

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A			Amended 1/1/2012
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
	SPINAL - CERVICAL - L0100-L0209			
A8000	Soft protect helmet prefab	N	N	1 per year
A8001	Hard protect helmet prefab	N	N	1 per year
A8002	Soft protect helmet custom	N	N	1 per medical event
A8003	Hard protect helmet custom	N	N	1 per medical event
S1040	Cranial remolding orthosis, peds, custom, rigid	N	N	1 per Lifetime
L0120	Cervical, Flexible, Non-Adjustable Foam Collar	N	Y	1 per year
L0140	Cervical, Semi-Rigid, Adjustable Plastic Collar	Y	Y	1 per year
L0170	Cervical, Collar Semi-Rigid, Molded To Patient Model	Y	Y	1 per medical event
L0172	Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece	Y	Y	1 per year
L0174	Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension	Y	Y	1 per year
	SPINAL- MULTIPLE POST COLLAR - L0180-L0200			
L0180	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable	Y	Y	1 per medical event
L0190	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars (Somi, Guilford, Taylor Types)	Y	Y	1 per medical event
L0200	Cervical, Multiple Post, Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars, And Thoracic Extension	Y	Y	1 per medical event
	SPINAL - THORACIC - L0210-L0490			
	A Rib Belt Is A Covered Service Only When Provided In Association With a Rib Fracture			
L0220	Thoracic, Rib Belt, Custom Fabricated	Y	Y	1 per year

5101:3-10-20 APPENDIX A

Amended
1/1/2012LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L0450	TLSO, Flexible, Trunk Support, upper thoracic region, Y with rigid stays or panel(s), prefabricated, includes fitting and adjustment	Y	Y	2 per year
L0452	TLSO, Flexible, Trunk Support, upper thoracic region, Y with rigid stays or panel(s), custom fabricated	Y	Y	2 per year
L0454	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, prefabricated, includes fitting and adjustment	Y	Y	1 per year
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, includes fitting and adjustment	Y	Y	1 per 2 years
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, includes fitting and adjustment	Y	Y	1 per 2 years
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron, extends from sacrococcygeal junction to scapula, prefabricated, including fitting and adjustment	Y	Y	1 per 2 years
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch, prefabricated, includes fitting and adjustment	Y	Y	1 per medical event
L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, custom fabricated	Y	Y	1 per medical event
L0482	TLSO, triplanar control, one piece rigid plastic shell with interface liner, custom fabricated	Y	Y	1 per medical event
L0484	TLSO, triplanar control, two piece rigid plastic shell without interface liner, custom fabricated	Y	Y	1 per medical event
L0486	TLSO, triplanar control, two piece rigid plastic shell with interface liner, custom fabricated	Y	Y	1 per medical event
L0488	TLSO, triplanar control, one piece rigid plastic shell with interface liner, prefabricated, includes fitting and adjustment	Y	Y	1 per medical event

SPINAL - LUMBAR - SACRAL - L0625-L0640

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L0625	LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1	Y	Y	2 per year
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR	Y	Y	2 per year
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR	Y	Y	2 per year
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	Y	Y	2 per year
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	Y	Y	2 per year
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S),	Y	Y	2 per year
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR	Y	Y	2 per year
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR	Y	Y	2 per year
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR	Y	Y	1 per 2 years
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR	Y	Y	1 per 2 years
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID	Y	Y	1 per 2 years
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID	Y	Y	1 per 2 years
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	Y	Y	1 per medical event
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	Y	Y	1 per medical event

5101:3-10-20 APPENDIX A Amended
1/1/2012

**LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES**

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
	<u>SPINAL - SACROILIAC</u>			

L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION	Y	Y	2 per year
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SPINAL - CERVICAL - THORACIC - LUMBAR -
SACRAL - ORTHOSIS- L0700-L0999

Anterior-Posterior-Lateral Control

L0700	Cervical-Thoracic-Lumbar-Sacral-Orthosis (CTLSO), Anterior-Posterior Lateral Control, Molded To Patient Model (Minerva type)	Y	Y	1 per medical event
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L0710	CTLSO, Anterior-Posterior-Lateral Control, Molded To Patient Model, W/Interface Material (Minerva Type)	Y	Y	1 per medical event
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Halo Procedure

L0810	Halo Procedure, Cervical Halo Incorporated Into Jacket Vest	Y	Y	1 per medical event
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L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS	Y	Y	1 per medical event
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Additions to Spinal Orthosis

L0970	TLSO, Corset Front	Y	Y	1 per 2 years
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L0972	LSO, Corset Front	Y	Y	1 per 2 years
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L0974	TLSO, Full Corset	Y	Y	1 per 2 years
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L0976	LSO, Full Corset	Y	Y	1 per 2 years
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L0978	Auxiliary Crutch Extension	Y	Y	1 per 2 years
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L0980	Peroneal Straps, Pair (Addition Or Replacement)	N	Y	2 per year
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L0984	Protective Body Sock, each	N	Y	6 per year
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ORTHOTIC DEVICES - SCOLIOSIS PROCEDURES
- L01000-L1499

Scoliosis Procedures

5101:3-10-20 APPENDIX A Amended
1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
Note:	<p>The orthotic care of scoliosis differs from other orthotic care in that the treatment is more dynamic in nature and utilizes ongoing, continual modification of the orthosis to the patient's changing condition. This coding structure uses the proper names-- or eponyms -- of the procedures because they have historic and universal acceptance in the profession. It should be recognized that variations to the basic procedures described by the founders/developers are accepted in various medical and orthotic practices throughout the country. All procedures include model of patient when indicated.</p> <p>SCOLIOSIS - CERVICAL - THORACIC - LUMBAR - SACRAL (MILWAUKEE) - L1000-L1120</p>			
L1000	Cervical-Thoracic-Lumbar-Sacral Orthosis (CTLSO) (Milwaukee), Inclusive Of Furnishing Initial Orthosis, Including Model Correction Pads	Y	Y	1 per 2 years
L1010	Addition To Cervical-Thoracic-Lumbar-Sacral Orthosis (CTLSO) Or Scoliosis Orthosis, Axilla Sling	Y	Y	1 per 2 years
L1020	Addition To CTLSO Or Scoliosis Orthosis, Kyphosis Pads	Y	Y	1 per 2 years
L1025	Addition To CTLSO Or Scoliosis Orthosis, Kyphotic Pad Floating	Y	Y	1 per 2 years
L1030	Addition To CTLSO Or Scoliosis Orthosis, Lumbar Bolster Pad	Y	Y	1 per 2 years
L1040	Addition To CTLSO Or Scoliosis Orthosis, Lumbar Or Lumbar Rib Pad	Y	Y	1 per 2 years
L1050	Addition To CTLSO Or Scoliosis Orthosis, Sternal Pad	Y	Y	1 per 2 years
L1060	Addition To CTLSO Or Scoliosis Orthosis, Thoracic Pad	Y	Y	1 per 2 years
L1070	Addition To CTLSO Or Scoliosis Orthosis, Trapeze Sling	Y	Y	1 per 2 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A			
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
		Amended 1/1/2012		
L1080	Addition To CTLSO Or Scoliosis Orthosis, Outrigger	Y	Y	1 per 2 years
L1085	Addition To CTLSO Or Scoliosis Orthosis, Outrigger Bilateral W/Vertical Extensions	Y	Y	1 per 2 years
L1090	Addition To CTLSO Or Scoliosis Orthosis Lumbar Sling	Y	Y	1 per 2 years
L1100	Addition To CTLSO Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather	Y	Y	1 per 2 years
L1110	Addition To CTLSO Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather, Molded To Patient Model	Y	Y	1 per 2 years
L1120	Addition To CTLSO Or Scoliosis Orthosis, Cover For Upright, Each	Y	Y	6 per year
	THORACIC-LUMBAR-SACRAL (LOW PROFILE) L1200-L1290			
L1200	Thoracic-Lumbar-Sacral-Orthosis (TLSO), Inclusive Of Furnishing Initial Orthosis Only	Y	Y	1 per 2 years
L1210	Addition To TLSO Low Profile, Lateral Thoracic Extension	Y	Y	1 per 2 years
L1220	Addition To TLSO, Low Profile, Anterior Thoracic Extension	Y	Y	1 per 2 years
L1230	Addition To TLSO, Low Profile, Milwaukee Type Super Structure	Y	Y	1 per 2 years
L1240	Addition To TLSO, Low Profile, Lumbar Derotation Pad	Y	Y	1 per 2 years
L1250	Addition To TLSO, Low Profile, Anterior Asis Pad	Y	Y	1 per 2 years
L1260	Addition To TLSO, Low Profile, Anterior Thoracic Derotation Pad	Y	Y	1 per 2 years
L1270	Addition To TLSO, Low Profile, Abdominal Pad	Y	Y	1 per 2 years
L1280	Addition To TLSO, Low Profile, Rib Gusset (Elastic), Each	Y	Y	1 per 2 years

5101:3-10-20 APPENDIX A Amended
1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L1290	Addition To TLSO, Low Profile, Lateral Trochanteric Pad	Y	Y	1 per 2 years

OTHER SCOLIOSIS PROCEDURES - L1300-L1399

L1300	Other Scoliosis Procedure, Body Jacket Molded To Patient Model	Y	Y	1 per 2 years
L1310	Other Scoliosis Procedure, Post-Operative Body Jacket	Y	Y	1 per medical event
L1499	Unlisted Procedures For Spinal Orthosis- Must Include Detailed Description	Y	Y	

THORACIC - HIP - KNEE - ANKLE - L1500-L1599

L1500	Thoracic Hip-Knee-Ankle Orthosis (THKAO), Mobility Frame (Newington, Parapodium Types)	Y	Y	1 per lifetime
L1510	THKAO, Standing Frame, w/ or w/o tray and accessories	Y	Y	1/lifetime
L1520	THKAO, Swivel Walker	Y	Y	1/lifetime

ORTHOTIC DEVICES - LOWER LIMB - L1600-

Note: The procedures in L1600-L2999 are considered as "Base" or "Basic Procedures" and may be modified by listing procedures from the "Additions Sections" and adding them to the base procedure.

