



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Health Care Providers - Prosthetics
DATE: November 1, 2005
SUBJECT: Provider Manual Update Transmittal #72

REMOVE

| Section | Date |
|-------------------|----------|
| 201.000 | 10-13-03 |
| 242.180 – 242.191 | 8-1-05 |

INSERT

| Section | Date |
|-------------------|---------|
| 201.000 | 11-1-05 |
| 242.154 | 11-1-05 |
| 242.180 – 242.191 | 11-1-05 |

Explanation of Updates

Section 201.000 has been included to advise that enrollment as a Medicaid provider is conditioned upon approval of a completed provider application and the execution of a Medicaid provider contract. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.

Section 242.154 has been created to advise of the coverage of a nasogastric tube, procedure code **B4082**, only for individuals under age 21.

Section 242.180 has been included to correct the pricing procedure for procedure codes **K0638**, **K0641**, **K0643**, **L2232** and **L4002**. Procedure code **K0633** has been added to the section. Minor text changes have also been made in the section.

Section 242.190 has been included to correct the pricing procedure for procedure code **L5685**. Minor text changes have also been made in the section.

Section 242.191 has been included to correct the pricing procedure for procedure codes **E2291**, **E2292**, **E2293** and **E2294**. Procedure codes **E2293** and **E2294** have also been corrected to show that the two codes are covered only for beneficiaries under age 21. Minor text changes have also been made in the section.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (toll free) within Arkansas or locally and out of state at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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201.000 Arkansas Medicaid Participation Requirements for Prosthetics Providers

11-1-05

Prosthetics providers must meet the following criteria in order to be eligible for participation in the Arkansas Medicaid Program:

- A. The provider must complete a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9). [View or print the provider application \(form DMS-652\), the Medicaid contract \(form DMS-653\) and the Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
- B. Enrollment as a Medicaid provider is conditioned upon approval of a completed provider application and the execution of a Medicaid provider contract. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.
- C. The provider must be enrolled in the Title XVIII (Medicare) Program as a durable medical equipment/oxygen, orthotic appliances or prosthetic devices provider.
- D. A copy of the verification letter that reflects the provider's Medicare supplier number must be submitted with the provider application and Medicaid contract.
- E. A separate letter and Medicare supplier number must be submitted for each Medicaid service location.

NOTE: The orthotics/prosthetics provider should maintain accreditation by the American Board for Certification in Orthotics and Prosthetics. The provider should ensure that staff providing patient care (including but not limited to direct care, evaluations, diagnoses, fabrication fittings and follow up care) are accredited by the American Board for Certification in Orthotics and Prosthetics and meet all national licensing and certification requirements and all licensing and certifications required by the State of Arkansas.

242.154 Nasogastric Tubing for Individuals Under Age 21

11-1-05

The procedure code found in this section must be billed with modifier **EP** for beneficiaries under 21 years of age. Additionally, when billed on paper, the procedure code must be billed with a type of service (TOS) code "6" for individuals under age 21. The code is payable only for beneficiaries under age 21.

| Procedure Code | M1 | M2 | PA | Description | Payment Method |
|-----------------------|-----------|-----------|-----------|-----------------------------------|-----------------------|
| B4082 | EP | | N | Nasogastric tubing without stylet | Purchase |

242.180 Orthotic Appliances, All Ages

11-1-05

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and **older**. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code "6" for individuals under age 21 or TOS code "H" for individuals age 21 and **older**.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS.

Prior authorization requirements are shown under the heading PA. If prior authorization is needed for individuals age 21 and **older**, that information is indicated with a "Y" in the column; if not, an "N" is shown. When prior authorization is not applicable (for U21) that information is shown with an "N/A" in the column.

When codes are payable for all ages, "All" is indicated in the column, "U21" is shown when the code is payable only for individuals under age 21 and "21+" is shown when the code is payable only for those individuals age 21 and **older**.

** This item is not a covered service for the diagnosis of Carpal Tunnel Syndrome prior to surgery.

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| A5500 | NU | | H | For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe | 21+ | Y | Purchase |
| A5501 | NU | | H | For diabetics only, fitting (including follow-up) custom preparation and supply of molded from cast(s) of patient's foot (custom molded shoe), per shoe | 21+ | Y | Purchase |
| A5503 | NU | | H | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe | 21+ | Y | Purchase |
| A5504 | NU | | H | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe | 21+ | Y | Purchase |
| A5505 | NU | | H | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe | 21+ | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|---|-------------|--------|----------------|
| A5506 | NU | | H | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe | 21+ | Y | Purchase |
| A5507 | NU | | H | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe | 21+ | Y | Purchase |
| A5509 | NU | | H | For diabetics only, direct formed, molded to foot with external heat source (i.e., heat gun) multiple density inserts(s), prefabricated, per shoe | 21+ | Y | Purchase |
| A5510 | NU | | H | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe | 21+ | Y | Purchase |
| A5511 | NU | | H | For diabetics only, custom-molded from model of patient's foot multiple-density insert(s) custom-fabricated, per shoe | 21+ | Y | Purchase |
| K0630 | NU EP | | H 6 | SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment | All | N | Purchase |
| K0631 | NU EP | | H 6 | SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | All | N | Purchase |
| K0632 | NU EP | | H 6 | SO, flexible, 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 | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|--|-------------|--------|-----------------|
| K0633 | NU EP | | H 6 | SO, 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, custom fabricated | All | N | Manually Priced |
| K0634 | NU EP | | H 6 | LO, 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 | All | N | Purchase |
| K0635 | NU EP | | H 6 | LO, sagittal control, with rigid posterior panel(s), includes straps, 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 | All | N | Purchase |
| K0636 | NU EP | | H 6 | LO, sagittal control, with rigid anterior and posterior panel(s), includes straps, 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 | All | N | Purchase |
| K0637 | NU EP | | H 6 | LSO, 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 | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|--|-------------|--------|-----------------|
| K0638 | NU EP | | H 6 | LSO, 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 | All | N | Manually Priced |
| K0639 | NU EP | | H 6 | LSO, 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 | All | N | Purchase |
| K0640 | NU EP | | H 6 | LSO, sagittal control, with rigid anterior and 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, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | All | N | Purchase |
| K0641 | NU EP | | H 6 | LSO, sagittal control, with rigid anterior and 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, shoulder straps, pendulous abdomen design, custom fabricated | All | N | Manually Priced |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|--|-------------|--------|-----------------|
| K0642 | NU EP | | H 6 | LSO, 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 the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | All | N | Purchase |
| K0643 | NU EP | | H 6 | LSO, 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 the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated | All | N | Manually Priced |
| K0644 | NU EP | | H 6 | LSO, 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/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment | All | N | Purchase |
| K0645 | NU EP | | H 6 | LSO, 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/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| K0646 | NU EP | | H 6 | LSO, 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/panels, 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 | All | N | Purchase |
| K0647 | NU EP | | H 6 | LSO, 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/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | All | N | Purchase |
| K0648 | NU EP | | H 6 | LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment | All | N | Purchase |
| K0649 | NU EP | | H 6 | LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L0100 | NU EP | | H 6 | Cranial orthosis (helmet), with or without soft interface, molded to patient model | All | N | Purchase |
| L0110 | NU EP | | H 6 | Cranial orthosis (helmet), with or without soft interface, non-molded | All | N | Purchase |
| L0120 | NU EP | | H 6 | Cervical, flexible, nonadjustable (foam collar) | All | N | Purchase |
| L0130 | NU EP | | H 6 | Cervical, flexible, thermoplastic collar, molded to patient | All | N | Purchase |
| L0140 | NU EP | | H 6 | Cervical, semi-rigid, adjustable (plastic collar) | All | N | Purchase |
| L0150 | NU EP | | H 6 | Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece) | All | N | Purchase |
| L0160 | NU EP | | H 6 | Cervical, semi-rigid wire frame occipital/mandibular support | All | N | Purchase |
| L0170 | NU EP | | H 6 | Cervical, collar, molded to patient model | All | N | Purchase |
| L0172 | NU EP | | H 6 | Cervical, collar, semi-rigid thermoplastic foam, two piece | All | N | Purchase |
| L0174 | NU EP | | H 6 | Cervical, collar, semi-rigid thermoplastic foam, two piece with thoracic extension | All | N | Purchase |
| L0180 | NU EP | | H 6 | Cervical, multiple post collar, occipital/mandibular supports, adjustable | All | N | Purchase |
| L0190 | NU EP | | H 6 | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types) | All | N | Purchase |
| L0200 | NU EP | | H 6 | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension | All | N | Purchase |
| L0210 | NU EP | | H 6 | Thoracic, rib belt | All | N | Purchase |
| L0220 | NU EP | | H 6 | Thoracic, rib belt, custom fabricated | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L0450 | NU EP | | H 6 | TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L0452 | NU EP | | H 6 | TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated | All | N | Purchase |
| L0454 | NU EP | | H 6 | TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L0456 | NU EP | | H 6 | TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L0458 | NU EP | | H 6 | TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L0460 | NU EP | | H 6 | 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, including straps and closures, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L0462 | NU EP | | H 6 | TLSO, triplanar control modular segmented spinal system, three rigid plastic shells, posterior extends from 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, including straps and closures, prefabricated, includes fitting and adjustment | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L0464 | NU EP | | H 6 | TLSO, triplanar control modular segmented spinal system, four rigid plastic shells, posterior extends from 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 sagittal, coronal and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, including straps and closures, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L0466 | NU EP | | H 6 | TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L0468 | NU EP | | H 6 | TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L0470 | NU EP | | H 6 | TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal and transverse planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L0472 | NU EP | | H 6 | TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal) posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L0474 | NU EP | | H 6 | TLSO, triplanar control, rigid posterior frame with multiple straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L0480 | NU EP | | H 6 | TLSO, triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | All | Y | Purchase |
| L0482 | NU EP | | H 6 | TLSO, triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | All | Y | Purchase |
| L0484 | NU EP | | H 6 | TLSO, triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|---|-------------|--------|----------------|
| L0486 | NU EP | | H 6 | TLSO, triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | All | Y | Purchase |
| L0488 | NU EP | | H 6 | TLSO, triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L0490 | NU EP | | H 6 | TLSO, sagittal-coronal control, one-piece rigid plastic shell with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L0700 | NU EP | | H 6 | Cervical-thoracic-lumbar-sacral orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model (Minerva type) | All | Y | Purchase |
| L0710 | NU EP | | H 6 | CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type) | All | Y | Purchase |
| L0810 | NU EP | | H 6 | Halo procedure, cervical halo incorporated into jacket vest | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L0820 | NU EP | | H 6 | Halo procedure, cervical halo incorporated into plaster body jacket | All | Y | Purchase |
| L0830 | NU EP | | H 6 | Halo procedure, cervical halo incorporated into Milwaukee type orthosis | All | Y | Purchase |
| L0860 | NU EP | | H 6 | Addition to halo procedure, magnetic resonance image compatible system | All | Y | Purchase |
| L0960 | NU EP | | H 6 | Torso support, post surgical support, pads for post surgical support | All | N | Purchase |
| L0970 | NU EP | | H 6 | TLSO, corset front | All | N | Purchase |
| L0972 | NU EP | | H 6 | LSO, corset front | All | N | Purchase |
| L0974 | NU EP | | H 6 | TLSO, full corset | All | N | Purchase |
| L0976 | NU EP | | H 6 | LSO, full corset | All | N | Purchase |
| L0978 | NU EP | | H 6 | Axillary crutch extension | All | N | Purchase |
| L0980 | NU EP | | H 6 | Peroneal straps, pair | All | N | Purchase |
| L0982 | NU EP | | H 6 | Stocking supporter grips, set of four (4) | All | N | Purchase |
| L0984 | NU | | H | Protective body sock, each | 21+ | N | Purchase |
| L1000 | NU EP | | H 6 | CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model | All | Y | Purchase |
| L1010 | NU EP | | H 6 | TLSO or scoliosis orthosis, axilla sling | All | N | Purchase |
| L1020 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, kyphosis pad | All | N | Purchase |
| L1025 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating | All | N | Purchase |
| L1030 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, lumbar bolster pad | All | N | Purchase |
| L1040 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad | All | N | Purchase |
| L1050 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, sternal pad | All | N | Purchase |
| L1060 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, thoracic pad | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L1070 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, trapezius sling | All | N | Purchase |
| L1080 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, outrigger | All | N | Purchase |
| L1085 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions | All | N | Purchase |
| L1090 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, lumbar sling | All | N | Purchase |
| L1100 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather | All | N | Purchase |
| L1110 | NU EP | | H 6 | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model | All | N | Purchase |
| L1120 | NU EP | | H 6 | Addition to CTLSO, scoliosis orthosis, cover for upright, each | All | N | Purchase |
| L1200 | NU EP | | H 6 | Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only | All | Y | Purchase |
| L1210 | NU EP | | H 6 | Addition to TLSO (low profile), lateral thoracic extension | All | N | Purchase |
| L1220 | NU EP | | H 6 | Addition to TLSO (low profile), anterior thoracic extension | All | N | Purchase |
| L1230 | NU EP | | H 6 | Addition to TLSO (low profile), Milwaukee type superstructure | All | N | Purchase |
| L1240 | NU EP | | H 6 | Addition to TLSO (low profile), lumbar derotation pad | All | N | Purchase |
| L1250 | NU EP | | H 6 | Addition to TLSO (low profile), anterior ASIS pad | All | N | Purchase |
| L1260 | NU EP | | H 6 | Addition to TLSO (low profile), anterior thoracic derotation pad | All | N | Purchase |
| L1270 | NU EP | | H 6 | Addition to TLSO (low profile), abdominal pad | All | N | Purchase |
| L1280 | NU EP | | H 6 | Addition to TLSO (low profile), rib gusset (elastic), each | All | N | Purchase |
| L1290 | NU EP | | H 6 | Addition to TLSO (low profile), lateral trochanteric pad | All | N | Purchase |
| L1300 | NU EP | | H 6 | Other scoliosis procedure, body jacket molded to patient model | All | Y | Purchase |
| L1310 | NU EP | | H 6 | Other scoliosis procedure, post-operative body jacket | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|--|-------------|--------|-----------------|
| L1499 | NU EP | | H 6 | Spinal orthosis, not otherwise specified. * (The manufacturer's invoice must be attached to all claims.) | All | Y | Manually Priced |
| L1500 | NU EP | | H 6 | THKAO, mobility frame (Newington, Parapodium types) | All | Y | Purchase |
| L1510 | NU EP | | H 6 | THKAO, standing frame, with or without tray and accessories | All | Y | Purchase |
| L1520 | NU EP | | H 6 | THKAO, swivel walker | All | Y | Purchase |
| L1600 | NU EP | | H 6 | HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1610 | NU EP | | H 6 | HO, abduction control of hip joints, flexible (Frejka cover only), prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1620 | NU EP | | H 6 | HO, abduction control of hip joints, flexible (Pavlik harness), prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1630 | NU EP | | H 6 | HO, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated | All | N | Purchase |
| L1640 | NU EP | | H 6 | HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated | All | N | Purchase |
| L1650 | NU EP | | H 6 | HO, abduction control of hip joints, static, adjustable, custom fitted (Ilfeld type), prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1660 | NU EP | | H 6 | HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1680 | NU EP | | H 6 | HO; abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated | All | Y | Purchase |
| L1685 | NU EP | | H 6 | HO, abduction control of hip joint, post operative hip abduction type, custom fabricated | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L1686 | NU EP | | H 6 | HO, abduction control of hip joint, post operative hip abduction type, prefabricated, includes fitting and adjustments | All | Y | Purchase |
| L1690 | NU | | H | Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment | 21+ | Y | Purchase |
| L1700 | NU EP | | H 6 | Legg Perthes orthosis (Toronto type), custom fabricated | All | Y | Purchase |
| L1710 | NU EP | | H 6 | Legg Perthes orthosis (Newington type), custom fabricated | All | Y | Purchase |
| L1720 | NU EP | | H 6 | Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated | All | Y | Purchase |
| L1730 | NU EP | | H 6 | Legg Perthes orthosis (Scottish Rite type) custom fabricated | All | Y | Purchase |
| L1750 | NU EP | | H 6 | Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L1755 | NU EP | | H 6 | Legg Perthes orthosis (Patten bottom type), custom fabricated | All | Y | Purchase |
| L1800 | NU EP | | H 6 | KO, elastic with stays, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1810 | NU EP | | H 6 | KO, elastic with joints, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1815 | NU EP | | H 6 | KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1820 | NU EP | | H 6 | KO, elastic with condyle pads and joints, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1825 | NU EP | | H 6 | KO, elastic knee cap. prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1830 | NU EP | | H 6 | KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1832 | NU EP | | H 6 | KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment rigid support | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L1834 | NU EP | | H 6 | KO, without knee joint, rigid, custom fabricated | All | N | Purchase |
| L1840 | NU EP | | H 6 | KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated | All | Y | Purchase |
| L1843 | NU | | H | Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment | 21+ | Y | Purchase |
| L1844 | NU | | H | KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | 21+ | Y | Purchase |
| L1845 | NU EP | | H 6 | KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L1846 | NU EP | | H 6 | KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated | All | Y | Purchase |
| L1847 | NU | | H | Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s) prefabricated, includes fitting and adjustment | 21+ | N | Purchase |
| L1850 | NU EP | | H 6 | KO, Swedish type, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1855 | NU EP | | H 6 | KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated | All | Y | Purchase |
| L1858 | NU EP | | H 6 | KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated | All | Y | Purchase |
| L1860 | NU EP | | H 6 | KO, modification of supracondylar prosthetic socket, custom fabricated (SK) | All | Y | Purchase |
| L1870 | NU EP | | H 6 | KO, double upright, thigh and calf lacers, with knee joints, custom fabricated | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L1880 | NU EP | | H 6 | KO, double upright, nonmolded thigh and calf cuff/lacers with knee joints, custom fabricated | All | N | Purchase |
| L1900 | NU EP | | H 6 | AFO, spring wire, dorsiflexion assist calf band, custom fabricated | All | N | Purchase |
| L1902 | NU EP | | H 6 | AFO, ankle gauntlet, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1904 | NU EP | | H 6 | AFO, molded ankle gauntlet, custom fabricated | All | N | Purchase |
| L1906 | NU EP | | H 6 | AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1907 | NU EP | | H 6 | AFO, supramalleolar with straps, with or without interface/pads, custom fabricated | All | N | Purchase |
| L1910 | NU EP | | H 6 | AFO, posterior, single bar, clasp attachment to shoe counter prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1920 | NU EP | | H 6 | AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated | All | N | Purchase |
| L1920 | EP | | 6 | ** (Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated | U21 | N/A | Purchase |
| L1930 | NU EP | | H 6 | AFO, plastic or other material, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1932 | NU EP | | H 6 | AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L1940 | NU EP | | H 6 | AFO, plastic or other material, custom-fabricated | All | N | Purchase |
| L1945 | NU EP | | H 6 | AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated | All | Y | Purchase |
| L1950 | NU EP | | H 6 | AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated | All | N | Purchase |
| L1960 | NU EP | | H 6 | AFO, posterior solid ankle, plastic, custom fabricated | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L1970 | NU EP | | H 6 | AFO, plastic, with ankle joint, custom fabricated | All | N | Purchase |
| L1980 | NU EP | | H 6 | AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated | All | N | Purchase |
| L1990 | NU EP | | H 6 | AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated | All | N | Purchase |
| L2000 | NU EP | | H 6 | KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated | All | Y | Purchase |
| L2005 | NU EP | | H 6 | KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated | All | N | Purchase |
| L2010 | NU EP | | H 6 | KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated | All | Y | Purchase |
| L2020 | NU EP | | H 6 | KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated | All | Y | Purchase |
| L2030 | NU EP | | H 6 | KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated | All | Y | Purchase |
| L2035 | NU | | H | KAFO, full plastic, static prefabricated (pediatric size) prefabricated, includes fitting and adjustment | 21+ | N | Purchase |
| L2036 | NU EP | | H 6 | KAFO, full plastic, double upright, free knee, custom fabricated | All | Y | Purchase |
| L2037 | NU EP | | H 6 | KAFO, full plastic, single upright, free knee, custom fabricated | All | Y | Purchase |
| L2038 | NU EP | | H 6 | KAFO, full plastic, without knee joint, multi-axis ankle, (Lively orthosis or equal), custom fabricated | All | Y | Purchase |

