

To:  
Audiologists  
Federally Qualified  
Health Centers  
Home Health  
Agencies  
Individual Medical  
Supply Providers  
Medical Equipment  
Vendors  
Nursing Homes  
Occupational  
Therapists  
Pharmacies  
Physical  
Therapists  
Physicians  
Physician Clinics  
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 (DOS) on and after January 1, 2006, Wisconsin Medicaid is updating durable medical equipment (DME) coverage, policies, and limitations to reflect 2006 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.
- Changing maximum allowable fees and life expectancies.
- 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 allowable fees, nursing home reimbursement status, and procedure code requirements.

In some cases, the new HCPCS procedure code description listed 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 that replaces it.

Refer to the DME Index for a complete list of allowable DME procedure codes and a full description of policies and limitations. Changes to the index are updated on a quarterly basis and posted on the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/). Refer to this *Update* until the DME Index is modified.

### **New Requests for Prior Authorization**

Effective immediately, providers are required to use the new procedure codes for new requests for prior authorization (PA) (with future DOS) received by Wisconsin Medicaid.

### **Approved and Modified Prior Authorization Requests Currently in Effect**

For approved and modified PA requests currently in effect with grant dates before January 1, 2006, Wisconsin Medicaid will identify and convert all discontinued procedure codes in accordance with the attachment. The discontinued procedure codes will remain effective for DOS before January 1, 2006; however, the converted procedure codes will be effective for DOS on and after January 1, 2006. Quantities that have been approved on the original Prior Authorization Request Form (PA/RF), HCF 11018 (Rev. 10/03), are not to be exceeded. The procedure code conversion will result in an increase of details on the PA/RF. If this conversion results in more than 12

details, Wisconsin Medicaid will assign a new PA/RF with a new PA number for the converted codes. When this occurs, Wisconsin Medicaid will notify the provider by mail of the new PA number(s) assigned for the converted codes.

Because the procedure codes will be converted on these requests for PA, providers are required to submit claims using the converted codes that replace the discontinued codes for DOS on and after January 1, 2006. For claims related to PA with DOS before January 1, 2006, providers are required to use the discontinued procedure codes.

### **Requests for Prior Authorization Currently in Process**

For PAs currently in process that are approved or modified with grant dates before January 1, 2006, Wisconsin Medicaid will identify and convert all discontinued procedure codes in accordance with the attachment. Requests for PA that are returned by Wisconsin Medicaid to the provider for more information will not be converted by Wisconsin Medicaid.

### **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/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT

## HCPCS Codes for Durable Medical Equipment

Effective for Dates of Service on and After January 1, 2006

Place of Service Codes	
11	Office
12	Home
22	Outpatient Hospital
24	Ambulatory Surgical Center
31	Skilled Nursing Facility
32	Nursing Facility
99	Other

Provider Types			
19-22	Physician Clinics and Physicians	44	Home Health Agencies
24	Federally Qualified Health Centers	48	Dually Certified Home Health/Personal Care Agencies
26	Pharmacies	54	Medical Equipment Vendors
34	Physical Therapists	58	Individual Medical Supply Providers
35	Occupational Therapists	65	Rehabilitation Agencies
38	Therapy Groups	79,80	Nursing Homes

Modifiers
RR = Rental. If modifier "RR" is not used, the request is considered a purchase.
TW = Back-up equipment

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>A5512</b>	K0628	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each		11, 12, 31, 32, 99	\$5.26	\$.50	N	24, 26, 44, 48, 54, 58	Y	Y	3 per year
Added	<b>A5513</b>	K0629	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 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each		11, 12, 31, 32, 99	\$25.33	\$2.00	Y	24, 26, 44, 48, 54, 58	Y	Y	3 per year

