



P Durable Medical Equipment (DME) Procedure Codes and Modifiers

Medicaid authorizes supplies, appliances and durable medical equipment (DME) to Medicaid recipients of any age living at home. A provider of these benefits must ensure the following:

- The supplies, appliances and DME are for medical therapeutic purposes.
- The items will minimize the necessity for hospitalization, nursing facility or other institutional care.

The (837) Institutional electronic claim and the paper claim have been modified to accept up to four Procedure Code Modifiers.

EPSDT Referred Services

The procedure codes identified with an asterisk (*) are available for all Medicaid recipients. However, if these procedure codes exceed Medicaid established limits or program guidelines, a current EPSDT screening, Patient 1st referral (if applicable) and prior authorization would be required. A prior authorization may be required before Medicaid would make reimbursement for service provided beyond the limitations.

Modifiers

The following modifiers should be added to the five character Healthcare Common Procedure Coding System (HCPCS) code when appropriate:

- **CG – Informational modifier only**
Used when submitting claims for L0628 for recipients ages 21-65
- **CR - Catastrophe/Disaster Related Replacement**
Effective February 1, 2012, disaster claims related to fire and theft should be submitted electronically to the Fiscal Agent for processing. Providers must file these claims with the appropriate HCPCS code and Modifier CR. Documentation must accompany prior authorization requests (when needed) for replacement in these instances. The provider must keep all documentation (fire report, theft report, etc.) in the recipient's file. These claims will be monitored by Alabama Medicaid on a quarterly basis.
- **LL - Lease/Rental (applied to purchase)**
Used when DME equipment rental is to be applied against the purchase price (capped rentals)

- **RA - Replacement of a DME Item**

Indicates prior approved (PA) replacement of DME that exceeds the benefit limit.

- **RB - Replacement of a Part of DME Furnished as Part of a Repair (Effective July 1, 2014)**

Indicates replacement and repair of Durable Medical Equipment (excluding orthotics, prosthetics and assistive communication devices) that is no longer covered by the mandatory one year warranty and meets the Agency's Repair PA exemption requirements.

Must also accompany procedure code K7039

- **RR - Rental (continuous)**

Used when DME reimbursed by Alabama Medicaid as a continuous rental

- **U6 - Benefit Limit Override**

Used to override benefit limit for specified items/supplies. For example, used when dispensing insulin related supplies for insulin dependent recipient with diabetes diagnosis versus non-insulin dependent recipient with no diabetes diagnosis. The benefit limit for each of these categories is listed on the DME Fee Schedule.

- **U8 - Benefit Limit Override**

Used to override benefit limit for specified items/supplies. The DME Fee Schedule(s) list the applicable procedure codes and benefit limits.

NOTE:

The following procedure codes for the ambulation devices may not be billed at the same time: E0100, E0110, E0112, E0130, E0135, E0135 (RR), E0140, E0143, E0148, E0148 (RR) and E0149.

NOTE:

Include a copy of the Oxygen Certification Form (Form 360) with oxygen requests. This form is used for initial certification, recertification, and changes in the oxygen prescription. This form must be filled out, signed and dated by the ordering physician.

Supplies used with BI-PAP and CPAP Machines

| | |
|-------|--|
| A7030 | Full mask fused with positive airway pressure device |
| A7031 | Face mask interface, replacement for full facemask, each |
| A7032 | Replacement cushion for nasal application device, each |
| A7033 | Replacement pillows for nasal application device, pair |
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, without head strap |
| A7035 | Headgear used positive airway pressure device |
| A7036 | Chinstrap used with positive airway pressure device |
| A7037 | Tubing used with positive airway pressure device |
| A7038 | Filter, disposable, used with positive airway pressure device |
| A7039 | Filter, non disposable, used with positive airway pressure device |
| A7044 | Oral interface used with positive airway pressure device, each |
| A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement each |

NOTE:

Procedure codes A4362 and A5121 may not be billed on the same date of service as A4414 or A4415. Procedure code A5063 may not be billed on the same date of service as A5052.

External Breast Prosthesis**NOTE:**

* Evaluated External Breast Prosthesis on a case-by-case basis with submission of pricing information and medical documentation for procedure codes L8035 and L8039.

Complex Rehabilitation Technology (CRT) Category Procedure Codes

The related HCPCS billing codes include, but are not limited to:

- a. Pure CRT Codes: *These HCPCS codes contain 100% CRT products:*

E0637, E0638, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1014, E1037, E1161, E1228, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E2209, E2293, E2294, E2300, E2301, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2351, E2373, E2374, E2376, E2377, E2609, E2617, E8000, E8001, E8002, K0005, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, and K0898.

- b. Mixed CRT Codes: *These HCPCS codes contain a mix of CRT products and standard mobility and accessory products: E0143, E0950, E0951, E0952, E0955, E0956, E0957, E0960, E0967, E0978, E0990, E1015, E1016, E1028, E101029, E1030, E2205, E2208, E2231, E2368, E2369, E2370, E2605, E2606, E2607, E2608, E2613, E2614, E2615, E2616, E2620, E2621, E2624, E2625, K0009, K0040, and K0108.*

NOTE:

To file a claim for procedure codes E1399 or E1399 (EP):

1. The procedure code must be entered on the claim as one line item.
2. The units billed must be entered as “1” unit.
3. The dollar amount billed must be the “total” dollar amount for all items approved on the prior authorization for the date of service on the claim.

In other words, the money amounts for multiple items approved on a prior authorization request for E1399 or E1399 (EP) must be combined and the total money amount must be billed as one lump sum. The total units for all items must be billed as “one” unit.

If each approved item for E1399 or E1399 (EP) is billed on separate lines or if more than one unit is billed, for the same dates of service, the claim will be denied.

Prosthetics, Orthotics and Pedorthics

All orthotics and prosthetics (L Codes) are covered for children up to the age of 21 through the EPSDT Program with a current screening and referral. Most of prosthetic, orthotic and pedorthic codes in this section are covered through the EPSDT Program and do not require prior authorization. The L codes that require an EPSDT Screening and a prior authorization are denoted with two asterisks (**)..

Certain Prosthetic, Orthotic and Pedorthic codes are covered for the adult population ages 21-64. These L codes are denoted with three asterisks (***).. Information regarding medical policy and coverage of these codes for adults can be found in Chapter 14 of the DME Provider Manual.

DME Fee Schedule

The DME Fee Schedule is located on the Alabama Medicaid website and can be accessed by clicking the following link:

http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx

Call Automated Voice Response System (AVRS) at 1-800- 727-7848 to verify current coverage and reimbursement for each procedure code.

Submit requests to add procedure codes to this list in writing to the Alabama Medicaid Agency, 501 Dexter Avenue, P. O. Box 5624, Montgomery, AL 36103-5624, Attention: DME Program.

An "X" in the Requires PA column indicates that the procedure requires prior authorization.