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| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----------|--------|---|-------------|--------|-----------------------------|
| L2039 | NU | | H | KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated | 21+ | Y | Purchase |
| L2040 | NU EP | | H 6 | HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated | All | N | Purchase |
| L2040 | NU EP | U1 U1 | | *(Night "A" frame-KAFO, torsion control, bilateral night "A" frame) HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated | All | N | Manually Priced Purchase |
| L2040 | NU EP | U1 U1 | H 6 | *(Night "A" frame-KAFO, torsion control, bilateral night "A" frame) HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated | All | N | Manually Priced Purchase |
| L2050 | NU EP | | H 6 | HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated | All | N | Purchase |
| L2060 | NU EP | | H 6 | HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated | All | N | Purchase |
| L2070 | NU EP | | H 6 | HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated | All | N | Purchase |
| L2080 | NU EP | | H 6 | HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated | All | N | Purchase |
| L2090 | NU EP | | H 6 | HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated | All | N | Purchase |
| L2106 | NU EP | | H 6 | AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated | All | N | Purchase |
| L2108 | NU EP | | H 6 | AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated | All | Y | Purchase |
| L2112 | NU EP | | H 6 | AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L2114 | NU EP | | H 6 | AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L2116 | NU EP | | H 6 | AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment | All | N | Purchase |

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| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L2126 | NU EP | | H 6 | KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient | All | Y | Purchase |
| L2128 | NU EP | | H 6 | KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated | All | Y | Purchase |
| L2132 | NU EP | | H 6 | KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L2134 | NU EP | | H 6 | KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid custom fitted | All | Y | Purchase |
| L2136 | NU EP | | H 6 | KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L2180 | NU EP | | H 6 | Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints | All | N | Purchase |
| L2182 | NU EP | | H 6 | Addition to lower extremity fracture orthosis, drop lock knee joint | All | N | Purchase |
| L2184 | NU EP | | H 6 | Addition to lower extremity fracture orthosis, limited motion knee joint | All | N | Purchase |
| L2186 | NU EP | | H 6 | Addition to lower extremity fracture orthosis, adjustable motion knee joint (Lerman type) | All | N | Purchase |
| L2188 | NU EP | | H 6 | Addition to lower extremity fracture orthosis, quadrilateral brim | All | N | Purchase |
| L2190 | NU EP | | H 6 | Addition to lower extremity fracture orthosis, waist belt | All | N | Purchase |
| L2192 | NU EP | | H 6 | Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt | All | N | Purchase |
| L2200 | NU EP | | H 6 | Additions to lower extremity, dorsiflexion and plantar flexion | All | N | Purchase |
| L2210 | NU EP | | H 6 | Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint | All | N | Purchase |
| L2220 | NU EP | | H 6 | Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint | All | N | Purchase |

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| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|--|-------------|--------|-----------------|
| L2230 | NU EP | | H 6 | Addition to lower extremity, split flat caliper stirrups and plate attachment | All | N | Purchase |
| L2232 | NU EP | | H 6 | Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only | All | N | Manually Priced |
| L2240 | NU EP | | H 6 | Addition to lower extremity, round caliper and plate attachment | All | N | Purchase |
| L2250 | NU EP | | H 6 | Addition to lower extremity, foot plate, molded to patient model, stirrup attachment | All | N | Purchase |
| L2260 | NU EP | | H 6 | Addition to lower extremity, reinforced solid stirrup (Scott-Craig type) | All | N | Purchase |
| L2265 | NU EP | | H 6 | Addition to lower extremity, long tongue stirrup | All | N | Purchase |
| L2270 | NU EP | | H 6 | Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad | All | N | Purchase |
| L2275 | NU | | H | Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined | 21+ | N | Purchase |
| L2280 | NU EP | | H 6 | Addition to lower extremity, molded inner boot | All | N | Purchase |
| L2300 | NU EP | | H 6 | Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable | All | N | Purchase |
| L2310 | NU EP | | H 6 | Addition to lower extremity, abduction bar straight | All | N | Purchase |
| L2320 | NU EP | | H 6 | Addition to lower extremity, nonmolded lacer | All | N | Purchase |
| L2330 | NU EP | | H 6 | Addition to lower extremity, lacer molded to patient model | All | N | Purchase |
| L2335 | NU EP | | H 6 | Addition to lower extremity, anterior swing band | All | N | Purchase |
| L2340 | NU EP | | H 6 | Addition to lower extremity, pretidial shell, molded to patient model | All | N | Purchase |
| L2350 | NU EP | | H 6 | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB" "AFO" orthoses) | All | Y | Purchase |
| L2360 | NU EP | | H 6 | Addition to lower extremity, extended steel shank | All | N | Purchase |

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| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L2370 | NU EP | | H 6 | Addition to lower extremity, Patten bottom | All | N | Purchase |
| L2375 | NU EP | | H 6 | Addition to lower extremity, torsion control, ankle joint and half solid stirrup | All | N | Purchase |
| L2380 | NU EP | | H 6 | Addition to lower extremity, torsion control, straight knee joint, each joint | All | N | Purchase |
| L2385 | NU EP | | H 6 | Addition to lower extremity, straight knee joint, heavy duty, each joint | All | N | Purchase |
| L2390 | NU EP | | H 6 | Addition to lower extremity, offset knee joint, each joint | All | N | Purchase |
| L2395 | NU EP | | H 6 | Addition to lower extremity, offset knee joint, heavy duty, each joint | All | N | Purchase |
| L2397 | NU | | H | Addition to lower extremity orthosis, suspension sleeve | 21+ | N | Purchase |
| L2405 | NU EP | | H 6 | Addition to knee joint, lock; drop, stance or swing phase, each joint | All | N | Purchase |
| L2415 | NU EP | | H 6 | Addition to knee lock with integrated release mechanism , (bail, cable or equal, any material, each joint | All | N | Purchase |
| L2425 | NU EP | | H 6 | Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint | All | N | Purchase |
| L2430 | NU | | H | Addition to knee joint, ratchet lock for active and progressive knee extension, each joint | 21+ | N | Purchase |
| L2492 | NU EP | | H 6 | Addition to knee joint, lift loop for drop lock ring | All | N | Purchase |
| L2500 | NU EP | | H 6 | Addition to lower extremity, thigh/weight bearing, gulteal/ischial weight bearing, ring | All | N | Purchase |
| L2510 | NU EP | | H 6 | Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model | All | N | Purchase |
| L2520 | NU EP | | H 6 | Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted | All | N | Purchase |
| L2525 | NU EP | | H 6 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L2526 | NU EP | | H 6 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted | All | N | Purchase |
| L2530 | NU EP | | H 6 | Addition to lower extremity, thigh/weight bearing, lacer, non-molded | All | N | Purchase |
| L2540 | NU EP | | H 6 | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model | All | N | Purchase |
| L2550 | NU EP | | H 6 | Addition to lower extremity, thigh/weight bearing, high roll cuff | All | N | Purchase |
| L2570 | NU EP | | H 6 | Addition to lower extremity, pelvic control, hip joint, clevis type two position joint, each | All | N | Purchase |
| L2580 | NU EP | | H 6 | Addition to lower extremity, pelvic control, pelvic sling | All | N | Purchase |
| L2600 | NU EP | | H 6 | Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing free, each | All | N | Purchase |
| L2610 | NU EP | | H 6 | Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each | All | N | Purchase |
| L2620 | NU EP | | H 6 | Addition to lower extremity, pelvic control, hip joint, heavy duty, each | All | N | Purchase |
| L2622 | NU EP | | H 6 | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each | All | N | Purchase |
| L2624 | NU EP | | H 6 | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each | All | N | Purchase |
| L2627 | NU EP | | H 6 | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables | All | N | Purchase |
| L2628 | NU EP | | H 6 | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables | All | N | Purchase |
| L2630 | NU EP | | H 6 | Addition to lower extremity, pelvic control, band and belt unilateral | All | N | Purchase |
| L2640 | NU EP | | H 6 | Addition to lower extremity, pelvic control, band and belt bilateral | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|---|-------------|--------|-----------------------------|
| L2650 | NU EP | | H 6 | Addition to lower extremity, pelvic and thoracic control, gluteal pad, each | All | N | Purchase |
| L2660 | NU EP | | H 6 | Addition to lower extremity, thoracic control, thoracic band | All | N | Purchase |
| L2670 | NU EP | | H 6 | Addition to lower extremity, thoracic control, paraspinal uprights | All | N | Purchase |
| L2680 | NU EP | | H 6 | Addition to lower extremity, thoracic control, lateral support uprights | All | N | Purchase |
| L2750 | NU EP | | H 6 | Addition to lower extremity orthosis, plating chrome or nickel, per bar | All | N | Purchase |
| L2755 | NU | | H | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment | 21+ | N | Purchase |
| L2755 | NU EP | | H 6 | ** (Carbon composite ankles; addition to AFO) Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment | All | N | Manually Priced Purchase |
| L2760 | NU EP | | H 6 | Addition to lower extremity orthosis, extension, per extension, per bar (for linear adjustment for growth) | All | N | Purchase |
| L2770 | NU EP | | H 6 | Addition to lower extremity orthosis, any material, per bar or joint | All | N | Purchase |
| L2780 | NU EP | | H 6 | Addition to lower extremity orthosis, non-corrosive finish, per bar | All | N | Purchase |
| L2785 | NU EP | | H 6 | Addition to lower extremity orthosis, drop lock retainer, each | All | N | Purchase |
| L2795 | NU EP | | H 6 | Addition to lower extremity orthosis, knee control, full kneecap | All | N | Purchase |
| L2800 | NU EP | | H 6 | Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull | All | N | Purchase |
| L2810 | NU EP | | H 6 | Addition to lower extremity orthosis, knee control, condylar pad | All | N | Purchase |
| L2810 | EP | | 6 | ** (Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Addition to lower extremity orthosis, knee control, condylar pad | U21 | N/A | Purchase |
| L2820 | NU EP | | H 6 | Addition to lower extremity orthosis, soft interface for molded plastic, below knee section | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|---|-------------|--------|-----------------|
| L2830 | NU EP | | H 6 | Addition to lower extremity orthosis, soft interface for molded plastic, above knee section | All | N | Purchase |
| L2840 | NU EP | | H 6 | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each | All | N | Purchase |
| L2850 | NU EP | | H 6 | Addition to lower extremity orthosis, femoral length sock, fracture or equal, each | All | N | Purchase |
| L2999 | NU EP | | H 6 | Lower extremity orthoses, NOS | All | N | Manually Priced |
| L2999 | NU EP | | H 6 | ** (Unlisted prosthetic devices or orthotic appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity orthoses, NOS | All | Y | Manually Priced |
| L3000 | NU EP | | H 6 | Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each | All | N | Purchase |
| L3002 | NU EP | | H 6 | Foot insert, removable, molded to patient model, Plastazote or equal, each | All | N | Manually Priced |
| L3010 | NU EP | | H 6 | Foot insert, removable, molded to patient model, longitudinal arch support, each | All | N | Purchase |
| L3020 | NU EP | | H 6 | Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each | All | N | Purchase |
| L3030 | NU EP | | H 6 | Foot insert, removable, formed to patient foot, each | All | N | Purchase |
| L3040 | NU EP | | H 6 | Foot, arch support, removable, premolded, longitudinal, each | All | N | Purchase |
| L3050 | NU EP | | H 6 | Foot, arch support, removable, premolded, metatarsal, each | All | N | Purchase |
| L3060 | NU EP | | H 6 | Foot, arch support, removable, premolded, longitudinal/metatarsal, each | All | N | Purchase |
| L3070 | NU EP | | H 6 | Foot, arch support, non-removable, attached to shoe, longitudinal, each | All | N | Purchase |
| L3080 | NU EP | | H 6 | Foot, arch support, non-removable, attached to shoe, metatarsal, each | All | N | Purchase |
| L3090 | NU EP | | H 6 | Foot, arch support, non-removable, attached to shoe, longitudinal/metatarsal, each | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|--------------|------------|------------|--|-------------|--------|-----------------------------|
| L3100 | NU EP | | H 6 | Hallus–valgus night dynamic splint | All | N | Purchase |
| L3140 | NU EP | UB | H 6 | ** (Bebox foot orthosis clubfoot abduction orthosis) Foot, abduction rotation bar, including shoes | All | N | Manually Priced Purchase |
| L3140 | NU | | H | ** (Don Joy knee orthosis) Foot, abduction rotation bar, including shoes | 21+ | Y | Manually Priced |
| L3150 | NU EP | | H 6 | Foot, abduction rotation bar, without shoes | All | N | Purchase |
| L3150 | EP | | 6 | ** (Custom night “A” frame-KAFO, torsion control, bilateral night “A” frame) Foot, abduction rotation bar, without shoes | U21 | N/A | Purchase |
| L3170 | NU EP | | H 6 | Foot, plastic heel stabilizer | All | N | Purchase |
| L3202 | EP | | 6 | Orthopedic shoe, oxford with supinator or pronator, child | U21 | N/A | Purchase |
| L3204 | EP | | 6 | Orthopedic shoe, high-top with supinator or pronator, infant | U21 | N/A | Purchase |
| L3204 | NU EP | | H 6 | ** (Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, infant | All | N | Manually Priced Purchase |
| L3204 | NU EP | U1 | H 6 | ** (Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant | All | N | Manually Priced Purchase |
| L3204 | NU EP | | H 6 | ** (Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, infant | All | N | Manually Priced Purchase |
| L3204 | NU EP | U1 | H 6 | ** (Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant | All | N | Purchase |
| L3204 | NU EP | | H 6 | ** (Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, infant | All | N | Manually Priced Purchase |
| L3204 | NU | | H | ** (Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, infant | 21+ | N | Manually Priced |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----|----|-----|---|-------------|--------|-----------------|
| L3204 | NU | | H | **(Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3206 | NU | | H | **(Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, child | All | N | Manually Priced |
| | EP | | 6 | | | | Purchase |
| L3206 | NU | | H | **(Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3206 | NU | | H | **(Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, child | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3206 | NU | | H | **(Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child | All | N | Purchase |
| | EP | U1 | 6 | | | | |
| L3206 | NU | | H | **(Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, child | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3206 | NU | | H | **(Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, child | 21+ | N | Manually Priced |
| L3206 | NU | | H | **(Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3207 | NU | | H | **(Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, junior | All | N | Manually Priced |
| | EP | | 6 | | | | Purchase |
| L3207 | NU | | H | **(Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3207 | NU | | H | **(Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, junior | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3207 | NU | | H | **(Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior | All | N | Purchase |
| | EP | U1 | 6 | | | | |
| L3207 | NU | | H | **(Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, junior | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----|----|-----|--|-------------|--------|-----------------|
| L3207 | NU | | H | ** (Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, junior | 21+ | N | Manually Priced |
| L3207 | NU | | H | ** (Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3207 | NU | | H | ** (Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior | All | N | Manually Priced |
| | EP | | 6 | | | | Purchase |
| L3208 | EP | | 6 | Surgical boot, each, infant | U21 | N/A | Purchase |
| L3209 | EP | | 6 | Surgical boot, each, child | U21 | N/A | Purchase |
| L3215 | NU | | H | Orthopedic footwear, woman's shoes, oxford | All | Y | Manually Priced |
| | EP | | 6 | | | | |
| L3216 | NU | | H | Orthopedic footwear, woman's shoes, depth inlay | All | Y | Purchase |
| | EP | | 6 | | | | |
| L3217 | NU | | H | ** (Straight last high-top shoe, each, size 2-8) Orthopedic footwear, woman's shoes, high-top, depth inlay | All | N | Manually Priced |
| | EP | | 6 | | | | Purchase |
| L3217 | NU | U1 | H | ** (Straight last high-top shoe, each, size 8½-12) Orthopedic footwear, woman's shoes, high-top, depth inlay | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3217 | NU | | H | ** (Regular last high-top shoe, each, size 3-6) Orthopedic footwear, woman's shoes, high-top, depth inlay | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3217 | NU | | H | ** (Regular last high-top shoe, each, size 8½-12) Orthopedic footwear, woman's shoes, high-top, depth inlay | All | N | Purchase |
| | EP | U1 | 6 | | | | |
| L3217 | NU | | H | ** (Reverse last closed toe) Orthopedic footwear, woman's shoes, high-top, depth inlay | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3219 | NU | | H | Orthopedic footwear, man's shoes, oxford | All | Y | Manually Priced |
| | EP | | 6 | | | | |
| L3221 | NU | | H | Orthopedic footwear, man's shoes, depth inlay | All | Y | Purchase |
| | EP | | 6 | | | | |
| L3222 | NU | | H | ** (Straight last high-top shoe, each, size 2-8) Orthopedic footwear, man's shoes, high-top, depth inlay | All | N | Manually Priced |
| | EP | | 6 | | | | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|--|-------------|--------|-----------------|
| L3222 | NU | | H | ** (Straight last high-top shoe, each, size 8½-12) Orthopedic footwear, man's shoes, high-top, depth inlay | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3222 | NU | | H | ** (Regular last high-top shoe, each, size 3-6) Orthopedic footwear, man's shoes, high-top, depth inlay | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3222 | NU | | H | ** (Regular last high-top shoe, each, size 8½-12) Orthopedic footwear, man's shoes, high-top, depth inlay | All | N | Purchase |
| | EP | U1 | 6 | | | | |
| L3222 | NU | | H | ** (Reverse last closed toe) Orthopedic footwear, man's shoes, high-top, depth inlay | All | N | Manually Priced |
| | EP | U1 | 6 | | | | Purchase |
| L3224 | NU | | H | Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis) | 21+ | N | Purchase |
| L3225 | NU | | H | Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis) | 21+ | N | Purchase |
| L3230 | NU EP | | H 6 | Orthopedic footwear, custom shoes, depth inlay | All | Y | Purchase |
| L3250 | NU EP | | H 6 | Orthopedic footwear, custom molded shoe, removable inner molded, prosthetic shoe, each | All | Y | Manually Priced |
| L3253 | NU EP | | H 6 | Foot, molded shoe Plastazate (or similar), custom fitted, each | All | Y | Purchase |
| L3257 | NU EP | | H 6 | Orthopedic footwear, additional charge for split size | All | Y | Purchase |
| L3260 | NU EP | | H 6 | Surgical boot/shoe, each | All | N | Purchase |
| L3265 | NU EP | | H 6 | Plastazote sandal, each | All | N | Purchase |
| L3310 | NU EP | | H 6 | Lift, elevation, heel and sole, neoprene, per inch | All | N | Purchase |
| L3332 | NU EP | | H 6 | Lift, elevation, inside shoe, tapered, up to one-half inch | All | N | Purchase |
| L3334 | NU EP | | H 6 | Lift, elevation, heel, per inch | All | N | Purchase |
| L3350 | NU EP | | H 6 | Heel wedge | All | N | Purchase |
| L3360 | NU EP | | H 6 | Sole wedge, outside sole | All | N | Purchase |

