

To:  
Home Health  
Agencies  
Individual Medical  
Supply Providers  
Medical Equipment  
Vendors  
Nursing Homes  
Occupational  
Therapists  
Personal Care  
Agencies  
Pharmacies  
Physical  
Therapists  
Rehabilitation  
Agencies  
Speech and  
Hearing Clinics  
Speech-Language  
Pathologists  
Therapy Groups  
HMOs and Other  
Managed Care  
Programs

## Procedure code updates for durable medical equipment

Effective October 1, 2003, Wisconsin Medicaid has changed the status of the procedure codes listed in the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for the provider groups listed in this *Update*. Wisconsin Medicaid is:

- Adding procedure codes previously not covered by Wisconsin Medicaid.
- Enddating procedure codes that are no longer on the national code list.
- Making procedure code description changes.

Refer to the Attachment for a list of procedure codes, procedure code descriptions, modifiers, copayment amounts, maximum fees, nursing home reimbursement, status, and procedure code requirements. The procedure code changes listed in the Attachment affect the following providers:

- Home Health Agencies.
- Individual Medical Supply Providers.
- Medical Equipment Vendors.
- Nursing Homes.
- Occupational Therapists.
- Personal Care Agencies.

- Pharmacies.
- Physical Therapists.
- Rehabilitation Agencies.
- Speech and Hearing Clinics.
- Speech-Language Pathologists.
- Therapy Groups.

Refer to the Durable Medical Equipment Index for a complete list of covered DME procedure codes.

Changes to the DME Index are updated on a quarterly basis and posted on the Wisconsin Medicaid Web site. The Medicaid Web site address is [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/). Refer to this *Update* until the fee schedule is modified.

For specific coverage limitations on the procedure codes listed in this *Update*, refer to provider-specific *Updates* and handbooks.

Providers with questions regarding the procedure codes in this *Update* may call Provider Services at (800) 947-9627 or (608) 221-9883.

### **Information regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

PHC 1250

# ATTACHMENT

## HCPCS codes for durable medical equipment

Effective for dates of service on and after October 1, 2003

Place of service codes	
11	Office
12	Home
31	Skilled Nursing Facility
32	Nursing Facility
99	Other

Provider types			
24	Federally Qualified Health Centers	44	Home Health Agencies
26	Pharmacies	45	Nurse Practitioners
34	Physical Therapists	54	Medical Equipment Vendors
35	Occupational Therapists	58	Individual Medical Supply Vendors
36	Speech and Hearing Clinics	65	Rehabilitation Agencies
38	Therapy Groups	78	Speech-Language Pathologists

Modifier
RR = Rental

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA* required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>A5502</b>	Enddated	A5509, A5510, A5511										
<b>A5509</b>	Added	A5502	For diabetics only, direct formed, molded to foot with external heat source (i.e., heat gun) multiple density insert(s), prefabricated, per shoe		11, 12, 31, 32, 99	\$5.26	\$2.00	No	24, 26, 44, 54, 58	Yes	3 years	Yes
<b>A5511</b>	Added	A5502	For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe		11, 12, 31, 32, 99	\$25.33	\$2.00	Yes	24, 26, 44, 54, 58	Yes	3 years	Yes
<b>A6501</b>	Added		Compression burn garment, bodysuit (head to foot), custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	No		Yes
<b>A6502</b>	Added		Compression burn garment, chin strap, custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	No		Yes
<b>A6503</b>	Added		Compression burn garment, facial hood, custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	No		Yes
<b>A6504</b>	Added		Compression burn garment, glove to wrist, custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	Yes		Yes