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| A4206 | | Syringe With Needle, Sterile 1cc, Each | |
| A4208* | | Syringe With Needle, Sterile 3cc, Each | |
| A4209 | | Syringe With Needle, Sterile 5cc Or Greater, Each | |
| A4210 | | Needle-Free Injection Device, Each | |
| A4213* | | Syringe, Sterile, 20cc Or Greater, Each | |
| A4215* | | Needle, Sterile, Any Size, Each (Home Iv) | |
| A4216 | | Sterile Water, Saline and/or Dextrose (Diluent), 10 ml | |
| A4217 | | Sterile Water/Saline, 500 ml | |
| A4212 | | Noncoring Needle Or Stylet With Or Without Catheter (Huber Needle) | |
| A4221 | | Supplies For Maintenance Of Drug Infusion Catheter, Per Week (List Drug Separately) | |
| A4222 | | Infusion Supplies For External Drug Infusion Pump, Per Cassette Or Bag (List Drugs Separately) | |
| A4230 | | Infusion Set For External Insulin Pump, Nonneedle Cannula Type | |
| A4232 | | Syringe With Needle For External Insulin Pump, Sterile, 3cc | |
| A4233* | | Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each | |
| A4234* | | Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each | |
| A4235* | | Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each | |
| A4236* | | Replacement Batter, Silver Oxide, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each | |
| A4244 | | Alcohol Or Peroxide, Per Pint | |
| A4245* | | Alcohol Wipes, Per Box | |
| A4246 | | Betadine Or Phisohex Solution, Per Pint | |
| A4247* | | Betadine Or Iodine Swabs/Wipes, Per Box | |
| A4250* | | Urine Test Or Reagent Strips Or Tablets (100 Tablets Or Strips) | |
| A4253* | | Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips | |
| A4253* | U6 | Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips | |
| A4253* | U6 | Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips | |
| A4256* | | Normal, Low And High Calibrator Solution/Chips | |
| A4258* | | Spring-Powered Device For Lancet, Each | |
| A4259* | | Lancets, Per Box Of 100 | |
| A4259 | U6 | Lancets, Per Box Of 100 | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| A4259 | SC | Lancets, Per Box Of 25 | |
| A4335 | | Incontinence Supply; Miscellaneous | |
| A4338* | | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each | |
| A4340 | | Indwelling Catheter; Specialty Type, (e.g., Coude, mushroom, wing, etc.), Each | |
| A4344* | | Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each | |
| A4349* | | Male External Catheter, With Or Without Adhesive, Disposable, Each | |
| A4349* | | Male External Catheter, With Or Without Adhesive, Disposable, Each | |
| A4351* | | Intermittent Urinary Catheter; Straight Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each | |
| A4351* | | Intermittent Urinary Catheter; Straight Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each | |
| A4352 | | Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each | |
| A4352 | | Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each | |
| A4354* | | Insertion Tray With Drainage Bag But Without Catheter | |
| A4357* | | Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each | |
| A4358* | | Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each | |
| A4362* | | Skin Barrier; Solid, 4 X 4 Or Equivalent; Each | |
| A4364* | | Adhesive, Liquid Or Equal, Any Type, Per Oz | |
| A4367* | | Ostomy Belt, Each | |
| A4400* | | Ostomy Irrigation Set | |
| A4402* | | Lubricant, Per Ounce | |
| A4404 | | Ostomy Ring, Each | |
| A4414* | | Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each | |
| A4415* | | Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, Larger Than 4x4 Inches, Each | |
| A4421 | SC | Ostomy Supply, Miscellaneous | X |
| A4450* | | Tape, Non-Waterproof, Per 18 Square Inches | |
| A4452* | | Tape, Waterproof, Per 18 Square Inches | |
| A4456 | | Adhesive Remover, Wipes, Any Type, Each | |
| A4606 | | Oxygen Probe For Use With Oximeter Device, Replacement | X |
| A4605 | | Tracheal Suction Catheter, Closed System, Each | |
| A4614 | | Peak Expiratory Flow Rate Meter, Hand Held | |
| A4618 | | Breathing Circuits | |
| A4623 | | Tracheostomy, Inner Cannula | |
| A4624* | | Tracheal Suction Catheter, Any Type Other Than Closed System, Each | |
| A4625 | | Tracheostomy Care Kit For New Tracheostomy | |
| A4628* | | Oropharyngeal Suction Catheter, Each | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| A4629* | | Tracheostomy Care Kit For Established Tracheostomy | |
| A4640 | | Alternating Pressure Pad | X |
| A4927* | | Gloves, Non-Sterile, Per 100 | |
| A5052* | | Ostomy Pouch, Closed; Without Barrier Attached (1 Piece), Each | |
| A5054* | | Ostomy Pouch, Closed; For Use On Barrier With Flange (2 Piece), Each | |
| A5061* | | Ostomy Pouch, Drainable; With Barrier Attached, (1 Piece), Each | |
| A5063* | | Ostomy Pouch, Drainable; For Use On Barrier With Flange (2 Piece System), Each | |
| A5071* | | Ostomy Pouch, Urinary; With Barrier Attached (1 Piece), Each | |
| A5120 | | Skin Barrier, Wipes Or Swaps, Each | |
| A5121* | | Skin Barrier; Solid, 6 X 6 Or Equivalent, Each | |
| A5500* | | Diabetic Fitting (Including Follow-Up) Custom Off The Shelf Shoe (Per Shoe) | |
| A5500*** | | Diabetic Fitting (Including Follow-Up) Custom Off The Shelf Shoe (Per Shoe) | |
| A5501*** | | Diabetic Custom Molded Shoe, (Per Shoe) | |
| A5513* | | Diabetic Multiple Density Insert, Custom Molded From Patient's Foot, Each | |
| A5513*** | | Diabetic Multiple Density Insert, Custom Molded From Patient's Foot, Each | |
| A6216* | | Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing | |
| A6217* | | Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing | |
| A6222 | | Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size 16 SP IN. Or Less, Without Adhesive Border, Each Dressing | |
| A6266 | | Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Past, Sterile, Any Width Per Linear Yard | |
| A6402* | | Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing | |
| A6403* | | Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing | |
| A6501 | | Compress Burn Garment, Bodysuit (Head To Foot), Custom Fabricated | X |
| A6502 | | Compression Burn Garment, Chin Strap, Custom Fabricated | X |
| A6503 | | Compression Burn Garment, Facial Hood, Custom Fabricated | X |
| A6504 | | Compression Burn Garment, Glove To Wrist, Custom Fabricated | X |
| A6505 | | Compression Burn Garment, Glove To Elbow, Custom Fabricated | X |
| A6507 | | Compression Burn Garment, Foot To Knee Length, Custom Fabricated | X |
| A6508 | | Compression Burn Garment, Foot To Thigh Length, Custom Fabricated | X |
| A6509 | | Compression Burn Garment, Upper Trunk To Waist Including Arm Openings (Vest), Custom Fabricated | X |
| A6511 | | Compression Burn Garment, Lower Trunk Including Leg Openings (Pantry), Custom Fabricated | X |
| A6512 | | Compression Burn Garment, Not Otherwise Classified | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| A6513 | | Compression Burn Mask, Face and/or Neck, Plastic Or Equal, Custom Fabricated | X |
| A6530* | | Gradient Compression Stocking, Below Knee, 18-30 mm Hg, Each | |
| A6531* | | Gradient Compression Stocking, Below Knee, 30-40, Each | |
| A6533* | | Gradient Compression Stocking, Thigh Length, 18-30 mm Hg, Each | |
| A7000 | | Canister, Disposable, Used With Suction Pump, Each | |
| A7001 | | Canister, Non-Disposable, Used With Suction Pump, Each | |
| A7002 | | Tubing, Used With Suction Pump, Each | |
| A7003* | | Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Disposable | |
| A7005* | | Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-Disposable | |
| A7008 | | Large Volume Nebulizer, Disposable, Prefilled, Used With Aerosol Compressor | |
| A7010 | | Corrugated Tubing, Disposable, Used With Large Volume Nebulizer, 100 Ft. (Aerosol Tubing) | |
| A7012 | | Water Collection Device, Used With Large Volume Nebulizer (Drain Bag) | |
| A7015 | | Aerosol Mask, Used With DME Nebulizer | |
| A7030 | | Full Face Mask Used With Positive Airway Pressure Device | X |
| A7031 | | Face Mask Interface, Replacement For Full Facemask, Each | |
| A7032 | | Replacement Cushion For Nasal Application Device, Each | |
| A7033 | | Replacement Pillows For Nasal Application Device, Pair | |
| A7034 | | Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, Without Head Strap | |
| A7035 | | Headgear Used Positive Airway Pressure Device | |
| A7036 | | Chinstrap Used With Positive Airway Pressure Device | |
| A7037 | | Tubing Used With Positive Airway Pressure Device | |
| A7038 | | Filter, Disposable, Used With Positive Airway Pressure Device | |
| A7039 | | Filter, Non Disposable , Used With Positive Airway Pressure Device | |
| A7044 | | Oral Interface Used With Positive Airway Pressure Device, Each | |
| A7046 | | Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement Each | |
| A7509 | | Heat Moisture Exchange System Filter Housing, and Adhesive, For Use As A Tracheostomy Heat and Moisture Exchange System, Each | X |
| A7520 | | Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvinylchloride (PVC), Silicone Or Equal, Each | |
| A7525 | | Tracheostomy Mask, Each | |
| A7526 | | Tracheostomy Tube Collar/Holder, Each | |
| A8000 | | Helmet, Protective, Soft, Prefabricated, Includes All Components And Accessories | X |
| A8001 | | Helmet, Protective, Hard, Prefabricated, Includes All Components And Accessories | X |
| A9900 | | Miscellaneous DME Supply, Accessory, and/or Service Component Of Another HCPC Code (Suction Bacteria Filters) | |