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| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|--|-------------|--------|-----------------------------|
| L3370 | NU EP | | H 6 | Sole wedge, between sole | All | N | Purchase |
| L3400 | NU EP | | H 6 | Metatarsal bar wedge, rocker | All | N | Purchase |
| L3420 | NU EP | | H 6 | Full sole and heel wedge, between sole | All | N | Purchase |
| L3450 | NU EP | | H 6 | Heel, SACH cushion type | All | N | Purchase |
| L3455 | NU EP | | H 6 | Heel, new leather, standard | All | N | Purchase |
| L3465 | NU EP | | H 6 | Heel, Thomas with wedge | All | N | Purchase |
| L3540 | NU EP | | H 6 | Orthopedic shoe addition, sole full | All | N | Purchase |
| L3580 | NU EP | | H 6 | Orthopedic shoe addition, convert instep to velcro closure | All | N | Purchase |
| L3590 | NU EP | | H 6 | Orthopedic shoe addition, convert firm shoe counter to soft counter | All | N | Purchase |
| L3600 | NU EP | | H 6 | Transfer for an orthosis from one shoe to another, caliper plate, existing | All | N | Purchase |
| L3620 | NU EP | | H 6 | Transfer of an orthosis from one shoe to another, solid stirrup, existing | All | N | Purchase |
| L3630 | NU EP | | H 6 | Transfer of an orthosis from one shoe to another, solid stirrup, new | All | N | Purchase |
| L3649 | EP | | 6 | Orthopedic shoe, modification, addition or transfer, NOS | U21 | N/A | Manually Priced |
| L3649 | NU EP | U1 | H 6 | ** (Unlisted prosthetic devices or orthotic appliances; the manufacturer's invoice must be attached to all claims.) Orthopedic shoe, modification, addition or transfer, NOS | All | Y | Manually Priced Purchase |
| L3649 | NU EP | | H 6 | ** (Orthopedic footwear, wooden sole shoe, each) Orthopedic shoe, modification, addition or transfer, NOS | All | N | Manually Priced Purchase |
| L3650 | NU EP | | H 6 | SO, figure of eight design abduction re-strainer prefabricated, includes fitting and adjustment | All | N | Purchase |

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| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L3660 | NU EP | | H 6 | SO, figure of eight design, abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3670 | NU EP | | H 6 | SO, acromio/clavicular (canvas and webbing type) prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3675 | NU | | H | SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment | 21+ | N | Purchase |
| L3700 | NU EP | | H 6 | Elbow orthoses (EO), elastic with stays, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3710 | NU EP | | H 6 | EO, elastic with metal joints, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3720 | NU EP | | H 6 | EO, double upright with forearm/arm cuffs, free motion, custom fabricated | All | N | Purchase |
| L3730 | NU EP | | H 6 | EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated | All | Y | Purchase |
| L3740 | NU EP | | H 6 | EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated | All | Y | Purchase |
| L3800 | NU EP | | H 6 | WHFO, short opponens, no attachments, custom fabricated | All | N | Purchase |
| L3805 | NU EP | | H 6 | WHFO, long opponens, no attachment, custom fabricated | All | N | Purchase |
| L3810 | NU EP | | H 6 | WHFO, addition to short and long opponens, thumb abduction ("C") bar | All | N | Purchase |
| L3815 | NU EP | | H 6 | WHFO, addition to short and long opponens, second M.P. abduction assist | All | N | Purchase |
| L3820 | NU EP | | H 6 | WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop | All | N | Purchase |
| L3825 | NU EP | | H 6 | WHFO, addition to short and long opponens, M.P. extension stop | All | N | Purchase |
| L3830 | NU EP | | H 6 | WHFO, addition to short and long opponens, M.P. extension assist | All | N | Purchase |
| L3835 | NU EP | | H 6 | WHFO, addition to short and long opponens, M.P. spring extension assist | All | N | Purchase |

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| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L3840 | NU EP | | H 6 | WHFO, addition to short and long opponens, spring swivel thumb | All | N | Purchase |
| L3845 | NU EP | | H 6 | WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop | All | N | Purchase |
| L3850 | NU EP | | H 6 | WHO, addition to short and long opponens, action wrist with dorsiflexion assist | All | N | Purchase |
| L3855 | NU EP | | H 6 | WHFO, addition to short and long opponens, adjustable M.P. flexion control | All | N | Purchase |
| L3860 | NU EP | | H 6 | WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P. | All | N | Purchase |
| L3900 | NU EP | | H 6 | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated | All | Y | Purchase |
| L3901 | NU EP | | H 6 | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated | All | Y | Purchase |
| L3902 | NU EP | | H 6 | WHFO, external powered, compressed gas, custom fabricated | All | Y | Purchase |
| L3904 | NU EP | | H 6 | WHFO, external powered, electric, custom fabricated | All | Y | Purchase |
| L3906** | NU EP | | H 6 | WHFO, wrist gauntlet, molded to patient model, custom fabricated | All | N | Purchase |
| L3907** | NU EP | | H 6 | WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated | All | N | Purchase |
| L3908 | NU EP | | H 6 | WHFO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3910 | NU EP | | H 6 | WHFO, Swanson design, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3912 | NU EP | | H 6 | HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3914 | NU EP | | H 6 | WHO, wrist extension (cock-up) prefabricated, includes fitting and adjustment | All | N | Purchase |

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| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L3916 | NU EP | | H 6 | WHFO, wrist extension (cock-up), with outrigger, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3918 | NU EP | | H 6 | HFO, knuckle bender prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3920 | NU EP | | H 6 | HFO, knuckle bender, with outrigger prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3922 | NU EP | | H 6 | HFO, knuckle bender, two segment to flex joints prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3924 | NU EP | | H 6 | WHFO, Oppenheimer, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3926 | NU EP | | H 6 | WHFO, Thomas suspension, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3928 | NU EP | | H 6 | HFO, finger extension, with lock spring, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3930 | NU EP | | H 6 | WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3932 | NU EP | | H 6 | FO, safety pin, spring wire, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3934 | NU EP | | H 6 | FO, safety pin, modified, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3936 | NU EP | | H 6 | WHFO, Palmer prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3938 | NU EP | | H 6 | WHFO, Dorsal wrist, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3940 | NU EP | | H 6 | WHFO, Dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3942 | NU EP | | H 6 | HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3944 | NU EP | | H 6 | HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3946 | NU EP | | H 6 | HFO, composite elastic, prefabricated, includes fitting and adjustment | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L3948 | NU EP | | H 6 | FO, finger knuckle bender, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3950 | NU EP | | H 6 | WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3952 | NU EP | | H 6 | WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3954 | NU EP | | H 6 | HFO, spreading hand, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3956 | NU | | H | Addition of joint to upper extremity orthosis, any material; per joint | 21+ | N | Purchase |
| L3960 | NU EP | | H 6 | SEWHO, abduction, positioning, airplane design, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L3962 | NU EP | | H 6 | SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3963 | NU EP | | H 6 | SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated | All | Y | Purchase |
| L3964 | NU EP | | H 6 | SEO, mobile arm supports attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3965 | NU EP | | H 6 | SEO mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L3966 | NU EP | | H 6 | SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment | All | Y | Purchase |
| L3968 | NU EP | | H 6 | SEO, mobile arm support attached to wheelchair, balanced, friction arm support, (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment | All | Y | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|---|-------------|--------|------------------------------------|
| L3969 | NU EP | | H 6 | SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3970 | NU EP | | H 6 | SEO, addition to mobile arm support elevating proximal arm | All | N | Purchase |
| L3972 | NU EP | | H 6 | SEO , addition to mobile arm support, offset or lateral rocker arm with elastic balance control | All | N | Purchase |
| L3974 | NU EP | | H 6 | SEO, addition to mobile arm support, supinator | All | N | Purchase |
| L3980 | NU EP | | H 6 | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3982 | NU EP | | H 6 | Upper extremity fracture orthosis, radius/ulnar prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3984 | NU EP | | H 6 | Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L3985 | NU EP | | H 6 | Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated | All | N | Purchase |
| L3986 | NU EP | | H 6 | Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example – Colles' fracture), custom fabricated | All | N | Purchase |
| L3995 | NU EP | | H 6 | Addition to upper extremity orthosis sock, fracture or equal, each | All | N | Purchase |
| L3999 | EP | | 6 | Upper limb orthosis, NOS | U21 | N/A | Manually Priced |
| L3999 | NU EP | | H 6 | ** (The manufacturer's invoice must be attached to all claims.) Upper limb orthosis, NOS | All | Y | Manually Priced Manually Priced |
| L4000 | NU EP | | H 6 | Replace girdle for spinal orthosis (CTLSO or SO) | All | Y | Purchase |
| L4002 | NU EP | | H 6 | Replace strap, any orthosis, includes all components, any length, any type | All | N | Manually Priced |
| L4010 | NU EP | | H 6 | Replace trilateral socket brim | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|--------------|----|------------|--|-------------|--------|---------------------------------|
| L4020 | NU EP | | H 6 | Replace quadrilateral socket brim, molded to patient model | All | N | Purchase |
| L4030 | NU EP | | H 6 | Replace quadrilateral socket brim, custom fitted | All | N | Purchase |
| L4040 | NU EP | | H 6 | Replace molded thigh lacer | All | N | Purchase |
| L4045 | NU EP | | H 6 | Replace nonmolded thigh lacer | All | N | Purchase |
| L4050 | NU EP | | H 6 | Replace molded calf lacer | All | N | Purchase |
| L4055 | NU EP | | H 6 | Replace nonmolded calf lacer | All | N | Purchase |
| L4060 | NU EP | | H 6 | Replace high roll cuff | All | N | Purchase |
| L4070 | NU EP | | H 6 | Replace proximal and distal upright for KAFO | All | N | Purchase |
| L4080 | NU EP | | H 6 | Replace metal bands KAFO, proximal thigh | All | N | Purchase |
| L4090 | EP | | 6 | ** (Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Replace metal bands KAFO-AFO, calf or distal thigh | U21 | N/A | Purchase |
| L4090 | NU EP | | H 6 | Replace metal bands KAFO-AFO, calf or distal thigh | All | N | Purchase |
| L4100 | NU EP | | H 6 | Replace leather cuff KAFO, proximal thigh | All | N | Purchase |
| L4110 | NU EP | | H 6 | Replace leather cuff KAFO-AFO, calf or distal thigh | All | N | Purchase |
| L4130 | NU EP | | H 6 | Replace pretibial shell | All | N | Purchase |
| L4205 | NU EP | | H 6 | Repair of orthotic device, labor component, per 15 minutes | All | Y | Manually Priced Purchase |
| L4210 | NU EP | | H 6 | Repair of orthotic device, repair or replace minor parts | All | Y | Manually Priced Purchase |
| L4350 | NU EP | | H 6 | Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment | All | N | Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|--|-------------|--------|------------------------------------|
| L4360 | NU EP | | H 6 | Walking boot, pneumatic with or without joints, with or without interface material, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L4370 | NU EP | | H 6 | Pneumatic full leg splint, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L4380 | NU EP | | H 6 | Pneumatic knee splint, prefabricated, includes fitting and adjustment | All | N | Purchase |
| L4392 | | | | Replacement soft interface material, static AFO | All | N | Purchase |
| L4394 | NU | | H | Replace soft interface material, foot drop splint | 21+ | N | Purchase |
| L4396 | NU | | H | Static AFO, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment | 21+ | N | Purchase |
| L4398 | NU | | H | Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment | 21+ | N | Purchase |
| L5999 | NU EP | | H 6 | ** (Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity prosthesis, not otherwise specified | All | Y | Manually Priced Manually Priced |
| L7499 | NU EP | | H 6 | ** (Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Upper extremity prosthesis, not otherwise specified | All | Y | Manually Priced Manually Priced |
| L7510 | NU EP | UB | H 6 | Repair of prosthetic device, hourly rate | All | Y | Manually Priced Purchase |
| L7520 | NU EP | | H 6 | Repair prosthetic device, labor component, per 15 minutes | All | Y | Manually Priced Purchase |

