

Affected Programs: BadgerCare Plus, Medicaid

To: Federally Qualified Health Centers, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nursing Homes, Occupational Therapists, Pharmacies, Physical Therapists, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

2014 Procedure Code Changes for Durable Medical Equipment

Effective for dates of service on and after January 1, 2014, ForwardHealth is updating durable medical equipment coverage, policies, and limitations to reflect 2014 Healthcare Common Procedure Coding System (HCPCS) procedure code changes. These changes include the following:

- The addition of new reimbursable HCPCS procedure codes.
- The indication of new noncovered HCPCS procedure codes.
- Revisions to the descriptions of existing HCPCS procedure codes.
- New policy for off-the-shelf orthotic devices.

Effective for dates of service (DOS) on and after January 1, 2014, ForwardHealth is updating durable medical equipment (DME) coverage, policies, and limitations to reflect 2014 Healthcare Common Procedure Coding System (HCPCS) procedure code changes. These changes include the following:

- The addition of new reimbursable HCPCS procedure codes.
- The indication of new noncovered HCPCS procedure codes.
- Revisions to the descriptions of existing HCPCS procedure codes.
- New policy for off-the-shelf orthotic devices.

Refer to the Attachment of this *ForwardHealth Update* or the DME Index in the Providers area of the ForwardHealth Portal at www.forwardhealth.wi.gov/ for detailed information on changes to coverage, policies, and limitations. The DME Index can be accessed by selecting the Fee Schedules link from the Quick Links box on the right side of the Providers home page.

New Reimbursable HCPCS Procedure Codes

Certain new HCPCS procedure codes for DME are reimbursable effective for DOS on and after January 1, 2014. Refer to the Attachment for detailed information on the new reimbursable procedure codes.

New Noncovered HCPCS Procedure Codes

The following new HCPCS procedure codes for DME will not be covered by ForwardHealth:

- K0900.
- L5969.
- L8679.

Note: Code K0900 was added by the Centers for Medicare and Medicaid Services (CMS) on July 1, 2013.

Changes to Existing HCPCS Procedure Codes

Effective for DOS on and after January 1, 2014, the descriptions for certain existing HCPCS procedure codes for DME have been revised, and other related changes have been made. Refer to the Attachment for detailed information regarding these changes.

New Requests for Prior Authorization

In cases where prior authorization (PA) is required, providers may use the new reimbursable HCPCS procedure codes on PA requests for DOS on and after January 1, 2014.

New Policy for Off-the-Shelf Orthotic Devices

The CMS have revised the definitions for orthotic devices and now recognize three distinct categories of these devices: customized items, fabricated items, and off-the-shelf items. As a result of this revision, ForwardHealth now allows certain providers to be reimbursed for off-the-shelf orthotic devices provided to members effective May 1, 2014. Customized and fabricated items are only reimbursable for providers that are certified by the American Board for Certification in Orthotics and Prosthetics (ABC), including orthotists, prosthetists, licensed physical therapists, licensed occupational therapists, and for spinal orthotics, licensed chiropractors. Off-the-shelf items, which do not require specific provider training or expertise to dispense, are reimbursable for a broader range of provider types; however, provision of off-the-shelf orthotics must be within the provider's legal scope of practice in order to be reimbursed. As a reminder, fittings for orthotic devices are not separately reimbursable.

Providers may be reimbursed for one spinal and one lower extremity off-the-shelf orthotic device per member per year without submitting a PA request.

Reimbursement for spinal and lower extremity off-the-shelf orthotics that exceed the life expectancy of the device requires PA. This PA requirement is monitored through the

claims processing system. Providers should not submit a PA request if they are unsure whether the life expectancy of the device has been exceeded, unless instructed to do so through the claims processing system. Instead, providers should submit the claim for the spinal or lower extremity off-the-shelf device after the delivery of the device. If the life expectancy of the device has been exceeded, the claim will be denied and providers will be notified through an Explanation of Benefits (EOB) code that PA is required. When notified through an EOB code that PA is required, providers should submit a PA request that includes the EOB code indicated on the claim. The PA request must be submitted within two weeks of receiving the EOB code. Providers are required to document the DOS on the PA request so that the PA can be processed correctly for reimbursement. Once the PA request is approved, the claim must be resubmitted.

Reimbursement

Providers should refer to the Attachment or the DME Index on the Portal for reimbursement information for DME items.