Durable Medical Equipment (DME) Procedure Codes and Modifiers

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| B4034 | | Enteral Feeding Supply Kit; Syringe, Per Day | X |
| B4035 | | Enteral Feeding Supply Kit; Pump Fed, Per Day (Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump.) | X |
| B4035 | | Enteral Feeding Supply Kit; Pump Fed, Per Day | X |
| B4036 | | Enteral Feeding Supply Kit; Gravity Fed, Per Day | X |
| B4081* | | Nasogastric Tubing With Stylet | |
| B4082* | | Nasogastric Tubing Without Stylet | |
| B4087 | | Gastrostomy/Jejunostomy Tube, Standard, Any Material, Any Type, Each | |
| B4088 | | Gastrostomy/Jejunostomy Tube, Low Profile, Any Material, Any Type, Each (Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump.) | X |
| B4088 | | Gastrostomy/Jejunostomy Tube, Low Profile, Any Material, Any Type, Each | X |
| B4220 | | Parenteral Supply Kit, Premix, Per Day | |
| B4222 | | Parenteral Supply Kit, Home Mix, Per Day, | |
| B4224 | | Parenteral Nutrition Administration Kit, Per Day | |
| B9002 | | Enteral Nutrition Infusion Pump - With Alarm (Per Day) (Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump) | X |
| B9002 | RR | Enteral Nutrition Infusion Pump - With Alarm (Per Day)(Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump). | X |
| B9004* | RR | Parenteral Nutrition Infusion Pump, Portable | X |
| B9006* | RR | Parenteral Nutrition Infusion Pump, Stationary | X |
| B9998 | EP | NOC For Enteral Supplies(Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump) | X |
| E0100* | | Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip | |
| E0105* | | Cane, Quad Or Three Prong, Includes Canes Of All Materials, Adjustable Or Fixed, With Tips | |
| E0110* | | Crutches, Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Pair, Complete With Tips And Handgrips | |
| E0112* | | Crutches, Underarm, Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips | |
| E0114 | | Crutches, Underarm Other Than Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips | |
| E0130* | RR | Walker, Rigid (Pickup), Adjustable Or Fixed Height | |
| E0130* | | Walker, Rigid (Pickup), Adjustable Or Fixed Height | |
| E0135* | RR | Walker, Folding (Pickup), Adjustable Or Fixed Height | |
| E0135* | | Walker, Folding (Pickup), Adjustable Or Fixed Height | |
| E0140 | | Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type | X |
| E0143 | | Walker, Folding, Wheeled, Adjustable Or Fixed Height | |
| E0148 | RR | Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each | X |
| E0148 | | Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each | X |
| E0149 | | Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| E0153 | | Platform Attachment, Forearm Crutch, Each | X |
| E0163* | RR | Commode Chair, Stationary, With Fixed Arms | |
| E0163* | | Commode Chair, Stationary, With Fixed Arms | |
| E0165* | RR | Commode Chair, Mobile Or Stationary, With Detachable Arms | |
| E0165* | | Commode Chair, Mobile Or Stationary, With Detachable Arms | |
| E0168* | | Commode Chair, Extra Wide and/or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | X |
| E0181* | RR | Powered Pressure Reducing Mattress Overlay/Pad, Alternating With Pump Includes Heavy Duty | X |
| E0181* | | Powered Pressure Reducing Mattress Overlay/Pad, Alternating With Pump Includes Heavy Duty | X |
| E0182 | | Pump For Alternating Pressure Pad, For Replacement Only | X |
| E0184 | RR | Dry Pressure Mattress | |
| E0184 | | Dry Pressure Mattress | |
| E0185* | RR | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length and Width | X |
| E0185* | | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length and Width | X |
| E0188* | RR | Synthetic Sheepskin Pad | |
| E0188* | | Synthetic Sheepskin Pad | |
| E0191* | | Heel Or Elbow Protector, Each | |
| E0202 | RR | Phototherapy (bilirubin) Light With Photometer | |
| E0210* | RR | Electric Heat Pad, Standard | |
| E0210* | | Electric Heat Pad, Standard | |
| E0250* | RR | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | X |
| E0250* | | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | X |
| E0255* | RR | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | X |
| E0255* | | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | X |
| E0260* | RR | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | X |
| E0260* | | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | X |
| E0271* | RR | Mattress, Innerspring | X |
| E0271* | | Mattress, Innerspring | X |
| E0275* | RR | Bed Pan, Standard, Metal Or Plastic | |
| E0275* | | Bed Pan, Standard, Metal Or Plastic | |
| E0276* | | Bed Pan, Fracture, Metal Or Plastic | |
| E0277 | RR | Powered Pressure-Reducing Air Mattress | X |
| E0280 | RR | Bed Cradle, Any Type | X |
| E0280 | | Bed Cradle, Any Type | X |
| E0303* | | Hospital Bed, Heavy Duty, Extra Wide With Weight Capacity Greater Than 350 Pounds, But Less Than 600 Pounds With Any Type Side Rails With Mattress | X |
| E0304* | | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds With Any Type Side Rails With Mattress (Invoice) | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| E0310* | RR | Bed Side Rails, Full Length | X |
| E0310 | | Bed Side Rails, Full Length | X |
| E0424* | RR | Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, and Tubing | X |
| E0431* | RR | Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flow Meter, Humidifier, Cannula Or Mask, And Tubing | X |
| E0441* | | Oxygen Contents, Gaseous (For Use With Owned Gaseous Stationary Systems Or When Both A Stationary And Portable Gaseous System Are Owned), 1 Month's Supply = 1 | X |
| E0443 | | Portable Oxygen Contents, Gaseous (For Use Only With Portable Gaseous Systems When No Stationary Gas Or Liquid System Is Used), 1 Month's Supply = 1 Unit | X |
| E0445 | | Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively (Per Overnight Oximetry Encounter) | X |
| E0445 | RR | Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively | X |
| E0450 | RR | Volume Control Ventilator, Without Pressure Support Mode, May Include Pressure Control Mode, Used With Invasive Interface (E.G., Tracheostomy Tube) | X |
| E0461 | RR | Volume Control Ventilator, Without Pressure Support Mode, May Include Pressure Control Mode, Used With Non-Invasive Interface (E.G. Mask) | X |
| E0463 | RR | Pressure Support Ventilator With Volume Control Mode, May Include Pressure Control Mode, Used With Invasive Interface (E.G. Tracheostomy Tube) | X |
| E0464 | RR | Pressure Support Ventilator With Volume Control Mode, May Include Pressure Control Mode, Used With Non-Invasive Interface (e.g.mask) | |
| E0470 | RR | Respiratory Assist Device, Bi-Level Pressure Capability, Without Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask | X |
| E0471 | RR | Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask | X |
| E0472 | RR | Respiratory Assist Device, Bi-Level Pressure Capability, Without Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Tracheostomy Tube (intermittent assist device with continuous positive airway pressure device) | X |
| E0480 | | Percussor, Electric Or Pneumatic, Home Model | X |
| E0482 | RR | Cough Stimulating Device, Alternating Positive And Negative Airway Pressure | X |
| E0483 | RR | High Frequency Chest Wall Oscillation Air Pulse Generator System (Includes Hoses And Vest) (Rent To Purchase) | X |
| E0550 | RR | Humidifier, Durable For Extensive Supplemental Humidification During IPPB Treatments Or Oxygen Delivery | X |
| E0550 | | Humidifier, Durable For Extensive Supplemental Humidification During IPPB Treatments Or Oxygen Delivery | X |
| E0561 | RR | Humidifier, Non-Heated, Used With Positive Airway Pressure Device | X |
| E0561 | | Humidifier, Non-Heated, Used With Positive Airway Pressure Device | X |
| E0562 | RR | Humidifier, Heated, Used With Positive Airway Pressure Device | X |
| E0565 | RR | Compressor, Air Power Source For Equipment Which Is Not Self-Contained Or Cylinder Driven | X |
| E0570* | RR | Nebulizer, With Compressor | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| E0570* | | Nebulizer, With Compressor | |
| E0575 | RR | Nebulizer, Ultrasonic, Large Volume | X |
| E0585 | RR | Nebulizer With Compressor And Heater | X |
| E0600* | RR | Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric | X |
| E0600* | | Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric | X |
| E0601 | RR | Continuous Airway Pressure (CPAP) Device | X |
| E0601 | LL | Continuous Airway Pressure (CPAP) Device | X |
| E0601 | RA | Continuous Airway Pressure (CPAP) Device | X |
| E0607* | RR | Home Blood Glucose Monitor | |
| E0607* | | Home Blood Glucose Monitor | |
| E0619 | RR | Apnea Monitor, With Recording Feature | X |
| E0621* | | Sling Or Seat, Patient Lift, Canvas Or Nylon | |
| E0630* | | Patient Lift, Hydraulic, With Seat Or Sling | X |
| E0630 | RR | Patient Lift, Hydraulic, With Seat Or Sling | X |
| E0635 | | Patient Lift, Electric, With Seat Or Sling | X |
| E0650 | RR | Pneumatic Compressor, Non-Segmental Home Model | X |
| E0650 | | Pneumatic Compressor, Non-Segmental Home Model | X |
| E0667 | RR | Pneumatic Appliance For Use With Segmental Pneumatic Compressor, Leg | X |
| E0667 | | Pneumatic Appliance For Use With Segmental Pneumatic Compressor, Leg | X |
| E0668 | RR | Arm Appliance For Linear Pump | X |
| E0668 | | Arm Appliance For Linear Pump | X |
| E0705* | | Transfer Device, Any Type, Each | |
| E0776* | RR | Iv Pole | |
| E0776* | | Iv Pole | |
| E0779 | | Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours Or Greater | X |
| E0781* | RR | Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Battery Operated, With Administrative Equipment, Worn By Patient | X |
| E0784 | RR | External Ambulatory Infusion Pump, Insulin (Rent To Purchase) | X |
| E0791 | RR | Parenteral Infusion Pump, Stationary, Single Or Multi-Channel | X |