Orthotic Appliances, All Ages (section 242.180)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----|----|-----|--|-------------|--------|-----------------|
| L8499 | NU | | H | *(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Unlisted procedure for miscellaneous prosthetic services | All | Y | Manually Priced |
| | EP | | 6 | | Purchase | | |

242.190 Prosthetic Devices, All Ages

11-1-05

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for individuals age 21 and **older**. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Additionally, when billed on paper, procedure codes must be billed with type of service (TOS) code "6" for individuals under age 21 or TOS code "H" for beneficiaries age 21 and **older**.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS.

Prior authorization requirements are shown under the heading PA. If prior authorization is needed for individuals age 21 and **older**, that information is indicated with a "Y" in the column; if not, an "N" is shown. When codes are payable for all ages, "All" is indicated in the column, "U21" is shown when the code is payable only for individuals under age 21 and "21+" is shown when the code is payable only for those individuals age 21 and **older**.

* Replacement only

*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----|----|-----|--|-----------------|--------|-----------------|
| L1499 | NU | | H | *(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Spinal orthosis, not otherwise specified | All | Y | Manually Priced |
| | EP | | 6 | | Manually Priced | | |
| L2999 | NU | | H | *(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity orthoses, NOS | All | Y | Manually Priced |
| | EP | | 6 | | Manually Priced | | |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----|----|-----|--|-------------|--------|-----------------|
| L3649 | NU | | H | *(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Orthopedic shoe, modification, addition or transfer, NOS | All | Y | Manually Priced |
| | EP | U1 | 6 | | | | Manually Priced |
| L3999 | NU | | H | *(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Upper limb orthosis, NOS | All | Y | Manually Priced |
| | EP | | 6 | | | | Manually Priced |
| L4205 | NU | | H | *(Orthotics and Prosthetics Repairs) Repair of orthotic device, labor component, per 15 minutes | All | Y | Manually Priced |
| | EP | | 6 | | | | Purchase |
| L4210 | NU | | H | *(Orthotics and Prosthetics Repairs) Repair of orthotic device, repair or replace minor parts | All | Y | Manually Priced |
| | EP | | 6 | | | | Purchase |
| L5000 | NU | | H | Partial foot, shoe insert with longitudinal arch, toe filler | All | N | Purchase |
| | EP | | 6 | | | | |
| L5010 | NU | | H | Partial foot, molded socket, ankle height, with toe filler | All | Y | Purchase |
| | EP | | 6 | | | | |
| L5020 | NU | | H | Partial foot, molded socket, tibial tubercle height, with toe filler | All | Y | Purchase |
| | EP | | 6 | | | | |
| L5050 | NU | | H | Ankle, Symes, molded socket, SACH foot | All | Y | Purchase |
| | EP | | 6 | | | | |
| L5060 | NU | | H | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot | All | Y | Purchase |
| | EP | | 6 | | | | |
| L5100 | NU | | H | Below knee, molded socket, shin, SACH foot | All | Y | Purchase |
| | EP | | 6 | | | | |
| L5105 | NU | | H | Below knee, plastic socket, joints and thigh lacer, SACH foot | All | Y | Purchase |
| | EP | | 6 | | | | |
| L5150 | NU | | H | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | All | Y | Purchase |
| | EP | | 6 | | | | |
| L5160 | NU | | H | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot | All | Y | Purchase |
| | EP | | 6 | | | | |
| L5200 | NU | | H | Above knee, molded socket, single axis constant friction knee, shin, SACH foot | All | Y | Purchase |
| | EP | | 6 | | | | |
| L5210 | NU | | H | Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each | All | Y | Purchase |
| | EP | | 6 | | | | |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L5220 | NU EP | | H 6 | Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each | All | Y | Purchase |
| L5230 | NU EP | | H 6 | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot | All | Y | Purchase |
| L5250 | NU EP | | H 6 | Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot | All | Y | Purchase |
| L5270 | NU EP | | H 6 | Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot | All | Y | Purchase |
| L5280 | NU EP | | H 6 | Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot | All | Y | Purchase |
| L5301 | NU EP | | H 6 | Below knee, molded socket, shin, SACH foot, endoskeletal system | All | Y | Purchase |
| L5311 | NU EP | | H 6 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system | All | Y | Purchase |
| L5321 | NU EP | | H 6 | Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee | All | Y | Purchase |
| L5331 | NU EP | | H 6 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | All | Y | Purchase |
| L5341 | NU EP | | H 6 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | All | Y | Purchase |
| L5400 | NU EP | | H 6 | Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee | All | N | Purchase |
| L5410 | NU EP | | H 6 | Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L5420 | NU EP | | H 6 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, and one cast change "AK" or knee disarticulation | All | Y | Purchase |
| L5430 | NU EP | | H 6 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment | All | N | Purchase |
| L5450 | NU EP | | H 6 | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee | All | N | Purchase |
| L5460 | NU EP | | H 6 | Immediate post surgical or early fitting, application of nonweight bearing rigid dressing, above knee | All | N | Purchase |
| L5500 | NU EP | | H 6 | Initial, below knee ("PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed | All | N | Purchase |
| L5505 | NU EP | | H 6 | Initial, above knee-knee disarticulation (ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed | All | Y | Purchase |
| L5510 | NU EP | | H 6 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model | All | Y | Purchase |
| L5520 | NU EP | | H 6 | Preparatory, below knee "PTB" type socket, non-alignable pylon, no cover, SACH foot, thermoplastic or equal, direct formed | All | Y | Purchase |
| L5530 | NU EP | | H 6 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | All | Y | Purchase |
| L5535 | NU EP | | H 6 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket | All | Y | Purchase |
| L5540 | NU EP | | H 6 | Preparatory, below knee "PTB" type socket, non alignable, pylon, no cover, SACH foot, laminated socket, molded to model | All | Y | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L5560 | NU EP | | H 6 | Preparatory, above knee-knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model | All | Y | Purchase |
| L5570 | NU EP | | H 6 | Preparatory, above knee-knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot thermoplastic or equal, direct formed | All | Y | Purchase |
| L5580 | NU EP | | H 6 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | All | Y | Purchase |
| L5585 | NU EP | | H 6 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket | All | Y | Purchase |
| L5590 | NU EP | | H 6 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model | All | Y | Purchase |
| L5595 | NU EP | | H 6 | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | All | Y | Purchase |
| L5600 | NU EP | | H 6 | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model | All | Y | Purchase |
| L5610 | NU EP | | H 6 | Addition to lower extremity, endoskeletal system, above knee, hydracandence system | All | Y | Purchase |
| L5611 | NU EP | | H 6 | Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control | All | N | Purchase |
| L5613 | NU EP | | H 6 | Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control | All | Y | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L5614 | NU | | H | Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control | 21+ | Y | Purchase |
| L5616 | NU EP | | H 6 | Addition to lower extremity, endoskeletal system above knee, universal multiplex system, friction swing phase control | All | Y | Purchase |
| L5617 | NU | | H | Addition to lower extremity, quick change self-aligning unit, above or below knee, each | 21+ | Y | Purchase |
| L5618 | NU EP | | H 6 | Addition to lower extremity, test socket, Symes | All | N | Purchase |
| L5620 | NU EP | | H 6 | Addition to lower extremity, test socket, below knee | All | N | Purchase |
| L5622 | NU EP | | H 6 | Addition to lower extremity, test socket, knee disarticulation | All | N | Purchase |
| L5624 | NU EP | | H 6 | Addition to lower extremity, test socket, above knee | All | N | Purchase |
| L5626 | NU EP | | H 6 | Addition to lower extremity, test socket, hip disarticulation | All | N | Purchase |
| L5628 | NU EP | | H 6 | Addition to lower extremity, test socket, hemipelvectomy | All | N | Purchase |
| L5629 | NU EP | | H 6 | Addition to lower extremity, below knee, acrylic socket | All | N | Purchase |
| L5630 | NU EP | | H 6 | Addition to lower extremity, Symes type, expandable wall socket | All | N | Purchase |
| L5631 | NU EP | | H 6 | Addition to lower extremity, above knee or knee disarticulation, acrylic socket | All | N | Purchase |
| L5632 | NU EP | | H 6 | Addition to lower extremity, Symes type, “PTB” brim design socket | All | N | Purchase |
| L5634 | NU EP | | H 6 | Addition to lower extremity, Symes type posterior opening (Canadian) socket | All | N | Purchase |
| L5636 | NU EP | | H 6 | Additions to lower extremity, Symes type, medial opening socket | All | N | Purchase |
| L5637 | NU EP | | H 6 | Addition to lower extremity, below knee, total contact | All | N | Purchase |
| L5638 | NU EP | | H 6 | Addition to lower extremity, below knee, leather socket | All | N | Purchase |
| L5639 | NU EP | | H 6 | Addition to lower extremity, below knee, wood socket | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L5640 | NU EP | | H 6 | Addition to lower extremity, knee disarticulation, leather socket | All | N | Purchase |
| L5642 | NU EP | | H 6 | Addition to lower extremity, above knee, leather socket | All | N | Purchase |
| L5643 | NU EP | | H 6 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame | All | Y | Purchase |
| L5644 | NU EP | | H 6 | Addition to lower extremity, above knee, wood socket | All | N | Purchase |
| L5645 | NU EP | | H 6 | Addition to lower extremity, below knee, flexible inner socket, external frame | All | N | Purchase |
| L5646 | NU EP | | H 6 | Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket | All | N | Purchase |
| L5647 | NU EP | | H 6 | Addition to lower extremity, below knee suction socket | All | N | Purchase |
| L5648 | NU EP | | H 6 | Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket | All | N | Purchase |
| L5649 | NU EP | | H 6 | Addition to lower extremity, ischial containment/narrow M-L socket | All | Y | Purchase |
| L5650 | NU EP | | H 6 | Addition to lower extremity, total contact, above knee or knee disarticulation socket | All | N | Purchase |
| L5651 | NU EP | | H 6 | Addition to lower extremity, above knee, flexible inner socket, external frame | All | N | Purchase |
| L5652 | NU EP | | H 6 | Addition to lower extremity, suction suspension, above knee or knee disarticulation, socket | All | N | Purchase |
| L5653 | NU EP | | H 6 | Addition to lower extremity, knee disarticulation, expandable wall socket | All | N | Purchase |
| L5654 | NU EP | | H 6 | Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal) | All | N | Purchase |
| L5655 | NU EP | | H 6 | Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal) | All | N | Purchase |
| L5656 | NU EP | | H 6 | Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L5658 | NU EP | | H 6 | Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal) | All | N | Purchase |
| L5661 | NU EP | | H 6 | Addition to lower extremity, socket insert, multi durometer Symes | All | N | Purchase |
| L5665 | EP | | 6 | Addition to lower extremity, socket insert, multo-durometer, below knee | U21 | N/A | Purchase |
| L5666 | NU EP | | H 6 | Additions to lower extremity, below knee, cuff suspension | All | N | Purchase |
| L5668 | NU EP | | H 6 | Addition to lower extremity, below knee, molded distal cushion | All | N | Purchase |
| L5670 | NU EP | | H 6 | Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar) | All | N | Purchase |
| L5672 | NU EP | | H 6 | Addition to lower extremity, below knee, removable medial brim suspension | All | N | Purchase |
| L5676 | NU EP | | H 6 | Addition to lower extremity, below knee, knee joints, single axis, pair | All | N | Purchase |
| L5677 | NU EP | | H 6 | Addition to lower extremity, below knee, knee joints, polycentric, pair | All | N | Purchase |
| L5678 | NU EP | | H 6 | Addition to lower extremity, below knee, joint covers, pair | All | N | Purchase |
| L5680 | NU EP | | H 6 | Addition to lower extremity, below knee, thigh lacer, nonmolded | All | N | Purchase |
| L5682 | NU EP | | H 6 | Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded | All | N | Purchase |
| L5684 | NU EP | | H 6 | Addition to lower extremity, below knee, fork strap | All | N | Purchase |
| L5685 | NU EP | | H 6 | Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each | All | N | Manually Priced |
| L5686 | NU EP | | H 6 | Addition to lower extremity, below knee, back check (extension control) | All | N | Purchase |
| L5688 | NU EP | | H 6 | Addition to lower extremity, below knee, waist belt, webbing | All | N | Purchase |
| L5690 | NU EP | | H 6 | Addition to lower extremity, below knee, waist belt, padded and lined | All | N | Purchase |
| L5692 | NU EP | | H 6 | Addition to lower extremity, above knee, pelvic control belt, light | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L5694 | NU EP | | H 6 | Addition to lower extremity, above knee, pelvic control belt, padded and lined | All | N | Purchase |
| L5695 | NU EP | | H 6 | Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each | All | N | Purchase |
| L5696 | NU EP | | H 6 | Addition to lower extremity, above knee or knee disarticulation, pelvic joint | All | N | Purchase |
| L5697 | NU EP | | H 6 | Addition to lower extremity, above knee or knee disarticulation, pelvic band | All | N | Purchase |
| L5698 | NU EP | | H 6 | Addition to lower extremity, above knee or knee disarticulation, silesian bandage | All | N | Purchase |
| L5699 | NU EP | | H 6 | All lower extremity prosthesis, shoulder harness | All | N | Purchase |
| L5700 | NU | | H | Replacement, socket, below knee, molded to patient model | 21+ | Y | Purchase |
| L5701 | NU | | H | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model | 21+ | Y | Purchase |
| L5702 | NU | | H | Replacement, socket, hip disarticulation, including hip joint, molded to patient model | 21+ | Y | Purchase |
| L5704 | NU | | H | Custom shaped protective cover, below knee | 21+ | N | Purchase |
| L5705 | NU | | H | Custom shaped protective cover, above knee | 21+ | N | Purchase |
| L5706 | NU | | H | Custom shaped protective cover, knee disarticulation | 21+ | N | Purchase |
| L5707 | NU | | H | Custom shaped protective cover, hip disarticulation | 21+ | N | Purchase |
| L5710 | NU EP | | H 6 | Addition, exoskeletal knee-shin system, single axis, manual lock | All | N | Purchase |
| L5711 | NU EP | | H 6 | Addition exoskeletal knee-shin system, single axis, manual lock, ultra-light material | All | N | Purchase |
| L5712 | NU EP | | H 6 | Addition exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L5714 | NU EP | | H 6 | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control | All | N | Purchase |
| L5716 | NU EP | | H 6 | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock | All | N | Purchase |
| L5718 | NU EP | | H 6 | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control | All | N | Purchase |
| L5722 | NU EP | | H 6 | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | All | N | Purchase |
| L5724 | NU EP | | H 6 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | All | Y | Purchase |
| L5726 | NU EP | | H 6 | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | All | Y | Purchase |
| L5728 | NU EP | | H 6 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | All | Y | Purchase |
| L5780 | NU EP | | H 6 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | All | N | Purchase |
| L5785 | NU EP | | H 6 | Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | All | N | Purchase |
| L5790 | NU EP | | H 6 | Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | All | N | Purchase |
| L5795 | NU EP | | H 6 | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | All | N | Purchase |
| L5810 | NU EP | | H 6 | Addition, endoskeletal knee-shin system, single axis, manual lock | All | N | Purchase |
| L5811 | NU EP | | H 6 | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material | All | N | Purchase |
| L5812 | NU EP | | H 6 | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | All | N | Purchase |
| L5816 | NU EP | | H 6 | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L5818 | NU EP | | H 6 | Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control | All | N | Purchase |
| L5822 | NU EP | | H 6 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | All | Y | Purchase |
| L5824 | NU EP | | H 6 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control | All | Y | Purchase |
| L5826 | NU | | H | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control with miniature high activity frame | 21+ | Y | Purchase |
| L5828 | NU EP | | H 6 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | All | Y | Purchase |
| L5830 | NU EP | | H 6 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | All | Y | Purchase |
| L5840 | NU | | H | Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control | 21+ | N | Purchase |
| L5845 | NU | | H | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable | 21+ | Y | Purchase |
| L5850 | NU EP | | H 6 | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist | All | N | Purchase |
| L5855 | NU EP | | H 6 | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist | All | N | Purchase |
| L5910 | NU EP | | H 6 | Addition, endoskeletal system, below knee, alignable system | All | N | Purchase |
| L5920 | NU EP | | H 6 | Addition, endoskeletal system, above knee or hip disarticulation, alignable system | All | N | Purchase |
| L5925 | NU | | H | Addition, endoskeletal system, above knee, knee disarticulation, manual lock | 21+ | N | Purchase |
| L5930 | NU | | H | Addition, endoskeletal system, high activity knee control frame | 21+ | Y | Purchase |
| L5940 | NU EP | | H 6 | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L5950 | NU EP | | H 6 | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | All | N | Purchase |
| L5960 | NU EP | | H 6 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | All | N | Purchase |
| L5962 | NU | | H | Addition, endoskeletal system, below knee, flexible protective outer surface covering system | 21+ | N | Purchase |
| L5964 | NU | | H | Addition, endoskeletal system, above knee, flexible protective outer surface covering system | 21+ | N | Purchase |
| L5966 | NU | | H | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system | 21+ | N | Purchase |
| L5968 | NU | | H | Addition to lower limb prostheses, multiaxial ankle with swing phase active dorsiflexion feature | 21+ | Y | Purchase |
| L5970 | NU EP | | H 6 | All lower extremity prostheses, foot, external keel, SACH foot | All | N | Purchase |
| L5972 | NU EP | | H 6 | All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal) | All | N | Purchase |
| L5974 | NU EP | | H 6 | All lower extremity prostheses, foot, single axis ankle/foot | All | N | Purchase |
| L5975 | NU | | H | All lower extremity prosthesis, combination single axis ankle and flexible keel foot | 21+ | N | Purchase |
| L5976 | NU EP | | H 6 | All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal) | All | N | Purchase |
| L5978 | NU EP | | H 6 | All lower extremity prostheses, foot, multiaxial ankle/foot | All | N | Purchase |