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>A6513</b>		Compression burn mask, face and/or neck, plastic or equal, custom fabricated		11, 12, 31, 32, 99	Manually Priced	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	N	Y	6 per year
Added	<b>A6530</b>	L8100	Gradient compression stocking, below knee, 18-30 mmhg, each		11, 12, 31, 32, 99	\$8.55	\$0.50	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	N	3 per year
Added	<b>A6531</b>	L8110	Gradient compression stocking, below knee, 30-40 mmhg, each		11, 12, 31, 32, 99	\$23.85	\$1.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	N	3 per year
Added	<b>A6532</b>	L8120	Gradient compression stocking, below knee, 40-50 mmhg, each		11, 12, 31, 32, 99	\$41.76	\$2.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	N	3 per year
Added	<b>A6533</b>	L8130	Gradient compression stocking, thigh length, 18-30 mmhg, each		11, 12, 31, 32, 99	\$45.94	\$2.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	N	3 per year
Added	<b>A6534</b>	L8140	Gradient compression stocking, thigh length, 30-40 mmhg, each		11, 12, 31, 32, 99	\$46.99	\$2.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	N	3 per year
Added	<b>A6535</b>	L8150	Gradient compression stocking, thigh length, 40-50 mmhg, each		11, 12, 31, 32, 99	\$64.73	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	N	3 per year
Added	<b>A6536</b>	L8160	Gradient compression stocking, full length/chap style, 18-30 mmhg, each		11, 12, 31, 32, 99	\$52.21	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	N	3 per year
Added	<b>A6537</b>	L8170	Gradient compression stocking, full length/chap style, 30-40 mmhg, each		11, 12, 31, 32, 99	\$73.08	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	N	3 per year
Added	<b>A6538</b>	L8180	Gradient compression stocking, full length/chap style, 40-50 mmhg, each		11, 12, 31, 32, 99	\$73.08	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	N	3 per year
Added	<b>A6539</b>	L8190	Gradient compression stocking, waist length, 18-30 mmhg, each		11, 12, 31, 32, 99	\$85.61	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	N	N	6 per year
Added	<b>A6540</b>	L8195	Gradient compression stocking, waist length, 30-40 mmhg, each		11, 12, 31, 32, 99	\$83.92	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	N	N	6 per year
Added	<b>A6541</b>	L8200	Gradient compression stocking, waist length, 40-50 mmhg, each		11, 12, 31, 32, 99	\$85.61	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	N	N	6 per year
Added	<b>A6542</b>	L8210	Gradient compression stocking, custom made		11, 12, 31, 32, 99	Manually Priced	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	Y	3 per year
Added	<b>A6543</b>	L8220	Gradient compression stocking, lymphedema		11, 12, 31, 32, 99	Manually Priced	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	Y	3 per year

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>A6544</b>	L8230	Gradient compression stocking, garter belt		11, 12, 31, 32, 99	\$41.44	\$2.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	N	Y	3 per year
Added	<b>A9281</b>	A9900-U8	Reaching/grabbing device, any type, any length, each		12	\$18.50	\$1.00	N	24, 26, 44, 48, 54	N	N	3 years
Added	<b>E0705</b>	E0972	Transfer board or device, any type, each		11, 12	\$46.85	\$2.00	N	24, 26, 44, 48, 54, 58	N	N	4 years
Enddated	<b>E0752</b>	L8680										
Enddated	<b>E0756</b>	L8685, L8686, L8687, L8688										
Added	<b>E0911</b>		Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar		11, 12	\$113.48	\$3.00	Y	24, 26, 44, 48, 54, 58	N	N	1 per lifetime
Added	<b>E0911</b>		Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	RR	11, 12	\$1.00		60 days	24, 26, 44, 48, 54, 58	N	N	
Added	<b>E0912</b>		Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar		11, 12	\$895.00	\$3.00	Y	24, 26, 44, 48, 54, 58	N	N	1 per lifetime
Added	<b>E0912</b>		Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	RR	11, 12	\$3.34		60 days	24, 26, 44, 48, 54, 58	N	N	
Enddated	<b>E0972</b>	E0705										
Enddated	<b>E1019</b>											
Enddated	<b>E1021</b>											
Added	<b>E1392</b>	K0671	Portable oxygen concentrator, rental	RR, TW	11, 12, 31, 32, 99	\$1.07 per day		30 days	24, 26, 44, 48, 54, 65, 79, 80	N	Y	
Added	<b>E1812</b>		Dynamic knee, extension/flexion device with active resistance control	RR	12, 31, 32	\$4.47		60 days	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	Y	