LOWER LIMB - HIP - L1600-L1699

Flexible

L1600	Hip Orthosis (HO), Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover, Prefab	Y	Y	1/lifetime
L1620	HO, Abduction Control Of Hip Joints, Flexible, Pavlik Harness, Prefab	Y	Y	1/lifetime
L1630	HO, Abduction Control of Hip Joints, Semi-Flexible, Von Rosen Type	N	Y	1/lifetime
L1640	HO, Abduction Control of Hip Joints, Static, Pelvic Band Or Spreader Bar, Thigh Cuffs, Custom	Y	Y	1/lifetime
L1650	HO, Abduction Control of Hip Joints, Static	Y	Y	1/lifetime

5101:3-10-20	APPENDIX A	Amended 1/1/2012		
LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES				
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
	Adjustable, Ilfled Type, Prefab			
L1660	HO, Abduction Control Of Hip Joints, Static, Plastic, Prefab	Y	Y	1/lifetime
L1680	HO, Abduction Control Of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs Rancho Hip Action Type, Custom	Y	Y	1 per medical event
L1685	HO, Abduction Control Of Hip Joints, Post-Operative Hip Abduction Type, Custom Fabricated	Y	Y	1 per medical event
L1686	HO, Abduction Control Of Hip Joints, Post-Operative Hip Abduction Type, Prefab	Y	Y	1 per medical event
L1690	Combo, bilateral, lumbo-sacral, hip, femur orthosis, prefab	Y	Y	1 per medical event
<u>LOWER LIMB - LEGG PERTHES - L1700-L1799</u>				
L1720	Legg Perthes Orthosis, Trilateral, Tachdijan Type Custom	Y	Y	1 per medical event
L1730	Legg Perthes Orthosis, Scottish Rite Type, Custom	Y	Y	1 per medical event
L1755	Legg Perthes Orthosis, Patten Bottom Type, Custom	Y	Y	1 per medical event
<u>LOWER LIMB - KNEE - L1800-L1899</u>				
L1810	KO, Elastic With Joints, Prefab	Y	Y	2 per year
L1820	KO, Elastic With Condyle Pads And Joints, Prefab	Y	Y	2 per year
L1830	KO, Immobilizer, Canvas Longitudinal, Prefab	N	Y	2 per year
L1832	KO, Adjustable Knee Joints, Positional Orthosis, Rigid Support, Prefab	Y	Y	1 per 2 years
L1834	KO, Without Knee Joint, Rigid, Molded To Patient Model	Y	Y	1 per 2 years
L1840	KO, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated To	Y	Y	1 per 2 years

5101:3-10-20	APPENDIX A	Amended 1/1/2012		
LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES				
CODE	DESCRIPTION Patient Model	PA	MEDICARE	MAX. UNITS
L1843	KO, single, upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, Prefab	Y	Y	1 per 2 years
L1844	KO, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint, Medial-Lateral and Rotation Control, Molded To Patient Model	Y	Y	1 per 2 years
L1845	KO, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint, Medial-Lateral And Rotation Control, Prefab	Y	Y	1 per 2 years
L1846	KO, Double Upright, Thigh & Calf, W/Adjustable Flexion & Extension Joint, Medial-Lateral & Rotation Control, Molded To Patient Model	Y	Y	1 per 2 years
L1847	KO, double upright with adjustable joint with air support cham. Prefab	Y	Y	1 per 2 years
L1850	KO, Swedish Type, Prefab	Y	Y	1 per 2 years
L1860	KO, Modification of Supracondylar Prosthetic Socket, Molded To Patient Model, SK	Y	Y	1 per 2 years
<u>LOWER LIMB - ANKLE - FOOT - L1900-L1999</u>				
L1900	Ankle-Foot Orthosis (AFO), Spring Wire, Dorsiflexion Assist, Calf Band, Custom	Y	Y	1 per 2 years
L1902	AFO, Ankle Gauntlet, Prefab	N	Y	2 per year
L1906	AFO, Multiligamentous Ankle Support (Including Ankle Air Cast), Prefab	N	Y	1 per medical event
L1907	AFO, supramalleolar w/straps, custom	Y	Y	1 per 2 years
L1920	AFO, Single Upright With Static Or Adjsutable Stop, Phelps Or Perlstein Type, Custom	Y	Y	1 per 2 years
L1930	AFO, Plastic or other material, Prefab	Y	Y	1 per 2 years
L1940	AFO, Molded To Patient Model, Plastic or other material	Y	Y	1 per 2 years
L1945	AFO, Molded To Patient Model, Plastic,	Y	Y	1 per 2 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A			
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L2037	KAFO, Full Plastic, Single Upright, Free Knee Molded To Patient Model	Y	Y	1 per 2 years
L2038	KAFO, Full Plastic, With Knee Joint, Multi-Axis Ankle, Molded To Patient Model, Lively Orthosis Or Equal	Y	Y	1 per 2 years
	Torsion Control			
L2040	Hip-Knee-Ankle-Foot Orthosis (HKAFO), Torsion Control, Bilateral Rotation Straps, Pelvic Band/Belt, Custom	Y	Y	1 per year
L2050	HKAFO, Torsion Control, Bilateral Torsion Cables, Hip Joint, Straps, Pelvic Band/Belt, Custom	Y	Y	1 per year
L2060	HKAFO, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/Belt, Custom	Y	Y	1 per year
	Fracture Orthoses			
L2106	AFO, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting Material, Molded To Patient	Y	Y	1 per medical event
L2108	AFO, Fracture Orthosis, Tibial Fracture Cast Orthosis, Molded To Patient Model	Y	Y	1 per medical event
L2112	AFO, Fracture Orthosis, Tibial Fracture Cast Orthosis, Soft, Prefab	Y	Y	1 per medical event
L2114	AFO, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefab	Y	Y	1 per medical event
L2116	AFO, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefab	Y	Y	1 per medical event
L2126	KAFO, Fracture Orthosis, Femoral Fracture Cast Orthosis, Thermoplastic Type Casting Material, Molded To Patient	Y	Y	1 per medical event
L2128	KAFO, Fracture Orthosis, Femoral Fracture Cast Orthosis, Molded To Patient Model	Y	Y	1 per medical event
L2132	KAFO, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefab	Y	Y	1 per medical event

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L2134	KAFO, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefab	Y	Y	1 per medical
L2136	KAFO, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefab	Y	Y	1 per medical event
	Additions To Fracture Orthosis			
L2180	Addition To Lower Extremity Fracture Orthosis, Plastic Shoe Insert With Ankle Joints	Y	Y	1 per medical event
L2182	Addition To Lower Extremity Fracture Orthosis, Drop Lock Knee Joint	Y	Y	2 per fracture orthosis
L2184	Addition To Lower Extremity Fracture Orthosis, Limited Motion Knee Joint	Y	Y	2 per fracture orthosis
L2186	Addition To Lower Extremity Fracture Orthosis, Adjustable Motion Knee Joint, Lerman Type	Y	Y	2 per fracture orthosis
L2188	Addition To Lower Extremity Fracture Orthosis, Quadrilateral Brim	Y	Y	1 per fracture orthosis
L2190	Addition To Lower Extremity Fracture Orthosis, Waist Belt	N	Y	1 per year
L2192	Addition To Lower Extremity Fracture Orthosis, Hip Joint, Pelvic Band, Thigh Flange, And Pelvic Belt	Y	Y	1 per fracture orthosis
	<u>ADDITIONS TO LOWER EXTREMITY ORTHOSES - L2200-L2999</u>			
L2200	Addition To Lower Extremity, Limited Ankle Motion, Each Joint	N	Y	2 per year
L2210	Addition To Lower Extremity, Dorsiflexion Assist, Plantar Flexion Resist, Each Joint	N	Y	2 per year
L2220	Addition To lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint	N	Y	2 per year
L2230	Addition To Lower Extremity, Split Flat Caliper Stirrups And Plate Attachment	Y	Y	1 per orthosis
L2240	Addition To Lower Extremity, Round Caliper And Plate Attachment	N	Y	1 per year
L2250	Addition To Lower Extremity, Foot Plate,	Y	Y	1 per

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES		Amended 1/1/2012	
	Molded To Patient Model, Stirrup Attachment			orthosis
L2260	Addition To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type)	Y	Y	1 per orthosis
L2265	Addition To Lower Extremity, Long Tongue Stirrup	Y	Y	1 per orthosis
L2270	Addition To Lower Extremity, .Varus/Valgus Correction("T")Strap,Padded/Lined Or Malleolus Pad	N	Y	2 per year
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	Y	Y	2 per orthosis
L2280	Addition To Lower Extremity, Molded Inner Boot	Y	Y	1 per 3 years
L2300	Addition To Lower Extremity, Abduction Bar (Bilateral Hip Involvement), Jointed, Adjustable	Y	Y	1 per 2 years
L2310	Addition To Lower Extremity, Abduction Bar, Straight	Y	Y	1 per 2 years
L2320	Addition To Lower Extremity, Non-Molded Lacer	Y	Y	1 per orthosis
L2330	Addition To Lower Extremity, Lacer Molded To Patient Model	Y	Y	1 per orthosis
L2335	Addition To Lower Extremity, Anterior Swing Band	Y	Y	1 per orthosis
L2340	Addition To Lower Extremity, Pre-Tibial Shell, Molded To Patient Model	Y	Y	1 per orthosis
L2350	Addition To Lower Extremity, Prosthetic Type "BK" Socket, Molded To Patient Model (Used For "PTB" "AFO" Orthoses)	Y	Y	1 per orthosis
L2360	Addition To Lower Extrem., Extended Steel Shank	N	Y	2 per year
L2370	Addition To Lower Extremity, Patten Bottom	Y	Y	1 per orthosis
L2375	Addition To Lower Extremity, Torsion Control, Ankle Joint And Half Solid Stirrup	Y	Y	2 per orthosis
L2380	Addition To Lower Extremity, Torsion Control, Straight Knee Joint, Each Joint	Y	Y	2 per orthosis
L2385	Addition To Lower Extremity, Straight Knee	Y	Y	2 per