| E0850 | RR | Traction Stand, Free Standing, Simple Cervical Traction | X |
| E0850 | | Traction Stand, Free Standing, Simple Cervical Traction | X |
| E0890 | RR | Traction Frame, Attached To Footboard, Simple Pelvic Traction | X |
| E0890 | | Traction Frame, Attached To Footboard, Simple Pelvic Traction | X |
| E0910* | RR | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | X |
| E0910* | | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | X |
| E0911* | | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | X |
| E0912* | | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | X |
| E0944 | | Pelvic Belt/Harness Boot | X |
| E0950 | | Wheelchair Accessory, Tray, Each | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| E0951* | | Wheel Loop/Holder, Any Type, With Or Without Ankle Strap, Each | X |
| E0952 | | Toe Loop/Holder, Any Type, Each | X |
| E0955 | | Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each | X |
| E0956 | | Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed Mounting Hardware, Each | X |
| E0957 | | Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting Hardware, Each | X |
| E0958* | | Manual Wheelchair Accessory, One-Arm Drive Attachment, Each | X |
| E0959 | | Manual Wheelchair Accessory, Adapter For Amputee, Each | X |
| E0959 | | Manual Wheelchair Accessory, Adapter For Amputee, Each | X |
| E0960 | | Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware | X |
| E0961 | | Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each | X |
| E0966 | | Manual Wheelchair Accessory, Headrest Extension, Each | X |
| E0967 | | Manual Wheelchair Accessory, Hand Rim With Projections, Any Type, Replacement Only, Each | X |
| E0971* | RR | Manual Wheelchair Accessory, Anti-Tipping Device, Each | X |
| E0971* | | Manual Wheelchair Accessory, Anti-Tipping Device, Each | X |
| E0973 | | Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each | X |
| E0974 | | Manual Wheelchair Accessory, Anti-Rollback Device, Each | X |
| E0978* | | Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each | X |
| E0980* | | Safety Vest, Wheelchair | X |
| E0981 | | Wheelchair Accessory, Seat Upholstery, Replacement Only, Each | X |
| E0982 | | Wheelchair Accessory, Back Upholstery, Replacement Only, Each | X |
| E0983 | | Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control | X |
| E0984 | | Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Tiller Control | X |
| E0985 | | Wheelchair Accessory, Seat Lift Mechanism | X |
| E0986 | | Manual Wheelchair Accessory, Push Activated Power Assist, Each | X |
| E0990 | | Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each | X |
| E0992 | | Manual Wheelchair Accessory, Solid Seat Insert | X |
| E0994 | | Arm Rest, Each | X |
| E0995 | | Wheelchair Accessory, Calf Rest/Pad, Each | X |
| E1002 | | Wheelchair Accessory, Power Seating System, Tilt Only | X |
| E1003 | | Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction | X |
| E1004 | | Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction | X |
| E1005 | | Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction | X |
| E1006 | | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| E1007 | | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction | X |
| E1008 | | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction | X |
| E1009 | | Wheelchair Accessory, Addition To Power Seating System Mechanically Linked Leg Elevation System, Including Pushrod And Leg Rest, Each | X |
| E1010 | | Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair | X |
| E1011 | | Modification To Pediatric Size Wheelchair, Width Adjustment Package (Not To Be Dispensed With Initial Chair) | X |
| E1014 | | Reclining Back, Addition To Pediatric Size Wheelchair | X |
| E1015 | | Shock Absorber For Manual Wheelchair, Each | X |
| E1016 | | Shock Absorber For Power Wheelchair, Each | X |
| E1017 | | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each | X |
| E1018 | | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each | X |
| E1020 | | Residual Limb Support System For Wheelchair | X |
| E1028* | | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory | X |
| E1029 | | Wheelchair Accessory, Ventilator Tray, Fixed | X |
| E1030 | | Wheelchair Accessory, Ventilator Tray, Gimbaleed | X |
| E1031 | RR | Rollabout Chair, Any And All Types With Castors 5" Or Greater | X |
| E1031 | | Rollabout Chair, Any And All Types With Castors 5" Or Greater | X |
| E1035 | | Multi-Positional Patient Transfer With Integrated Seat, Operated By Caregiver, Patient Weight Up To And Including 300 Lbs (This Code Is Used To Cover Adaptive Strollers, Equipment And Accessories) | X |
| E1037* | RR | Transport Chair, Pediatric Size | X |
| E1037* | | Transport Chair, Pediatric Size | X |
| E1050* | RR | Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests | X |
| E1050* | | Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests | X |
| E1060* | RR | Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Elevating Legrests | X |
| E1060* | | Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Elevating Legrests | X |
| E1070* | RR | Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest | X |
| E1070* | | Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest | X |
| E1088* | RR | High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests | X |
| E1088* | | High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests | X |
| E1092 | RR | Wide Heavy Duty Wheel Chair, Detachable Arms (Desk Or Full Length), Swing Away Detachable Elevating Leg Rests | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| E1092 | | Wide Heavy Duty Wheel Chair, Detachable Arms (Desk Or Full Length), Swing Away Detachable Elevating Leg Rests | X |
| E1093* | RR | Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests | X |
| E1093* | | Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests | X |
| E1110* | RR | Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests | X |
| E1110* | | Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests | X |
| E1130* | RR | Standard Wheelchair, Fixed Full Length Arms, Fixed Or Swing Away Detachable Footrests | X |
| E1130* | | Standard Wheelchair, Fixed Full Length Arms, Fixed Or Swing Away Detachable Footrests | X |
| E1140* | RR | Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Footrests | X |
| E1140* | | Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Footrests | X |
| E1150* | RR | Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating Legrests | X |
| E1150* | | Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating Legrests | X |
| E1160* | RR | Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests | X |
| E1160* | | Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests | X |
| E1161 | | Manual Adult Wheelchair With Tilt N And Space | X |
| E1180* | RR | Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests | X |
| E1180* | | Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests | X |
| E1190* | RR | Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Leg Rests | X |
| E1190* | | Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Leg Rests | X |
| E1200* | RR | Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest | X |
| E1200* | | Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest | X |
| E1225 | | Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each | X |
| E1226 | RR | Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each | X |
| E1226 | | Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each | X |
| E1227 | | Special Height Arms For Wheelchair | X |
| E1228 | | Special Back Height For Wheelchair | X |
| E1229 | | Wheelchair, Pediatric Size, Not Otherwise Specified | X |
| E1231 | | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| E1232 | | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System | X |
| E1233 | | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System | X |
| E1234 | | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System | X |
| E1235 | | Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System | X |
| E1236 | | Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System | X |
| E1237 | RR | Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System | X |
| E1237 | | Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System | X |
| E1238 | RR | Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System | X |
| E1238 | | Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System | X |
| E1240* | RR | Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest | X |
| E1240* | | Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest | X |
| E1260* | RR | Wheelchair Lightweight, Detachable Arms (Desk Or Full Length), Swing Away Detachable Footrest | X |
| E1260* | | Wheelchair Lightweight, Detachable Arms (Desk Or Full Length), Swing Away Detachable Footrest | X |
| E1280* | RR | Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests | X |
| E1280* | | Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests | X |
| E1285* | | Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest | X |
| E1290* | RR | Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest | X |
| E1290* | | Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest | X |
| E1296 | | Special Wheelchair Seat Height From Floor | X |
| E1297 | | Special Wheelchair Seat Depth, By Upholstery | X |
| E1298 | | Special Wheelchair Seat Depth and/or Width, By Construction | X |
| E1372 | RR | Immersion External Heater For Nebulizer | X |
| E1390* | RR | Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate | X |
| E1399* | | Durable Medical Equipment, Miscellaneous | X |
| E1811 | | Static Progressive Stretch Knee Device, Extension and/or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories | |
| E2000 | | Gastric Suction Pump, Home Model, Portable Or Stationary, Electric | X |
| E2100 | | Blood Glucose Monitor With Integrated Voice Synthesizer | X |