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>E2207</b>	K0102	Wheelchair accessory, crutch and cane holder, each		11, 12	\$28.54	\$2.00	Y	24, 26, 44 48, 54, 58	N	N	5 years
Added	<b>E2208</b>	K0104	Wheelchair accessory, cylinder tank carrier, each		11, 12, 31, 32, 99	\$73.19	\$3.00	Y	24, 26, 44 48, 54, 58	N	N	5 years
Added	<b>E2209</b>	K0106	Wheelchair accessory, arm trough, each		11, 12	\$94.05	\$3.00	Y	24, 26, 44 48, 54, 58	Y	N	2 years
Added	<b>E2210</b>	K0452	Wheelchair accessory, bearings, any type, replacement only, each		11, 12, 31, 32, 99	\$4.50	\$0.50	N	24, 26, 44 48, 54, 58	N	N	4 per year
Added	<b>E2211</b>	K0067	Manual wheelchair accessory, pneumatic propulsion tire, any size, each		11, 12, 31, 32, 99	\$22.50	\$1.00	N	24, 26, 44 48, 54, 58	N	N	2 years
Added	<b>E2212</b>	K0068 (with changes)	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each		11, 12, 31, 32, 99	\$5.37	\$0.50	N	24, 26, 44 48, 54, 58	N	N	1 year
Added	<b>E2213</b>	K0064 (with changes)	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each		11, 12, 31, 32, 99	\$5.37	\$0.50	N	24, 26, 44 48, 54, 58	N	N	1 year
Added	<b>E2214</b>	K0074 (with changes)	Manual wheelchair accessory, pneumatic caster tire, any size, each		11, 12, 31, 32, 99	\$23.70	\$1.00	N	24, 26, 44 48, 54, 58	N	N	2 years
Added	<b>E2215</b>	K0078 (with changes)	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each		11, 12, 31, 32, 99	\$6.31	\$0.50	N	24, 26, 44 48, 54, 58	N	N	2 years
Added	<b>E2216</b>		Manual wheelchair accessory, foam filled propulsion tire, any size, each		11, 12, 31, 32, 99	\$19.14	\$1.00	N	24, 26, 44 48, 54, 58	N	N	2 years
Added	<b>E2217</b>		Manual wheelchair accessory, foam filled caster tire, any size, each		11, 12, 31, 32, 99	\$25.60	\$2.00	N	24, 26, 44 48, 54, 58	N	N	2 years
Added	<b>E2218</b>		Manual wheelchair accessory, foam propulsion tire, any size, each		11, 12, 31, 32, 99	\$19.14	\$1.00	N	24, 26, 44 48, 54, 58	N	N	2 years
Added	<b>E2219</b>	K0075 (with changes)	Manual wheelchair accessory, foam caster tire, any size, each		11, 12, 31, 32, 99	\$25.60	\$2.00	N	24, 26, 44 48, 54, 58	N	N	2 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>E2220</b>	K0066 (with changes)	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each		11, 12, 31, 32, 99	\$19.14	\$1.00	N	24, 26, 44, 48, 54, 58	N	N	2 years
Added	<b>E2221</b>	K0076 (with changes)	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each		11, 12, 31, 32, 99	\$16.82	\$1.00	N	24, 26, 44, 48, 54, 58	N	N	2 years
Added	<b>E2222</b>		Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each		11, 12, 99	\$38.73	\$2.00	N	24, 26, 44, 48, 54, 58	Y	N	2 years
Added	<b>E2223</b>		Manual wheelchair accessory, valve, any type, replacement only, each		11, 12, 99	\$5.50	\$0.50	N	24, 26, 44, 48, 54, 58	N	N	4 per year
Added	<b>E2224</b>		Manual wheelchair accessory, propulsion wheel excludes tire, any size, each		11, 12, 99	\$17.60	\$1.00	N	24, 26, 44, 48, 54, 58	Y	N	2 years
Added	<b>E2225</b>		Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each		11, 12, 99	\$14.40	\$1.00	N	24, 26, 44, 48, 54, 58	Y	N	2 years
Added	<b>E2226</b>		Manual wheelchair accessory, caster fork, any size, replacement only, each		11, 12, 99	\$15.99	\$1.00	N	24, 26, 44, 48, 54, 58	Y	N	2 years
Added	<b>E2371</b>		Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. Gel cell, absorbed glassmat), each		11, 12, 31, 32, 99	\$165.00	\$3.00	N	24, 26, 44, 48, 54, 58	Y	Y	18 months
Added	<b>E2372</b>		Power wheelchair accessory, group 27 non-sealed lead acid battery, each		11, 12, 31, 32, 99	\$159.00	\$3.00	N	24, 26, 44, 48, 54, 58	Y	Y	9 months
Enddated	<b>K0064</b>	E2213										
Enddated	<b>K0066</b>	E2220										
Enddated	<b>K0067</b>	E2211										
Enddated	<b>K0068</b>	E2212										
Enddated	<b>K0074</b>	E2214										
Enddated	<b>K0075</b>	E2219										
Enddated	<b>K0076</b>	E2221										
Enddated	<b>K0078</b>	E2215										
Enddated	<b>K0102</b>	E2207										
Enddated	<b>K0104</b>	E2208										





Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L0491</b>	K0618	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	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year
Added	<b>L0492</b>	K0619	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	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L0621</b>	K0630	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		11, 12, 31, 32, 99	\$64.93	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years
Added	<b>L0622</b>	K0631	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated		11, 12, 31, 32, 99	\$172.27	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years
Added	<b>L0623</b>	K0632	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		11, 12, 31, 32, 99	Manually Priced	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years
Added	<b>L0624</b>	K0633	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		11, 12, 31, 32, 99	Manually Priced	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L0625</b>	K0634	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		11, 12, 31, 32, 99	\$44.34	\$2.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years
Added	<b>L0626</b>	K0635	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		11, 12, 31, 32, 99	\$62.75	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years
Added	<b>L0627</b>	K0636	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		11, 12, 31, 32, 99	\$112.75	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L0628</b>	K0637	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		11, 12, 31, 32, 99	\$67.53	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years
Added	<b>L0629</b>	K0638	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		11, 12, 31, 32, 99	Manually Priced	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years
Added	<b>L0630</b>	K0639	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		11, 12, 31, 32, 99	\$130.40	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L0631</b>	K0640	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, pendulous abdomen design, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$826.44	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year
Added	<b>L0632</b>	K0641	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, custom fabricated		11, 12, 31, 32, 99	Manually Priced	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year
Added	<b>L0633</b>	K0642	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		11, 12, 31, 32, 99	\$230.86	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L0634</b>	K0643	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/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated		11, 12, 31, 32, 99	Manually Priced	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year
Added	<b>L0635</b>	K0644	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$804.45	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L0636</b>	K0645	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		11, 12, 31, 32, 99	\$1,091.47	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year
Added	<b>L0637</b>	K0646	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		11, 12, 31, 32, 99	\$840.44	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L0638</b>	K0647	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		11, 12, 31, 32, 99	\$1,061.81	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year
Added	<b>L0639</b>	K0648	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		11, 12, 31, 32, 99	\$277.90	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year



Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L0640</b>	K0649	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, custom fabricated		11, 12, 31, 32, 99	\$842.41	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	1 year
Added	<b>L0859</b>	L0860	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material		11, 22, 99	\$2,621.26	\$3.00	N	19-22, 45, 88	N	Y	3 years
Enddated	<b>L0860</b>	L0859 (with changes)										
Enddated	<b>L1750</b>											
Added	<b>L2034</b>		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		11, 12, 31, 32, 99	\$1,710.44	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Enddated	<b>L2039</b>											
Added	<b>L2387</b>		Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint		11, 12, 31, 32, 99	\$119.83	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 per 2 years
Changed Description and Max Fee	<b>L3215</b>		Orthopedic footwear, ladies shoe, oxford, each			\$53.43						1 per year
Changed Description and Max Fee	<b>L3216</b>		depth inlay, each			\$69.90						1 per year

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Description and Max Fee	<b>L3217</b>		hightop, depth inlay, each			\$74.90						1 per year
Changed Description and Max Fee	<b>L3219</b>		Orthopedic footwear, mens shoe, oxford, each			\$58.42						1 per year
Changed Description and Max Fee	<b>L3221</b>		depth inlay, each			\$74.89						1 per year
Changed Description and Max Fee	<b>L3222</b>		hightop, depth inlay, each			\$79.90						1 per year
Changed Description and Max Fee	<b>L3230</b>		Orthopedic footwear, custom shoe, depth inlay, each			\$199.72						1 per year
Added	<b>L3671</b>		Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3672</b>		Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3673</b>		Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L3702</b>		Elbow orthosis; without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$128.28	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3763</b>		Elbow wrist hand orthosis; rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$158.28	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3764</b>		includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3765</b>		Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$178.28	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3766</b>		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		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3905</b>		Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3913</b>		Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$75.84	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L3919</b>		Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$35.84	\$2.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3921</b>		Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3933</b>		Finger orthosis (FO); without joints, may include soft interface, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$57.94	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3935</b>		nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	\$78.31	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3961</b>		Shoulder-elbow-wrist-hand orthoses, (SEWHO); shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Enddated	<b>L3963</b>	L3971 or L3973										
Added	<b>L3967</b>		Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L3971</b>	L3963	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3973</b>	L3963	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		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3975</b>		without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3976</b>		abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Added	<b>L3977</b>		shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Added	<b>L3978</b>		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		11, 12, 31, 32, 99	Manually Priced	\$3.00	Y	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	Y	Y	2 years
Changed Max Fee	<b>L5000</b>		Partial foot; shoe insert with longitudinal arch, toe filler			\$405.20						5 years
Changed Max Fee	<b>L5010</b>		molded socket, ankle height, with toe filler			\$976.35						5 years
Changed Max Fee	<b>L5020</b>		molded socket, tibial tubercle height, with toe filler			\$1,589.30						
Changed Max Fee	<b>L5050</b>		Ankle, symes; molded socket, SACH** foot			\$1,840.49						5 years
Changed Max Fee	<b>L5060</b>		metal frame, molded leather socket, articulated ankle/foot			\$2,215.04						5 years
Changed Max Fee	<b>L5100</b>		Below knee; molded socket, shin, SACH foot			\$1,997.15						
Changed Max Fee	<b>L5105</b>		plastic socket, joints and thigh lacer, SACH foot			\$2,786.00						
Changed Max Fee	<b>L5150</b>		Knee disarticulation (or through knee), molded socket; external knee joints, shin, SACH foot			\$2,816.26						
Changed Max Fee	<b>L5160</b>		bent knee configuration, external knee joints, shin, SACH foot			\$1,738.28						
Changed Max Fee	<b>L5200</b>		Above knee; molded socket, single axis constant friction knee, shin, SACH foot			\$2,649.28						5 years
Changed Max Fee	<b>L5210</b>		short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each			\$1,597.35						5 years
Changed Max Fee	<b>L5220</b>		short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each			\$2,212.03						5 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L5230</b>		for proximal femoral focal deficiency, constant friction knee, shin, each foot			\$3,132.04						5 years
Changed Max Fee	<b>L5250</b>		Hip disarticulation; Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot			\$4,161.05						5 years
Changed Max Fee	<b>L5270</b>		tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot			\$4,165.62						
Changed Max Fee	<b>L5280</b>		Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot			\$4,083.36						
Changed Max Fee	<b>L5400</b>		Immediate post surgical or early fitting; application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee			\$965.20						
Changed Max Fee	<b>L5420</b>		application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation			\$1,219.01						
Changed Max Fee	<b>L5450</b>		application of non-weight bearing rigid dressing, below knee			\$326.73						
Changed Max Fee	<b>L5460</b>		application of non-weight bearing rigid dressing, above knee			\$437.30						
Changed Max Fee	<b>L5500</b>		Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed			\$1,029.99						
Changed Max Fee	<b>L5505</b>		Initial, above knee - knee disarticulation, ischial level socket non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed			\$1,393.88						