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5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
	Joint, Heavy Duty, Each Joint			orthosis
L2390	Addition To Lower Extremity, Offset Knee Joint, Each Joint	Y	Y	2 per orthosis
L2395	Addition To Lower Extremity, Offset Knee Joint, Heavy Duty, Each Joint	Y	Y	2 per orthosis
L2397	Addition to Lower Extremity, Orthosis Suspension Sleeve	N	Y	4 Per Year
	<u>ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS L2400-L2499</u>			
L2405	Addition To Knee Joint, Drop Lock, Each Joint	N	Y	2 per year
L2415	Addition To Knee Lock w/ integrated release mechanism, Each Joint	Y	Y	2 per orthosis
L2425	Addition To Knee Joint, Disc Or Dial Lock For Adjustable Knee Flexion, Each Joint	Y	Y	2 per orthosis
L2430	Addition to lower extremity, orthosis, incr. lock at knee joint	Y	Y	2 per orthosis
L2492	Addition To Knee Joint, Lift Loop For Drop Lock Ring	Y	Y	1 per orthosis
	<u>ADDITIONS - THIGH/WEIGHT BEARING - L2500-L2599</u>			
L2500	Addition To Lower Extremity, Thigh/Weight Bearing, Gluteal/Ischial Weight Bearing, Ring	Y	Y	1 per orthosis
L2510	Addition To Lower Extremity, Thigh/Weight Bearing, Quadrilateral Brim, Molded To Patient Model	Y	Y	1 per orthosis
L2520	Addition To Lower Extremity, Thigh/Weight Bearing, Quadrilateral Brim, Custom Fitted	Y	Y	1 per orthosis
L2525	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim Molded To Patient Model	Y	Y	1 per orthosis
L2526	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim, Custom Fitted	Y	Y	1 per orthosis

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5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L2530	Addition To Lower Extremity, Thigh/Weight Bearing, Lacer, Non-Molded	Y	Y	1 per orthosis
L2540	Addition To Lower Extremity, Thigh/Weight Bearing, Lacer, Molded To Patient Model	Y	Y	1 per orthosis
L2550	Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff	Y	Y	1 per orthosis
	<u>ADDITIONS - PELVIC AND THORACIC CONTROL - L2570-L2699</u>			
L2570	Addition To Lower Extremity, Pelvic Control Hip Joint, Clevis Type Two-Position Joint, Each	Y	Y	1 per orthosis
L2580	Addition To Lower Extremity, Pelvic Control, Pelvic Sling	Y	Y	1 per 2 years
L2600	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type, Or Thrust Bearing, Free, Each	Y	Y	1 per orthosis
L2610	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type, Or Thrust Bearing, Lock, Each	Y	Y	1 per orthosis
L2620	Addition To Lower Extremity, Pelvic Control, Hip Joint, Heavy Duty, Each	Y	Y	1 per orthosis
L2622	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Each	Y	Y	1 per orthosis
L2624	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each	Y	Y	1 per orthosis
L2627	Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model, Reciprocating Hip Joint And Cables	Y	Y	1 set per 2 years
L2628	Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint And Cables	Y	Y	1 set per 2 years
L2630	Addition To Lower Extremity, Pelvic Control, Band And Belt, Unilateral	Y	Y	1 per orthosis
L2640	Addition To Lower Extremity, Pelvic Control, Band And Belt, Bilateral	Y	Y	1 per 2 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L2650	Addition To Lower Extremity, Pelvic And Thoracic Control, Gluteal Pad, Each	Y	Y	1 per 2 years
L2660	Addition To Lower Extremity, Thoracic Control, Thoracic Band	Y	Y	1 per 2 years
L2680	Addition To Lower Extremity, Thoracic Control, Lateral Support Uprights	Y	Y	1 set per 2 years
ADDITIONS - GENERAL - L2750-L2899				
L2755	Addition to lower extremity orthosis, - high strength, light weight material	Y	Y	4 per year
L2760	Addition To Lower Extremity Orthosis, Extension, Per Extension, Per Bar (For Lineal Adjustment For Growth)	N	Y	4 per year
L2785	Addition To Lower Extremity Orthosis Drop Lock Retainer, Each	N	Y	2 per year
L2795	Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap	N	Y	1 per year
L2800	Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull	Y	Y	1 per orthosis
L2810	Addition To Lower Extremity Orthosis, Knee Control, Condylar Pad	N	Y	1 per year
L2820	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section	N	Y	1 per year
L2830	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section	N	Y	1 per year
L2840	Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each	N	Y	3 per year
L2850	Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture Or Equal, Each	Y	Y	3 per medical event
L2999	Unlisted Procedures For Lower Extremity Orthosis-Must Include Detailed Description	Y	Y	
FOOT - ORTHOPEDIC SHOES - SHOE MODIFICATIONS - TRANSFERS - L3000-L3649				

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES		Amended 1/1/2012	
	<u>FOOT - L3000-L3199</u>			
L3000	Foot, Insert, Removable, Molded To Patient Model, "UCB" Type, Berkeley Shell, Each	Y	Y	1 per foot per 2 years
L3001	Foot, Insert, Removable, Spenco, Each	N	Y	2 per foot per year
L3002	Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each	Y	Y	2 per foot per year
L3010	Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each	Y	Y	1 per foot per 2 years
L3020	Foot, Insert, Removable, Molded To Patient Model Longitudinal/Metatarsal Support, Each	Y	Y	1 per foot per 2 years
L3030	Foot, Insert, Removable, Formed To Patient Foot, Plastazote Or Equal, Each Arch-Supports, Removable, Premolded	N	Y	2 per foot per year
L3040	Foot, Arch Support, Removable, Premolded, Longitudinal, Each	N	Y	2 per foot per year
L3050	Foot, Arch Support, Removable, Premolded, Metatarsal, Each	N	Y	2 per foot per year
L3060	Foot, Arch Support, Removable, Premolded, Longitudinal/Metatarsal, Each Arch Support, Non-Removable, Attached To Shoe	N	Y	2 per foot per year
L3100	Hallus-Valgus Night Dynamic Splint, Each Abduction And Rotation	N	Y	1 per medical event
L3140	Foot, Abduction Rotation Bar (Dennis Browne Type), Attached To Shoe Including Shoes	N	Y	2 per year
L3150	Foot, Abduction Rotation Bar (Dennis Browne Type), Clamped To Shoe Without Shoes	N	Y	2 per year
L3160	Foot, Adjustable Shoe-Styled Positioning Device	Y	Y	2 per orthosis
L3170	Foot, Plastic Heel Stabilizer	N	Y	2 per foot per year

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES		Amended 1/1/2012	
	<u>ORTHOPEDIC FOOTWEAR - L3200-L3299</u> DIABETIC SHOES-A5500-A5513			
L3201	Orthopedic Shoes, Oxford With Supinator Or Pronator, Infant	Y	N	3 pair per year
L3202	Orthopedic Shoes, Oxford With Supinator Or Pronator, Child	Y	N	3 pair per year
L3203	Orthopedic Shoes, Oxford With Supinator Or Pronator, Junior	Y	N	3 pair per year
L3204	Orthopedic Shoes, Hightop With Supinator Or Pronator, Infant	Y	N	3 pair per year
L3206	Orthopedic Shoes, Hightop With Supinator Or Pronator, Child	Y	N	3 pair per year
L3207	Orthopedic Shoes, Hightop With Supinator Or Pronator, Junior	Y	N	3 pair per year
L3208	Surgical Boot, Each, Infant	N	N	2 per foot per year
L3209	Surgical Boot, Each, Child	N	N	2 per foot per year
L3211	Surgical Boot, Each Junior	N	N	2 per foot per year
L3215	Orthopedic Footwear, Ladies Shoes, Oxford	Y	N	2 pair per year
L3216	Orthopedic Footwear, Ladies Shoes, Depth Inlay	Y	Y	2 pair per year
L3217	Orthopedic Footwear, Ladies Shoes, Hightop, Depth Inlay	Y	Y	2 pair per year
L3219	Orthopedic Footwear, Mens Shoes, Oxford	Y	N	2 pair
L3221	Orthopedic Footwear, Mens Shoes, Depth Inlay	Y	Y	2 pair per yr
L3222	Orthopedic Footwear, Mens Shoes, Hightop Depth Inlay	Y	Y	2 pair per year
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	Y	Y	1 per foot per year
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	Y	Y	1 per foot per year

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES		Amended 1/1/2012	
L3230	Orthopedic Footwear, Custom Shoes, Depth Inlay	Y	N	1 per foot per year
L3251	Foot, Shoe Molded To Patient Model, Silicone Shoe, Each (FOR DIABETICS USE CODE A5501)	Y	N	1 per foot per year
A5500	For diabetics only, fitting (including follow-up) cust. prep. and supply of shoe off-the-shelf depth-inlay, acc. Mult den insert, per shoe	Y	Y	1 per foot per year
A5501	For diabetics only, fitting (including follow-up) cust. prep. and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Y	Y	1 per foot per year
A5512	For diabetics only, multiple density insert, direct formed, molded to foot	Y	Y	1 per foot per year
A5513	For diabetics only, multiple density insert, custom molded from model of consumer's foot	Y	Y	1 per foot per year
L3252	Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each	Y	Y	1 per foot per year
L3253	Foot, Molded Shoe, Plastazote (Or Similar) Custom Fitted, Each	Y	Y	1 per foot per year
L3257	Orthopedic Footwear, Split Size (Mismates)	Y	N	2 pair per year/adult
	<u>SHOE MODIFICATION - L3300-L3599</u>			
	Lifts			
L3300	Lift, Elevation Heel, Tapered To Metatarsals, Per Inch	N	Y	2 modification per year
L3310	Lift, Elevation, Heel And Sole, Neoprene, Per Inch	N	Y	2 modification per year
L3320	Lift, Elevation, Heel And Sole, Cork, per inch	Y	Y	2 modification per year
L3332	Lift, Elevation, Inside Shoe, Tapered Up To One-Half Inch	N	N	2 modifications per year
L3334	Lift, Elevation, Heel, Per Inch	N	Y	2 modifications

