

To:
Audiologists
Federally Qualified
Health Centers
Home Health
Agencies
Individual Medical
Supply Providers
Medical Equipment
Vendors
Nursing Homes
Occupational
Therapists
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 for dates of service on and after January 1, 2005, Wisconsin Medicaid is updating durable medical equipment (DME) coverage, policies, and limitations to reflect 2005 Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicare and Medicaid Services.

These changes include the following:

- Adding new HCPCS procedure codes.
- Procedure code changes.
- Enddating HCPCS procedure codes.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of HCPCS codes, descriptions, status, modifiers, copayment amounts, maximum fees, nursing home reimbursement status, and procedure code requirements.

In some cases, the new HCPCS procedure code description may be slightly different from the enddated or discontinued procedure code description. Wisconsin Medicaid has adopted these procedure codes to be consistent with HCPCS guidelines. Providers are required to use the appropriate HCPCS procedure code that describes the DME item or service.

Unless indicated, all modifiers applicable to an enddated procedure code also apply to the new procedure code which replaces it.

Refer to the Durable Medical Equipment Index for a complete list of reimbursable DME procedure codes. Changes to the DME Index are updated on a quarterly basis and posted on the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/. Refer to this *Update* until the DME Index is modified.

Prior Authorization

Wisconsin Medicaid will not perform procedure code conversions for approved prior authorizations (PAs) with discontinued DME procedure codes. Providers are required to amend their PAs currently in effect with grant dates before January 1, 2005, and expiration dates on and after January 1, 2005, to ensure that prior authorized services can continue to be reimbursed on and after January 1, 2005.

For More Information

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 dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT

HCPCS Codes for Durable Medical Equipment

Effective for Dates of Service on and After January 1, 2005

Place of Service Codes	
11	Office
12	Home
31	Skilled Nursing Facility
32	Nursing Facility
99	Other

Provider Types			
24	Federally Qualified Health Centers	38	Therapy Groups
26	Pharmacies	44	Home Health Agencies
34	Physical Therapists	48	Dually Certified Home Health/Personal Care Agencies
35	Occupational Therapists	54	Medical Equipment Vendors
36	Speech and Hearing Clinics	58	Individual Medical Supply Providers
37	Audiologists	65	Rehabilitation Agencies

Modifiers
RR = Rental*
52 = Reduced services
TW = Back-up equipment

Procedure Code	Status	Replaces or is Replaced by Code(s)	Description	Modifier	Place of Service	Max Fee	Copay	PA** Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
E0176	Enddated	E1399	Air pressure pad or cushion, nonpositioning									
E0177	Enddated	E1399	Water pressure pad or cushion, nonpositioning									
E0178	Enddated	E1399	Gel or gel-like pressure pad or cushion, nonpositioning									
E0179	Enddated	E1399	Dry pressure pad or cushion, nonpositioning									
E0192	Enddated	E1399	Low pressure and positioning equalization pad, for wheelchair									
E0450	Changed Description		Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)									
E0454	Enddated	E0463, E0464	Pressure ventilator with pressure control, pressure support and flow triggering features									
E0463	Added	E0454	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)		11, 12, 31, 32	\$8,145.00	\$3.00	Yes	24, 26, 44, 48, 54	No	5 years	Yes
E0463	Added	E0454	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	52, TW, RR	11, 12, 31, 32	\$18.10		Yes	24, 26, 44, 48, 54	No		Yes

*If modifier "RR" is not used, the request is considered a purchase.