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L5510</b>		Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot; plaster socket, molded to model			\$1,167.56						
Changed Max Fee	<b>L5520</b>		thermoplastic or equal, direct formed			\$1,153.27						
Changed Max Fee	<b>L5530</b>		thermoplastic or equal, molded to model			\$1,385.19						
Changed Max Fee	<b>L5535</b>		Preparatory, below knee "PTB" type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket			\$1,359.98						
Changed Max Fee	<b>L5540</b>		Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model			\$1,451.53						
Changed Max Fee	<b>L5560</b>		Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot; plaster socket, molded to model			\$1,558.69						
Changed Max Fee	<b>L5570</b>		thermoplastic or equal, direct formed			\$1,620.49						
Changed Max Fee	<b>L5580</b>		thermoplastic or equal, molded to model			\$1,891.80						
Changed Max Fee	<b>L5585</b>		prefabricated adjustable open end socket			\$2,051.89						
Changed Max Fee	<b>L5590</b>		laminated socket, molded to model			\$1,927.88						
Changed Max Fee	<b>L5595</b>		Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot; thermoplastic or equal, molded to patient model			\$3,229.13						
Changed Max Fee	<b>L5600</b>		laminated socket, molded to patient model			\$3,565.92						



Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L5611</b>		Addition to lower extremity, endoskeletal system; above knee – knee disarticulation, 4-bar linkage, with friction swing phase control			\$1,292.11						5 years
Changed Max Fee	<b>L5613</b>		above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control			\$1,965.38						5 years
Changed Max Fee	<b>L5614</b>		above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control			\$1,361.15						5 years
Changed Max Fee	<b>L5616</b>		above knee, universal multiplex system, friction swing phase control			\$1,185.08						5 years
Changed Max Fee	<b>L5617</b>		Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each			\$451.33						5 years
Changed Max Fee	<b>L5618</b>		Addition to lower extremity, test socket; Symes			\$225.54						
Changed Max Fee	<b>L5622</b>		knee disarticulation			\$290.73						
Changed Max Fee	<b>L5624</b>		above knee			\$291.56						
Changed Max Fee	<b>L5628</b>		hemipelvectomy			\$387.21						
Changed Max Fee	<b>L5630</b>		Addition to lower extremity, Symes type, expandable wall socket			\$442.83						5 years
Changed Max Fee	<b>L5631</b>		Addition to lower extremity, above knee or knee disarticulation, acrylic socket			\$352.37						5 years
Changed Max Fee	<b>L5632</b>		Addition to lower extremity, Symes type; "PTB" brim design socket			\$178.07						5 years
Changed Max Fee	<b>L5634</b>		posterior opening (Canadian) socket			\$271.61						5 years
Changed Max Fee	<b>L5636</b>		medial opening socket			\$207.59						5 years
Changed Max Fee	<b>L5637</b>		Addition to lower extremity, below knee; total contact			\$264.65						5 years
Changed Max Fee	<b>L5639</b>		wood socket			\$899.15						5 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L5640</b>		Addition to lower extremity, knee disarticulation, leather socket			\$591.03						5 years
Changed Max Fee	<b>L5642</b>		Addition to lower extremity, above knee, leather socket			\$547.86						5 years
Changed Max Fee	<b>L5643</b>		Addition to lower extremity, hip disarticulation, flexible inner socket, external frame			\$1,512.85						5 years
Changed Max Fee	<b>L5644</b>		Addition to lower extremity, above knee, wood socket			\$473.68						5 years
Changed Max Fee	<b>L5645</b>		Addition to lower extremity, below knee; flexible inner socket, external frame			\$639.88						5 years
Changed Max Fee	<b>L5646</b>		air, fluid, gel or equal, cushion socket			\$439.41						5 years
Changed Max Fee	<b>L5648</b>		Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket			\$588.40						5 years
Changed Max Fee	<b>L5649</b>		Addition to lower extremity, ischial containment/narrow M-L socket			\$1,581.78						5 years
Changed Max Fee	<b>L5650</b>		Addition to lower extremity, total contact, above knee or knee disarticulation socket			\$391.51						5 years
Changed Max Fee	<b>L5651</b>		Addition to lower extremity, above knee, flexible inner socket, external frame			\$963.10						5 years
Changed Max Fee	<b>L5654</b>		Addition to lower extremity, socket insert; Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)			\$265.96						5 years
Changed Max Fee	<b>L5655</b>		below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)			\$228.34						5 years
Changed Max Fee	<b>L5658</b>		above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)			\$307.98						5 years
Changed Max Fee	<b>L5661</b>		multi-durometer Symes			\$488.03						
Changed Max Fee	<b>L5665</b>		multi-durometer, below knee			\$410.63						