5101:3-10-20	APPENDIX A	Amended 1/1/2012		
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS per year
LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES				
Wedges				
L3340	Heel Wedge, Sach	N	Y	4 wedges per year
L3350	Heel Wedge	N	Y	4 wedges per year
L3360	Sole Wedge, Outside Sole	N	Y	4 wedges per year
L3370	Sole Wedge, Between Sole	N	Y	4 wedges per year
L3380	Clubfoot Wedge	N	Y	4 wedges per year
L3390	Outflare Wedge	N	Y	4 wedges per year
L3400	Metatarsal Bar Wedge, Rocker	N	Y	4 wedges per year
L3410	Metatarsal Bar Wedge, Between Sole	N	Y	4 wedges per year
L3420	Full Sole And Heel Wedge, Between Sole	N	Y	4 wedges per year
Heels				
L3430	Heel, Counter, Plastic Reinforced	N	Y	2 heels per year
L3440	Heel, Counter, Leather Reinforced	N	Y	2 heels per year
L3455	Heel, New Leather, Standard (Only For Shoes Authorized By The Department)	N	Y	2 heels per year
L3460	Heel, New Rubber, Standard (Only For Shoes Authorized By The Department)	N	Y	2 heels per year
L3465	Heel, Thomas With Wedge	N	Y	2 heels per year
L3470	Heel, Thomas Extended To Ball	N	Y	2 heels per year

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A			
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
		Amended 1/1/2012		
L3480	Heel, Pad And Depression For Spur	N	Y	2 per foot per year
	Miscellaneous Shoe Additions			
L3500	Miscellaneous Shoe Addition, Insole, Leather	N	Y	2 insoles per year
L3510	Miscellaneous Shoe Addition, Insole, Rubber	N	Y	2 insoles per year
L3520	Miscellaneous Shoe Addition, Insole, Felt Covered With Leather	N	Y	2 insoles per year
L3530	Miscellaneous Shoe Addition, Sole, Half (Only For Shoes Authorized By The Department)	N	Y	2 half soles per year
L3540	Miscellaneous Shoe Addition, Sole, Full (Only For Shoes Authorized By The Department)	N	Y	2 full soles per year
L3550	Miscellaneous Shoe Addition, Toe Tap, Standard	N	Y	4 taps per year
L3570	Miscellaneous Shoe Addition, Special Extension To Instep (Leather With Eyelets)	Y	Y	4 per year for adults/ 6 per year
L3580	Miscellaneous Shoe Addition, Convert Instep To Velcro Closure (Only For Shoes Authorized By The Department)	N	Y	4 per year for adults/ 6 per year for children
L3595	Miscellaneous Shoe Addition, March Bar	N	Y	4 bars per year
	<u>TRANSFERS OR REPLACEMENT - L3600 - L3648</u>			
L3600	Transfer Of An Orthosis From One Shoe To Another, Caliper Plate Existing	N	Y	2 transfers per orthosis per year
L3610	Transfer Of An Orthosis From One Shoe To Another, Caliper Plate New	N	Y	2 transfers per orthosis per year
L3620	Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup Existing	N	Y	2 transfers per orthosis per year
L3630	Transfer Of An Orthosis From One Shoe To	N	Y	2 transfers

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS per orthosis per year
5101:3-10-20	APPENDIX A			
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
	Another, Solid Stirrup New			
L3649	Unlisted Procedures For Foot, Orthopedic Shoes, Shoe Modifications And Transfers- Must Include A Detailed Description	Y	N	
	<u>ORTHOTIC DEVICES - UPPER LIMB - L3650-L3999</u>			
	<u>Upper Limb</u>			
Note:	The procedures in this section are considered as "base" or "basic procedures," and may be modified by listing procedures from the "additions section," and adding them to the base procedure.			
	<u>UPPER LIMB - SHOULDER - L3650-L3699</u>			
A4566	Shoulder Sling or Vest Design, Abduction Restrainer, with or without SWATHE	N	Y	1 per medical event
L3650	Shoulder Orthosis (SO), Figure Of "8" Design For Clavicular Fracture Abduction Restrainer, Prefab	N	Y	1 per medical event
L3674	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component	N	Y	1 per medical event
L3670	SO, Acromio/Clavicular (Canvas And Webbing Type) Prefab	N	Y	1 per medical event
L3675	SO, vest type abduction restrainer, canvas or equal Prefab	Y	Y	1 per medical
	<u>UPPER LIMB - ELBOW - L3700-L3799</u>			
L3710	EO, Elastic W/ Metal Joints Dbl Upright, Prefab Double Upright With Forearm/Arm Cuffs	Y	Y	2 per year
L3720	EO, Double Upright With Forearm/Arm Cuffs, Free Motion, Custom	Y	Y	1 per 2 years
L3730	EO, Double Upright With Stays Forearm/Arm Cuffs, Extension/Flexion Assist, Custom	Y	Y	1 per 2 years
L3740	EO, Double Upright With Forearm/Arm Cuffs, Adjustable Position, Position Lock With Active Control, Custom	Y	Y	1 per 2 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L3760	Elbow orthosis (EO) with adj position locking, fitting and adjs	Y	Y	1 per 2 years
L3763	Elbow wrist hand ortho (EWHO), rigid	Y	Y	1 per 2 years
L3764	Elbow wrist hand ortho (EWHO), one or more nontorsion joints	Y	Y	1 per 2 years
	UPPER LIMB - WRIST - HAND - FINGER - L3800-L3959			
L3807	Wrist hand finger orthosis (WHFO), without joint(s),inc, fittings and adjs.	Y	Y	1 per 2 years
L3808	Wrist hand finger orthosis (WHFO), rigid	Y	Y	1 per 2 years
	Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion/Extension			
L3900	WHFO, Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion Extension, Wrist Or Finger Driven, Custom	Y	Y	1 per 2 years
L3901	WHFO, Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion/Extension, Cable Driven, Custom	Y	Y	1 per 2 years
	Other Wrist-Hand-Finger Orthoses			
L3906	WHFO, Wrist Gauntlet, Molded to Patient Model	Y	Y	1 per medical event
L3908	WHFO, Wrist Extension Control Cock-Up, Canvas Or Leather Design, Non-Molded, Prefab	N	Y	1 per 180 days
L3912	WHFO, Flexion Glove With Elastic Finger Control Prefab	N	Y	1 per 2 years
L3923	HFO Without Joints, Prefab	N	Y	1 per medical event
L3925	FO, proximal (PIP)/(DIP), prefab	N	Y	1 per medical event
L3929	HFO, one or more nontorsion joints, prefab	N	Y	1 per medical event
L3931	WHFO, one or more nontorsion joints, prefab	N	Y	1 per medical event
L3956	Add. joint to upper extremity orthosis, any material	Y	Y	1 per medical event
	UPPER LIMB - SHOULDER - ELBOW - WRIST - HAND - L3960-L3979			

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
	Abduction Postioning			
L3960	Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO), Abduction Positioning, Airplane Design, Prefab	Y	Y	1 per medical event
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE	Y	Y	1 per 2 years
	<u>UPPER LIMB - FRACTURE ORTHOSES - L3980- L3998</u>			
L3980	Upper Extremity Fracture Orthosis, Humeral, Prefab	Y	Y	1 per medical event
L3982	Upper Extremity Fracture Orthosis, Radius/Ulnar Prefab	Y	Y	1 per medical event
L3984	Upper Extremity Fracture Orthosis, Wrist, Prefab	Y	Y	1 per medical event
L3995	Addition To Upper Extremity Orthosis, Sock, Fracture Or Equal, Each	Y	Y	3 per medical event
L3999	Unlisted Procedures For Upper Limb Orthosis- Must Include Detailed Description	Y	Y	
	<u>SPECIFIC REPAIR - L4000-L4199-THESE CODES INCLUDE PARTS AND LABOR</u>			
L4000	Replace Girdle For Spinal Orthosis	Y	Y	1 per 4 years
L4010	Replace Trilateral Socket Brim	Y	Y	1 per lifetime
L4020	Replace Quadrilateral Socker Brim, Molded To Patient Model	Y	Y	1 per 2 years
L4030	Replace Quadrilateral Socket Brim, Custom Fitted	Y	Y	1 per 2 years
L4040	Replace Molded Thigh Lacer	Y	Y	1 per 2 years
L4045	Replace Non-Molded Thigh Lacer	Y	Y	1 per 2 years
L4050	Replace Molded Calf Lacer	Y	Y	1 per 2 years
L4055	Replace Non-Molded Calf Lacer	Y	Y	1 per 2 years
L4060	Replace High Roll Cuff	Y	Y	1 per 2 years

5101:3-10-20 APPENDIX A Amended
1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L4070	Replace Proximal And Distal Upright For KAFO	Y	Y	1 per 2 years
L4080	Replace Metal Bands KAFO, Proximal Thigh	Y	Y	1 per 2 years
L4090	Replace Metal Bands KAFO-AFO, Calf Or Dist. Thigh	Y	Y	1 per 2 years
L4100	Replace Leather Cuff KAFO, Proximal Thigh	Y	Y	1 per 2 years
L4110	Replace Leather Cuff KAFO-AFO Calf Or Dist. Thigh	Y	Y	1 per 2 years
L4130	Replace Pretibial Shell	Y	Y	1 per 2 years
REPAIRS--Orthotics				
L4210	Repair Orthotic Device <\$120	S	N	1 per 120 days
L4210	Repair Orthotic Device >\$120	Y	N	
L4205	Repair Orthotic Device/ Labor per 15 min.	S	N	

Note:

For reimbursement of repairs requiring materials and labor, the appropriate procedure codes must be submitted together on the same claim for the same date of service.