\* PA = Prior authorization.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>A6505</b>	Added		Compression burn garment, glove to elbow, custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	Yes		Yes
<b>A6506</b>	Added		Compression burn garment, glove to axilla, custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	Yes		Yes
<b>A6507</b>	Added		Compression burn garment, foot to knee length, custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	Yes		Yes
<b>A6508</b>	Added		Compression burn garment, foot to thigh length, custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	Yes		Yes
<b>A6509</b>	Added		Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	No		Yes
<b>A6510</b>	Added		Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	No		Yes
<b>A6511</b>	Added		Compression burn garment, lower trunk including leg openings (panty), custom fabricated		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 34, 38, 44, 54, 58, 65	No		Yes
<b>A6512</b>	Changed		Compression burn garment, not otherwise classified					Yes				
<b>B9002</b>	Added	W6863	Enteral nutrition infusion pump — with alarm		11, 12	\$1,121.97	\$3.00	Yes	24, 26, 44, 54, 58	No	3 years	No
<b>B9002</b>	Changed	W6863	Enteral nutrition infusion pump — with alarm	RR		\$2.49						
<b>E0202</b>	Changed		Phototherapy (bilirubin) light with photometer	RR		\$11.29		30 days				
<b>E0203</b>	Added		Therapeutic lightbox, minimum 10,000 lux, table top model		11, 12, 31, 32	\$400.00	\$3.00	Yes	24, 26, 44, 54, 58	No	3 years	Yes
<b>E0316</b>	Added	W6809	Safety enclosure frame/canopy for use with hospital bed, any type		11, 12	Manually priced	\$3.00	Yes	24, 26, 44, 54, 58	No	8 years	No
<b>E0445</b>	Added	W6776	Oximeter device for measuring blood oxygen levels non-invasively		11, 12	\$941.85	\$3.00	Yes	24, 26, 44, 54, 58	No	4 years	No

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>E0445</b>	Added	W6776	Oximeter device for measuring blood oxygen levels non-invasively	RR		\$2.07		60 days				No
<b>E0450</b>	Changed	W6785	Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube)	RR		\$15.50		60 days				
<b>E0452</b>	Enddated	K0533										
<b>E0453</b>	Enddated	K0534	Therapeutic ventilator; suitable for use 12 hours or less per day									
<b>E0481</b>	Added		Intrapulmonary percussive ventilation system and related accessories		11, 12	\$4,037.50	\$3.00	Yes	24, 26, 44, 54, 58	No	3 years	No
<b>E0481</b>	Added		Intrapulmonary percussive ventilation system and related accessories	RR	11, 12	\$7.36	N/A	60 days	24, 26, 44, 54, 58	No		No
<b>E0482</b>	Added		Cough stimulating device, alternating positive and negative airway pressure		11, 12	\$4,098.75	\$3.00	Yes	24, 26, 44, 54, 58	No	3 years	No
<b>E0482</b>	Added		Cough stimulating device, alternating positive and negative airway pressure	RR	11, 12	\$7.47	N/A	60 days	24, 26, 44, 54, 58	No		No
<b>E0483</b>	Added	W6771, W6772	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	RR	11, 12	\$21.25	N/A	Yes	24, 26, 44, 54, 58	No		No
<b>E0550</b>	Changed	W6783	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery			\$782.80						
<b>E0550</b>	Changed	W6783	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	RR		\$2.71						
<b>E0571</b>	Added	W6866	Aerosol compressor, battery powered, for use with small volume nebulizer		11, 12	\$328.93	\$3.00	Yes	24, 26, 44, 54, 58	No	3 years	No
<b>E0571</b>	Added	W6866	Aerosol compressor, battery powered, for use with small volume nebulizer	RR	11, 12	\$1.66	N/A	60 days	24, 26, 44, 54, 58	No		No
<b>E0600</b>	Changed	W6704	Respiratory suction pump, home model, portable or stationary, electric			\$399.05						
<b>E0600</b>	Changed	W6704	Respiratory suction pump, home model, portable or stationary, electric	RR		\$1.08						
<b>E0608</b>	Enddated	E0619	Apnea monitor									
<b>E0609</b>	Enddated	E2100										
<b>E0619</b>	Added		Apnea monitor, with recording feature		11, 12	\$1,890.69	\$3.00	Yes	24, 26, 44, 54, 58	No	3 years	No