**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(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
E0464	Added	E0454	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)		11, 12, 31, 32	\$8,145.00	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
E0464	Added	E0454	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	52, TW, RR	11, 12, 31, 32	\$18.10		Yes	24, 26, 44, 48, 54, 58	No		Yes
E0951	Changed Description		Heel loop/holder, any type, with or without ankle strap, each									
E0952	Changed Description		Toe loop/holder, any type, each									
E0955	Changed Description		Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each									
E0967	Changed Description		Manual wheelchair accessory, hand rim with projections, any type, replacement only, each									
E0978	Changed Description		Wheelchair accessory, positioning belt/safety belt/pelvic strap, each									
E0986	Changed Description		Manual wheelchair accessory, push activated power assist, each									
E1010	Changed Description		Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair									
E1226	Changed Description		Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each									
E2205	Added	K0108	Manual wheelchair accessory, hand rim without projections, any type, replacement only, each		11, 12, 31, 32	11J**	\$2.00	No	24, 26, 44, 48, 54	Yes	5 years	No
E2206	Added	K0081	Manual wheelchair accessory, wheel lock assembly, complete, each		11, 12, 31, 32	\$26.77	\$2.00	No	24, 26, 44, 48, 54	Yes	5 years	No
E2368	Added	K0108	Power wheelchair component, motor, replacement only		11, 12, 31, 32	11J**	\$3.00	Yes	24, 26, 44, 48, 54	No	5 years	No
E2369	Added	K0108	Power wheelchair component, gear box, replacement only		11, 12, 31, 32	11J**	\$3.00	Yes	24, 26, 44, 48, 54	No	5 years	No
E2370	Added	K0108	Power wheelchair component, motor and gear box combination, replacement only		11, 12, 31, 32	11J**	\$3.00	Yes	24, 26, 44, 48, 54	No	5 years	No

*PA = Prior authorization.

**11J = Individual consideration, medical consultant review.

Procedure Code	Status	Replaces or is Replaced by Code(s)	Description	Modifier	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
E2601	Added	K0650	General use wheelchair seat cushion, width less than 22 inches, any depth		11, 12	\$73.83	\$3.00	No	24, 26, 44, 48, 54	No	3 years	No
E2602	Added	K0651	General use wheelchair seat cushion, width 22 inches or greater, any depth		11, 12	\$190.90	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2603	Added	K0652	Skin protection wheelchair seat cushion, width less than 22 inches, any depth		11, 12	\$178.43	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2604	Added	K0653	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth		11, 12	\$252.61	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2605	Added	K0654	Positioning wheelchair seat cushion, width less than 22 inches, any depth		11, 12	\$257.35	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2606	Added	K0655	Positioning wheelchair seat cushion, width 22 inches or greater, any depth		11, 12	\$348.85	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2607	Added	K0656	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth		11, 12	\$241.85	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2608	Added	K0657	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth		11, 12	\$292.25	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2609	Added	K0658	Custom fabricated wheelchair seat cushion, any size		11, 12, 31, 32	11J**	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2610	Added	K0659	Wheelchair seat cushion, powered		11, 12, 31, 32	11J**	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2611	Added	K0660	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware		11, 12	\$249.88	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2612	Added	K0661	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware		11, 12	\$338.03	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2613	Added	K0662	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware		11, 12	\$314.43	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No

*PA = Prior authorization.

**11J = Individual consideration, medical consultant review.

Procedure Code	Status	Replaces or is Replaced by Code(s)	Description	Modifier	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
E2614	Added	K0663	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware		11, 12	\$435.14	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2615	Added	K0664	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware		11, 12	\$361.85	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2616	Added	K0665	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware		11, 12	\$486.86	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2617	Added	K0115, K0666	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware		11, 12, 31, 32	11J**	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2618	Added	K0667	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware		11, 12, 31, 32	11J**	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2619	Added	K0668	Replacement cover for wheelchair seat cushion or back cushion, each		11, 12	\$50.92	\$3.00	No	24, 26, 44, 48, 54	No	3 years	No
E2620	Added		Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware		11, 12	11J**	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
E2621	Added		Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware		11, 12	11J**	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0023	Enddated		Solid back insert, planar back, single density foam, attached with straps									
K0024	Enddated		Solid back insert, planar back, single density foam, with adjustable hook-on hardware									

*PA = Prior authorization.