Providers are reminded that the BadgerCare Plus Benchmark Plan and the BadgerCare Plus Core Plan reimburse up to \$2,500 per member per enrollment year for DME. The BadgerCare Plus Basic Plan reimburses up to \$500 per member per enrollment year for DME. If BadgerCare Plus pays a portion of the claim and the claim exceeds the member's enrollment year dollar amount for DME, providers may bill the member for the difference between the allowed reimbursement and the dollar amount paid by BadgerCare Plus.

Note: Effective April 1, 2014, the BadgerCare Plus Benchmark Plan, Core Plan, and Basic Plan have been discontinued.

Copayment

Copayment for the new reimbursable DME items under the BadgerCare Plus Standard Plan, the Core Plan, and Medicaid is up to \$3.00 per item. Copayment for the new

reimbursable DME items covered under the Benchmark Plan is up to \$5.00 per item. Copayment for DME items covered under the Basic Plan is up to \$10.00 per item.

If the reimbursement amount for an item is less than the copayment amount, the member should be charged the lesser amount as copayment.

Equipment Life Expectancy

Refer to the Attachment or to the DME Index on the Portal for information regarding equipment life expectancy.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT

Procedure Code Changes for Durable Medical Equipment

The information in this table is effective for dates of service on and after January 1, 2014. For information about specific place of service (POS) and provider type codes, refer to the tables at the end of this Attachment.

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$1.00	1 year	\$14.99	Not In Rate
Changed Description	L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$114.93	Not In Rate
Changed Description	L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$71.44	Not In Rate
Changed Description	L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$206.13	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77	\$3.00	1 year	\$130.60	Not In Rate
Changed Description	L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77	\$3.00	1 year	\$347.99	Not In Rate
Added	L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77	\$3.00	1 year	\$199.99	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77	\$3.00	1 year	\$347.99	Not In Rate
Added	L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77	\$3.00	1 year	\$328.00	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77	\$3.00	1 year	\$596.41	Not In Rate
Changed Description	L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77	\$3.00	1 year	\$308.49	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77	\$3.00	1 year	\$231.00	Not In Rate
Changed Description	L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77	\$3.00	1 year	\$386.62	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	1 year	\$421.00	Not In Rate
Changed Description	L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$65.58	Not In Rate
Changed Description	L0623	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, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$89.67	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$2.00	1 year	\$44.78	Not In Rate
Changed Description	L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	1 year	\$63.38	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	2 years	\$113.88	Not In Rate
Changed Description	L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$63.38	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	2 years	\$131.70	Not In Rate
Changed Description	L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	2 years	\$834.70	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	2 years	\$233.17	Not In Rate
Changed Description	L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	2 years	\$848.84	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	2 years	\$280.68	Not In Rate
Added	L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$2.00	1 year	\$49.29	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$2.00	1 year	\$49.29	Not In Rate
Added	L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$79.25	Not In Rate
Added	L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 15, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$130.78	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	L0649	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, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	1 year	\$328.25	Not In Rate
Added	L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and 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, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	1 year	\$420.19	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$3.00	1 year	\$453.00	Not In Rate
Changed Description	L0980	Peroneal straps, prefabricated, off-the-shelf, pair		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$.50	1 year	\$7.29	Not In Rate
Changed Description	L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$.50	1 year	\$7.29	Not In Rate
Change Description	L0984	Protective body sock, prefabricated, off-the-shelf, each	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 53, 77, 78	\$2.00	3 per year	\$47.59	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L1600	Hip orthosis, abduction control of hip joints, flexible, frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	1 year	\$64.33	Not In Rate
Changed Description	L1610	Hip orthosis, abduction control of hip joints, flexible, (frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$2.00	1 year	\$30.58	Not In Rate
Changed Description	L1620	Hip orthosis, abduction control of hip joints, flexible, (pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	1 year	\$77.50	Not In Rate
Changed Description	L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	1 year	\$63.59	Not In Rate
Added	L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$2.00	1 year	\$42.68	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	RT/ LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 year	\$52.73	Not In Rate
Changed Description	L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/ LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	2 years	\$477.05	Not In Rate
Added	L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 year	\$267.14	Not In Rate
Changed Description	L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	2 years	\$87.70	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	2 years	\$419.46	Not In Rate
Changed Description	L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	2 years	\$621.27	Not In Rate
Changed Description	L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	2 years	\$451.26	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 year	\$248.97	Not In Rate
Changed Description	L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 year	\$218.82	Not In Rate
Changed Description	L1902	Ankle foot orthosis, ankle gauntlet, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 year	\$51.00	Not In Rate
Changed Description	L1904	Ankle orthosis, ankle gauntlet, custom-fabricated	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	1 year	\$453.85	Not In Rate
Changed Description	L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 year	\$75.00	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	1 year	\$316.33	Not In Rate
Changed Description	L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$2.00	1 year	\$25.40	Not In Rate
Changed Description	L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$2.00	1 year	\$29.90	Not In Rate
Changed Description	L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$2.00	6 months	\$48.98	Not In Rate
Changed Description	L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	6 months	\$70.24	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	6 months	\$77.28	Not In Rate
Changed Description	L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	6 months	\$85.20	Not In Rate
Changed Description	L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 53, 77, 78	\$3.00	1 year	\$111.88	Not In Rate
Added	L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$68.55	Not In Rate
Changed Description	L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	2 years	\$58.24	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$2.00	1 year	\$43.85	Not In Rate
Changed Description	L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 53, 77, 78	\$3.00	2 per year	\$142.83	Not In Rate
Added	L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$54.53	Not In Rate
Changed Description	L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$2.00	1 year	\$49.84	Not In Rate
Changed Description	L3912	Hand finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$71.61	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L3915	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 53, 77, 78	\$3.00	2 years	Priced on PA	Not In Rate
Added	L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	2 years	\$57.81	Not In Rate
Changed Description	L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 53, 77, 78	\$2.00	2 years	\$36.79	Not In Rate
Added	L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$52.79	Not In Rate
Changed Description	L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 53, 77, 78	\$2.00	1 year	\$27.76	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$2.00	1 year	\$27.76	Not In Rate
Changed Description	L3925	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$2.00	6 months	\$33.49	Not In Rate
Changed Description	L3927	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$2.00	6 months	\$29.75	Not In Rate
Changed Description	L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 53, 77, 78	\$3.00	1 year	\$80.00	Not In Rate
Added	L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$53.49	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Changed Description	L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	1 year	\$66.57	Not In Rate
Changed Description	L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 53, 77	\$3.00	1 year	\$204.74	Not In Rate
Added	L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 lifetime	\$153.09	Not In Rate
Changed Description	L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 year	\$70.61	Not In Rate
Changed Description	L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 53, 77	\$3.00	1 year	\$128.93	Not In Rate