Prior authorization is required for orthotic and prosthetic device repair or replacement less than or equal to one hundred and twenty dollars when repair or replacement of the orthotic or prosthetic device is in excess of one repair or replacement per consumer per one hundred and twenty day period.

SPLINTS

L4350	Pneumatic Ankle Control Splint (Aircast or Equal) Prefab	Y	Y	1 per medical event
L4360	Pneumatic Walking Splint (Aircast or Equal), Prefab	Y	Y	1 per medical event
L4370	Pneumatic Full Leg Splint (Aircast or Equal), Prefab	Y	Y	1 per medical event
L4380	Pneumatic Knee Splint (Aircast or Equal), Prefab	Y	Y	1 per medical event
L4386	Walking Boot, non pneumatic, with or without joints	Y	Y	1 per medical event
L4392	Replace soft interface material, splint Static AFO	Y	Y	1 per medical event

5101:3-10-20	APPENDIX A	Amended 1/1/2012		
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L4396	Static AFO including soft interface material; Adjustable; Prefab	Y	Y	1 per medical event
L4631	Ankle foot orthosis, Walking boot type, Varus/Valgus Correction, Rocker Bottom	Y	Y	1 per medical event

PROSTHETIC PROCEDURES

LOWER LIMB L5000-L5999

Lower Limb

Note:

The procedures in this section are considered as "base" or "basic" procedures, and may be modified by listing items/procedures or special materials from the "additions" section, and adding them to the base procedure.

LOWER LIMB - PARTIAL FOOT - L5000-L5049

L5000	Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filler	Y	Y	1 per 4 years
L5010	Partial Foot, Molded Socket, Ankle Height, With Toe Filler	Y	Y	1 per 4 years
L5020	Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler	Y	Y	1 per 4 years

LOWER LIMB - ANKLE - L5050-L5099

L5050	Ankle, Symes, Molded Socket, Sach Foot	Y	Y	1 per 4 years
L5060	Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot	Y	Y	1 per 4 years

LOWER LIMB - BELOW KNEE - L5100-L5149

L5100	Below Knee, Molded Socket, Shin, SACH Foot	Y	Y	1 per 4 years
L5105	Below Knee, Plastic Socket Joints and Thigh Knee Disarticulation (or through knee) molded socket, external knee joints, skin, lacer, Sach Foot	Y	Y	1 per 4 years

LOWER LIMB - KNEE DISARTICULATION - L5150- L5199

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A			
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
		Amended 1/1/2012		
L5150	Knee Disarticulation (or Through Knee), Molded Socket, External Knee Joints, Shin, SACH Foot	Y	Y	1 per 4 years
L5160	Knee Disarticulation (or Through Knee), Molded Socket, Bent Knee Configuration, External Knee Joints, Shin, SACH Foot	Y	Y	1 per 4 years
<u>LOWER LIMB - ABOVE KNEE - L5200-L5249</u>				
L5200	Above Knee, Molded Socket, Single Axis Constant Friction Knee, Shin, SACH Foot	Y	Y	1 per 4 years
L5210	Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Foot Blocks, No Ankle Joints, Each	Y	Y	1 per 4 years
L5220	Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Articulated Ankle/Foot, Dynamically Aligned, Each	Y	Y	1 per 4 years
L5230	Above Knee, For Proximal Femoral Focal Deficiency, Constant Friction Knee, Shin, SACH Foot	Y	Y	1 per 4 years
<u>LOWER LIMB - HIP DISARTICULATION - L5250-L5279</u>				
L5250	Hip Disarticulation, Canadian Type, Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, SACH Foot	Y	Y	1 per 4 years
<u>LOWER LIMB - HEMIPELVECTOMY - L5280-L5299</u>				
L5280	Hemipelvectomy, Canadian Type, Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot	Y	Y	1 per 4 years
L5301	Below Knee, Molded Socket, SACH Foot, Shin, Endoskeletal System	Y	Y	1 per 4 years
L5314	Knee Disarticulation (or Through Knee), Molded Socket, External knee joint SACH Foot, Shin, Endoskeletal System	Y	Y	1 per 4 years
L5321	Above Knee, Molded Socket, Open End, SACH Foot Endoskeletal System, Single Axis Knee	Y	Y	1 per 4 years

5101:3-10-20 APPENDIX A

Amended
1/1/2012LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L5331	Hip Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee SACH Foot	Y	Y	1 per 4 years
L5341	Hemipelvectomy, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee SACH Foot	Y	Y	1 per 4 years
IMMEDIATE POST SURGICAL OR EARLY FITTING PROCEDURES L5400-L5499				
L5400	Immediate Post Surgical or Early fitting, Application of Initial Rigid Dressing, Including Fitting, Alignment, Suspension, and One Cast Change, Below Knee	Y	Y	1 per amputation
L5410	Immediate Post Surgical or Early Fitting Application of Initial Rigid Dressing, Including Fitting, Alignment and Suspension, Below Knee, Each Additional Cast Change and Realignment	Y	Y	1 per amputation
L5420	Immediate Post Surgical or Early Fitting, Application of Initial Rigid Dressing, Including Fitting, Alignment and Suspension and One Cast Change, "AK" or Knee Disarticulation	Y	Y	1 per amputation
L5430	Immediate Post Surgical or Early Fitting, Application of Initial Rigid Dressing, Including Fitting, Alignment and Suspension, "AK" or Knee Disarticulation, Each Additional Cast Change and Realignment	Y	Y	1 per amputation
PREPARATORY PROSTHESIS - L5510-L5599				
L5510	Preparatory, Below Knee "PTB" Type Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Plaster Socket, Molded To Model	Y	Y	Medical Justification
L5535	Preparatory, Below Knee "PTB" Type Socket, "USMC" or Equal Pylon, No Cover, SACH Foot Prefabricated, Adjustable Open End Socket	Y	Y	Medical Justification
L5540	Preparatory, Below Knee "PTB" Type Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Laminated Socket, Molded To Model	Y	Y	Medical Justification

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
		Amended 1/1/2012		
L5560	Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Plaster Socket, Molded To Model	Y	Y	Medical Justification
L5580	Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Thermoplastic or Equal, Molded To Model	Y	Y	Medical Justification
L5585	Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Prefabricated Adjustable Open End Socket	Y	Y	Medical Justification
L5590	Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "USMC" or Equal Pylon No Cover, SACH Foot, Laminated Socket, Molded To Model	Y	Y	Medical Justification
L5595	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, SACH Foot, Thermoplastic or Equal, Molded To Patient Model	Y	Y	1 per amputation
L5600	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Laminated Socket, Molded To Patient Model	Y	Y	1 per amputation
	<u>ADDITIONS TO LOWER EXTREMITY - L5600-</u>			
L5610	Addition To Lower Extremity, Above Knee Hydracadence System	Y	Y	1 per 4 years
L5611	Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4-Bar Linkage, With Friction Swing Phase Control	Y	Y	1 per 4 years
L5613	Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4-Bar Linkage, With Hydraulic Swing Phase Control	Y	Y	1 per 4 years
L5614	Addition to Lower Extremity, above Knee-Knee Disarticulation, 4-Bar Linkage, with Pneumatic Swing Phase Control	Y	Y	1 per 4 years
L5616	Addition To Lower Extremity, Above Knee,	Y	Y	1 per 4 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
	Universal Multiplex System, Friction Swing Phase Control			
L5617	Addition to lower extremity, quick change self-aligning Y unit, above knee or below knee, each		Y	1 per 4 years
	<u>ADDITIONS - TEST SOCKETS - L5618 - L5629</u>			
L5618	Addition To Lower Extremity, Test Socket, Symes	Y	Y	1/prep., 2/defin.
L5620	Addition To Lower Extremity, Test Socket, Below Knee	Y	Y	1/prep., 2/defin.
L5622	Addition To Lower Extremity, Test Socket, Knee Disarticulation	Y	Y	1/prep., 2/defin.
L5624	Addition To Lower Extremity, Test Socket Above Knee	Y	Y	1/prep., 2/defin.
L5626	Addition To Lower Extremity, Test Socket, Hip Disarticulation	Y	Y	1/prep., 2/defin.
L5628	Addition To Lower Extremity, Test Socket, Hemipelvectomy	Y	Y	1/prep., 2/defin.
L5629	Addition To Lower Extremity, Below Knee Acrylic Socket	Y	Y	1 per prosthesis
	<u>ADDITIONS - SOCKET VARIATIONS - L5630-L5653</u>			
L5630	Addition To Lower Extremity, Symes Type, Expandable Wall Socket	Y	Y	1 per 4 years
L5631	Addition To Lower Extremity, Above Knee or Knee Disarticulation, Acrylic Socket	Y	Y	1 per prosthesis
L5632	Addition To Lower Extremity, Symes Type, "PTB" Brim Design Socket	Y	Y	1 per 4 years
L5634	Addition To Lower Extremity, Symes Type, Posterior Opening (Canadian) Socket	Y	Y	1 per 4 years
L5636	Addition To Lower Extremity, Symes Type, Medial Opening Socket	Y	Y	1 per 4 years
L5637	Addition To Lower Extremity, Below Knee Total Contact	Y	Y	1 per 4 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES		Amended 1/1/2012	
L5638	Addition To Lower Extremity, Below Knee, Leather Socket	Y	Y	1 per 4 years
L5639	Addition To Lower Extremity, Below Knee, Wood Socket	Y	Y	1 per prosthesis
L5640	Addition To Lower Extremity, Knee Disarticulation, Leather Socket	Y	Y	1 per 4 years
L5642	Addition To Lower Extremity, Above Knee, Leather Socket	Y	Y	1 per 4 years
L5643	Addition To Lower Extremity, Hip Disarticulation, Flexible Inner Socket, External Frame	Y	Y	1 per 4 years
L5645	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame	Y	Y	1 per 4 years
L5646	Addition To Lower Extremity, Below Knee, Air Cushion Socket	Y	Y	1 per 4 years
L5647	Addition To Lower Extremity, Below Knee, Suction Socket	Y	Y	1 per 4 years
L5648	Addition To Lower Extremity, Above Knee, Air Cushion Socket	Y	Y	1 per 4 years
L5649	Addition To Lower Extremity, Ischial Containment/Narrow M-L Socket	Y	Y	1 per 4 years
L5650	Addition To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket	Y	Y	1 per 4 years
L5651	Addition To Lower Extremity, Above Knee, Flexible Inner Socket, External Frame	Y	Y	1 per 4 years
L5652	Addition To Lower Extremity, Suction Suspension, Above Knee or Knee Disarticulation Socket	Y	Y	1 per 4 years
L5653	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket	Y	Y	1 per 4 years
ADDITIONS: SOCKET INSERT AND SUSPENSION				
L5654	Addition To Lower Extremity, Socket Insert Symes (Kemblo, Pelite, Aliplast, Plastazote or Equal)	Y	Y	1 per year