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>E0619</b>	Added		Apnea monitor, with recording feature	RR	11, 12	\$5.06		90 days	24, 26, 44, 54, 58	No		No
<b>E0690</b>	Enddated		Ultraviolet cabinet, appropriate for home use									
<b>E0701</b>	Changed		Helmet with face guard and soft interface material, prefabricated		11, 12	\$118.31	\$3.00	Yes	24, 26, 44, 54, 58	No	Yes	Yes
<b>E0781</b>	Changed		Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	RR		\$7.53						
<b>E0784</b>	Changed		External ambulatory infusion pump, insulin			\$5,054.94						
<b>E0951</b>	Added	K0034	Loop heel, each		11, 12, 31, 32	\$14.77	\$1.00	No	24, 26, 44, 54, 58	Yes	2 years	No
<b>E0958</b>	Added	K0101	Wheelchair attachment to convert any wheelchair to one arm drive		11, 12	\$390.77	\$3.00	No	24, 26, 44, 54, 58	No	2 years	No
<b>E0971</b>	Added	K0021	Anti-tipping device, wheelchair		11, 12, 31, 32	\$41.75	\$2.00	No	24, 26, 44, 54, 58	Yes	3 years	No
<b>E1020</b>	Added		Residual limb support system for wheelchair		11, 12	\$206.90	\$3.00	Yes	24, 26, 44, 54, 58	Yes	4 years	No
<b>E1800</b>	Changed		Dynamic adjustable elbow extension/flexion device, includes soft interface material	RR		\$4.08		60 days				
<b>E1801</b>	Added		Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	RR	11, 12, 31, 32, 99	\$4.30	N/A	60 days	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes		Yes
<b>E1802</b>	Added		Dynamic adjustable forearm pronation/supination device, includes soft interface material	RR	11, 12, 31, 32, 99	\$10.00		60 days	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes		Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>E1805</b>	Changed		Dynamic adjustable wrist extension/flexion device, includes soft interface material	RR		\$4.21		60 days				
<b>E1806</b>	Added		Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	RR	11, 12, 31, 32, 99	\$3.53	N/A	60 days	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes		Yes
<b>E1810</b>	Changed		Dynamic adjustable knee extension/flexion device, includes soft interface material	RR		\$4.15		60 days				
<b>E1811</b>	Added		Bi-directional progressive stretch knee device with range of motion adjustment, includes cuffs	RR	11, 12, 31, 32, 99	\$4.47	N/A	60 days	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes		Yes
<b>E1815</b>	Changed		Dynamic adjustable ankle extension/flexion, includes soft interface material	RR		\$4.21		60 days				
<b>E1816</b>	Added		Bi-directional static progressive stretch ankle device with range of motion adjustment, includes cuffs	RR	11, 12, 31, 32, 99	\$4.54	N/A	60 days	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes		Yes
<b>E1818</b>	Added		Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	RR	11, 12, 31, 32, 99	\$4.64	N/A	60 days	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes		Yes
<b>E1825</b>	Added		Dynamic adjustable finger extension/flexion device, includes soft interface material	RR	11, 12, 31, 32	\$4.21	N/A	60 days	24, 26, 34, 35, 38, 44, 54, 58, 65	No		Yes
<b>E1840</b>	Added		Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	RR	11, 12, 31, 32, 99	\$12.74	N/A	30 days	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes		Yes
<b>E2000</b>	Added	W6822	Gastric suction pump, home model, portable or stationary, electric		11, 12	\$955.77	\$3.00	Yes	24, 26, 44, 54, 58	No	3 years	
<b>E2000</b>	Added	W6822	Gastric suction pump, home model, portable or stationary, electric	RR	11, 12	\$1.73	N/A	60 days	24, 26, 44, 54, 58	No		
<b>E2100</b>	Added	E0609	Blood glucose monitor with integrated voice synthesizer		11, 12	\$494.50	\$3.00	Yes	24, 26, 44, 45, 54, 58	No	4 years	

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>E2101</b>	Added		Blood glucose monitor with integrated lancing/blood sample		11, 12	\$142.50	\$3.00	Yes	24, 26, 44, 45, 54, 58	No	4 years	
<b>K0021</b>	Enddated	E0971	Antitipping device, each									
<b>K0034</b>	Enddated	E0951	Heel loop, each									
<b>K0101</b>	Enddated	E0958	One-arm drive attachment, each									
<b>K0531</b>	Added	W6782	Humidifier, heated, used with positive airway pressure device		11, 12	\$263.14	\$3.00	Yes	24, 26, 44, 54, 58	No	5 years	No
<b>K0531</b>	Added	W6782	Humidifier, heated, used with positive airway pressure device	RR	11, 12	\$1.60	N/A	60 days	24, 26, 44, 54, 58	No		No
<b>K0533</b>	Added	E0452	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		11, 12, 31, 32	\$2,893.80	\$3.00	Yes	24, 26, 44, 54, 58	No	5 years	Yes
<b>K0533</b>	Added	E0452	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	RR	11, 12, 31, 32	\$3.18	N/A	60 days	24, 26, 44, 54, 58	No		Yes
<b>K0534</b>	Added	E0453	Respiratory assist device, bi-level pressure capacity, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)		11, 12, 31, 32	\$5,104.35	\$3.00	Yes	24, 26, 44, 54, 58	No	5 years	Yes
<b>K0534</b>	Added	E0453	Respiratory assist device, bi-level pressure capacity, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	RR	11, 12, 31, 32	\$6.72	N/A	60 days	24, 26, 44, 54, 58	No		Yes



Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>K0542</b>	Enddated	K0615, K0617	Speech generating device, digitized speech, using pre-recording messages, greater than 8 minutes recording time									
<b>K0551</b>	Enddated	E1020	Residual limb support system, solid base with adjustable drop hooks, mounts to wheelchair frame, each									
<b>K0556</b>	Added		Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism		11, 12, 31, 32	\$633.97	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>K0557</b>	Added		Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism		11, 12, 31, 32	\$528.30	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>K0558</b>	Added		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 K0556 or K0557)		11, 12, 31, 32	\$1,061.04	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>K0559</b>	Added		Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557)		11, 12, 31, 32	\$1,061.04	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>K0615</b>	Added	K0542	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 36, 38, 44, 54, 58, 65, 78	No	PA will monitor	Yes
<b>K0615</b>	Added	K0542	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	RR	11, 12, 31, 32, 99	Manually priced	N/A	Yes	24, 26, 36, 38, 44, 54, 58, 65, 78	No	PA will monitor	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>K0616</b>	Added	K0542	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 36, 38, 44, 54, 58, 65, 78	No	PA will monitor	Yes
<b>K0616</b>	Added	K0542	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	RR	11, 12, 31, 32, 99	Manually priced	N/A	Yes	24, 26, 36, 38, 44, 54, 58, 65, 78	No	PA will monitor	Yes
<b>K0617</b>	Added	K0542	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 36, 38, 44, 54, 58, 65, 78	No	PA will monitor	Yes
<b>K0617</b>	Added	K0542	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	RR	11, 12, 31, 32, 99	Manually priced	N/A	Yes	24, 26, 36, 38, 44, 54, 58, 65, 78	No	PA will monitor	Yes
<b>K0618</b>	Added		TLSO*, sagittal-coronal 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 and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$467.52	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>K0619</b>	Added		TLSO, sagittal-coronal 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 xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$467.52	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes

\*TLSO = Thoracic-lumbar-sacral-orthosis.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L0300</b>	Enddated	L0450-L0490	TLSO, flexible (dorso-lumbar surgical support)									
<b>L0310</b>	Enddated	L0450-L0490	TLSO, flexible (dorso-lumbar surgical support), custom fabricated									
<b>L0315</b>	Enddated	L0450-L0490	TLSO, flexible (dorso-lumbar surgical support), elastic type, with rigid posterior panel									
<b>L0317</b>	Enddated	L0450-L0490	TLSO, flexible (dorso-lumbar surgical support), hyperextension, elastic type, with rigid posterior panel									
<b>L0320</b>	Enddated	L0450-L0490	TLSO, anterior-posterior control (Taylor type), with apron front									
<b>L0330</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front									
<b>L0340</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral-rotary control; (Arnold, Magnuson, Steindler types), with apron front									
<b>L0350</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted									
<b>L0360</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket molded to patient model									
<b>L0370</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral-rotary control, hyperextension (Jewett, Lennox, Baker, Cash types)									
<b>L0380</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral-rotary control, with extensions									
<b>L0390</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral control molded to patient model									