| L5979 | NU | | H | All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system | 21+ | Y | Purchase |
| L5980 | NU EP | | H 6 | All lower extremity prostheses, flex-foot system | All | Y | Purchase |
| L5981 | NU | | H | All lower extremity prostheses, flex-walk system or equal | 21+ | Y | Purchase |
| L5982 | NU EP | | H 6 | All exoskeletal lower extremity prostheses, axial rotation unit | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|--------------|----|------------|---|-------------|--------|--|
| L5984 | NU EP | | H 6 | All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability | All | N | Purchase |
| L5985 | NU | | H | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon | 21+ | N | Purchase |
| L5986 | NU EP | | H 6 | All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal) | All | N | Purchase |
| L5987 | NU | | H | All lower extremity prostheses, shank foot system with vertical loading pylon | 21+ | Y | Purchase |
| L5988 | NU | | H | Addition to lower limb prosthesis, vertical shock reducing pylon feature | 21+ | Y | Purchase |
| L5999 | NU EP | | H 6 | ** (Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity prosthesis, not otherwise specified | All | Y | Manually Priced Manually Priced |
| L6000 | NU EP | | H 6 | Partial hand, Robin-Aids, thumb remaining (or equal) | All | N | Purchase |
| L6010 | NU EP | | H 6 | Partial hand, Robin-Aids, little and/or ring finger remaining (or equal) | All | N | Purchase |
| L6020 | NU EP | | H 6 | Partial hand, Robin-Aids, no finger remaining (or equal) | All | N | Purchase |
| L6050 | NU EP | | H 6 | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad | All | Y | Purchase |
| L6055 | NU EP | | H 6 | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad | All | Y | Purchase |
| L6100 | NU EP | | H 6 | Below elbow, molded socket, flexible elbow hinge, triceps pad | All | Y | Purchase |
| L6110 | NU EP | | H 6 | Below elbow, molded socket (Muenster or Northwestern suspension types) | All | Y | Purchase |
| L6120 | NU EP | | H 6 | Below elbow, molded double wall split socket, step-up hinges, half cuff | All | Y | Purchase |
| L6130 | NU EP | | H 6 | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff | All | Y | Purchase |
| L6200 | NU EP | | H 6 | Elbow disarticulation, molded socket, outside locking hinge, forearm | All | Y | Purchase |
| L6205 | NU EP | | H 6 | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm | All | Y | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L6250 | NU EP | | H 6 | Above elbow, molded double wall socket, internal locking elbow, forearm | All | Y | Purchase |
| L6300 | NU EP | | H 6 | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | All | Y | Purchase |
| L6310 | NU EP | | H 6 | Shoulder disarticulation, passive restoration (complete prosthesis) | All | Y | Purchase |
| L6320 | NU EP | | H 6 | Shoulder disarticulation, passive restoration (shoulder cap only) | All | Y | Purchase |
| L6350 | NU | | H | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | 21+ | Y | Purchase |
| L6360 | NU EP | | H 6 | Interscapular thoracic, passive restoration (complete prosthesis) | All | Y | Purchase |
| L6370 | NU EP | | H 6 | Interscapular thoracic, passive restoration (shoulder cap only) | All | Y | Purchase |
| L6380 | NU EP | | H 6 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow | All | N | Purchase |
| L6382 | NU EP | | H 6 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow | All | N | Purchase |
| L6384 | NU EP | | H 6 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic | All | Y | Purchase |
| L6386 | NU EP | | H 6 | Immediate postsurgical or early fitting, each additional cast change and realignment | All | N | Purchase |
| L6388 | NU EP | | H 6 | Immediate postsurgical or early fitting, application of rigid dressing only | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L6400 | NU EP | | H 6 | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | All | Y | Purchase |
| L6450 | NU EP | | H 6 | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | All | Y | Purchase |
| L6500 | NU EP | | H 6 | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | All | Y | Purchase |
| L6550 | NU EP | | H 6 | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | All | Y | Purchase |
| L6570 | NU EP | | H 6 | Interscapular thoracic, molded socket, endoskeletal system including soft prosthetic tissue shaping | All | Y | Purchase |
| L6580 | NU EP | | H 6 | 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 | All | Y | Purchase |
| L6582 | NU EP | | H 6 | 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 | All | N | Purchase |
| L6584 | NU EP | | H 6 | 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 | All | Y | Purchase |
| L6586 | NU EP | | H 6 | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed | All | Y | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L6588 | NU EP | | H 6 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model | All | Y | Purchase |
| L6590 | NU EP | | H 6 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed | All | Y | Purchase |
| L6600 | NU EP | | H 6 | Upper extremity additions, polycentric hinge, pair | All | N | Purchase |
| L6605 | NU EP | | H 6 | Upper extremity additions, single pivot hinge, pair | All | N | Purchase |
| L6610 | NU EP | | H 6 | Upper extremity additions, flexible metal hinge, pair | All | N | Purchase |
| L6615 | NU EP | | H 6 | Upper extremity addition, disconnect locking wrist unit | All | N | Purchase |
| L6616 | NU EP | | H 6 | Upper extremity addition, additional disconnect insert for locking wrist unit, each | All | N | Purchase |
| L6620 | NU EP | | H 6 | Upper extremity addition, flexion/extension wrist unit, with or without friction | All | N | Purchase |
| L6623 | NU EP | | H 6 | Upper extremity addition, spring assisted rotational wrist unit with latch release | All | N | Purchase |
| L6625 | NU EP | | H 6 | Upper extremity addition, rotation wrist unit with cable lock | All | N | Purchase |
| L6628 | NU EP | | H 6 | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal | All | N | Purchase |
| L6629 | NU EP | | H 6 | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal | All | N | Purchase |
| L6630 | NU EP | | H 6 | Upper extremity addition, stainless steel, any wrist | All | N | Purchase |
| L6632 | NU EP | | H 6 | Upper extremity addition, latex suspension sleeve, each | All | N | Purchase |
| L6635 | NU EP | | H 6 | Upper extremity additions, lift assist for elbow | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L6637 | NU EP | | H 6 | Upper extremity addition, nudge control elbow lock | All | N | Purchase |
| L6640 | NU EP | | H 6 | Upper extremity additions, shoulder abduction joint, pair | All | N | Purchase |
| L6641 | NU EP | | H 6 | Upper extremity addition, excursion amplifier, pulley type | All | N | Purchase |
| L6642 | NU EP | | H 6 | Upper extremity addition, excursion amplifier, lever type | All | N | Purchase |
| L6645 | NU EP | | H 6 | Upper extremity addition, shoulder flexion-abduction joint, each | All | N | Purchase |
| L6650 | NU EP | | H 6 | Upper extremity addition, shoulder universal joint, each | All | N | Purchase |
| L6655 | NU EP | | H 6 | Upper extremity addition, standard control cable, extra | All | N | Purchase |
| L6660 | NU EP | | H 6 | Upper extremity addition, heavy duty control cable | All | N | Purchase |
| L6665 | NU EP | | H 6 | Upper extremity addition, teflon, or equal, cable lining | All | N | Purchase |
| L6670 | NU EP | | H 6 | Upper extremity addition, hook to hand cable adapter | All | N | Purchase |
| L6672 | NU EP | | H 6 | Upper extremity addition, harness, chest or shoulder, saddle type | All | N | Purchase |
| L6675 | NU EP | | H 6 | Upper extremity addition, harness, (e.g., figure of eight type), single cable design | All | N | Purchase |
| L6676 | NU EP | | H 6 | Upper extremity additions, harness, (e.g., figure of eight type), dual cable design | All | N | Purchase |
| L6680 | NU EP | | H 6 | Upper extremity addition, test socket, wrist disarticulation or below elbow | All | N | Purchase |
| L6682 | NU EP | | H 6 | Upper extremity addition, test socket, elbow disarticulation or above elbow | All | N | Purchase |
| L6684 | NU EP | | H 6 | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic | All | N | Purchase |
| L6686 | NU EP | | H 6 | Upper extremity addition, suction socket | All | N | Purchase |
| L6687 | NU EP | | H 6 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation | All | N | Purchase |
| L6688 | NU EP | | H 6 | Upper extremity addition, frame type socket, above elbow or elbow disarticulation | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|----------|----|--------|---|-------------|--------|----------------|
| L6689 | NU EP | | H 6 | Upper extremity addition, frame type socket, shoulder disarticulation | All | N | Purchase |
| L6690 | NU EP | | H 6 | Upper extremity addition, frame type socket, interscapular-thoracic | All | N | Purchase |
| L6691 | NU EP | | H 6 | Upper extremity addition, removable insert, each | All | N | Purchase |
| L6692 | NU EP | | H 6 | Upper extremity addition, silicone gel insert or equal, each | All | N | Purchase |
| L6693 | NU | | H | Upper extremity addition, locking elbow, forearm counterbalance | 21+ | Y | Purchase |
| L6700 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 3 | All | N | Purchase |
| L6705 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 3 | All | N | Purchase |
| L6710 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 5x | All | N | Purchase |
| L6715 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, Model # 5xa | All | N | Purchase |
| L6720 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 6 | All | N | Purchase |
| L6725 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 7 | All | N | Purchase |
| L6730 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 7LO | All | N | Purchase |
| L6735 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 8 | All | N | Purchase |
| L6740 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 8x | All | N | Purchase |
| L6745 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 88x | All | N | Purchase |
| L6750 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 10P | All | N | Purchase |
| L6755 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 10x | All | N | Purchase |
| L6765 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 12P | All | N | Purchase |
| L6770 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 99x | All | N | Purchase |
| L6775 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # 555 | All | N | Purchase |
| L6780 | NU EP | | H 6 | Terminal device, hook, Dorrance or equal, model # SS555 | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L6790 | NU EP | | H 6 | Terminal device, hook-Accu hook or equal | All | N | Purchase |
| L6795 | NU EP | | H 6 | Terminal device, hook 2 load or equal | All | N | Purchase |
| L6800 | NU EP | | H 6 | Terminal device, hook-APRL VC or equal | All | N | Purchase |
| L6805 | NU EP | | H 6 | Terminal device, modifier wrist flexion unit | All | N | Purchase |
| L6806 | NU EP | | H 6 | Terminal device, hook, TRS grip, Grip III, VC, or equal | All | Y | Purchase |
| L6807 | NU EP | | H 6 | Terminal device, hook, Grip I, Grip II, VC, or equal | All | N | Purchase |
| L6808 | NU EP | | H 6 | Terminal device, hook, TRS Adept, infant or child, VC, or equal | All | N | Purchase |
| L6809 | NU EP | | H 6 | Terminal device, hook, TRS Super Sport, passive | All | N | Purchase |
| L6810 | NU EP | | H 6 | Terminal device, pincher tool, Otto Bock or equal | All | N | Purchase |
| L6825 | NU EP | | H 6 | Terminal device, hand, Dorrance, VO | All | N | Purchase |
| L6830 | NU EP | | H 6 | Terminal device, hand, APRL, VC | All | N | Purchase |
| L6835 | NU EP | | H 6 | Terminal device, hand, Sierra, VO | All | N | Purchase |
| L6840 | NU EP | | H 6 | Terminal device, hand, Becker Imperial | All | N | Purchase |
| L6845 | NU EP | | H 6 | Terminal device, hand, Becker Lock Grip | All | N | Purchase |
| L6850 | NU EP | | H 6 | Terminal device, hand, Becker Plylite | All | N | Purchase |
| L6855 | NU EP | | H 6 | Terminal device, hand, Robin-Aids, VO | All | N | Purchase |
| L6860 | NU EP | | H 6 | Terminal device, hand, Robin-Aids, VO soft | All | N | Purchase |
| L6865 | NU EP | | H 6 | Terminal device, hand, passive hand | All | N | Purchase |
| L6867 | NU EP | | H 6 | Terminal device, hand, Detroit Infant Hand (mechanical) | All | N | Purchase |
| L6868 | NU EP | | H 6 | Terminal device, hand, passive infant hand, Steeper, Hosmer or equal | All | N | Purchase |
| L6870 | NU EP | | H 6 | Terminal device, hand, child mitt | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L6872 | NU EP | | H 6 | Terminal device, hand, NYU child hand | All | N | Purchase |
| L6873 | NU EP | | H 6 | Terminal device, hand, mechanical infant hand, Steeper or equal | All | N | Purchase |
| L6875 | NU EP | | H 6 | Terminal device, hand, Bock, VC | All | N | Purchase |
| L6880 | NU EP | | H 6 | Terminal device, hand, Bock, VO | All | N | Purchase |
| L6890 | NU EP | | H 6 | Terminal device, gloves for above hands, production glove | All | N | Purchase |
| L6895 | NU EP | | H 6 | Terminal device, glove for above hands, custom glove | All | N | Purchase |
| L6900 | NU EP | | H 6 | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining | All | N | Purchase |
| L6905 | NU EP | | H 6 | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining | All | N | Purchase |
| L6910 | NU EP | | H 6 | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining | All | N | Purchase |
| L6915 | NU EP | | H 6 | Hand restoration (shading and measurements included), replacement glove for above | All | N | Purchase |
| L6920* | NU EP | | H 6 | 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 | All | Y | Purchase |
| L6925* | NU EP | | H 6 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | All | Y | Purchase |
| L6930* | NU EP | | H 6 | 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 | All | Y | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------|
| L6935* | NU EP | | H 6 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | All | Y | Purchase |
| L6940* | NU EP | | H 6 | 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 | All | Y | Purchase |
| L6945* | NU EP | | H 6 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | All | Y | Purchase |
| L6950* | NU EP | | H 6 | 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 | All | Y | Purchase |
| L6955* | NU EP | | H 6 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | All | Y | Purchase |
| L6960* | NU EP | | H 6 | 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 | All | Y | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|--|--------------------|---------------|-----------------------|
| L6965* | NU EP | | H 6 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | All | Y | Purchase |
| L6970* | NU EP | | H 6 | 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 | All | Y | Purchase |
| L6975* | NU EP | | H 6 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | All | Y | Purchase |
| L7010* | NU EP | | H 6 | Electronic hand, Otto Bock, Steeper or equal, switch controlled | All | Y | Purchase |
| L7015* | NU EP | | H 6 | Electronic hand, System Teknik, Variety Village or equal, switch controlled | All | Y | Purchase |
| L7020* | NU EP | | H 6 | Electronic greifer, Otto Bock or equal, switch controlled | All | Y | Purchase |
| L7025* | NU EP | | H 6 | Electronic hand, Otto Bock or equal, myoelectronically controlled | All | Y | Purchase |
| L7030* | NU EP | | H 6 | Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled | All | Y | Purchase |
| L7035* | NU EP | | H 6 | Electronic greifer, Otto Bock or equal, myoelectronically controlled | All | Y | Purchase |
| L7040* | NU EP | | H 6 | Prehensile actuator, Hosmer or equal, switch controlled | All | Y | Purchase |
| L7045* | NU EP | | H 6 | Electronic hook, child, Michigan or equal, switch controlled | All | Y | Purchase |
| L7170* | NU EP | | H 6 | Electronic elbow, Hosmer or equal, switch controlled | All | Y | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|--------------|----|------------|---|-------------|--------|--|
| L7180* | NU EP | | H 6 | Electronic elbow, Utah or equal, myoelectronically controlled | All | Y | Purchase |
| L7185 | EP | | 6 | Electronic elbow, adolescent, Variety Village or equal, switch controlled | U21 | N/A | Purchase |
| L7186 | EP | | 6 | Electronic elbow, child, Variety Village or equal, switch controlled | U21 | N/A | Purchase |
| L7190 | EP | | 6 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | U21 | N/A | Purchase |
| L7191 | EP | | 6 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | U21 | N/A | Purchase |
| L7260* | NU EP | | H 6 | Electronic wrist rotator, Otto Bock or equal | All | Y | Purchase |
| L7261* | NU EP | | H 6 | Electronic wrist rotator, for Utah arm | All | Y | Purchase |
| L7266* | NU EP | | H 6 | Servo control, Steeper or equal | All | N | Purchase |
| L7272* | NU EP | | H 6 | Analogue control, UNB or equal | All | Y | Purchase |
| L7274* | NU EP | | H 6 | Proportional control, 6-12 volt, Liberty, Utah or equal | All | Y | Purchase |
| L7360* | NU EP | | H 6 | Six volt battery, Otto Bock or equal, each | All | N | Purchase |
| L7362* | NU EP | | H 6 | Battery charger, six volt, Otto Bock or equal | All | N | Purchase |
| L7364* | NU EP | | H 6 | Twelve volt battery, Utah or equal, each | All | N | Purchase |
| L7366* | NU EP | | H 6 | Battery charger, twelve volt, Utah or equal | All | N | Purchase |
| L7499 | NU EP | | H 6 | ** (Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Upper extremity prosthesis, NOS | All | Y | Manually Priced Manually Priced |
| L7510 | NU EP | | H 6 | ** (Orthotics and Prosthetics Repairs) Repair of prosthetic device, repair or replace minor parts | All | Y | Manually Priced Purchase |
| L7510 | NU EP | | H 6 | ** (Twister cables - repair/replace) Repair of prosthetic device, repair or replace minor parts | All | N | Manually Priced Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|-----------------------|-----------|-----------|------------|---|--------------------|---------------|-----------------------------|
| L7520 | NU EP | | H 6 | ** (Orthotics and Prosthetics Repairs) Repair prosthetic device, labor component, per 15 minutes | All | Y | Manually Priced Purchase |
| L8000 | NU EP | | H 6 | Breast prosthesis, mastectomy bra | All | N | Purchase |
| L8010 | NU EP | | H 6 | Breast prosthesis, mastectomy sleeve | All | N | Purchase |
| L8015 | NU | | H | External breast prosthesis garment, with mastectomy form, post-mastectomy | 21+ | N | Purchase |
| L8020 | NU EP | | H 6 | Breast prosthesis, mastectomy form | All | N | Purchase |
| L8030 | NU EP | | H 6 | Breast prosthesis, silicone or equal | All | N | Purchase |
| L8100 | NU EP | | H 6 | Gradient support compression stocking, below knee, 18-30 mmhg, each | All | N | Purchase |
| L8300 | NU EP | | H 6 | Truss, single with standard pad | All | N | Purchase |
| L8310 | NU EP | | H 6 | Truss, double with standard pads | All | N | Purchase |
| L8320 | NU EP | | H 6 | Truss, addition to standard pad, water pad | All | N | Purchase |
| L8330 | NU EP | | H 6 | Truss, addition to standard pad, scrotal pad | All | N | Purchase |
| L8400 | NU EP | | H 6 | Prosthetic sheath, below knee, each | All | N | Purchase |
| L8410 | NU EP | | H 6 | Prosthetic sheath, above knee, each | All | N | Purchase |
| L8415 | NU EP | | H 6 | Prosthetic sheath, upper limb, each | All | N | Purchase |
| L8417 | NU | | H | Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each | 21+ | N | Purchase |
| L8420 | NU EP | | H 6 | Prosthetic sock, multiple ply, below knee, each | All | N | Purchase |
| L8430 | NU EP | | H 6 | Prosthetic sock, multiple ply, above knee, each | All | N | Purchase |
| L8435 | NU EP | | H 6 | Prosthetic sock, multiple ply upper limb, each | All | N | Purchase |
| L8440 | NU EP | | H 6 | Prosthetic shrinker, below knee, each | All | N | Purchase |