5101:3-10-20	APPENDIX A	Amended 1/1/2012		
LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES				
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L5655	Addition To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote or Equal)	Y	Y	1 per year
L5656	Addition To Lower Extremity, Socket Insert, Knee Disarticulation (Kemblo, Pelite, Aliplast, Plastazote or Equal)	Y	Y	1 per year
L5658	Addition To Lower Extremity, Socket Insert, Above Knee (Kemblo, Pelite, Aliplast, Plastazote or Equal)	Y	Y	1 per year
L5661	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Symes	Y	Y	1 per year
L5665	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee	Y	Y	1 per year
L5666	Addition To Lower Extremity, Below Knee, Cuff Suspension	Y	Y	1 per year
L5668	Addition To Lower Extremity, Below Knee, Molded Distal Cushion	Y	Y	1 per year
L5670	Addition To Lower Extremity, Below Knee, Molded Supracondylar Suspension ("PTS" or Similar)	Y	Y	1 per 4 years
L5671	Addition To Lower Extremity, Below/Above Knee suspension locking mechanism	Y	Y	1 per 4 years
L5672	Addition To Lower Extremity, Below Knee, Removable Medial Brim Suspension	Y	Y	1 per 4 years
L5673	Addition to lower extremity; below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel	Y	Y	2 per year
L5676	Additions To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair	Y	Y	1 per 4 years
L5677	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair	Y	Y	1 per 4 years
L5678	Additions To Lower Extremity, Below Knee, Joint Covers, Pair	Y	Y	1 per 2 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L5679	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel,	Y	Y	2 per year
L5680	Addition To Lower Extremity, Below Knee, Thigh Lacer, Non-Molded	Y	Y	1 per 4 years
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel	Y	Y	1 per year
L5682	Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded	Y	Y	1 per 4 years
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel	Y	Y	1 per year
L5684	Addition To Lower Extremity, Below Knee,Fork Strap	N	Y	1 per 2 years
L5685	Addition to Lower Extremity, Below Knee, Suspension/Sealing Sleeve, w/wo valve, any material, each	N	N	6 per year
L5686	Addition To Lower Extremity, Below Knee, Back Check (Extension Control)	N	Y	1 per 2 years
L5688	Addition To Lower Extremity, Below Knee, Waist Belt, Webbing	N	Y	1 per year
L5690	Addition To Lower Extremity, Below Knee, Waist Belt, Padded And Lined	N	Y	1 per year
L5692	Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Light	N	Y	1 per year
L5694	Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Padded and Lined	Y	Y	1 per year
L5695	Addition To Lower Extremity, Above Knee, Pelvic Control, Sleeve Suspension, Neoprene or Equal,	Y	Y	2 per year
L5696	Addition To Lower Extremity, Above Knee or Knee Disarticulation, Pelvic Joint	Y	Y	1 per 4 years
L5697	Addition To Lower Extremity, Above Knee or Knee Disarticulation, Pelvic Band	Y	Y	1 per 4 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES		Amended 1/1/2012	
L5698	Addition To Lower Extremity, Above Knee or Knee Disarticulation, Silesian Bandage	Y	Y	1 per year
L5699	All Lower Extremity Protheses, Shoulder Harness	Y	Y	1 per year
L5700	Replacement Socket, Below Knee, Molded to Patient Model	Y	Y	Medical Justification
L5701	Replacement Socket, Above Knee/Knee, Disartic. Including Attachment Plate, Molded To Patient Model	Y	Y	Medical Justification
L5702	Replacement Socket, Hip Disarticulation, Including Hip Joint, Molded To Patient Model	Y	Y	Medical Justification
L5704	Custom Shaped Protective Cover, Below Knee	Y	Y	Medical Justification
L5705	Custom Shaped Protective Cover, Above Knee	Y	Y	Medical Justification
L5706	Custom Shaped Protective Cover, Knee Disarticulation	Y	Y	Medical Justification
L5707	Custom Shaped Protective Cover, Hip Disarticulation	Y	Y	Medical Justification
<u>EXOSKELETAL - L5710-L5782</u>				
L5710	Addition, Exoskeletal Knee-Shin System, Single Axis, Manual Lock	Y	Y	1 per 4 years
L5711	Addition, Exoskeletal Knee-Shin System Single Axis, Manual Lock, Ultra-Light Material	Y	Y	1 per 4 years
L5712	Addition, Exoskeletal Knee-Shin System, Single Axis, Friction Swing and Stance Phase Control (Safety Knee)	Y	Y	1 per 4 years
L5714	Addition, Exoskeletal Knee-Shin System Single Axis, Variable Friction Swing Phase Control	Y	Y	1 per 4 years
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock	Y	Y	1 per 4 years
L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing and Stance Phase Control	Y	Y	1 per 4 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L5722	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control	Y	Y	1 per 4 years
L5724	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control	Y	Y	1 per 4 years
L5728	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing and Stance Phase Control	Y	Y	1 per 4 years
	<u>COMPONENT MODIFICATION - L5785 - L5795</u>			
L5785	Addition, Exoskeletal System, Below Knee Ultra-Light Material (Titanium, Carbon Fiber or Equal)	Y	Y	1 per 4 years
L5790	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)	Y	Y	1 per 4 years
L5795	Addition, Exoskeletal System, Hip Disarticulation, Ultra-Light Material (Titanium, Carbon Fiber or Equal)	Y	Y	1 per 4 years
	<u>ENDOSKELETAL - L5810-5998</u>			
L5810	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock	Y	Y	1 per 4 years
L5811	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material	Y	Y	1 per 4 years
L5812	Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing and Stance Phase Control (Safety Knee)	Y	Y	1 per 4 years
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control mechanical stance phase lock	Y	Y	1 per 4 years
L5816	Addition Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock	Y	Y	1 per 4 years
L5818	Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing and Stance Phase Control	Y	Y	1 per 4 years
L5822	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance	Y	Y	1 per 4 years