| E2201 | | Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches | X |
| E2202 | | Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | X |
| E2203 | | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches | X |
| E2204 | | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| E2205 | | Manual Wheelchair Accessory, Handrim Without Projections, Any Type, Replacement Only, Each | X |
| E2206 | | Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each | X |
| E2208 | | Wheelchair Accessory, Cylinder Tank Carrier, Each | X |
| E2209 | | Wheelchair Accessory, Arm Trough, Each | X |
| E2210 | | Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each | X |
| E2211 | | Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each | X |
| E2212 | | Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each | X |
| E2213 | | Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each | X |
| E2214 | | Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each | X |
| E2216 | | Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each | X |
| E2217 | | Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each | X |
| E2218 | | Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each | X |
| E2219 | | Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each | X |
| E2220 | | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Each | X |
| E2221 | | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each | X |
| E2222 | | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each | X |
| E2223 | | Manual Wheelchair Accessory, Valve, Any Type, Replacement Only, Each | X |
| E2224 | | Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Each | X |
| E2225 | | Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each | X |
| E2226 | | Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each | X |
| E2227 | | Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each | X |
| E2228 | | Manual Wheelchair Accessory, Wheel Braking System And Lock, Each | X |
| E2231 | | Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware | X |
| E2291 | | Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | X |
| E2292 | | Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | X |
| E2293 | | Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | X |
| E2294 | | Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | X |
| E2300 | | Power Wheelchair Accessory, Power Seat Elevation System | X |
| E2301 | | Power Wheelchair Accessory, Power Standing System | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| E2310 | | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics | X |
| E2311 | | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, | X |
| E2312 | | Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware | X |
| E2313 | | Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fasteners, Connectors And Mounting Hardware | X |
| E2321 | | Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And | X |
| E2322 | | Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop | X |
| E2323 | | Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated | X |
| E2324 | | Power Wheelchair Accessory, Chin Cup For Chin Control Interface | X |
| E2325 | | Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting | X |
| E2326 | | Power Wheelchair Accessory, Breath Tube Kit For Sip And Puff Interface | X |
| E2327 | | Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And | X |
| E2328 | | Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting | X |
| E2329 | | Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, | X |
| E2329 | | Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, | X |
| E2330 | | Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, | X |
| E2331 | | Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware | X |
| E2340 | | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches | X |
| E2340 | | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches | X |
| E2341 | | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | X |
| E2342 | | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches | X |
| E2343 | | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches | X |
| E2351 | | Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface | X |
| E2359 | | Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| E2360 | | Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each | X |
| E2361 | | Power Wheelchair Accessory, 22nf Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Absorbed Glassmat) | X |
| E2362 | | Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each | X |
| E2363 | | Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | X |
| E2364 | | Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each | X |
| E2365 | | Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | X |
| E2365 | SC | Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | X |
| E2366 | | Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each | X |
| E2367 | | Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each | X |
| E2368 | | Power Wheelchair Component, Motor, Replacement Only | X |
| E2369 | | Power Wheelchair Component, Gear Box, Replacement Only | X |
| E2370 | | Power Wheelchair Component, Motor And Gear Box Combination, Replacement Only | X |
| E2371 | | Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each | X |
| E2372 | | Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each | X |
| E2373 | | Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional, Compact, Or Short Throw Remote Joystick Or Touchpad, Proportional Including All Related Electronics And Fixed Mounting Hardware. | X |
| E2374 | | Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related | X |
| E2375 | | Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only | X |
| E2376 | | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only | X |
| E2377 | | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue | X |
| E2381 | | Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each | X |
| E2382 | | Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each | X |
| E2383 | | Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire, (Removable), Any Type, Any Size, Replacement Only, Each | X |
| E2384 | | Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each | X |
| E2385 | | Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Only, Each | X |
| E2386 | | Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| E2387 | | Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each | X |
| E2388 | | Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only, Each | X |
| E2389 | | Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each | X |
| E2390 | | Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size, Replacement Only, Each | X |
| E2391 | | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each | X |
| E2392 | | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only | X |
| E2394 | | Power Wheelchair, Accessory, Drive Wheel, Excludes Tire, Any Size, Replacement Only, Each | X |
| E2395 | | Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each | X |
| E2396 | | Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each | X |
| E2397 | | Power Wheelchair Accessory, Lithium-Based Battery, Each | X |
| E2500 | | Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Less Than Or Equal To 8 Minutes Recording Time | X |
| E2502 | | Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 8 Minutes But Less Than Or Equal To 20 Minutes Recording Time | X |
| E2504 | | Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 20 Minutes But Less Than Or Equal To 40 Minutes Recording Time | X |
| E2506 | | Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 40 Minutes Recording Time | X |
| E2508 | | Speech Generating Device, Synthesized Speech, Requiring Message Formulation By Spelling And Access By Physical Contact With The Device | X |
| E2510 | RR | Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access | X |
| E2510 | | Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access | X |
| E2511 | | Speech Generating Software Program, For Personal Computer Or Personal Digital Assistant | X |
| E2512 | | Accessory For Speech Generating Device, Mounting System | X |
| E2599 | | Accessory For Speech Generating Device, Not Otherwise Classified | X |
| E2601* | | General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | X |
| E2602* | | General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | X |
| E2603* | | Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | X |
| E2604* | | Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches Or Greater, Any Depth | X |
| E2605 | | Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| E2606 | | Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | X |
| E2607 | | Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches | X |
| E2608 | | Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or | X |
| E2609 | | Custom Fabricated Wheelchair Seat Cushion, An Size | X |
| E2611 | | General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | X |
| E2612 | | General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | X |
| E2613 | | Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | X |
| E2614 | | Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | X |
| E2615 | | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | X |
| E2616 | | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | X |
| E2617 | | Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting System | X |
| E2619 | | Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each | X |
| E2620 | | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | X |
| E2621 | | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | X |
| E2622 | | Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth | X |
| E2623 | | Ski N Protection Wheelchair Seat Cushion, Adjustable, Width, 22 Inches Or Greater, Any Depth | X |
| E2624 | | Ski N Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches , Any Depth | X |