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L0400</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral control molded to patient model, with interface material									
<b>L0410</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model									
<b>L0420</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model, with interface material									
<b>L0430</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral control, with interface material, custom fitted									
<b>L0440</b>	Enddated	L0450-L0490	TLSO, anterior-posterior-lateral control, with overlapping front section, spring steel front, custom fitted									
<b>L0450</b>	Added		TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$130.83	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0452</b>	Added		TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated		11, 12, 31, 32, 99	\$254.62	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0454</b>	Added		TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$344.54	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L0456</b>	Added		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		11, 12, 31, 32, 99	\$344.54	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0458</b>	Added		TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$590.50	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0460</b>	Added		TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$590.50	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L0462</b>	Added		TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$590.50	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0464</b>	Added		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, restricts gross trunk motion in sagittal, coronal, and tranverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$590.50	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0466</b>	Added		TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$305.44	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L0468</b>	Added		TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$382.79	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0470</b>	Added		TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$529.68	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0472</b>	Added		TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$325.93	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L0474</b>	Added		TLSO, triplanar control, rigid posterior frame with flexible soft apron anterior with multiple straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in the sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$538.19	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0476</b>	Added		TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the LS region, includes straps and closures, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$804.45	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0478</b>	Added		TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of LS region, includes straps and closures, custom fabricated		11, 12, 31, 32, 99	\$1,091.47	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes



Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L0480</b>	Added		TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated		11, 12, 31, 32, 99	\$1,215.99	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0482</b>	Added		TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated		11, 12, 31, 32, 99	\$1,358.27	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0484</b>	Added		TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated		11, 12, 31, 32, 99	\$1,466.90	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L0486</b>	Added		TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated		11, 12, 31, 32, 99	\$1,647.36	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0488</b>	Added		TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$1,227.37	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0490</b>	Added		TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$1,039.20	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L0561</b>	Added		LSO*, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated		11, 12, 31, 32, 99	\$277.90	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L0900</b>	Enddated	L0500	Torso support, ptosis support									
<b>L0910</b>	Enddated	L0510	Torso support, ptosis support, custom fabricated									
<b>L0920</b>	Enddated	L0500	Torso support, pendulous abdomen support									
<b>L0930</b>	Enddated	L0510	Torso support, pendulous abdomen support, custom fabricated									
<b>L0940</b>	Enddated	L0500	Torso support, postsurgical support									
<b>L0950</b>	Enddated	L0510	Torso support, postsurgical support, custom fabricated									
<b>L1005</b>	Added		Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment		11, 12, 31, 32, 99	\$2,576.70	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L1510</b>	Changed		THKAO**, standing frame, with or without tray and accessories							Yes		
<b>L1652</b>	Added		Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type		11, 12, 31, 32, 99	\$286.97	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L1836</b>	Added		Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$107.40	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes	2 years	Yes
<b>L1901</b>	Added		Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)		11, 12, 31, 32, 99	\$14.24	\$1.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes	6 months	Yes

\*LSO = Lumbar-sacral-orthosis.

\*\*THKAO = Thoracic-hip-knee-ankle orthosis.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L2768</b>	Added		Orthotic side bar disconnect device, per bar		11, 12, 31, 32, 99	\$104.88	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	1 year	Yes
<b>L3218</b>	Enddated	L3260	Orthopedic footwear, woman's surgical boot, each									
<b>L3223</b>	Enddated	L3260	Orthopedic footwear, man's surgical boot, each									
<b>L3651</b>	Added		Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)		11, 12, 31, 32, 99	\$48.24	\$2.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes	6 months	Yes
<b>L3652</b>	Added		Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)		11, 12, 31, 32, 99	\$145.38	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	No	6 months	Yes
<b>L3677</b>	Added		Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$110.77	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes	1 year	Yes
<b>L3701</b>	Added		Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)		11, 12, 31, 32, 99	\$14.93	\$1.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes	6 months	Yes
<b>L3762</b>	Added		Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$78.78	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes	1 year	Yes
<b>L3909</b>	Added		Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)		11, 12, 31, 32, 99	\$10.37	\$1.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes	1 year	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L3911</b>	Added		Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)		11, 12, 31, 32, 99	\$14.73	\$1.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes	1 year	Yes
<b>L4386</b>	Added		Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$127.65	\$3.00	No	24, 26, 34, 35, 38, 44, 54, 58, 65	Yes	1 year	Yes
<b>L5300</b>	Enddated	L5301										
<b>L5301</b>	Added	L5300	Below knee, molded socket, shin, SACH foot, endoskeletal system		11, 12, 31, 32	\$2,161.09	\$3.00	No	24, 26, 44, 54, 58	Yes	4 years	Yes
<b>L5310</b>	Enddated	L5311										
<b>L5311</b>	Added	L5310	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system		11, 12, 31, 32	\$3,404.95	\$3.00	No	24, 26, 44, 54, 58	Yes	4 years	Yes
<b>L5320</b>	Enddated	L5321										
<b>L5321</b>	Added	L5320	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee		11, 12, 31, 32	\$2,881.74	\$3.00	No	24, 26, 44, 54, 58	Yes	4 years	Yes
<b>L5330</b>	Enddated	L5331										
<b>L5331</b>	Added	L5330	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot		11, 12, 31, 32	\$4,220.71	\$3.00	No	24, 26, 44, 54, 58	Yes	4 years	Yes
<b>L5340</b>	Enddated	L5341										
<b>L5341</b>	Added	L5340	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot		11, 12, 31, 32	\$4,486.55	\$3.00	No	24, 26, 44, 54, 58	Yes	4 years	Yes
<b>L5660</b>	Enddated		Addition to lower extremity, socket insert, Symes, silocone gel or equal									
<b>L5662</b>	Enddated		Addition to lower extremity, socket insert, below knee, silicone gel or equal									