5101:3-10-20	APPENDIX A	Amended 1/1/2012		
LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES				
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
	Phase Control			
L5824	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control	Y	Y	1 per 4 years
L5826	Addition, endoskeletal knee-shin system, single axis hydraulic swing phase control, with miniature high, activity frame	Y	Y	1 per 4 years
L5828	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing and Stance Phase Control	Y	Y	1 per 4 years
L5830	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing Phase Control	Y	Y	1 per 4 years
L5840	Addition, Endoskeletal Knee-Shin System, Multiaxial, Pneumatic/Swing Phase Control	Y	Y	1 per 4 years
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	Y	Y	1 per 4 years
L5850	Addition, Endoskeletal System, Above Knee or Hip Disarticulation, Knee Extension Assist	Y	Y	1 per 4 years
L5855	Addition, Endoskeletal System, Hip Disartic., Mechanical Hip Extension Assist	Y	Y	1 per 4 years
L5857	Addition to Lower Extremity Prosthesis, Endoskeleton Y Knee-Shin System, Microproc. Control, Swing Phase Only, Includes Sensor(s)		N	1 per 4 years
L5910	Addition Endoskeletal System, Below Knee, Alignable System	Y	Y	1 per 4 years
L5920	Addition, Endoskeletal System, Above Knee or Hip Disarticulation, Alignable System	Y	Y	1 per 4 years
L5925	Addition, Endoskeletal System, Above Knee, Knee Disarticulation, Or Hip Disarticulation, Manual Lock	Y	Y	1 per 4 years
L5930	Addition, endoskeletal system, high activity knee control frame	Y	Y	1 per 4 years
L5940	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)	Y	Y	1 per 4 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L5950	Addition, Endoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)	Y	Y	1 per 4 years
L5960	Addition, Endoskeletal System, Hip Disarticulation Ultra-Light Material (Titanium, Carbon Fiber or Equal)	Y	Y	1 per 4 years
L5961	Addition, Endoskeletal system, Polycentric Hip Joint, Pneumatic or Hydraulic	Y	Y	1 per 4 years
L5962	Addition, Endoskeletal System, Below Knee Flexible Protective Outer Surface Covering System	Y	Y	1 per 2 years
L5964	Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface Covering System	Y	Y	1 per 2 years
L5966	Addition, Endoskeletal System, Hip Disartic. Flexible Protective Outer Surface Covering System	Y	Y	1 per 2 years
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Y	Y	1 per 2 years
L5970	All Lower Extremity Prostheses, Foot External Keel, SACH Foot	Y	Y	1 per 2 years
L5972	All Lower Extremity Prostheses, Flexible Keel foot (SAFE, STEN, Bock Dynamic or Equal)	Y	Y	1 per 2 years
L5974	All Lower Extremity Prostheses, Foot, Single Axis Ankle/Foot	Y	Y	1 per 2 years
L5875	All lower extremity prostheses, combo single axial ankle	Y	Y	1 per 2 years
L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle, Carbon Copy II or Equal)	Y	Y	1 per 2 years
L5978	All Lower Extremity Prostheses, Foot, Multi-Axial Ankle/Foot (Greissinger or Equal)	Y	Y	1 per 2 years
L5979	All Lower, Extremity Prostheses, Multiaxial Ankle\Foot Dynamic Response, One Piece System	Y	Y	1 per 4 years
L5980	All Lower Extremity Flex Foot System	Y	Y	1 per 4 years
L5981	All lower extremity prosthesis, flex walk system or	Y	Y	1 per 4 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES		Amended 1/1/2012	
	equal			
L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit	Y	Y	1 per 2 years
L5984	All Endoskeletal Lower Extremity Prostheses, Axial Rotation Unit	Y	Y	1 per 2 years
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	Y	Y	1 per 2 years
L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP or Equal)	Y	Y	1 per 2 years
L5987	All lower extremity prostheses, shank foot system with vertical loading	Y	Y	1 per 2 years
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Y	Y	1 per 2 years
L5999	Unlisted Procedures for Lower Extremity Prosthesis Must Include Detailed Description	Y	Y	
	<u>UPPER LIMB L6000-L7499</u>			
Note:	The procedures in L6000-L6599 are considered as "base" or "basic" procedures and may be modified by listing procedures from the "additions" section. The base procedures include only standard friction wrist and control cable system unless otherwise specified.			
	<u>UPPER LIMB - PARTIAL HAND - L6000-L6049</u>			
L6000	Partial Hand, Robin-Aids, Thumb Remaining (or Equal)	Y	Y	1 per 4 years
L6010	Partial Hand, Robin-Aids, Little and/or Ring Finger Remaining (or Equal)	Y	Y	1 per 4 years
L6020	Partial Hand, Robin-Aids, No Finger Remaining (or Equal)	Y	Y	1 per 4 years
	<u>UPPER LIMB - WRIST DISARTICULATION - L6050-L6099</u>			
L6050	Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad	Y	Y	1 per 4 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L6055	Wrist Disarticulation, Molded Socket W/Expandable Interface, Flexible, Elbow Hinges, Triceps Pad	Y	Y	1 per 4 years
<u>UPPER LIMB - BELOW ELBOW - L6100-L6199</u>				
L6100	Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad	Y	Y	1 per 4 years
L6110	Below Elbow, Molded Socket (Muenster or Northwestern Suspension Types)	Y	Y	1 per 4 years
L6120	Below Elbow, Molded Double Wall Split Socket, Step-Up Hinges, Half-Cuff	Y	Y	1 per 4 years
L6130	Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking Hinge, Half Cuff	Y	Y	1 per 4 years
<u>UPPER LIMB - ELBOW DISARTICULATION - L6200-L6249</u>				
L6200	Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm	Y	Y	1 per 4 years
L6205	Elbow Disarticulation, Molded Socket W/Expandable Interface, Outside Locking Hinges, Forearm	Y	Y	1 per 4 years
<u>UPPER LIMB - ABOVE ELBOW - L6250-L6299</u>				
L6250	Above Elbow, Molded Double Wall Socket, Internal Locking Elbow, Forearm	Y	Y	1 per 4 years
<u>UPPER LIMB - SHOULDER DISARTICULATION - L6300-L6349</u>				
L6300	Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal Locking Elbow, Forearm	Y	Y	1 per 4 years
L6310	Shoulder Disarticulation, Passive Restoration (Complete Prosthesis)	Y	Y	1 per 4 years
L6320	Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only)	Y	Y	1 per 4 years
<u>UPPER LIMB - INTERSCAPULAR THORACIC - L6350-L6399</u>				

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A		Amended 1/1/2012	
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
L6350	Interscapular Thoracic, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal Locking Elbow, Forearm	Y	Y	1 per 4 years
L6360	Interscapular Thoracic, Passive Restoration (Complete Prosthesis)	Y	Y	1 per 4 years
L6370	Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - BELOW ELBOW - L6400-L6449</u>			
L6400	Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - ELBOW DISARTICULATION - L6450-L6499</u>			
L6450	Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - ABOVE ELBOW - L6500-L6549</u>			
L6500	Above Elbow, Molded Socket, Endoskeletal System Including Soft Prosthetic Tissue Shaping	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - SHOULDER DISARTICULATION - L6550-L6569</u>			
L6550	Shoulder Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - INTERSCAPULAR THORACIC - L6570-L6599</u>			
L6570	Interscapular Thoracic, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	Y	Y	1 per 4 years
	<u>ADDITIONS - UPPER LIMB - L6600-L6999</u>			

5101:3-10-20	APPENDIX A	Amended 1/1/2012		
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
Note:	The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to base procedure, at the time of the original order.			
L6600	Upper Extremity Additions, Polycentric Hinge, Pair	Y	Y	1 per 4 years
L6605	Upper Extremity Additions, Single Pivot Hinge, Pair	Y	Y	1 per 4 years
L6610	Upper Extremity Additions, Flexible Metal Hinge, Pair	Y	Y	1 per 4 years
L6615	Upper Extremity Addition, Disconnect Locking Wrist Unit	Y	Y	1 per 4 years
L6616	Upper Extremity Addition, Additional Disconnect Insert For Locking Wrist Unit, Each	Y	Y	3 per 4 years
L6620	Upper Extremity Addition, Flexion-Friction Wrist Unit	Y	Y	1 per 4 years
L6623	Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release	Y	Y	1 per 4 years
L6625	Upper Extremity Addition, Rotation Wrist Unit With Cable Lock	Y	Y	1 per 4 years
L6628	Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock or Equal	Y	Y	1 per 4 years
L6629	Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Otto Bock Or Equal	Y	Y	1 per 4 years
L6630	Upper Extremity Addition, Stainless Steel, Any Wrist	Y	Y	1 per 4 years
L6632	Upper Extremity Addition, Latex Suspension Sleeve, Each	N	Y	6 per year
L6635	Upper Extremity Addition, Lift Assist For Elbow	Y	Y	1 per 4 years
L6637	Upper Extremity Addition, Nudge Control Elbow Lock	Y	Y	1 per 4 years
L6640	Upper Extremity Additions, Shoulder	Y	Y	1 per 4 years

5101:3-10-20	APPENDIX A	Amended 1/1/2012		
LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES				
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
	Abduction Joint, Pair			
L6641	Upper Extremity Addition, Excursion Amplifier, Pulley Type	Y	Y	1 per 4 years
L6642	Upper Extremity Addition, Excursion Amplifier, Lever Type	Y	Y	1 per 4 years
L6645	Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each	Y	Y	1 per 4 years
L6650	Upper Extremity Addition, Shoulder Universal Joint, Each	Y	Y	1 per 4 years
L6655	Upper Extremity Addition, Standard Control Cable, Extra	Y	Y	1 per year
L6660	Upper Extremity Addition, Heavy Duty Control Cable	Y	Y	1 per year
L6665	Upper Extremity Addition, Teflon, Or Equal, Cable Lining	Y	Y	1 per year
L6670	Upper Extremity Addition, Hook To Hand, Cable Adapter	Y	Y	1 per year
L6672	Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type	Y	Y	1 per year
L6675	Upper Extremity Addition, Harness, Figure Of ("8") Eight Type, For Single Control	Y	Y	1 per year
L6676	Upper Extremity Addition, Harness, Figure Of ("8") Eight Type, For Dual Control	Y	Y	1 per year
L6680	Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow	Y	Y	2 per prosthesis
L6682	Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow	Y	Y	2 per prosthesis
L6684	Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoracic	Y	Y	2 per prosthesis
L6686	Upper Extremity Addition, Suction Socket	Y	Y	1 per 4 years
L6687	Upper Extremity Addition, Frame Type Socket, Below Elbow Or Wrist Disarticulation	Y	Y	1 per 4 years

5101:3-10-20 APPENDIX A Amended
1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L6688	Upper Extremity Addition, Frame Type Socket, Above Elbow Or Elbow Disarticulation	Y	Y	1 per 4 years
L6689	Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation	Y	Y	1 per 4 years
L6690	Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic	Y	Y	1 per 4 years
L6691	Upper Extremity Addition, Removable Insert, Each	Y	Y	1 per year
L6692	Upper Extremity Addition, Silicone Gel Insert Or Equal, Each	Y	Y	1 per 2 years
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Y	Y	1 per 2 years

TERMINAL DEVICES - L6700-L6899

Hooks

L6704	Term dev, sport/rec/work att	Y	Y	1 per 4 years
L6706	Term dev mech hook vol open	Y	Y	1 per 4 years
L6707	Term dev mech hook vol close	Y	Y	1 per 4 years
L6708	Term dev mech hand vol open	Y	Y	1 per 4 years
L6709	Term dev mech hand vol close	Y	Y	1 per 4 years
L6805	Terminal Device, Modifier Wrist Flexion Unit	Y	Y	1 per 4 years
L6810	Terminal Device, Pincher Tool, Otto Bock Or Equal Hands	Y	Y	1 per 4 years
L6890	Terminal Device, Glove For Above Hands, Production Glove	Y	Y	2 per year