**11J = Individual consideration, medical consultant review.

Procedure Code	Status	Replaces or is Replaced by Code(s)	Description	Modifier	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0059	Enddated	K0108	Plastic coated handrim, each									
K0060	Enddated	K0108	Steel handrim, each									
K0061	Enddated	K0108	Aluminum handrim, each									
K0081	Enddated	E2206	Wheel lock assembly, complete, each									
K0115	Enddated	E2617	Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base									
K0116	Enddated	K0108	Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base									
K0630	Changed Max Fee		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			\$69.41						
K0631	Changed Max Fee		Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated			\$215.18						
K0632	Changed Max Fee		Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment			11J**						
K0633	Changed Max Fee		Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated			11J**						

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**11J = Individual consideration, medical consultant review.

Procedure Code	Status	Replaces or is Replaced by Code(s)	Description	Modifier	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0634	Changed Max Fee		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 straps, stays, prefabricated, includes fitting and adjustment			\$44.34	\$2.00					
K0635	Changed Max Fee		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, includes fitting and adjustment			\$62.75						
K0636	Changed Max Fee		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, includes fitting and adjustment			\$330.89						
K0637	Changed Max Fee		Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment			\$67.53						

*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(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0638	Changed Max Fee and PA Requirement		Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated			11J**		Yes				
K0639	Changed Max Fee		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, includes fitting and adjustment			\$130.40						
K0640	Changed Max Fee		Lumbar-sacral orthosis, sagittal-coronal 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, pendulous abdomen design, prefabricated, includes fitting and adjustment			\$826.44						
K0641	Changed Max Fee and PA Requirement		Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated			11J**		Yes				

*PA = Prior authorization.

**11J = Individual consideration, medical consultant review.

Procedure Code	Status	Replaces or is Replaced by Code(s)	Description	Modifier	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0642	Changed Max Fee		Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment			\$230.86						
K0643	Changed Max Fee and PA Requirement		Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated			11J**		Yes				
K0644	Changed Max Fee		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 lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment			\$804.45						

*PA = Prior authorization.

**11J = Individual consideration, medical consultant review.

Procedure Code	Status	Replaces or is Replaced by Code(s)	Description	Modifier	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0645	Changed Max Fee		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 lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated			\$1,091.47						
K0646	Changed Max Fee		Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment			\$840.44						
K0647	Changed Max Fee		Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated			\$1,061.81						

*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(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0648	Changed Max Fee		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, includes fitting and adjustment			\$645.51						
K0649	Changed Max Fee		Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated			\$842.41						
K0650	Enddated	E2601	General use wheelchair seat cushion, width less than 22 inches, any depth									
K0651	Enddated	E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth									
K0652	Enddated	E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth									
K0653	Enddated	E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth									
K0654	Enddated	E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth									
K0655	Enddated	E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth									
K0656	Enddated	E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth									

*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(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0657	Enddated	E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth									
K0658	Enddated	E2609	Custom fabricated wheelchair seat cushion, any size									
K0659	Enddated	E2610	Wheelchair seat cushion, powered									
K0660	Enddated	E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware									
K0661	Enddated	E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware									
K0662	Enddated	E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware									
K0663	Enddated	E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware									
K0664	Enddated	E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware									
K0665	Enddated	E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware									
K0666	Enddated	E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware									
K0667	Enddated	E2618	Mounting hardware, any type, for seat cushion or seat support base attached to a manual wheelchair or lightweight power wheelchair, per cushion/base									
K0668	Enddated	E2619	Replacement cover for wheelchair seat cushion or back cushion, each									

*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(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
L0476	Enddated		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 T9 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									
L0478	Enddated		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 T9 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									
L0500	Enddated		Lumbar-sacral-orthosis (LSO), flexible, (lumbo-sacral support)									
L0510	Enddated		LSO, flexible (lumbo-sacral support), custom fabricated									
L0515	Enddated		LSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated									
L0520	Enddated		LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front									
L0530	Enddated		LSO, anterior-posterior control (Macausland type), with apron front									
L0540	Enddated		LSO, lumbar flexion (Williams flexion type)									

*PA = Prior authorization.

