CORSET FRONT	89.51
L0972	LSO, CORSET FRONT	91.51
L0974	TLISO, FULL CORSET	186.97
L0976	LSO, FULL CORSET	166.98

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0978	AXILLARY CRUTCH EXTENSION	150.77
L0980	PERONEAL STRAPS, PAIR	13.68
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	14.90
L0984	PROTECTIVE BODY SOCK, EACH	47.55
L0999*	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Manually Priced
	<u>SCOLIOSIS ORTHOSES</u>	
L1000*	CTLSO, (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	1,590.20
L1005 *	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	2,695.64
L1010	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, AXILLA SLING	64.04
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	87.50
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	99.45
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	66.43
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	79.97
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	69.24
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	78.10
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	79.84
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	55.34
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	153.70
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	71.80
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	126.75
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	214.67
L1120	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	34.20
L1200*	TLSO, INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	1,361.21
L1210	ADDITION TO TLSO (LOW PROFILE), LATERAL THORACIC EXTENSION	204.95
L1220	ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC EXTENSION	173.52
L1230	ADDITION TO TLSO (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	445.24
L1240	ADDITION TO TLSO (LOW PROFILE), LUMBAR DEROTATION PAD	76.62
L1250	ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD	75.45
L1260	ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	77.53
L1270	ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	77.43
L1280	ADDITION TO TLSO (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	69.03
L1290	ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PAD	78.27
L1300*	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	1,308.38
L1310*	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	1,346.32
L1499*	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Manually Priced
	<u>LOWER LIMB - HIP</u>	
L1600	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA TYPE WITH COVER), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	100.93
L1610	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	34.39
L1620	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	113.23

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 225000000X, 224P00000X, 225000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L1630	HO, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE, (VON ROSEN TYPE), CUSTOM FABRICATED	135.12
L1640	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	361.42
L1650	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	191.66
L1652	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	300.23
L1660	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	134.04
L1680*	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	1,102.04
L1685*	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	1,162.82
L1686*	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	780.11
L1690*	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,628.64
L1700*	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	1,354.92
L1710*	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	1,592.63
L1720*	LEGG PERTHES ORTHOSIS, TRILATERAL (TACHDIJAN TYPE), CUSTOM FABRICATED	1,176.47
L1730*	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	887.63
L1755*	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	1,291.95
L1810	KO, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	101.97
L1820	KO, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	101.56
L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	84.96
L1831	KO, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	247.87
L1832*	KO, ADJUSTABLE KNEE JOINTS, (UNICENTRIC OR POLYCENTRICE), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	634.92
L1834*	KO, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	746.97
L1836	KO, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	112.37
L1840*	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	785.20
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	755.69

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	1,309.43
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	788.87
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	1,000.93
L1847	KO, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	484.43
L1850	KO, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	225.46
L1860*	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	874.45
L1900	AFO, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED	236.90
L1902	AFO, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	64.33
L1904	AFO, MOLDED ANKLE GAUNTLET, CUSTOM FABRICATED	368.32
L1906	AFO, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	107.64
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	473.92
L1910	AFO, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	209.46
L1920	AFO, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	273.83
L1930	AFO, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	185.29
L1932*	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	751.55
L1940	AFO, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	418.73
L1945*	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	768.97
L1950*	AFO, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED	583.41
L1951*	AFO, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	707.31
L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PATIENT MODEL, PLASTIC, CUSTOM FABRICATED	434.15
L1970*	AFO, PLASTIC, WITH ANKLE JOINT, CUSTOM FABRICATED	642.13
L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	394.77

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L1980	AFO, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS), CUSTOM FABRICATED	287.47
L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS), CUSTOM FABRICATED	369.35
L2000*	KAFO, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), CUSTOM FABRICATED	794.44
L2005*	KAFO, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	3,451.17
L2010*	KAFO, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	724.22
L2020*	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOSIS), CUSTOM FABRICATED	914.57
L2030*	KAFO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	793.47
L2034*	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1,729.33
L2035	KAFO, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	145.91
L2036*	KAFO, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1,453.20
L2037*	KAFO, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1,339.20
L2038*	KAFO, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	1,119.86
L2040	HKAFO, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	143.04
L2050	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	380.94
L2060	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	488.91
L2070	HKAFO, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	140.45
L2080	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	299.51
L2090	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	369.19
L2106*	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	532.55
L2108*	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	836.87
L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	397.36