| E2625 | | Ski N Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater, Any Depth | X |
| E2626* | | Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable, Prefabricated, Includes Fitting And Adjustment | X |
| E2627* | | Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Rancho Type, Prefabricated, Includes Fitting And Adjustment | X |
| E2628* | | Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Reclining, Prefabricated, Includes Fitting And Adjustment | X |
| E2629* | | Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Friction Arm Support (Friction Dampening To Proximal And Distal Joints), | X |
| E2630* | | Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support, Monosuspension Arm And Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| E2631* | | Wheelchair Accessory, Seo, Addition To Mobile Arm Support, Elevating Proximal Arm | X |
| E2632* | | Wheelchair Accessory, Seo, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm With Elastic Balance Control | X |
| E2633* | | Wheelchair Accessory, Seo, Addition To Mobile Arm Support, Supinator | X |
| E8000 | | Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components | X |
| E8001 | | Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components | X |
| E8002 | | Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components | X |
| G0249 | | Provision Of Test Materials And Equipment For Home Inr Monitoring To Patient With Mechanical Heart Valves | X |
| K0005 | | Ultralightweight Wheelchair | X |
| K0005 | | Ultralightweight Wheelchair | X |
| K0007* | RR | Extra Heavy Duty Wheelchair | X |
| K0007* | | Extra Heavy Duty Wheelchair | X |
| K0009 | | Other Manual Wheelchair Base | X |
| K0015* | | Detachable, Non-Adjustable Height Armrest, Each | X |
| K0017 | | Detachable, Adjustable Height Armrest, Base, Each | X |
| K0018* | | Detachable, Adjustable Height Armrest, Upper Portion, Each | X |
| K0019* | | Arm Pad, Each | X |
| K0020* | | Fixed, Adjustable Height Armrest, Pair | X |
| K0037* | | High Mount Flip-Up Footrest, Each | X |
| K0038* | | Leg Strap, Each | X |
| K0039* | | Leg Strap, H Style, Each | X |
| K0040* | | Adjustable Angle Footplate, Each | X |
| K0041* | | Large Size Footplate, Each | X |
| K0042* | | Standard Size Footplate, Each | X |
| K0043* | | Footrest, Lower Extension Tube, Each | X |
| K0044* | | Footrest, Upper Hanger Bracket, Each | X |
| K0045* | | Footrest, Complete Assembly | X |
| K0046* | | Elevating Legrest, Lower Extension Tube, Each | X |
| K0047* | | Elevating Legrest, Upper Hanger Bracket, Each | X |
| K0050* | | Ratchet Assembly | X |
| K0051* | | Cam Release Assembly, Footrest Or Legrest, Each | X |
| K0052* | | Swingaway, Detachable Footrests, Each | X |
| K0053* | | Elevating Footrests, Articulating (Telescoping), Each | X |
| K0053* | RR | Elevating Footrests, Articulating (Telescoping), Each | X |
| K0056* | | Seat Height Less Than 17" Or Equal To Or Greater Than 21" For A High Strength, Lightweight, Or Ultra Lightweight Wheelchair | X |
| K0065* | | Spoke Protectors, Each | X |
| K0068* | | Pneumatic Tire Tube, Each | X |
| K0069* | | Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| K0070* | | Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each | X |
| K0071* | | Front Caster Assembly, Complete, With Pneumatic Tire, Each | X |
| K0072* | | Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Each | X |
| K0073* | | Caster Pin Lock, Each | X |
| K0077* | | Front Caster Assembly, Complete, With Solid Tire, Each | X |
| K0090 | | Rear Wheel Tire For Power Wheelchair, Any Size, Each | X |
| K0098 | | Drive Belt For Power Wheelchair | X |
| K0105* | | Iv Hanger, Each | X |
| K0108* | | Wheelchair Component Or Accessory, Not Otherwise Specified | X |
| K0195* | RR | Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base) | X |
| K0195* | | Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base) | X |
| K0462 | | Temporary Replacement For Patient Owned Equipment Being Repaired, Any Type | X |
| K0601 | | Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 1.5 Volt Each | X |
| K0606 | RR | Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Agrment Type | X |
| K0730 | | Controlled Dose Drug Delivery System | |
| K0733 | | Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat) | X |
| K0739* | | Repair(Labor) Or Non Routine Service For Durable Medical Equipment Other Than Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes. Providers Must Continue To Submit Justification When Billing More Than 4 Units. Include All Units Over 4 On The PA Request With Justification For Repairs. The PA Letter Will State The Total Units Approved. | |
| K0813 | | Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0814 | | Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0815 | | Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0815 | | Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0816 | | Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0820 | | Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0821 | | Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0822 | | Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0823 | | Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0824 | | Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | X |
| K0825 | | Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| K0826 | | Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat Back, Patient Weight Capacity 451 To 600 Pounds | X |
| K0827 | | Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds | X |
| K0828 | | Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat Back, Patient Weight Capacity 601 Pounds Or More | X |
| K0829 | | Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More | X |
| K0830 | | Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0831 | | Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0835 | | Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0836 | | Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0837 | | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | X |
| K0838 | | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair Patient Weight Capacity 301 To 450 Pounds | X |
| K0839 | | Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Back Seat/Solid Patient Weight Capacity 451 To 600 Pounds | X |
| K0840 | | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat Back Patient Weight Capacity 601 Pounds Or More | X |
| K0841 | | Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0842 | | Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0843 | | Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | X |
| K0848 | | Power Wheelchair, Group 3 Standard, Sling/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0849 | | Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0850 | | Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | X |
| K0851 | | Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | X |
| K0852 | | Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | X |
| K0853 | | Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair Patient Weight Capacity 451 To 600 Pounds | X |
| K0854 | | Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat Back, Patient Weight Capacity 601 Pounds Or More | X |
| K0855 | | Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair Patient Weight Capacity 601 Pounds Or More | X |
| K0856 | | Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0857 | | Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0858 | | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| K0859 | | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair Patient Weight Capacity 301 To 450 Pounds | X |
| K0860 | | Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back Patient Weight Capacity Pounds To 451 To 600 Pounds | X |
| K0860 | | Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back Patient Weight Capacity Pounds To 451 To 600 Pounds | X |
| K0861 | | Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0862 | | Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | X |
| K0863 | | Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | X |
| K0864 | | Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | X |
| K0868 | | Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0869 | | Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0870 | | Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | X |
| K0871 | | Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | X |
| K0877 | | Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0878 | | Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0879 | | Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | X |
| K0880 | | Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | X |
| K0884 | | Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0885 | | Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair Patient Weight Capacity Up To And Including 300 Pounds | X |
| K0886 | | Power Wheelchair, Group 4 Heavy Duty Multiple Power Option, Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds | X |
| K0890 | | Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | X |
| K0891 | | Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | X |
| K0898 | | Power Wheelchair, Not Otherwise Classified | X |
| L0112 | | Cranial Cervical Orthosis, Congenital Torticollis Type, With Or Without Soft Interface Material, Adjustable Range Of Motion Joint, Custom Fabricated | |
| L0120 | | Cervical, Flexible, Non-Adjustable (Foam Collar) | |
| L0130 | | Cervical, Flexible, Thermoplastic Collar, Molded To Patient | |
| L0140 | | Cervical, Semi-Rigid, Adjustable (Plastic Collar) | |
| L0150 | | Cervical, Semi-Rigid, Adjustable Molded Chin Cup (Plastic Collar With Mandibular/Occipital Piece) | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L0160 | | Cervical, Semi-Rigid, Wire Frame Occipital/Mandibular Support | |
| L0170 | | Cervical, Collar, Molded To Patient Model | |