HAND RESTORATION - L6900-L6919

L6900	Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, Thumb Or One Finger Remaining	Y	Y	1 per 4 years
L6905	Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, Multiple Fingers Remaining	Y	Y	1 per 4 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A			
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
			Amended 1/1/2012	
L6910	Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, No Fingers Remaining	Y	Y	1 per 4 years
L6915	Hand Restoration (Shading, And Measurements Included), Replacement Glove For Above	Y	Y	1 per 2 years
	EXTERNAL POWER - BATTERY COMPONENTS - L7360-L7498			
L7499	Unlisted Procedures For Upper Extremity Prosthesis-Must Include Detailed Description	Y	Y	
	REPAIRS - L7510-L7520			
L7510	Repair Prosthetic Dev, <\$120	S	N	1 per 120 Days
L7510	Repair Prosthetic Dev. >\$120	Y	N	
L7520	Repair Posthetic Dev. Labor per 15 min.	S	N	
Note:	For reimbursement of repairs requiring materials and labor, the appropriate procedure codes must be submitted together on the same claim for the same date of service.			
	Prior authorization is required for orthotic and prosthetic device repair or replacement less than or equal to one hundred and twenty dollars when repair or replacement of the orthotic or prosthetic device is in excess of one repair or replacement per consumer per one hundred and twenty day period.			
	GENERAL - BREAST PROSTHESES - L8000-L8099			
L8000	Breast Prosthesis, Mastectomy Bra	N	Y	2 per year
L8010	Breast Prosthesis, Mastectomy Sleeve	N	N	3 per year
L8015	External breast prosthesis garment with form	Y	Y	3 per year
L8020	Breast Prosthesis, Mastectomy Form, Each	Y	Y	1 per 2 years
L8030	Breast Prosthesis, Silicone Or Equal	Y	Y	1 per 2 years
L8035	Custom breast prosthesis, molded to patient model	Y	Y	1 per 2 years

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
5101:3-10-20	APPENDIX A			
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
	GENERAL - TRUSSES - L8300-L8399			
L8300	Truss, Single With Standard Pad	Y	Y	2 per year
L8310	Truss, Double With Standard Pads	Y	Y	2 per year
L8320	Truss, Addition To Standard Pad, Water Pad	Y	Y	2 per year
L8330	Truss, Addition To Standard Pad, Scrotal Pad	Y	Y	2 per year
	PROSTHETIC SOCKS - L8400-L8499			
L8400	Prosthetic Sheath, Below Knee, Each	N	Y	12 per year
L8410	Prosthetic Sheath, Above Knee, Each	N	Y	12 per year
L8415	Prosthetic Sheath, Upper Limb, Each	N	Y	12 per year
L8417	Prosthetic sock/sheath, including a gel cushion liner, below knee or above knee, each	Y	Y	12 per year
L8420	Prosthetic Sock, Wool, Below Knee, Each	N	Y	12 per year
L8430	Prosthetic Sock, Wool, Above Knee, Each	N	Y	12 per year
L8435	Prosthetic Sock, Multiple Ply, Upper Limb, Each	N	Y	12 per year
L8440	Prosthetic Shrinker, Below Knee, Each	N	Y	2 per year
L8460	Prosthetic Shrinker, Above Knee, Each	N	Y	2 per year
L8465	Prosthetic Shrinker, Upper Limb, Each	N	Y	2 per year
L8470	Stump Sock, Single Ply, Fitting, Below Knee, Each	N	Y	24 per year
L8480	Stump Sock, Single Ply, Fitting, Above Knee, Each	N	Y	24 per year
L8485	Stump Sock, Single Ply, Fitting, Upper Limb, Each	N	Y	24 per year
L8499	Unlisted Procedures For Miscellaneous Prosthetic Services-Must Include Detailed Description	Y	Y	
	SPEECH AIDS			
E1340	Repair for DME/ Labor per 15 minutes	S	N	1 per 120 days
*E1399	Adapt com device minor repair <\$100	S	N	1 per 120 days

5101:3-10-20 APPENDIX A Amended
1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
*E1399	Adapt com device major repair > \$100	Y	N	1 per 120 days
L8500	Artificial Larynx	Y	Y	1 per 4 years
L8501	Tracheostomy Speaking Valve, ea. Set	Y	Y	1 per 4 months
E2500	Speech Gen Device, Digitized Speech, Pre-recorded Msg Less Than or Equal to 8 Min	Y	N	1 per 5 years
E2502	Speech Gen Device, Digitized Speech, Pre-recorded Msg, Greater Than 8 Min but less than or equal to 20 min	Y	N	1 per 5 years
E2504	Speech Gen Device, Digitized Speech, Pre-recorded Msg, Greater Than 20 < 40 min	Y	N	1 per 5 years
E2506	Speech Gen Device, Digitized Speech, Pre-recorded Msg, Greater Than 40 min	Y	N	1 per 5 years
E2508	Speech Gen Device, Sythetized Speech requiring message formulation by spelling and acces by physical contact with device	Y	N	1 per 5 years
E2510	Speech Gen Device, Synthetized Speech permitting multiple methods of message form. & device access	Y	N	1 per 5 years
E2511	Speech Gen Software for personal computer or digital asst.	Y	N	1 per 5 years
E2512	ACC For Speech Gen Dev, Mounting System	Y	N	1 per 5 years
E2599	ACC For Speech Gen Dev, NOS	Y	N	1 per 5 years

**NOTE: * RP MODIFER MUST BE SUBMITTED
WHEN E1399 IS USED FOR A REPAIR
CLAIM.**

For reimbursement of repairs requiring materials and labor, the appropriate procedure codes must be submitted together on the same claim for the same date of service.

S= Situational, Prior Authorization is not required for the first minor repair within a 120 day period.

All major repairs and subsequent mirnor repairs within a 120 period require prior authorization.

**HEARING AIDS-codes effective for dates of service
9/1/05 and after**

V5030	Body-worn hearing aid air	Y	N	1 per 4 years
V5040	Body-worn hearing aid bone	Y	N	1 per 4 years
V5050	Hearing aid monaural in ear	Y	N	1 per 4 years
V5060	Behind ear hearing aid	Y	N	1 per 4 years
V5070	Hearing aid, glasses air conduction	Y	N	1 per 5 years
V5080	Hearing aid, glasses bone conduction	Y	N	1 per 5 years
V5130	In ear binaural hearing aid	Y	N	1 per 4 years

5101:3-10-20 APPENDIX A

Amended
1/1/2012LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
V5140	Behind ear binaur hearing aid	Y	N	1 per 4 years
V5150	Glasses binaural hearing aid	Y	N	1 per 5 years
V5160	Dispensing fee, binaural	N	N	1 per 5 years
V5170	Within ear cros hearing aid	Y	N	1 per 4 years
V5180	Behind ear cros hearing aid	Y	N	1 per 4 years
V5190	Glasses cross hearing aid	Y	N	1 per 5 years
V5200	Dispensing fee, Cros hearing aid	N	N	1 per 5 years
V5210	In ear bicros hearing aid	Y	N	1 per 4 years
V5220	Behind ear bicros hearing aid	Y	N	1 per 4 years
V5230	Glasses bicros hearing aid	Y	N	1 per 5 years
V5240	Dispensing fee, Bicros hearing aid	N	N	1 per 5 years
V5241	Dispensing fee, monaural	N	N	1 per 5 years
V5246	Hearing aid, prog, mon, ite	Y	N	1 per 5 years
V5247	Hearing aid, prog, mon, bte	Y	N	1 per 5 years
V5252	Hearing aid, prog, bin, ite	Y	N	1 per 5 years
V5253	Hearing aid, prog, bin, bte	Y	N	1 per 5 years
V5256	Hearing aid, digit, mon, ite	Y	N	1 per 5 years
V5257	Hearing aid, digit, mon, bte	Y	N	1 per 5 years
V5260	Hearing aid, digit, bin, ite	Y	N	1 per 5 years
V5261	Hearing aid, digit, bin, bte	Y	N	1 per 5 years
V5264	Ear mold, insert (initial ear mold is covered as part of hearing aid)	N	N	4 per year under age 5, over age 5 is 1 per ear per 2 years
V5266	Battery for hearing aid device	N	N	4 per mo. per aid
V5267	Hearing aid supplies/ accessories	Y	N	1 per year

HEARING AID repair codes in effect

V5014	Hearing Aid Repair/Modification, Minor (less than or equal to \$100 per occurrence), Includes Parts, Labor And Postage/Delivery	S	N	1 per 120 days
V5014	Hearing Aid Repair, Major (greater than \$100 per occurrence), Includes Parts, Labor And Postage/Delivery	Y	N	1 per year

S=Situational, Prior Authorization is not required for the first minor repair within a 120 day period.

All major repairs and subsequent minor repairs within a 120 day period require prior authorization.

REPLACEMENT BATTERIES FOR COCHLEAR
IMPLANTS

L7368	Lithium ion battery charger	Y	Y	1 per 5 years
L8621	Zinc air battery, replacement, each	N	Y	25 per month per implant

5101:3-10-20 APPENDIX A Amended
1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L8622	Alkaline battery, replacement, each	N	Y	31 per month per implant
L8623	Lithium battery , replacement, other than ear level, ea.	N	Y	2 per year per implant
L8624	Lithium battery, replacement, ear level, ea.	N	Y	2 per year per implant

NOTE: L8621 OR L8622 CAN BE REIMBURSED IN
CONJUNCTION WITH L8624.
L8621 OR L8622 CANNOT BE REIMBURSED IN
CONJUNCTION WITH L8623.

L8623 AND L8624 CAN BE REIMBURSED IN
CONJUNCTION WITH EACH OTHER AS LONG AS
L8621 AND/OR L8622 ARE NOT BEING
CONCURRENTLY REIMBURSED FOR THE SAME
CONSUMER DURING THE SAME BENEFIT
PERIOD.