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	454.63
L2116*	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	598.99
L2126*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	1,065.74
L2128*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	1,343.08
L2132*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	631.84
L2134*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	757.55
L2136*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	926.28
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	91.73
L2182	ADDITION TO LOWER EXTERMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	71.79
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	129.37
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	143.35
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	312.77
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	81.24
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	279.28
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	37.24
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	60.44
L2220	ADDITION TO LOWER EXTREMITY , DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	69.38
L2230	ADDITION TO LOWER EXTREMITY, SPLIT CALIPER STIRRUPS AND PLATE ATTACHMENT	60.10
L2232	ADDITION TO LOWER EXTERMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	81.36
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	65.50
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	278.31
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	157.02
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	92.23
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD	42.06
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION PADDED/LINED	102.34
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	380.24

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 225000000X, 224P00000X, 225000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2300	ADDITION TO LOWER EXTREMITY , ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	214.63
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR, STRAIGHT	96.35
L2320	ADDITION TO LOWER EXTREMITY, NONMOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	161.15
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	307.56
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	180.94
L2340	ADDITION TO LOWER EXTREMITY, PRETIBIAL SHELL, MOLDED TO PATIENT MODEL	426.94
L2350*	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR PTB, AFO ORTHOSES)	697.91
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	40.53
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	201.06
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	88.50
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	96.43
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	104.91
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	142.38
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	85.73
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	130.90
L2397	ADDITION TO LOWER EXTREMITY, ORTHOSIS, SUSPENSION SLEEVE	91.80
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	73.44
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	102.31
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	120.72
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	120.72
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	79.86
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ISCHIAL WEIGHT BEARING, RING	247.10
L2510*	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDED TO PATIENT MODEL	661.58
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, CUSTOM FITTED	360.82
L2525*	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	1,237.94
L2526*	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	667.25
L2530	ADDITION TO LOWER EXTREMITY, TIGHT/WEIGHT BEARING, LACER, NON-MOLDED	184.03
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	331.15

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	224.95
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, TWO POSITION JOINT, EACH	497.43
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	471.53
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	160.86
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE OR THRUST BEARING, LOCK, EACH	190.22
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	209.42
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	240.20
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	326.54
L2627*	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	1,345.30
L2628*	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	1,580.31
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	193.95
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	263.21
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	94.00
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	145.98
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	133.60
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	122.57
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	65.47
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	110.07
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	47.59
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	109.76
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	56.29
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	33.10
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	66.55
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	83.55
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	61.18
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	68.02
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	76.49

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	42.68
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	48.50
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	264.57
L3001+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	111.38
L3002+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	136.03
L3003+	FOOT INSERT, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	146.74
L3010+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	146.74
L3020+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	167.10
L3030+	FOOT INSERT, REMOVALBE, FORMED TO PATIENT FOOT, EACH	64.27
L3040+	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDIANL, EACH	39.64
L3050+	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	39.64
L3060+	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	62.12
L3070+	FOOT, ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE, LONGITUDINAL, EACH	26.79
L3080+	FOOT, ARCH SUPPORT, NON-REMOVALBE, ATTACHED TO SHOE, METATARSAL, EACH	26.79
L3090+	FOOT, ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	34.29
L3100+	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	36.40
L3140+	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOE(S)	74.98
L3150+	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOE(S)	68.55
L3160+	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	80.76
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	42.86
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	30.93
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	33.84
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	40.75
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	33.19
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	35.95
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	42.18
L3208	SURGICAL BOOT, EACH, INFANT	36.29
L3209	SURGICAL BOOT, EACH, CHILD	37.04
L3211	SURGICAL BOOT, EACH, JUNIOR	32.70
L3212	BENESCH BOOT, PAIR, INFANT	58.96
L3213	BENESCH BOOT, PAIR, CHILD	60.93
L3214	BENESCH BOOT, PAIR, JUNIOR	63.90