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 lifetime	\$93.18	Not In Rate
Changed Description	L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 17, 53, 77	\$3.00	1 year	\$115.65	Not In Rate
Added	L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.01	1 lifetime	\$62.00	Not In Rate
Changed Description	L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	RT/LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77	\$3.00	1 year	\$53.24	Not In Rate

Place of Service Codes			
Code	Description	Code	Description
01	Pharmacy	14	Group Home
03	School	31	Skilled Nursing Facility
04	Homeless Shelter	32	Nursing Facility
05	Indian Health Service Free-standing Facility	33	Custodial Care Facility
06	Indian Health Service Provider-based Facility	49	Independent Clinic
07	Tribal 638 Free-standing Facility	50	Federally Qualified Health Center
08	Tribal 638 Provider-based Facility	54	Intermediate Care Facility/Mentally Retarded
11	Office	71	Public Health Clinic
12	Home	72	Rural Health Clinic
13	Assisted Living Facility		

Provider Type Codes	
Provider Type	Description
04	Rehabilitation Agencies
05	Home Health Agencies
15	Chiropractors
17	Therapy Groups
24	Pharmacies
25	Medical Equipment Vendors
53	Individual Medical Supply Providers
77	Physical Therapists
78	Occupational Therapists

¹ Procedure.

² Entries in this column indicate whether or not prior authorization (PA) is required for this item.

³ The copayment amounts listed apply to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Core Plan, and Wisconsin Medicaid. For members enrolled in the BadgerCare Plus Basic Plan, the copayment amount is up to \$10.00 per item, and for members enrolled in the BadgerCare Plus Benchmark Plan, the copayment amount is up to \$5.00 per item.

⁴ Maximum allowable fees are subject to change. For current reimbursement rates, refer to the DME Index on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

⁵ Entries in this column indicate whether the item is included in the nursing home rate. "Not In Rate" indicates the facility is not responsible to provide this item and reimbursement separate from the facility rate may be considered.