| L0172*** | | Cervical, Collar, Semi-Rigid Thermoplastic Foam, Two Piece | |
| L0174 | | Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension | |
| L0180 | | Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable | |
| L0190 | | Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars (Somi, Guilford, Taylor Types) | |
| L0200 | | Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars, And Thoracic Extension | |
| L0220 | | Thoracic, Rib Belt, Custom Fabricated | |
| L0430 | | Spinal Orthosis, Anterior-Posterior-Lateral Control, With Interface Material, Custom Fitted (Dewall Posture Protector Only) | |
| L0452 | | Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid | |
| L0456 | | Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron, Extends From The Sacrococcygeal Junction And | |
| L0458 | | Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just | |
| L0458*** | | Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just | |
| L0460 | | Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just | |
| L0462 | | Tlso, Triplanar Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just | |
| L0464 | | Tlso, Triplanar Control, Modular Segmented Spinal System, Four Rigid Plastic Shells, Posterior Extends From Sacrococcygeal Junction And Terminates Just | |
| L0466 | | Tlso,Sagittal Control, Rigid Posterior Frame | |
| L0468 | | Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal | |
| L0470 | | Tlso,Triplanar Control, Rigid Posterior Frame | |
| L0472 | | Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components | |
| L0472*** | | Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components | |
| L0480 | | Tlso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps | |
| L0482 | | Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction | |
| L0484 | | Tlso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|--------------------------------|---|------------|
| L0486 | | Tlso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction | |
| L0486*** | | Tlso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction | |
| L0488 | | Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction | |
| L0490 | | Tlso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From | |
| L0491 | | Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And | |
| L0492 | | Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And | |
| L5649 | | Addition To Lower Extremity, Ischial Containment/Narrow M-L socket | |
| L0622 | | Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous | |
| L0624 | | Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | |
| L0625 | | Lumber Orthotic, Sagittal Control, With Rigid Posteria Panel(S), Posteria Extends From L-1 To Below L-5 Vertebra, Produces Intracavity Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Pendulous Abdomen Design, | |
| L0626 | | Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavity Pressure To | |
| L0627 | | Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavity | |
| L0628 | | Lumber-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support,Posterior Extends From Sacrococcygeal Junction To T-9 Vetebra, Produces Intracavity Pressure To Reduce Load On Theintervertebral Disc, Includes Straps, Closures. May Include Stays, Shouldetr Straps, Pendulous Abdomen Design, Prefabricated, Includes Fitting And Adjustment | |
| L0628*** | CG modifier used for age 21-64 | Lumber-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support,Posterior Extends From Sacrococcygeal Junction To T-9 Vetebra, Produces Intracavity Pressure To Reduce Load On Theintervertebral Disc, Includes Straps, Closures. May Include Stays, Shouldetr Straps, Pendulous Abdomen Design, Prefabricated, Includes Fitting And Adjustment | |
| L0629 | | Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavity pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L0630 | | Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces | |
| L0630*** | | Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces | |
| L0631 | | Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, | |
| L0632 | | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | |
| L0633 | | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, | |
| L0634 | | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated | |
| L0635 | | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panel(S), Lateral Articulating Design To Flex The Lumbar Spine, | |
| L0636 | | Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panels, Lateral Articulating Design To Flex The Lumbar Spine, | |
| L0637 | | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 | |
| L0638 | | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 | |
| L0639 | | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior | |
| L0640 | | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior | |
| L0640*** | | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior | |
| L0700 | | Cervical-Thoracic-Lumbar-Sacral-Orthoses (CtIso), Anterior-Posterior-Lateral Control, Molded To Patient Model, (Minerva Type) | |
| L0710 | | CtIso, Anterior-Posterior-Lateral-Control, Molded To Patient Model, With Interface Material, (Minerva Type) | |
| L0810 | | Halo procedure, cervical halo incorporated into jacket vest | |
| L0820 | | Halo procedure, cervical halo incorporated into plaster body jacket | |
| L0830 | | Halo procedure, cervical halo incorporated into Milwaukee type orthosis | |
| L0859 | | Addition To Halo Procedure, Magnetic Resonance Image Compatible Systems, Rings And Pins, Any Material | |
| L0861 | | Addition To Halo Procedure, Replacement Liner/Interface Material | |
| L0970 | | Tlso,Corset Front | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L0972 | | Lso, Corset Front | |
| L0974 | | Tlso, Full Corset | |
| L0976 | | Lso, Full Corset | |
| L0978 | | Axillary Crutch Extension | |
| L0980 | | Peroneal Straps, Pair | |
| L0982 | | Stocking Supporter Grips, Set Of Four (4) | |
| L0984 | | Protective Body Sock, Each | |
| L0984*** | | Protective Body Sock, Each | |
| L1000 | | Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) (Milwaukee), Inclusive Of Furnishing Initial Orthosis, Including Model | |
| L1001 | | Cervical thoracic lumbar sacral orthosis immobilizer, infant size, prefabricated, includes fitting and adjustments | |
| L1005 | | Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment | |
| L1010 | | Addition To Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) Or Scoliosis Orthosis, Axilla Sling | |
| L1020 | | Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad | |
| L1025 | | Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad, Floating | |
| L1030 | | Addition To Ctlso Or Scoliosis Orthosis, Lumbar Bolster Pad | |
| L1040 | | Addition To Ctlso Or Scoliosis Orthosis, Lumbar Or Lumbar Rib Pad | |
| L1050 | | Addition To Ctlso Or Scoliosis Orthosis, Sternal Pad | |
| L1060 | | Addition To Ctlso Or Scoliosis Orthosis, Thoracic Pad | |
| L1070 | | Addition To Ctlso Or Scoliosis Orthosis, Trapezius Sling | |
| L1080 | | Addition To Ctlso Or Scoliosis Orthosis, Outrigger | |
| L1085 | | Addition To Ctlso Or Scoliosis Orthosis, Outrigger, Bilateral With Vertical Extensions | |
| L1090 | | Addition To Ctlso Or Scoliosis Orthosis, Lumbar Sling | |
| L1100 | | Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather | |
| L1110 | | Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather, Molded To Patient Model | |
| L1120 | | Addition To Ctlso, Scoliosis Orthosis, Cover For Upright, Each | |
| L1200 | | Thoracic-Lumbar-Sacral-Orthosis(Tlso), Inclusive Of Furnishing Initial Orthosis Only | |
| L1210 | | Addition To Tlso,(Low Profile), Lateral Thoracic Extension | |
| L1220 | | Addition To Tlso, (Low Profile), Anterior Thoracic Extension | |
| L1230 | | Addition To Tlso, (Low Profile), Milwaukee Type Superstructure | |
| L1240 | | Addition To Tlso,(Low Profile), Lumbar Derotation Pad | |
| L1250 | | Addition To Tlso, (Low Profile), Anterior Asis Pad | |
| L1260 | | Addition To Tlso, (Low Profile), Anterior Thoracic Derotation Pad | |
| L1270 | | Addition To Tlso, (Low Profile), Abdominal Pad | |
| L1280 | | Addition To Tlso, (Low Profile), Rib Gusset (Elastic), Each | |
| L1290 | | Addition To Tlso, (Low Profile), Lateral Trochanteric Pad | |
| L1300** | | Other Scoliosis Procedure, Body Jacket Molded To Patient Model | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L1310** | | Other Scoliosis Procedure, Post-Operative Body Jacket | X |
| L1510 | | THKAO, standing frame | |
| L1520** | | THKAO, swivel walker (REQUIRES PRIOR AUTHORIZATION) | X |
| L1600 | | Hip Orthosis, Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover, Prefabricated, Includes Fitting And Adjustment | |
| L1610 | | Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Frejka Cover Only), Prefabricated, Includes Fitting And Adjustment | |
| L1620 | | Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Pavlik Harness), Prefabricated, Includes Fitting And Adjustment | |
| L1630 | | Hip Orthosis, Abduction Control Of Hip Joints, Semi-Flexible (Von Rosen Type), Custom-Fabricated | |
| L1640 | | Hip Orthosis, Abduction Control Of Hip Joints, Static, Pelvic Band Or Spreader Bar, Thigh Cuffs, Custom-Fabricated | |
| L1650 | | Hip Orthosis, Abduction Control Of Hip Joints, Static, Adjustable, (Ilfled Type), Prefabricated, Includes Fitting And Adjustment | |
| L1652 | | Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size, Prefabricated, Includes Fitting And Adjustment, Any Type | |
| L1660 | | Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes Fitting And Adjustment | |
| L1680 | | Hip Orthosis, Abduction Control Of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom | |
| L1685 | | Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated | |
| L1686 | | Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Prefabricated, Includes Fitting And Adjustment | |