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3215+	ORTHOPEdic FOOTWEAR, LADIES SHOE, OXFORD, EACH	84.71
L3216+	ORTHOPEdic FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	143.82
L3217+	ORTHOPEdic FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	112.00
L3219+	ORTHOPEdic FOOTWEAR, MENS SHOE, OXFORD, EACH	85.70
L3221+	ORTHOPEdic FOOTWEAR, MEN SHOE, DEPTH INLAY, EACH	183.93
L3222+	ORTHOPEdic FOOTWEAR, MEN SHOE, HIGHTOP, DEPTH INLAY, EACH	135.58
L3224+	ORTHOPEdic FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	46.05
L3225+	ORTHOPEdic FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	52.98
L3250+	ORTHOPEdic FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOES, EACH	273.23
L3251+	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	339.52
L3252+	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	220.67
L3253+	FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR), CUSTOM FITTED, EACH	104.92
L3254+	NON-STANDARD SIZE OR WIDTH	28.23
L3255+	NON-STANDARD SIZE OR LENGTH	28.23
L3257+	ORTHOPEdic FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	40.29
L3260+	SURGICAL BOOT/SHOE, EACH	46.95
L3265+	PLASTAZOTE SANDAL, EACH	58.72
L3300+	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	43.91
L3310+	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	68.55
L3320+	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	70.74
L3330+	LIFT, ELEVATION, METAL EXTENSION (SKATE)	476.65
L3332+	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	62.12
L3334+	LIFT, ELEVATION, HEEL, PER INCH	32.13
L3340+	HEEL WEDGE, SACH	71.79
L3350+	HEEL WEDGE	19.27
L3360+	SOLE WEDGE, OUTSIDE SOLE	29.99
L3370+	SOLE WEDGE, BETWEEN SOLE	41.78
L3380+	CLUBFOOT WEDGE	41.78
L3390+	OUTFLARE WEDGE	41.78
L3400+	METATARSAL BAR WEDGE, ROCKER	34.29
L3410+	METATARSAL BAR WEDGE, BETWEEN SOLE	78.20
L3420+	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	46.04
L3430+	HEEL, COUNTER, PLASTIC REINFORCED	134.97
L3440+	HEEL, COUNTER, LEATHER REINFORCED	64.21
L3450+	HEEL, SACH CUSHION TYPE	88.88
L3455+	HEEL, NEW LEATHER, STANDARD	34.29
L3460+	HEEL, NEW RUBBER, STANDARD	28.90
L3465+	HEEL, THOMAS WITH WEDGE	49.26
L3470+	HEEL, THOMAS EXTENDED TO BALL	52.48
L3480+	HEEL, PAD AND DEPRESSION FOR SPUR	52.48
L3485+	HEEL, PAD, REMOVABLE FOR SPUR	22.40
L3500+	ORTHOPEdic SHOE ADDITION, INSOLE, LEATHER	24.65
L3510+	ORTHOPEdic SHOE ADDITION, INSOLE, RUBBER	24.65

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3520+	ORTHOPEdic SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	26.79
L3530+	ORTHOPEdic SHOE ADDITION, SOLE, HALF	26.79
L3540+	ORTHOPEdic SHOE ADDITION, SOLE, FULL	42.86
L3550+	ORTHOPEdic SHOE ADDITION, TOE TAP, STANDARD	7.51
L3560+	ORTHOPEdic SHOE ADDITION, TOE TAP, HORSESHOE	19.27
L3570+	ORTHOPEdic SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	71.79
L3580+	ORTHOPEdic SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	54.62
L3590+	ORTHOPEdic SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	44.98
L3595+	ORTHOPEdic SHOE ADDITION, MARCH BAR	35.34
L3600+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	64.27
L3610+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	84.62
L3620+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	64.27
L3630+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	84.62
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	36.40
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	45.87
L3660	SO, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	78.78
L3670	SO, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	109.81
L3671*	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	690.64
L3674*	SO, ABDUCTION POSITIONING (airplane design), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBuckle, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	1,006.73
L3675	SO, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	134.52
L3677*	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	198.91
L3702	EO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	221.32
L3710	EO, ELASTIC WITH METAL JOINTS, PREFABRICATED, INLCUDES FITTING AND ADJUSTMENT	111.13
L3720*	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	554.43

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3730*	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM FABRICATED	729.84
L3740*	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	820.23
L3760	EO, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	383.31
L3762	EO, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	82.43
L3763*	ELBOW, WRIST, HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED. INCLUDES FITTING AND ADJUSTMENT	608.56
L3764*	ELBOW, WRIST, HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	606.91
L3765*	ELBOW, WRIST, HAND, FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	982.83
L3766*	ELBOW, WRIST, HAND, FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,040.75
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NON-TORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	348.18
L3807	WHFO, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	191.66
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS; CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	256.02
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	1,197.39
L3901*	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	1,342.59
L3904*	WHFO, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	2,733.15
L3905*	WHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	760.12
L3906	WHO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	323.35
L3908	WHO, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	45.93
L3912	HFO, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	73.67