Changed Max Fee	<b>L5676</b>		Addition to lower extremity; below knee, knee joints, single axis, pair			\$290.61						5 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L5677</b>		below knee, knee joints, polycentric, pair			\$395.42						5 years
Changed Max Fee	<b>L5680</b>		below knee, thigh lacer, non-molded			\$244.10						
Changed Max Fee	<b>L5681</b>		below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)			\$948.08						
Changed Max Fee	<b>L5683</b>		below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)			\$948.08						
Changed Max Fee	<b>L5692</b>		Addition to lower extremity, above knee; pelvic control belt, light			\$106.56						
Changed Max Fee	<b>L5695</b>		pelvic control, sleeve suspension, neoprene or equal, each			\$130.79						
Changed Max Fee	<b>L5696</b>		Addition to lower extremity, above knee or knee disarticulation; pelvic joint			\$148.38						5 years
Changed Max Fee	<b>L5699</b>		All lower extremity prostheses, shoulder harness			\$149.53						
Changed Max Fee	<b>L5700</b>		Replacement, socket; below knee, molded to patient model			\$2,474.20						5 years
Changed Max Fee	<b>L5701</b>		above knee/knee disarticulation, including attachment plate, molded to patient model			\$3,069.47						5 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L5702</b>		hip disarticulation, including hip joint, molded to patient model			\$3,868.60						5 years
Added	<b>L5703</b>		Ankle, symes, molded to patient model, socket without solid ankle cushion heel (Sach) foot, replacement only		11, 12, 31, 32	\$1,995.00	\$3.00	N	24, 26, 44, 48, 54, 58	Y	Y	5 years
Changed Max Fee	<b>L5704</b>		Custom shaped protective cover, below knee			\$436.10						
Changed Max Fee	<b>L5705</b>		Custom shaped protective cover, above knee			\$799.50						
Changed Max Fee	<b>L5706</b>		Custom shaped protective cover, knee disarticulation			\$779.84						
Changed Max Fee	<b>L5707</b>		Custom shaped protective cover, hip disarticulation			\$1,047.70						
Changed Max Fee	<b>L5710</b>		Addition, exoskeletal knee-shin system, single axis; manual lock			\$288.44						5 years
Changed Max Fee	<b>L5711</b>		manual lock, ultra-light material			\$418.76						5 years
Changed Max Fee	<b>L5712</b>		friction swing and stance phase control (safety knee)			\$345.57						5 years
Changed Max Fee	<b>L5714</b>		variable friction swing phase control			\$335.44						5 years
Changed Max Fee	<b>L5716</b>		Addition, exoskeletal knee-shin system, polycentric; mechanical stance phase lock			\$695.28						5 years
Changed Max Fee	<b>L5718</b>		friction swing and stance phase control			\$730.57						5 years
Changed Max Fee	<b>L5722</b>		Addition, exoskeletal knee-shin system, single axis; pneumatic swing, friction stance phase control			\$724.08						5 years
Changed Max Fee	<b>L5724</b>		fluid swing phase control			\$1,210.50						5 years
Changed Max Fee	<b>L5726</b>		external joints fluid swing phase control			\$1,659.04						5 years
Changed Max Fee	<b>L5728</b>		fluid swing and stance phase control			\$1,908.28						5 years
Changed Max Fee	<b>L5780</b>		pneumatic/hydrapneumatic swing phase control			\$918.18						5 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L5785</b>		Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)			\$416.66						5 years
Changed Max Fee	<b>L5790</b>		Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)			\$576.63						5 years
Changed Max Fee	<b>L5810</b>		Addition, endoskeletal knee-shin system, single axis; manual lock			\$390.45						5 years
Changed Max Fee	<b>L5811</b>		manual lock, ultra-light material			\$584.89						5 years
Changed Max Fee	<b>L5812</b>		friction swing and stance phase control (safety knee)			\$453.35						5 years
Changed Max Fee	<b>L5814</b>		Addition, endoskeletal knee-shin system, polycentric; hydraulic swing phase control, mechanical stance phase lock			\$2,890.28						5 years
Changed Max Fee	<b>L5824</b>		Addition, endoskeletal knee-shin system, single axis; fluid swing phase control			\$1,335.53						5 years
Changed Max Fee	<b>L5828</b>		fluid swing and stance phase control			\$2,376.90						5 years
Changed Max Fee	<b>L5845</b>		Addition, endoskeletal, knee-shin system; stance flexion feature, adjustable			\$1,445.78						5 years
Changed Max Fee	<b>L5950</b>		Addition, endoskeletal system; above knee, ultra-light material (titanium, carbon fiber or equal)			\$623.94						5 years
Changed Max Fee	<b>L5960</b>		hip disarticulation, ultra-light material (titanium, carbon fiber or equal)			\$932.94						5 years
Changed Max Fee	<b>L5970</b>		All lower extremity prostheses; foot, external keel, each foot			\$175.23						5 years
Added	<b>L5971</b>		All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only		11, 12, 31, 32, 99	\$202.00	\$3.00	N	24, 26, 34, 38, 44, 48, 54, 58, 65	Y	Y	5 years