Prosthetic Devices, All Ages (section 242.190)

| Procedure Code | M1 | M2 | TOS | Description | All U21 21+ | PA 21+ | Payment Method |
|----------------|--------------|----|------------|--|-------------|--------|--|
| L8460 | NU EP | | H 6 | Prosthetic shrinker, above knee, each | All | N | Purchase |
| L8465 | NU EP | | H 6 | Prosthetic shrinker, upper limb, each | All | N | Purchase |
| L8470 | NU EP | | H 6 | Prosthetic sock, single ply, fitting below knee, each | All | N | Purchase |
| L8480 | NU EP | | H 6 | Prosthetic sock, single ply fitting, above knee, each | All | N | Purchase |
| L8485 | NU | | H | Prosthetic sock, single ply, fitting, upper limb, each | 21+ | N | Purchase |
| L8499 | NU EP | | H 6 | ** (Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Unlisted procedure for miscellaneous prosthetic services | All | Y | Manually Priced Manually Priced |
| L8500 | NU EP | | H 6 | Artificial larynx, any type | All | N | Purchase |
| L8501 | NU EP | | H 6 | Tracheostomy speaking valve | All | N | Purchase |
| L8600 | NU EP | | H 6 | Implantable breast prosthesis, silicone or equal | All | N | Manually Priced |

242.191 Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two Through Adult

11-1-05

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and **older**. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Additionally, when billed on paper, procedure codes found in this section must be billed with a type of service (TOS) code "6" for individuals under age 21 or TOS code "H" for individuals age 21 and **older**.

Modifiers in this section are indicated by the headings M1 and M2. **The** type of service **code** is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

Other coding information found in the chart:

- ¹ The purchase of this wheelchair component for individuals age 21 and **older** is limited to one per five-year period.
- ² The purchase of this wheelchair component for individuals under age 21 is limited to one per two-year period.

- * The purchase of wheelchairs for individuals age 21 and older is limited to one per five-year period.
- ** Bill only for TOS code "6."
- # This procedure code is payable for individuals ages 2 through 20, using TOS code "6." Prior authorization is required through Utilization Review.
- **** Items listed require prior authorization (PA) when used in combination with other items listed and the total combined value exceeds the \$1,000.00 Medicaid maximum allowable reimbursement limit.
- ◆ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

Note: W/C or w/c indicates wheelchair.

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two Through Adult (section 242.191)