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3913	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	207.60
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	407.45
L3917	HO, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	80.97
L3919	HO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	207.60
L3921	HFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	246.23
L3923	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	66.68
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	40.50
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	64.53
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	156.09
L3933	FO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	163.56
L3935	FO, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	169.34
L3956*	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	108.00
L3960*	SEWHO, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	631.81
L3961*	SEWHO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,287.79
L3962*	SEWHO, ABDUCTION POSITIONING, ERB'S PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	657.85
L3967*	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,520.44
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	1,443.24

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	1,520.44
L3975*	SEWHFO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,287.79
L3976*	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,287.79
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	1,443.24
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	1,520.44
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	236.95
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	292.75
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INLCUDES FITTING AND ADJUSTMENT	312.49
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	26.23
L3999*	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Manually Priced
	<u>REPLACE/REPAIR</u>	
L4000*	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	1,021.79
L4002*	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	15.61
L4010*	REPLACE TRILATERAL SOCKET BRIM	575.00
L4020*	REPLACE QUADILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	718.23
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	395.45
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	319.73
L4045	REPLACE NON-MOLDED THIGH LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY	256.94
L4050	REPLACE MOLDED CALF LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY	323.37
L4055	REPLACE NON-MOLDED CALF LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY	209.38
L4060	REPLACE HIGH ROLL CUFF	248.91
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	237.49
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	83.73
L4090	REPLACE METAL BANDS AND KAFO-AFO, CALF OR DISTAL THIGH	74.11
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	83.58
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	66.42
L4130	REPLACE PRETIBIAL SHELL	457.15

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L4205*	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONET, PER 15 MINUTES	15.27
L4210*	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Manually Priced
	<u>ANCILLARY ORTHOSES</u>	
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	82.36
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUMN, WITH OR WITHOUT JOINTS, WITH OUR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	230.42
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	147.86
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	133.54
L4392	REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO	19.83
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	14.48
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	141.36
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	65.05
L4631*	AFO, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	1,396.56
	<u>LOWER LIMB PROSTHESES</u>	
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	441.62
L5010*	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	1,066.59
L5020*	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	1,811.34
L5050*	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	2,003.67
L5060*	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	2,304.80
L5100*	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	2,008.09
L5105*	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	2,898.88
L5150*	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	2,930.38
L5160*	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	3,187.32
L5200*	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	3,052.31
L5210*	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	2,024.89
L5220*	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	2,301.66
L5230*	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	3,174.45

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5250*	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	4,329.66
L5270*	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	4,310.45
L5280*	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	4,277.44
L5301*	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	2,295.36
L5312*	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	3,737.30
L5321*	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	3,327.20
L5331*	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	4,239.52
L5341*	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	4,413.36
L5400*	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	1,136.40
L5410	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	348.65
L5420*	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE AK OR KNEE DISARTICULATION	1,392.63
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	419.92
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	341.62
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	455.12
L5500*	INITIAL, BELOW KNEE - "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	1,071.74
L5505*	INITIAL, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT PLASTER SOCKET, DIRECT FORMED	1,482.23
L5510*	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	1,214.87
L5520*	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	1,200.00
L5530*	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	1,441.31
L5535*	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	1,415.09

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5540*	PREPARATORY, BELOW KNEE-"PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	1,510.34
L5560*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	1,621.85
L5570*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	1,686.15
L5580*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	1,968.47
L5585*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	2,422.52
L5590*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	2,005.99
L5595*	PREPARATORY, HIP DISARTICULATION - HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	3,543.88
L5600*	PREPARATORY, HIP DISARTICULATION - HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	3,809.49
L5610*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	1,727.67
L5611*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	1,344.47
L5613*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, HYDRAULIC SWING PHASE CONTROL	2,102.02
L5614*	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE WITH PNEUMATIC SWING PHASE CONTROL	1,423.98
L5616*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	1,135.92
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE OR BELOW KNEE, EACH	472.14
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	249.77
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	232.00
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	302.52
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	303.38
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	397.87
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	425.41
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	265.19
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	374.50
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	366.64
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, PTB BRIM DESIGN SOCKET	204.63
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	253.84

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	212.63
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	241.07
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	419.94
L5639*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	935.58
L5640*	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, WITH LEATHER SOCKET	533.59
L5642*	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	517.01
L5643*	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	1,298.80
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	492.87
L5645*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	665.82
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	457.20
L5647*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET	663.78
L5648*	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	549.39
L5649*	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	1,990.75
L5650	ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	407.38
L5651*	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	1,002.12
L5652*	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	363.80
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	485.65
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	276.74
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	234.53
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	314.61
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	303.41
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, SYMES	507.81
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	427.27
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	58.41
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	94.22
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION (PTS OR SIMILAR)	226.43
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	479.83
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	248.82