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L5663</b>	Enddated		Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal									
<b>L5664</b>	Enddated		Addition to lower extremity, socket insert, above knee, silicone gel or equal									
<b>L5667</b>	Enddated	L5671										
<b>L5669</b>	Enddated	L5671										
<b>L5671</b>	Added	L5667, L5669	Addition to lower extremity, below knee/ above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert		11, 12, 31, 32	\$398.91	\$3.00	No	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L5781</b>	Added		Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system		11, 12, 31, 32	\$3,227.47	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L5782</b>	Added		Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty		11, 12, 31, 32	Manually priced	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L5848</b>	Added		Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable		11, 12, 31, 32	\$867.39	\$3.00	No	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L5995</b>	Added		Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs)		11, 12, 31, 32	Manually priced	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L6025</b>	Added		Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device		11, 12, 31, 32	\$6,454.93	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L6638</b>	Added		Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow		11, 12, 31, 32	\$2,017.15	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required?	Provider type	Bilateral?	Life expect	Reimbursable in a nursing home?
<b>L6646</b>	Added		Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system		11, 12, 31, 32	\$2,544.10	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L6647</b>	Added		Upper extremity addition, shoulder lock mechanism, body powered actuator		11, 12, 31, 32	\$418.85	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L6648</b>	Added		Upper extremity addition, shoulder lock mechanism, external powered actuator		11, 12, 31, 32	\$2,623.87	\$3.00	Yes	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L6881</b>	Added		Automatic grasp feature, addition to upper limb prosthetic terminal device		11, 12, 31, 32	\$2,608.80	\$3.00	Yes	24, 26, 44, 54, 58	Yes	3 years	Yes
<b>L6882</b>	Added		Microprocessor control feature, addition to upper limb prosthetic terminal device		11, 12, 31, 32	\$1,979.20	\$3.00	Yes	24, 26, 44, 54, 58	Yes	3 years	Yes
<b>L7367</b>	Added		Lithium ion battery, replacement		11, 12, 31, 32	\$314.05	\$3.00	No	24, 26, 44, 54, 58	Yes	2 years	Yes
<b>L7368</b>	Added		Lithium ion battery charger		11, 12, 31, 32	\$407.11	\$3.00	Yes	24, 26, 44, 54, 58	No	1 per life	Yes
<b>L8330</b>	Changed		Truss, addition to standard pad, scrotal pad			\$39.59						
<b>L8510</b>	Added		Voice amplifier		11, 12, 31, 32, 99	Manually priced	\$3.00	Yes	24, 26, 36, 38, 44, 54, 58, 65, 78	No	PA will monitor	Yes
<b>L8510</b>	Added		Voice amplifier	RR	11, 12, 31, 32, 99	Manually priced	N/A	Yes	24, 26, 36, 38, 44, 54, 58, 65, 78	No	PA will monitor	Yes
<b>S8470</b>	Added		Positioning device, stander, for use by patient who is unable to stand independently (e.g., cerebral palsy patient)		11, 12	\$1,570.12	\$3.00	Yes	24, 26, 44, 54, 58	No	1 per life	No
<b>W6704</b>	Enddated	E0600										
<b>W6822</b>	Enddated	E2000		RR								
<b>W6863</b>	Enddated	B9002		RR								