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|----------------|----------------|----------|-------------|---|-------|----------------|
| E0700 | NU EP | U2 U2 | H 6 | ** (Travel restraint auto safe harness, E-Z on vest, no known comparable product) Safety equipment, e.g., belt, harness or vest | N**** | Purchase |
| E0950 | NU EP | U7 U7 | H 6 | Wheelchair accessory, tray, each | N | Purchase |
| E0950 | NU EP | U2 U2 | H 6 | ** (ABS tray, 4-SM 5-LG) W/C accessory, tray, each | N**** | Purchase |
| E0950 | NU EP | U5 U5 | H 6 | ** (Clear upper Ex support system) W/C accessory, tray, each | N**** | Purchase |
| E0950 | NU EP | U4 U4 | H 6 | ** (Tray, customized) W/C accessory, tray, each | N | Purchase |
| E0950 | NU EP | | H 6 | ** (Tray for W/C) W/C accessory, tray, each | N | Purchase |
| E0950 | NU EP UE | U7 U7 | H 6 U | ** (Removable Hinged Overlay for Tray) W/C accessory, tray, each | N**** | Purchase |
| E0950 | NU EP | U8 U8 | H 6 | ** (Lap Tray for Switch Array) Wheelchair accessory, tray, each | Y | Purchase |
| E0950 | NU EP | U6 U6 | H 6 | ** (Lap Tray Switch Array) Wheelchair accessory, tray, each | N**** | Purchase |
| E0950 | NU EP | U3 U3 | H 6 | ** (W/C Tray, Custom) W/C accessory, tray, each | N**** | Purchase |
| E0951 | NU EP | | H 6 | Heel loop/holder, with or without ankle strap, each | N**** | Purchase |
| E0952 | NU EP | | H 6 | Toe loop/holder, each | N**** | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|--|-----------|-----------------------|
| E0953 | NU EP | | H 6 | ** (8" x 2" for manual W/C, each, replacement) Pneumatic tire, each | N | Purchase |
| E0954 | NU EP | | H 6 | Semi-pneumatic caster, each | N**** | Purchase |
| E0955 | NU EP | | H 6 | W/C accessory, headrest, cushioned, prefabricated, w/fixed mounting hardware, each | N | Purchase |
| E0956 | NU EP | | H 6 | ** (Trunk supports for any W/C, other than travel, with hardware) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each | N**** | Purchase |
| E0956 | NU EP | U1 U1 | H 6 | ** (Lateral trunk supports, swing away, ea.) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each | N**** | Purchase |
| E0956 | NU EP | U2 U2 | H 6 | ** (Med. Chest Panel Support) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each | N**** | Purchase |
| E0956 | NU EP | U3 U3 | H 6 | ** (Chest/Thoracic Supports) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each | N**** | Purchase |
| E0957 | NU EP | | H 6 | W/C accessory, medial thigh support, prefabricated, w/fixed mounting hardware, each | N | Purchase |
| E0958 | NU EP | | H 6 | Manual W/C accessory, one-arm drive attachment, each | N**** | Purchase |
| E0959 | NU EP | U1 U1 | H 6 | Manual W/C accessory, adapter for amputee, each | N | Purchase |
| E0959 | NU EP | | H 6 | ** (Amputee adapters for conventional chair, ea.) Manual W/C accessory, adapter for amputee, each | N**** | Purchase |
| E0959 | NU EP | | H 6 | ** (Amputee axle plate for high performance manual W/C, ea.) Manual W/C accessory, adapter for amputee, each | N**** | Purchase |
| E0960 | NU EP | | H 6 | W/C accessory, shoulder harness/straps or chest strap including any type mounting hardware | N | Purchase |
| E0961 | NU EP | | H 6 | Manual W/C accessory, wheel lock brake extension (handle), each | N**** | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|--|------------|-----------------------|
| E0966 | NU EP | | H 6 | ** (Headrest/Fixture, O.B., 46-LG 45-SM) Manual W/C accessory, headrest extension, each | N**** | Purchase |
| E0967 | NU EP | | H 6 | ** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each | N**** | Purchase |
| E0967 | NU EP | U1 U1 | H 6 | ** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each | N**** | Purchase |
| E0967 | NU EP | U2 U2 | H 6 | ** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each | N**** | Purchase |
| E0967 | NU EP | U3 U3 | H 6 | ** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each | N**** | Purchase |
| E0967 | NU EP | U4 U4 | H 6 | ** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each | N**** | Purchase |
| E0970 | NU EP | | H 6 | No. 2 footplates, except for elevating legrest | N**** | Purchase |
| E0971 | NU EP | | H 6 | Anti-tipping device W/C | N**** | Purchase |
| E0972 | NU EP | U1 U1 | H 6 | ** (Wood transfer board) W/C accessory, transfer board or device, each | N | Purchase |
| E0972 | NU EP | | H 6 | ** (Plastic transfer board) W/C accessory, transfer board or device, each | N | Purchase |
| E0973 | NU EP | | H 6 | W/C accessory, adjustable height, detachable armrest, complete assembly, each | N**** | Purchase |
| E0973 | NU EP | U1 U1 | H 6 | ** (Height Adj. Arms, replacement) W/C accessory, adjustable height, detachable armrest, complete assembly, each | N**** | Purchase |
| E0974 | NU EP | | H 6 | Manual W/C accessory, anti-rollback device, each | N**** | Purchase |
| E0978 | NU EP | U2 | H 6 | W/C accessory, safety belt/pelvic strap, each | N**** | Purchase |
| E0978 | NU EP | U1 | H 6 | ** (Belt, safety or chest, w/pad) W/C accessory, safety belt/ pelvic strap, each | N**** N | Purchase |
| E0980 | NU EP | | H 6 | ** (Chest panel, 21-SM 22-LG) Safety vest, W/C | N**** | Purchase |
| E0980 | NU EP | U1 U1 | H 6 | ** (Shoulder retractors) Safety vest, W/C | N**** | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|--|-----------|-----------------------|
| E0981 | NU EP | | H 6 | W/C accessory, seat upholstery, replacement only, each | N | Purchase |
| E0982 | NU EP | U1 U1 | H 6 | ** (Standard back upholstery replacement) W/C accessory, back upholstery, replacement only, each | N**** | Purchase |
| E0990 | EP | | 6 | ** (Elevating foot, leg rest) W/C accessory, elevating leg rest, complete assembly, each | N**** | Purchase |
| E0990 | NU EP | U1 U1 | H 6 | ** (Elevating Leg Rest 90 Degree, 12" - 16" Width) W/C accessory, elevating leg rest, complete assembly, each | N**** | Purchase |
| E0992 | NU EP | | H 6 | Manual w/c accessory, solid seat insert | N**** | Purchase |
| E0992 | NU EP | U3 U3 | H 6 | ** (Foam & Plywood Seat, MPI Like) Manual w/c access, solid seat insert | N**** | Purchase |
| E0992 | NU EP | U2 U2 | H 6 | ** (Foam and Plywood Flat Side) Manual w/c access, solid seat insert | N**** | Purchase |
| E0992 | NU EP | U4 U4 | H 6 | ** (Adjustable solid standard seat w/hardware) Manual w/c accessory, solid seat insert | N**** | Purchase |
| E0992 | NU EP | U1 U1 | H 6 | ** Manual w/c accessory, solid seat insert (Large adjustable solid seat w/hardware) | N**** | Purchase |
| E0994 | NU EP | | H 6 | Armrest, each | N**** | Purchase |
| E1001 | NU | | H | Wheel, single | N | Manually Priced |
| E1002 | NU EP | | H 6 | W/C accessory, power seating system, tilt only | Y | Purchase |
| E1002 | NU EP | | H 6 | W/C accessory power seating system, tilt only | Y♦ | Purchase |
| E1004 | NU EP | | H 6 | W/C accessory, power seat system, recline only, w/mechanical shear reduction | Y | Purchase |
| E1004 | NU EP | | H 6 | W/C accessory, power seating system, recline only, with mechanical shear reduction | Y♦ | Purchase |
| E1006 | NU EP | | H 6 | W/C accessory, power seating system, combination tilt and recline, w/o shear reduction | Y | Purchase |
| E1006 | NU EP | U1 U1 | H 6 | ** (Power tilt and recline system with zero shear) W/C accessory, power seating system, combination tilt and recline, without mechanical shear reduction | Y♦ | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|---|-----------|-----------------------|
| E1010 | NU EP | | H 6 | W/C accessory, addition to power seating system, power leg elevation system, including leg rest, each | Y | Purchase |
| E1019 | NU EP | | H 6 | W/C accessory, power seating, heavy duty feature, patient weight capacity greater than 250 lbs, and less than or equal to 400 lbs | Y | Purchase |
| E1020 | NU EP | | H 6 | ** (Adjustable Contour Lateral Thigh Support) Residual limb support system for W/C | N**** | Purchase |
| E1026 | EP | | 6 | ** (Adjustable Contour Back, 10" - 12" Frame) Lateral thoracic support, contoured, for pediatric W/C, each (includes hardware) | N**** | Purchase |
| E1026 | EP | U1 | 6 | ** (Adjustable Contour Back, 14" - 16" Frame) Lateral thoracic support, contoured, for pediatric W/C, each (includes hardware) | N**** | Purchase |
| E1029 | NU EP | | H 6 | ** (Ventilator Tray With Battery Tray) Wheelchair accessory, ventilator tray, fixed | Y | Purchase |
| E1030 | NU EP | | H 6 | Wheelchair accessory, ventilator tray, gimballed | Y | Purchase |
| E1050* | NU EP | | H 6 | Full reclining W/C, fixed full-length arms, swing-away, detachable elevating legrests | N**** | Purchase |
| E1060* | NU EP | | H 6 | Full reclining W/C, detachable arms, desk or full-length, swing-away detachable, elevating legrests | Y♦ | Purchase |
| E1065* | NU EP | | H 6 | Power attachment (to convert any W/C to motorized W/C, e.g., Solo) | Y♦ | Purchase |
| E1070# | | | 6 | ** (A maximum use of three months only) Fully reclining W/C, detachable arms, desk or full-length, swing-away, detachable footrests | Y | Rental only |
| E1084* | NU EP | | H 6 | Hemi-W/C; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests | N**** | Purchase |
| E1086* | NU EP | U1 U1 | H 6 | Hemi W/C, detachable arms, desk or full-length, swing-away detachable footrests | Y♦ | Purchase |
| E1086* | NU EP | | H 6 | Hemi W/C; detachable arms, desk or full-length, swing-away, detachable footrests | N**** | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|---|------------|-----------------------|
| E1088* | NU EP | | H 6 | High strength lightweight W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrests | Y♦ | Purchase |
| E1090 | NU EP | | H 6 | High-strength lightweight W/C; detachable arms, desk or full-length, swing-away, detachable footrests | N**** | Purchase |
| E1091** | EP | UB | 6 | Youth stroller | N**** | Purchase |
| E1091 | NU EP | | H 6 | Youth positioning stroller | N | Purchase |
| E1091 | NU EP | U1 U1 | H 6 | Youth positioning stroller | N | Manually Priced |
| E1092* | NU EP | | H 6 | Wide, heavy-duty W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrests | Y♦ | Purchase |
| E1093* | NU EP | | H 6 | Wide, heavy-duty W/C; detachable arms, desk or full-length arms, swing-away, detachable footrests | Y♦ | Purchase |
| E1110* | NU EP | | H 6 | Semi-reclining W/C; detachable arms, desk or full-length, elevating legrest | Y♦ | Purchase |
| E1161 | NU EP | | H 6 | Manual adult size W/C, includes tilt in space | Y♦ | Purchase |
| E1170* | NU EP | | H 6 | Amputee W/C; fixed full-length arms, swing-away, detachable, elevating legrests | N**** | Purchase |
| E1172* | NU EP | | H 6 | Amputee W/C; detachable arms, desk or full-length, without footrests or legrests | Y♦ | Purchase |
| E1180* | NU EP | | H 6 | Amputee W/C; detachable arms, desk or full-length, swing-away, detachable footrests | Y♦ | Purchase |
| E1200* | NU EP | | H 6 | Amputee W/C; fixed full-length arms, swing-away, detachable footrests | N**** ♦ | Purchase |
| E1211* | NU EP | | H 6 | Motorized W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrests | Y♦ | Purchase |
| E1213* | NU EP | | H 6 | Motorized W/C; detachable arms, desk or full-length, swing-away, detachable footrests | Y♦ | Purchase |
| E1220* | NU EP | | H 6 | W/C, specially sized or constructed (indicate brand name, model number, if any, and justification) | Y | Manually Priced |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|---|-----------|-----------------------|
| E1225 | NU EP | | H 6 | ** (Folding Backrest, 8 Degree Bend, Low, 15" - 16") Manual W/C accessory, semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each | N**** | Purchase |
| E1226* | NU EP | | H 6 | Manual w/c accessory, fully reclining back, each | Y | Purchase |
| E1228 | NU EP | U2 U2 | H 6 | ** (Positioning tall back) Special back height for W/C | N**** | Purchase |
| E1228 | NU EP | | H 6 | ** (Folding Backrest, Tall, 19" - 20") Special back height for W/C | N**** | Purchase |
| E1228 | NU EP | | H 6 | ** (Folding Straight Backrest, Low, (15" - 16") Special back height for W/C | N**** | Purchase |
| E1228 | NU EP | | H 6 | ** (Folding Straight Backrest, Tall, 19" - 20") Special back height for W/C | N**** | Purchase |
| E1228 | NU EP | U1 U1 | H 6 | ** (High back contour seat) Special back height for W/C | N**** | Purchase |
| E1230* | NU EP | | H 6 | Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number | Y♦ | Purchase |
| E1232* | EP | | 6 | W/C, pediatric size, tilt-in-space, folding, adjustable, with seating system | Y♦ | Purchase |
| E1233* | EP | | 6 | W/C, pediatric size, tilt-in-space, rigid, adjustable, without seating system | Y♦ | Purchase |
| E1234* | EP | | 6 | W/C, pediatric size, tilt-in-space, folding, adjustable, without seating system | Y♦ | Purchase |
| E1235* | NU EP | | H 6 | W/C, pediatric size, rigid, adjustable, with seating system | Y♦ | Purchase |
| E1235 | NU EP | | H 6 | ** (Snug Seat I Mobility System) W/C, pediatric size, rigid, adjustable, with seating system | Y♦ | Purchase |
| E1235 ^{1,2} | EP | U1 U1 | 6 | ** (Rigid W/C Frame) W/C, pediatric size, rigid, adjustable with seating system | Y | Purchase |
| E1236 | EP | | 6 | Wheelchair, pediatric size, folding, adjustable, with seating system | Y | Purchase |
| E1237* | NU EP | | H 6 | W/C, pediatric size, rigid, adjustable, without seating system | Y♦ | Purchase |
| E1238* | NU EP | | H 6 | W/C, pediatric size, folding, adjustable, without seating system | Y♦ | Purchase |
| E1240* | NU EP | | H 6 | Lightweight W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrest | Y♦ | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|----------------|----------|----------|--------|--|-------|-----------------------------------|
| E1260* | NU EP | | H 6 | Lightweight W/C; detachable arms, desk or full-length, swing-away, detachable footrests | N**** | Purchase |
| E1280* | NU EP | | H 6 | Heavy-duty W/C; detachable arms, desk or full-length, elevating legrests | Y♦ | Purchase |
| E1290* | NU EP | | H 6 | Heavy-duty W/C; detachable arms, swing-away, detachable footrests | Y♦ | Purchase |
| E1340 | NU EP | U1 U1 | H 6 | *(Labor Only; a maximum of twenty [20] units [20 units = 5 hours of labor] per date of service is allowable.) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes | Y | Manually Priced |
| E1340 | NU EP | U3 U3 | H 6 | *(Unlisted Repairs/Parts Only Wheelchairs; applicable pages from the manufacturer's catalog must be attached to the claim form.) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes | N**** | Manually Priced |
| E2201 | NU EP | U3 U3 | H 6 | Manual w/c accessory, nonstandard seat frame width > than or equal to 20 inches and <24 inches | N**** | Manually Priced |
| E2201 | NU EP | U1 U1 | H 6 | *(Frame Width 14"-15") Manual w/c accessory, nonstandard seat frame width>than or equal to 20 inches and <24 inches | N**** | Manually Priced (21+) Purchase |
| E2201 | NU EP | U2 U2 | H 6 | *(Frame Width 19"-20") Manual w/c accessory, nonstandard seat frame width>than or equal to 20 inches and <24 inches | N**** | Manually Priced (21+) Purchase |
| E2201 | NU EP | | H 6 | *(Seat Width 20") Manual w/c accessory, nonstandard seat frame width > than or equal to 20 inches and < 24 inches | N**** | Manually Priced Purchase |
| E2203 | NU EP | U4 U4 | H 6 | Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches | N | Manually Priced Purchase |
| E2203 | NU EP | U2 U2 | H 6 | *(Frame, Long; 16", 17"3, 18", 19"3, 20" Depth) Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches | N**** | Manually Priced (21+) Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|---|-----------|-----------------------|
| E2203 | NU | U3 | H | ** (Seat Depth 19" - 20") Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches | N**** | Manually Priced |
| | EP | U3 | 6 | | | Purchase |
| E2203 | NU | | H | ** (Seat Depth 15") Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches | N**** | Manually Priced |
| | EP | | 6 | | | Purchase |
| E2203 | NU | U1 | H | ** (Seat Depth 17" - 18") Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches | N**** | Manually Priced |
| | EP | U1 | 6 | | | Purchase |
| E2206 | NU | | H | Manual wheelchair accessory, wheel lock assembly, complete, each | N | Purchase |
| | EP | | 6 | | | |
| E2291 | EP | | 6 | Back, planar, for pediatric-size wheelchair, including fixed attaching hardware | N | Manually Priced |
| E2292 | EP | | 6 | Seat, planar, for pediatric-size wheelchair, including fixed attaching hardware | N | Manually Priced |
| E2293 | EP | | 6 | Back, contoured, for pediatric-size wheelchair, including fixed attaching hardware | N | Manually Priced |
| E2294 | EP | | 6 | Seat, contoured, for pediatric-size wheelchair, including fixed attaching hardware | N | Manually Priced |
| E2310 | NU | | H | Power w/c accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | Y | Purchase |
| | EP | | 6 | | | |
| E2311 | NU | | H | Power w/c accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | Y | Purchase |
| | EP | | 6 | | | |
| E2320 | NU | | H | Power w/c accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics and fixed mounting hardware | Y | Purchase |
| | EP | | 6 | | | |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|--|-----------|-----------------------|
| E2322 | NU EP | | H 6 | Power w/c accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware | Y | Purchase |
| E2323 | NU EP | | H 6 | Power w/c accessory, specialty joystick handle for hand control interface, prefabricated | N | Purchase |
| E2324 | NU EP | | H 6 | Power w/c accessory, chin cup for chin control interface | N | Purchase |
| E2325 | NU EP | | H 6 | Power w/c accessory, sip & puff interface nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware | Y | Purchase |
| E2326 | NU EP | | H 6 | Power w/c accessory, breath tube kit for sip & puff interface | Y | Purchase |
| E2327 | NU EP | | H 6 | Power w/c accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware | Y | Purchase |
| E2360 | NU EP | | H 6 | Power w/c accessory, 22 NF non-sealed lead acid battery, each | N | Purchase |
| E2361 | NU EP | | H 6 | Power w/c accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) | N | Purchase |
| E2362 | NU EP | | H 6 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each | N | Purchase |
| E2363 | EP | | 6 | **(Group 24 Gel Batteries) Power W/C accessory, group 24 sealed lead acid battery, each, e.g., gel cell, absorbed glassmat | N**** | Purchase |
| E2363 | NU EP | | H 6 | Power w/c accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | N | Purchase |
| E2363 | NU EP | U1 U1 | H 6 | Power w/c accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | N | Purchase |
| E2364 | NU EP | | H 6 | Power wheelchair accessory, U-1 non-sealed lead acid battery, each | N | Purchase |
| E2365 | NU EP | | H 6 | **(U-1 gel cell battery, each) Power wheelchair accessory, U-1 sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) | N | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|----------------|-----------|-------------|---|-----------|-----------------------|
| E2365 | NU EP | | H 6 | Power w/c accessory, U-1 sealed lead acid battery, each, gel cell | N | Purchase |
| E2365 | NU EP | U1 U1 | H 6 | Power w/c accessory, U-1 sealed lead acid battery, each, gel cell | N | Purchase |
| E2366 | NU EP | | H 6 | *(24-Volt Battery Charger - Standard, Replacement) Power w/c accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each | N | Purchase |
| E2367 | NU EP | | H 6 | *(24-Volt Battery Charger - Dual Mode, Replacement) Power w/c accessory, battery charger, dual mode, sealed or non-sealed, each | N | Purchase |
| E2368 | NU EP | | H 6 | Power wheelchair component, motor, replacement only | N | Purchase |
| E2369 | NU EP | | H 6 | Power wheelchair component, gear box, replacement only | N | Purchase |
| E2601 | NU EP UE | | H 6 H | General use wheelchair seat cushion, width less than 22 in., any depth | N | Purchase |
| E2602 | NU EP UE | | H 6 H | General use wheelchair seat cushion, width 22 in. or greater, any depth | N | Purchase |
| E2611 | NU EP UE | | H 6 H | General use wheelchair back cushion, width less than 22 in., any height, including any type mounting hardware | N | Purchase |
| E2612 | NU EP UE | | H 6 H | General use wheelchair back cushion, width 22 in. or greater, any height, including any type mounting hardware | N | Purchase |
| E2618 | NU EP | | H 6 | Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, including any type mounting hardware | N | Manually Priced |
| E2619 | NU EP | | H 6 | Replacement cover for wheelchair seat cushion or back cushion, each | N | Purchase |
| E2620 | NU | | H | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in., any height, including any type mounting hardware | N**** | Purchase |
| E2621 | NU | | H | Positioning wheelchair back cushion, planar back with lateral supports, width 22 in. or greater, any height, including any type mounting hardware | N**** | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|---|-----------|-----------------------|
| K0004 | NU EP | | H 6 | High-strength lightweight wheelchair | Y**** | Purchase |
| K0005* | NU EP | | H 6 | ** (High-performance manual W/C-adult) Ultralightweight W/C | Y♦ | Purchase |
| K0005* | NU EP | U1 U1 | H 6 | ** (High-performance manual W/C with growth adjustability-child) Ultralightweight W/C | Y♦ | Purchase |
| K0010 | NU EP | | H 6 | ** (Motorized, standard frame, DA, swing away footrests) Standard weight frame motorized/power W/C | Y♦ | Purchase |
| K0010 | NU EP | U1 U1 | H 6 | ** (Motorized, standard frame, DA, swing away ELR) Standard weight frame motorized/power W/C | Y♦ | Purchase |
| K0011 | NU EP | | H 6 | ** (Motorized, power base or conventional frame w/c DA/swing away footrests, programmable electronics and custom options) Standard-weight frame motorized/power, W/C with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | Y♦ | Purchase |
| K0011 | NU EP | U1 U1 | H 6 | ** (Motorized, power base or conventional frame w/c DA/swing away footrests, programmable electronics and custom options) Standard-weight frame motorized/power, W/C with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | Y♦ | Purchase |
| K0012 | NU EP | | H 6 | ** (Motorized folding frame, DA, swing away footrests) Lightweight portable motorized/power W/C | Y♦ | Purchase |
| K0012 | NU EP | U1 U1 | H 6 | ** (Motorized folding frame, DA, swing away ELR) Lightweight portable motorized/power W/C | Y♦ | Purchase |
| K0014 ^{1,2} | NU EP | U1 U1 | H 6 | ** (Center Drive power base) Other motorized/ power W/C base | Y | Purchase |
| K0017 | NU EP | U1 U1 | H 6 | ** (Dual post and adjustable height DA) Detachable, adjustable height armrest, base, each | N**** | Purchase |
| K0017 | NU EP | | H 6 | ** (Receiver for height adj. arms, replacement) Detachable, adjustable height armrest, base, each | N**** | Purchase |
| K0019 | NU EP | | H 6 | Arm pad, each | N | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|--|-----------|-----------------------|
| K0020 | NU EP | | H 6 | Fixed, adjustable height armrest, pair | N**** | Purchase |
| K0038 | NU EP | | H 6 | ** (Single leg strap, each) Leg strap, each | N**** | Purchase |
| K0038 | NU EP | U2 U2 | H 6 | ** (Foot straps, pair) Leg strap, each | N**** | Purchase |
| K0038** | EP | U1 | 6 | ** (Knee strap) Leg strap, each | N | Purchase |
| K0039 | NU EP | | H 6 | Leg strap, H style, each | N**** | Purchase |
| K0040 | NU EP | | H 6 | Adjustable angle footplate, each | N**** | Purchase |
| K0043 | NU EP | | H 6 | ** (SWFR, replacement) Footrest, lower extension tube, each | N | Purchase |
| K0044 | NU EP | | H 6 | ** (SWFR Hanger bracket, replacement) Footrest, upper hanger bracket, each | N**** | Purchase |
| K0045 | NU EP | | H 6 | ** (Padded custom foot box) Footrest, complete assembly | N**** | Purchase |
| K0047 | NU EP | | H 6 | Elevating legrest, upper hanger bracket, each | N**** | Purchase |
| K0056 | NU EP | | H 6 | Seat height less than 17 inches or equal to or greater than 21 inches for a high-strength, lightweight, or ultralightweight W/C | N**** | Manually Priced |
| K0056 | NU EP | U1 U1 | H 6 | ** (Seat height 19.5"5) Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight or ultralightweight W/C | N**** | Purchase |
| K0064 | NU EP | | H 6 | ** (Zero pressure tube or wheel insert, each, rear wheels) Zero pressure tube (flat free insert), any size, each | N**** | Purchase |
| K0064 | NU EP | U1 U1 | H 6 | ** (12" or 14" flat free insert for power base, ea.) Zero pressure tube (flat free insert), any size, each | N**** | Purchase |
| K0065 | NU EP | | H 6 | Spoke protectors, each | N**** | Purchase |
| K0066 | NU EP | | H 6 | ** (20-26" Tires for manual W/C, ea., replacement) Solid tire, any size, each | N | Purchase |
| K0067 | NU EP | | H 6 | ** (Pneumatic Caster 8 X 2 with Airless Insert) Pneumatic tire, any size | N**** | Purchase |
| K0068 | NU EP | | H 6 | ** (20-26" for manual W/C, ea., replacement) Pneumatic tire tube, each | N | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|---|-----------|-----------------------|
| K0070 | NU EP | | H 6 | ** (Wheel assembly, complete with pneumatic tires, 20"/22"/24"/26"/ea. replacement) Rear wheel assembly, complete with pneumatic tire, spokes or molded, each | N**** | Purchase |
| K0071 | NU EP | U1 U1 | H 6 | ** (Wheel assembly with pneumatic tires, 22", pair, rear wheels) Front caster assembly, complete, with pneumatic tire, each | N**** | Purchase |
| K0071 | NU EP | | H 6 | ** (Polyurethane casters, 5", pair, front casters) Front caster assembly, complete, with pneumatic tire, each | N**** | Purchase |
| K0072 | NU EP | | H 6 | ** (Polyurethane casters, 5", pair, front casters) Front caster assembly, complete, with semipneumatic tire, each | N**** | Purchase |
| K0073 | NU EP | | H 6 | Caster pin lock, each | N**** | Purchase |
| K0074 | NU EP | | H 6 | ** (Pneumatic casters 8 x 1 1/4", each, front casters) Pneumatic caster tire, any size each | N**** | Purchase |
| K0074 | NU EP | | H 6 | ** (Pneumatic casters 8 x 1 1/4", each, front casters) Pneumatic caster tire, any size each | N**** | Purchase |
| K0074 | NU EP | U2 U2 | H 6 | ** (9 x 2 3/4" pneumatic caster for power base W/C) Pneumatic caster tire, any size each | N**** | Purchase |
| K0074 | NU EP | U1 U1 | H 6 | ** (6"-8" tires for manual W/C, ea., replacement) Pneumatic caster tire, any size, each | N | Purchase |
| K0074 | NU EP | U3 U3 | H 6 | ** (Pneumatic Caster 8 X 2) Pneumatic caster tire, any size, each | N**** | Purchase |
| K0075 | NU EP | | H 6 | Semipneumatic caster tire, any size, each | N | Purchase |
| K0076 | NU EP | U1 U1 | H 6 | ** (10" x 3" Rear Wheel for Power W/C, ea., replacement) Solid caster tire, any size, each | N | Purchase |
| K0076 | NU EP | | H 6 | ** (9" x 3" Caster Tire for Power W/C, ea., replacement) Solid caster tire, any size, each | N | Purchase |
| K0076 | NU EP | U2 U2 | H 6 | ** (Polyurethane 5", replacement) Solid caster tire, any size, each | N**** | Purchase |
| K0077 | NU EP | | H 6 | Front caster assembly, complete, with solid tire, each | N | Purchase |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
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| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|--|-----------|-----------------------|
| K0078 | NU EP | | H 6 | ** (6"-8" for manual W/C, each, replacement) Pneumatic caster tire tube, each | N | Purchase |
| K0078 | NU EP | U1 U1 | H 6 | **Pneumatic caster tire tube, each | N | Purchase |
| K0078 | NU EP | U2 U2 | H 6 | ** (9" x 3" for Power W/C, ea., replacement) Pneumatic caster tire tube, each | N | Purchase |
| K0091 | NU EP | U1 U1 | H 6 | ** (20" x 2 1/8" tubes for power W/C, ea., replacement) Rear wheel tire tube other than zero pressure for power W/C, any size, each | N | Purchase |
| K0091 | NU EP | | H 6 | ** (10" x 3" Rear Wheel Caster Tube for Power W/C, ea., replacement) Rear wheel tire tube other than zero pressure for power W/C, any size, each | N | Purchase |
| K0092 | NU EP | | H 6 | Rear wheel assembly for power wheelchair, complete, each | N | Purchase |
| K0093 | NU EP | | H 6 | ** (Zero pressure insert for rear wheel for power w/c, ea.) Rear wheel zero pressure tire tube (flat free insert) for power W/C any size, each | N**** | Purchase |
| K0093 | NU EP | U1 U1 | H 6 | ** (Mag. Airless Insert, Drive Wheel) Rear wheel zero pressure tire tube (flat free insert) for power W/C, any size, each | N**** | Purchase |
| K0094 | NU EP | | H 6 | ** (20" x 2 1/8" replacement) Wheel tire for power base, any size, each | N | Purchase |
| K0097 | NU EP | | H 6 | Wheel, zero pressure tire tube (flat free insert) for power base, any size, each | N**** | Purchase |
| K0099 | NU EP | | H 6 | ** (9 x 2 3/4" foam filled caster for power base W/C) Front caster for power W/C | N**** | Purchase |
| K0102 | NU EP | | H 6 | Crutch and cane holder, each | N**** | Purchase |
| K0104 | NU EP | | H 6 | Cylinder tank carrier, each | N | Purchase |
| K0106 | NU EP | | H 6 | Arm trough, each | N**** | Purchase |
| K0108 | NU EP | | H 6 | ** (W/C miscellaneous equipment; applicable pages from the manufacturer's catalog must be attached to the claim form.) Other accessories | N**** | Manually Priced |