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

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	593.34
L5676	ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	302.39
L5677	ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	411.43
L5678	ADDITION TO LOWER EXTREMITY, BELOW KNEE JOINT COVERS, PAIR	33.14
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	494.45
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-MOLDED	276.58
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	1,110.02
L5682*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	521.86
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	1,110.02
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	40.16
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	108.09
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	42.63
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAISTBELT, WEBBING	50.97
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAISTBELT, PADDED AND LINED	81.66
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	110.88
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	151.38
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	139.76
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	154.39
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	66.99
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESMA BANDAGE	109.55
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	197.33
L5700 *	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	2,390.89

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5701*	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	2,871.29
L5702*	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	3,632.61
L5703*	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	1,879.91
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	447.28
L5705*	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	799.21
L5706*	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	783.44
L5707*	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	1,032.84
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	312.08
L5711	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	436.16
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	365.46
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	375.40
L5716*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	608.19
L5718*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	760.18
L5722*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	803.10
L5724*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	1,259.55
L5726*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS, FLUID SWING PHASE CONTROL	1,451.60
L5728*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	1,985.60
L5780*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	955.38
L5781*	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	3,376.43
L5782*	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	3,559.53
L5785*	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	537.03
L5790*	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	600.00
L5795*	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1,194.62
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	406.27
L5811*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	608.59
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	471.72

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5814*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	3,133.99
L5816*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MECHANICAL STANCE PHASE LOCK	713.93
L5818*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	801.35
L5822*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	1,421.02
L5824*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	1,279.71
L5826*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	2,635.28
L5828*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	2,356.47
L5830*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/SWING PHASE CONTROL	1,583.42
L5840*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	2,927.76
L5845*	ADDITION, ENDOSKELETAL KNEE SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	1,512.53
L5848*	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	907.40
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	106.74
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	286.84
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	302.22
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	442.75
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	373.84
L5930*	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	2,840.33
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	418.57
L5950*	ADDITION, ENDOSKETETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	654.48
L5960*	ADDITION, ENDOSKETETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	804.46
L5961*	ADDITION, ENDOSKETETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	Manually Priced
L5962*	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	529.42
L5964*	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	781.49
L5966*	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	995.82

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5968*	ADDITION TO LOWER LIMB PROTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORISFLEXION FEATURE	3,066.53
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	169.47
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	169.47
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	316.55
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	194.45
L5975	ALL LOWER EXTREMITY PROSTHESES, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	391.22
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE, CARBON COPY II OR EQUAL)	467.32
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTI-AXIAL ANKLE/FOOT	243.52
L5979*	ALL LOWER EXTREMITY PROTHESES, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	1,904.05
L5980*	ALL LOWER EXTREMITY PROTHESES, FLEX FOOT SYSTEM	3,093.95
L5981*	ALL LOWER EXTREMITY PROTHESES, FLEX-WALK SYSTEM OR EQUAL	2,499.48
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	482.41
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	475.37
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	238.29
L5986*	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT (MCP OR EQUAL)	528.79
L5987*	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	6,070.52
L5988*	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	1,685.76
L5999*	LOWER EXTREMITY PROTHESIS, NOT OTHERWISE SPECIFIED	Manually Priced
	UPPER LIMB PROSTHESES	
L6000*	PARTIAL HAND, THUMB REMAINING	1,108.74
L6010*	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	1,233.84
L6020*	PARTIAL HAND, NO FINGER REMAINING	1,150.37
L6050*	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	1,585.16
L6055*	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	2,209.32
L6100*	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	1,606.02
L6110*	BELOW ELBOW, MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	1,703.45
L6120*	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	1,985.13
L6130*	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	2,160.19
L6200*	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	2,276.49

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6205*	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	3,038.75
L6250*	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	2,385.23
L6300*	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	3,108.90
L6310*	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	2,684.39
L6320*	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	1,466.44
L6350*	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	3,268.53
L6360*	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	2,939.54
L6370*	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	1,758.93
L6380*	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	1,019.26
L6382*	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	1,533.43
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	2,121.34
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	335.11
L6388*	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	366.85
L6400*	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	1,936.29
L6450*	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	2,586.83
L6500*	ABOVE ELBOW, MOLDED SOCKET, ENDOSKETETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	2,706.36
L6550*	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	3,253.10
L6570*	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	3,652.35
L6580*	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	1,394.39