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L5976</b>		All lower extremity prosthesis; energy storing foot (Seattle Carbon Copy II or equal)			\$474.03						5 years
Changed Max Fee	<b>L5980</b>		flex foot system			\$3,064.15						5 years
Changed Max Fee	<b>L6380</b>		Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change; wrist disarticulation or below elbow			\$1,142.38						
Changed Max Fee	<b>L6384</b>		shoulder disarticulation or interscapular thoracic			\$1,720.42						
Changed Max Fee	<b>L6388</b>		Immediate post surgical or early fitting; application of rigid dressing only			\$415.31						
Changed Max Fee	<b>L6580</b>		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			\$1,628.52						
Changed Max Fee	<b>L6582</b>		Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, USMC or equal pylon, no cover, direct formed			\$1,367.75						

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L6584</b>		Preparatory, elbow disarticulation or above elbow; single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model			\$2,025.26						
Added	<b>L6621</b>		Upper extremity additions; flexion/extension wrist with or without friction, for use with external powered terminal device		11, 12, 31, 32, 99	\$168.08	\$3.00	N	24, 26, 44, 48, 54, 58	Y	Y	3 years
Changed Max Fee	<b>L6629</b>		quick disconnect lamination collar with coupling piece, Otto Bock or equal			\$156.44						
Changed Max Fee	<b>L6641</b>		Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow; excursion amplifier, pulley type			\$158.15						
Changed Max Fee	<b>L6665</b>		Upper extremity addition; teflon, or equal, cable lining			\$36.94						
Added	<b>L6677</b>		harness, triple control, simultaneous operation of terminal device and elbow		11, 12, 31, 32, 99	\$90.83	\$3.00	N	24, 26, 44, 48, 54, 58	Y	Y	2 years
Changed Max Fee	<b>L6700</b>		Terminal device, hook, Dorrance, or equal; model #3			\$452.19						
Changed Max Fee	<b>L6705</b>		model #5			\$289.59						
Changed Max Fee	<b>L6715</b>		model #5XA			\$324.35						
Changed Max Fee	<b>L6720</b>		model #6			\$768.84						
Changed Max Fee	<b>L6730</b>		model #7LO			\$571.82						
Changed Max Fee	<b>L6735</b>		model #8			\$277.42						
Changed Max Fee	<b>L6740</b>		model #8X			\$345.37						

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L6745</b>		model #88X			\$320.48						
Changed Max Fee	<b>L6750</b>		model #10P			\$316.11						
Changed Max Fee	<b>L6755</b>		model #10X			\$316.53						
Changed Max Fee	<b>L6770</b>		model #99X			\$319.70						
Changed Max Fee	<b>L6775</b>		model #555			\$359.45						
Changed Max Fee	<b>L6790</b>		Terminal device; hook-Accu hook, or equal			\$435.88						
Changed Max Fee	<b>L6795</b>		hook-2 load, or equal			\$1,129.75						
Changed Max Fee	<b>L6800</b>		hook-APRL VC, or equal			\$933.24						
Changed Max Fee	<b>L6805</b>		modifier wrist flexion unit			\$309.37						
Changed Max Fee	<b>L6825</b>		Terminal device, hand; Dorrance, VO			\$938.30						
Changed Max Fee	<b>L6830</b>		Aprl, VC			\$1,237.65						
Changed Max Fee	<b>L6835</b>		Sierra, VO			\$1,129.64						
Changed Max Fee	<b>L6870</b>		child mitt			\$211.06						
Changed Max Fee	<b>L6875</b>		Bock, VC			\$768.45						
Changed Max Fee	<b>L6920</b>		Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal; switch, cables, two batteries and one charger, switch control of terminal device			\$6,757.06						
Changed Max Fee	<b>L6930</b>		Below elbow, external power, self-suspended inner socket, removable forearm shell; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device			\$6,507.98						



Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L6940</b>		Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device			\$8,403.96						
Changed Max Fee	<b>L6945</b>		Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device			\$9,375.70						
Changed Max Fee	<b>L6950</b>		Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm; Otto Bock or equal switch, cables two batteries and one charger, switch control of terminal device			\$8,388.37						
Changed Max Fee	<b>L6955</b>		Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device			\$9,727.87						
Changed Max Fee	<b>L6960</b>		Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device			\$10,233.36						
Changed Max Fee	<b>L6965</b>		Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device			\$12,122.97						

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L6970</b>		Interscapular-thoracic, external power, molded inner socket removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device			\$12,976.31						
Changed Max Fee	<b>L6975</b>		Otto Bock or equal electrodes cables, two batteries and one charger, myoelectronic control of terminal device			\$14,302.95						
Changed Max Fee	<b>L7040</b>		Prehensile actuator, Hosmer or equal, switch controlled			\$2,453.48						
Changed Max Fee	<b>L7266</b>		Servo control, Steeper or equal			\$811.48						
Changed Max Fee	<b>L7360</b>		Six volt battery, Otto Bock or equal, each			\$213.39						
Added	<b>L7600</b>		Prosthetic donning sleeve, any material, each		11, 12, 31, 32, 99	\$62.00	\$3.00	N	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	N	Y	2 per year
Enddated	<b>L8100</b>	A6530										
Enddated	<b>L8110</b>	A6531										
Enddated	<b>L8120</b>	A6532										
Enddated	<b>L8130</b>	A6533										
Enddated	<b>L8140</b>	A6534										
Enddated	<b>L8150</b>	A6535										
Enddated	<b>L8160</b>	A6536										
Enddated	<b>L8170</b>	A6537										
Enddated	<b>L8180</b>	A6538										
Enddated	<b>L8190</b>	A6539										
Enddated	<b>L8195</b>	A6540										
Enddated	<b>L8200</b>	A6541										
Enddated	<b>L8210</b>	A6542										
Enddated	<b>L8220</b>	A6543										
Enddated	<b>L8230</b>	A6544										
Changed Max Fee	<b>L8300</b>		Truss; single with standard pad			\$67.65						

Status	Procedure Code	Replaces or is Replaced by Code(s)	Description	Allowable Modifier	Place of Service	Maximum Allowable Fee	Copayment	Prior Authorization Required	Provider Type(s)	Bilateral	NH	Life Expectancy
Changed Max Fee	<b>L8420</b>		Prosthetic sock, multiple ply; below knee, each			\$16.83						
Changed Max Fee	<b>L8470</b>		Prosthetic sock, single ply, fitting; below knee, each			\$5.35						
Changed Max Fee	<b>L8480</b>		above knee, each			\$7.38						
Changed Max Fee	<b>L8500</b>		Artificial larynx, any type			\$530.81						
Added	<b>L8623</b>		Lithium ion battery for use with cochlear implant device speech processor; other than ear level, replacement, each		11, 12, 22, 24, 31, 32, 99	\$1.02		N	24, 26, 34, 38, 44, 48, 54, 58, 65	N	N	12 per month
Added	<b>L8624</b>		ear level, replacement, each		11, 12, 22, 24, 31, 32, 99	\$1.02		N	24, 26, 34, 38, 44, 48, 54, 58, 65	N	N	12 per month
Added	<b>L8680</b>	E0752	Implantable neurostimulator electrode, each		22, 24	\$3,948.00	\$3.00	N	54	N	N	10 years
Added	<b>L8685</b>	E0756	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension		22, 24	\$11,999.00	\$3.00	N	54	N	N	10 years
Added	<b>L8686</b>	E0756	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension		22, 24	\$11,999.00	\$3.00	N	54	N	N	10 years
Added	<b>L8687</b>	E0756	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension		22, 24	\$11,999.00	\$3.00	N	54	N	N	10 years
Added	<b>L8688</b>	E0756	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension		22, 24	\$11,999.00	\$3.00	N	54	N	N	10 years

\*TLSO = Thoracic-lumbar-sacral orthosis.

\*\*SACH = Solid ankle cushion heel.