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
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| Procedure Code | M1 | M2 | TOS | Description | PA | Payment Method |
|-----------------------|-----------|-----------|------------|--|-----------|-----------------------|
| K0195 | NU EP | | H 6 | Elevating legrest, pair (for use with capped rental wheelchair base) | N | Rental Only |
| K0452 | NU EP | U1 U1 | H 6 | ** (Rear Wheel Stem, replacement) W/C bearings, any type | N | Purchase |
| K0452 | NU EP | | H 6 | ** (Caster Bearing, replacement) W/C bearings, any type | N | Purchase |
| K0452 | NU EP | U2 U2 | H 6 | ** (Power Base Wheel Bearing, replacement) W/C bearings, any type | N**** | Purchase |
| S1002 | NU EP | | H 6 | ** (Wheelchair, custom molded seating system only) Customized item, list in addition to code for basic item | N**** | Manually Priced |
| S1002 | NU EP | U1 U1 | H 6 | ** (Foam-in-place seat, Pindot quick foam contour system) Customized item, list in addition to code for basic item | N**** | Manually Priced |

The following procedure codes may only be billed on paper.

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

| No National Code | M1 | M2 | TOS | Local Code | Description | PA | Payment Method |
|-------------------------|-----------|-----------|------------|-------------------|---|-----------|-----------------------|
| Bill on paper | | | H 6 | Z1613 | One-piece footboard (each) | N**** | Purchase |
| Bill on paper | | | H 6 | Z1663 | Group 27 deep cycle battery (each) | N | Purchase |
| Bill on paper | | | H 6 | Z1785 | W/C Mounting Kit, O.B. | N**** | Purchase |
| Bill on paper | | | H 6 | Z1789 | Custom Headrest | N**** | Purchase |
| Bill on paper | | | H 6 | Z1793 | Custom foot platform | N**** | Purchase |
| Bill on paper | | | 6 | Z1824** | PC Car Seat/Snug Seat | Y | Purchase |
| Bill on paper | | | H 6 | Z2137 | Adjustable Rem. Abductor w/hardware (ea) | N**** | Purchase |
| Bill on paper | | | H 6 | Z2138 | Adjustable Flip Down Abductor w/hardware (ea) | N**** | Purchase |
| Bill on paper | | | H 6 | Z2139 | Lateral Hip/Thigh support w/hardware (ea) | N**** | Purchase |
| Bill on paper | | | H 6 | Z2140 | Adductor - no hardware | N**** | Purchase |

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 Age Two Through Adult (section 242.191)**

| No National Code | M1 | M2 | TOS | Local Code | Description | PA | Payment Method |
|------------------------|----|----|--------|---------------|--|-------|-------------------|
| Bill on paper | | | H 6 | Z2141 | Abductor - no hardware | N**** | Purchase |
| Bill on paper | | | H 6 | Z2142 | Hip guides - no hardware | N | Purchase |
| Bill on paper | | | H 6 | Z2143 | Fluid supplement | N | Purchase |
| Bill on paper | | | H 6 | Z2145 | Laterals - no hardware | N**** | Purchase |
| Bill on paper | | | H 6 | Z2159 | Fluid Flo-lite pad (Replacement) | N | Purchase |
| Bill on paper | | | H 6 | Z2175 | Power W/C Sleeve Top or Bottom Stem Bearing (Replacement) | N**** | Purchase |
| Bill on paper | | | H 6 | Z2178 | SWFR Pivot Saddle (Replacement) | N | Purchase |
| Bill on paper | | | H 6 | Z2180 | SWFR Latch Block (Replacement) | N | Purchase |
| Bill on paper | | | H 6 | Z2181 | SWFR Composite Foot Plate (Replacement) | N**** | Purchase |
| Bill on paper | | | H 6 | Z2183 | Shoe Holders S/M/L/XL | N**** | Purchase |
| Bill on paper | | | H 6 | Z2184 | X-Tube Assembly Folding W/C (Replacement) | N**** | Purchase |
| Bill on paper | | | H 6 | Z2185 | Rigid Wheelchair Growth Kit | N | Purchase |
| Bill on paper | | | H 6 | Z2186 | Rigid Side Guard | N**** | Purchase |
| Bill on paper | | | H 6 | Z2187 | Fabric Side Guard | N**** | Purchase |
| Bill on paper | | | H 6 | Z2188 | Sub Occipital Three Piece Head Set W/REM Hardware | N**** | Purchase |
| Bill on paper | | | H 6 | Z2189 | Forehead Strap System | N**** | Purchase |
| Bill on paper | | | H 6 | Z2190 | Regular Links | N**** | Purchase |
| Bill on paper | | | H 6 | Z2192 | Pneumatic or Semi Casters (Replacement) 8 x 1 1/4 (ea) or 8 x 1 3/4 (ea) | N**** | Purchase |
| Bill on paper | | | H 6 | Z2196 | Swing Away Adj. Stroller Handles | N**** | Purchase |

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**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
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| No National Code | M1 | M2 | TOS | Local Code | Description | PA | Payment Method |
|------------------------|----|----|--------|--------------------|---|-------|-------------------|
| Bill on paper | | | H 6 | Z2200 | Support Fixture for Head Rest | N**** | Purchase |
| Bill on paper | | | H 6 | Z2202 | Lg. Chest Panel Support | N**** | Purchase |
| Bill on paper | | | H 6 | Z2203 | Elbow Block w/Bracket | N**** | Purchase |
| Bill on paper | | | H 6 | Z2554 | Swing Away Retractable Joystick Mount | N**** | Purchase |
| Bill on paper | | | H 6 | Z2571 | Power Elevating Leg Rest With Calf Pads | N**** | Purchase |
| Bill on paper | | | H 6 | Z2582 | Quick Release Axle | N**** | Purchase |
| Bill on paper | | | H 6 | Z2585 | Growing Seat Pan | N**** | Purchase |
| Bill on paper | | | H | Z2586 | Growing Back Upholstery | N**** | Purchase |
| Bill on paper | | | H 6 | Z2588 | Deep Contour Back 20" Width | N**** | Purchase |
| Bill on paper | | | H 6 | Z2589 | Adjustable Contour Lateral Pelvic Support | N**** | Purchase |
| Bill on paper | | | H 6 | Z2591 ¹ | Heavy Duty Motor Pack 350 Pounds | N | Purchase |
| Bill on paper | | | H 6 | Z2592 | Remote Joystick Module | N**** | Purchase |
| Bill on paper | | | H | Z2596 | Adjustable Contour Seat Attaching Hardware | N**** | Purchase |
| Bill on paper | | | H 6 | Z2599 | Transit Option | N**** | Purchase |
| Bill on paper | | | H 6 | Z2604 | Adjustable Back Upholstery | N**** | Purchase |
| Bill on paper | | | H 6 | Z2607 | Lateral/Posterior Pelvic Support | N**** | Purchase |
| Bill on paper | | | H 6 | Z2608 | Shoulder Harness Guide Kit | N**** | Purchase |
| Bill on paper | | | H 6 | Z2609 | Universal Head Rest Kit | N**** | Purchase |
| Bill on paper | | | H 6 | Z2615 | Remote Joystick With 1/8" Jacks | N**** | Purchase |
| Bill on paper | | | H 6 | Z2616 | Swing Away Mount (Joystick) | N**** | Purchase |