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	1,262.94
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	1,980.60
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	1,853.53
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	2,435.51
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	2,313.37
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	156.53
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	154.55
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	148.43
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	159.93
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	59.25
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	255.86
L6623*	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	713.71
L6624*	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	3,178.05
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	507.11
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	399.75
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	122.08
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	179.84
L6632	UPPER EXTREMITY ADDITIONS, LATEX SUSPENSION SLEEVE, EACH	62.46
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	146.97
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	313.50
L6638*	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE ONLY FOR USE WITH MANUALLY POWERED ELBOW	2,110.27
L6640	UPPER EXTREMITY ADDITION, SHOULDER ABDUCTION JOINT, PAIR	278.50
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	133.86
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	181.46
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	334.93

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6646*	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM	2,661.53
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	438.15
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	347.74
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	68.34
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	76.60
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	38.43
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	42.49
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	168.62
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF 8 EIGHT TYPE), SINGLE CABLE DESIGN	100.21
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF 8 EIGHT TYPE), DUAL CABLE DESIGN	115.85
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	262.88
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	193.61
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR BELOW ELBOW	214.05
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	290.87
L6686*	UPPER EXTREMITY ADDITION, SUCTION SOCKET	656.86
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	481.33
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	478.43
L6689*	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	573.21
L6690*	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	624.63
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	289.12
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	466.66
L6693*	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	2,395.70
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	593.34
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	494.45
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	1,110.02

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 2250000000X, 224P00000X, 2250000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	1,110.02
L6698*	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	479.83
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	303.37
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	488.69
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	291.17
L6707*	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	1,073.17
L6708*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	701.57
L6709*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	1,010.98
L6711*	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	595.70
L6712*	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	1,096.82
L6713*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	1,384.28
L6714*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	1,172.48
L6721*	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE	2,083.98
L6722*	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE	1,796.53
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	283.91
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCHER DEVICE	160.93
L6883*	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	1,324.20
L6884*	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	1,965.38
L6885*	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	2,939.54
L6890	ADDITION TO UPPER EXTERMITY PROSTHESIS, GOLVE FOR TERMINAL DEVICE, ANY MATERIAL, PERFABRICATED, INCLUDES FITTING AND ADJUSTMENT	141.93
L6900*	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	1,490.02
L6905*	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	1,481.55
L6910*	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	1,266.89

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 225000000X, 224P00000X, 225000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6915*	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	638.74
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	258.64
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	289.55
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THOACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	312.66
L7403	ADDITION OTO UPPER EXTERMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	310.78
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	469.01
L7405*	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THOACIC, ACRYLIC MATERIAL	613.40
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	22.82
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	74.18
	TRUSSES	
L8300	TRUSS, SINGLE WITH STANDARD PAD	81.27
L8310	TRUSS, DOUBLE WITH STANDARD PADS	124.96
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	54.59
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	54.11
	PROSTHETIC SOCKS	
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	15.81
L8410	PORSTHETIC SHEATH, ABOVE KNEE, EACH	17.99
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	17.88
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	63.45
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	20.92
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	23.00
L8435	PROSTHETIC SOCK, MULITPLE PLY, UPPER LIMB, EACH	20.64
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	43.75
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	60.89
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	54.27
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	5.58
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	7.68
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	9.28
L8499*	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Manually Priced
	EXTERNAL BREAST PROSTHESES	
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	5.18
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE	36.71

* 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 Health Benefits
ORTHOTICS & PROSTHETICS

Fee Schedule effective March 4, 2021

Taxonomy: 222Z00000X, 225000000X, 224P00000X, 225000000X Specialty:087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L8001	BREAST PROsthESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROsthESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE	105.83
L8002	BREAST PROsthESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROsthESIS FORM, BILATERAL, ANY SIZE, ANY TYPE	139.23
L8010	BREAST PROsthESIS, MASTECTOMY/SLEEVE	88.18
L8015	BREAST PROsthESIS GARMENT, WITH MASTECTOMY FORM, POST-MASTECTOMY	50.58
L8020	BREAST PROsthESIS, MASTECTOMY FORM	190.25
L8030	BREAST PROsthESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	275.18
	OCULAR PROSTHESES	
V2623*	PROSTHETIC EYE, PLASTIC, CUSTOM	749.05
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	50.80
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	329.04
V2626	REDUCTION OF OCULAR PROSTHESIS	208.75
V2627*	SCLERAL COVER SHELL	1,195.17
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	273.26
	* 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	

* 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