**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(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
L0550	Enddated		LSO, anterior-posterior-lateral control, molded to patient model									
L0560	Enddated		LSO, anterior-posterior-lateral control, molded to patient model, with interface material									
L0561	Enddated		LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated									
L0565	Enddated		LSO, anterior-posterior-lateral control, custom fitted									
L0600	Enddated		Sacroiliac, flexible (sacroiliac surgical support),									
L0610	Enddated		Sacroiliac, flexible (sacroiliac surgical support), custom fabricated									
L0620	Enddated		Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front									
L1820	Changed Description		Knee orthosis (KO); elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment									
L1932	Added		AFO**, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$25.00	\$1.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Yes	2 years	Yes
L2005	Added		Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated		11, 12, 31, 32, 99	\$1,710.00	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Yes	2 years	Yes
L2035	Changed Description		full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment									
L2036	Changed Description		full plastic, double upright, free knee, with or without free motion ankle, custom fabricated									

*PA = Prior authorization.

**AFO = Ankle-foot orthosis.

Procedure Code	Status	Replaces or is Replaced by Code(s)	Description	Modifier	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
L2039	Changed Description		full plastic, single upright, poly-axial hinge, medial lateral rotation control, with or without free motion ankle, custom fabricated									
L2232	Added		Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only		11, 12, 31, 32, 99	\$60.00	\$3.00	Yes	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Yes	2 years	Yes
L2320	Changed Description		non-molded lacer, for custom fabricated orthosis only									
L2330	Changed Description		lacer molded to patient model, for custom fabricated orthosis only									
L2435	Enddated		Addition to knee joint, polycentric joint, each joint									
L2755	Changed Description		Addition to lower extremity orthosis; high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only									
L2800	Changed Description		knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only									
L4002	Added		Replacement strap, any orthosis, includes all components, any length, any type		11, 12, 31, 32, 99	\$30.00	\$2.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Yes	2 years	Yes
L4040	Changed Description		Replace molded thigh lacer, for custom fabricated orthosis only									
L4045	Changed Description		Replace non-molded thigh lacer, for custom fabricated orthosis only									
L4050	Changed Description		Replace molded calf lacer, for custom fabricated orthosis only									
L4055	Changed Description		Replace non-molded calf lacer, for custom fabricated orthosis only									
L5674	Enddated		Addition to lower extremity, below knee, suspension sleeve, any material, each									

*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(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
L5675	Enddated		Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each									
L5685	Added		Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each		11, 12, 31, 32, 99	11J**	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Yes	2 years	Yes
L5846	Enddated		Addition, endoskeletal knee-shin system, microprocessor control feature, swing phase only									
L6890	Changed Description		Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment									
L6895	Changed Description		Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated									
L7180	Changed Description		Electronic elbow; microprocessor sequential control of elbow and terminal device									
L8490	Enddated		Addition to prosthetic sheath/sock, air seal suction retention system									
L8615	Added		Headset/headpiece for use with cochlear implant device, replacement		11, 12, 31, 32	\$360.00	\$3.00	No	24, 26, 36, 37, 38, 54	No	3 years	Yes
L8616	Added		Microphone for use with cochlear implant device, replacement		11, 12, 31, 32	\$240.00	\$3.00	No	24, 26, 36, 37, 38, 54	No	1 year	Yes
L8617	Added		Transmitting coil for use with cochlear implant device, replacement		11, 12, 31, 32	11J**	\$1.00	Only if over \$150.00	24, 26, 36, 37, 38, 54	No	4 per 6 months	Yes
L8618	Added		Transmitter cable for use with cochlear implant device, replacement		11, 12, 31, 32	11J**	\$1.00	Only if over \$150.00	24, 26, 36, 37, 38, 54	No	4 per 6 months	Yes

*PA = Prior authorization.

**11J = Individual consideration, medical consultant review.