| L1690 | | Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction And Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment | |
| L1700 | | Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated | |
| L1710 | | Legg Perthes Orthosis, (Newington Type), Custom Fabricated | |
| L1720 | | Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated | |
| L1730 | | Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated | |
| L1755 | | Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated | |
| L1810 | | Knee Orthosis, Elastic With Joints, Prefabricated, Includes Fitting And Adjustment | |
| L1820 | | Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated, Includes Fitting And Adjustment | |
| L1830 | | Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, Includes Fitting And Adjustment | |
| L1831 | | Knee Orthosis, Locking Knee Joint(S), Positional Orthosis, Prefabricated, Includes Fitting And Adjustment | |
| L1832 | | Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Includes Fitting And Adjustment | |
| L1834 | | Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated | |
| L1836 | | Knee Orthosis, Rigid, Without Joint(S), Includes Soft Interface Material, Prefabricated, Includes Fitting And Adjustment | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L1840 | | KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model | |
| L1843 | | KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted | |
| L1844 | | Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation | |
| L1845 | | Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation | |
| L1846 | | Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation | |
| L1850 | | KO, Swedish type | |
| L1860 | | KO, modification of supracondylar prosthetic socket, molded to patient model, (SK) | |
| L1900* | | Ankle Foot Orthosis, Spring Wire, Dorsiflexion Assist Calf Band, Custom-Fabricated | |
| L1902 | | Ankle Foot Orthosis, Ankle Gauntlet, Prefabricated, Includes Fitting And Adjustment | |
| L1904 | | Ankle Foot Orthosis, Molded Ankle Gauntlet, Custom-Fabricated | |
| L1906 | | Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Includes Fitting And Adjustment | |
| L1907 | | Afo, Supramalleolar With Straps, With Or Without Interface/Pads, Custom Fabricated | |
| L1910 | | Ankle Foot Orthosis, Posterior, Single Bar, Clasp Attachment To Shoe Counter, Prefabricated, Includes Fitting And Adjustment | |
| L1920 | | Ankle Foot Orthosis, Single Upright With Static Or Adjustable Stop (Phelps Or Perlstein Type), Custom-Fabricated | |
| L1930 | | Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment | |
| L1930*** | | Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment | |
| L1932 | | Afo, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated, Includes Fitting And Adjustment | |
| L1940 | | Ankle Foot Orthosis, Plastic Or Other Material, Custom-Fabricated | |
| L1945 | | Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated | |
| L1950 | | Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic, Custom-Fabricated | |
| L1951 | | Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment | |
| L1960 | | Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated | |
| L1960*** | | Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated | |
| L1970 | | Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated | |
| L1970*** | | Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated | |
| L1971 | | Ankle Foot Orthosis, Plastic Or Other Material With Ankle Joint, Prefabricated, Includes Fitting And Adjustment | |
| L1980 | | Ankle Foot Orthosis, Single Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Single Bar 'BK' Orthosis), Custom-Fabricated | |
| L1990 | | Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double Bar 'BK' Orthosis), Custom-Fabricated | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L1990*** | | Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double Bar 'Bk' Orthosis), Custom-Fabricated | |
| L2000 | | Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar 'Ak' Orthosis), Custom-Fabricated | |
| L2005 | | Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Mechanical Activation, | |
| L2010 | | Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar 'Ak' Orthosis), Without Knee Joint, | |
| L2020 | | Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Double Bar 'Ak' Orthosis), Custom-Fabricated | |
| L2020*** | | Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Double Bar 'Ak' Orthosis), Custom-Fabricated | |
| L2030 | | KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint | |
| L2035 | | KAFO, full plastic, static, prefabricated (pediatric size) | |
| L2036 | | Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated | |
| L2037 | | Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated | |
| L2038 | | Knee Ankle Foot Orthosis, Full Plastic, With Or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated | |
| L2039 | | Knee Ankle Foot Orthosis, Full Plastic, Single Upright, Poly-Axial Hinge, Medial Lateral Rotation Control, With Or Without Free Motion Ankle, Custom | |
| L2040 | | Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated | |
| L2050 | | Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated | |
| L2060 | | Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated | |
| L2070 | | HKAFO, torsion control, unilateral rotation straps, pelvic band/belt | |
| L2080 | | HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt | |
| L2090 | | HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt | |
| L2106 | | AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, molded to patient | |
| L2108 | | Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated | |
| L2112 | | Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment | |
| L2114 | | Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment | |
| L2116 | | Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L2126 | | KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, molded to patient | |
| L2128 | | Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated | |
| L2132 | | Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment | |
| L2134 | | KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid | |
| L2136 | | KAFO, fracture orthosis, femoral fracture cast orthosis, rigid | |
| L2180 | | Addition To Lower Extremity Fracture Orthosis, Plastic Shoe Insert With Ankle Joints | |
| L2182 | | Addition to lower extremity fracture orthosis, drop lock knee joint | |
| L2184 | | Addition to lower extremity fracture orthosis, limited motion knee joint. | |
| L2186 | | Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman Type | |
| L2188 | | Addition to lower extremity fracture orthosis, quadrilateral brim | |
| L2190 | | Addition to lower extremity fracture orthosis, waist belt | |
| L2192 | | Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt | |
| L2200 | | Addition To Lower Extremity, Limited Ankle Motion, Each Joint | |
| L2210 | | Addition To Lower Extremity,Dorsiflexion Assist(Plantar Flexion Resist), Each Joint | |
| L2220 | | Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint | |
| L2220*** | | Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint | |
| L2230 | | Addition to lower extremity, split flat caliper stirrups and plate attachment | |
| L2232 | | Addition To Lower Extremity Orthosis, Rocker Bottom For Total Contact Ankle Foot Orthosis, For Custom Fabricated Orthosis Only | |
| L2240 | | Addition to lower extremity, round caliper and plate attachment | |
| L2250 | | Addition To Lower Extremity, Foot Plate, Molded To Patient Model, Stirrup Attachment | |
| L2260 | | Addition To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type) | |
| L2265 | | Addition To Lower Extremity, Long Tongue Stirrup | |
| L2270 | | Addition To Lower Extremity, Varus/Valgus Correction ('T') Strap, Padded/Lined Or Malleolus Pad | |
| L2275 | | Addition To Lower Extremity, Varus/Valgus Correction, Plastic Modification, Padded/Lined | |
| L2280 | | Addition To Lower Extremity, Molded Inner Boot | |
| L2300 | | Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable | |
| L2310 | | Addition to lower extremity, abduction bar, straight | |
| L2320 | | Addition To Lower Extremity, Non-Molded Lacer, For Custom Fabricated Orthosis Only | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L2330 | | Addition To Lower Extremity, Lacer Molded To Patient Model, For Custom Fabricated Orthosis Only | |
| L2335 | | Addition To Lower Extremity, Anterior Swing Band | |
| L2340 | | Addition To Lower Extremity, Pre-Tibial Shell, Molded To Patient Model | |
| L2350 | | Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded To Patient Model, (Used For 'Ptb' 'Afo' Orthoses) | |
| L2360 | | Addition To Lower Extremity, Extended Steel Shank | |
| L2370 | | Addition to lower extremity, Patten bottom | |
| L2375 | | Addition to lower extremity, torsion control, ankle joint and half solid stirrup | |
| L2380 | | Addition to lower extremity, torsion control, straight knee joint, each joint | |
| L2385 | | Addition To Lower Extremity, Straight Knee Joint, Heavy Duty, Each Joint | |
| L2390 | | Addition To Lower Extremity, Offset Knee Joint, Each Joint | |
| L2395 | | Addition to lower extremity, offset knee joint, heavy duty, each joint | |
| L2397 | | Addition to lower extremity orthosis, suspension sleeve | |
| L2405 | | Addition To Knee Joint, Drop Lock, Each | |
| L2405*** | | Addition To Knee Joint, Drop Lock, Each | |
| L2415 | | Addition To Knee Lock With Integrated Release Mechanism (Bail, Cable, Or Equal), Any Material, Each Joint | |
| L2425 | | Addition To Knee Joint, Disc Or Dial Lock For Adjustable Knee Flexion, Each Joint | |
| L2430 | | Addition to knee joint, ratchet lock for active and progressive knee extension, each joint | |
| L2492 | | Addition To Knee Joint, Lift Loop For Drop Lock Ring | |
| L2500 | | Addition To Lower Extremity, Thigh/Weight Bearing, Gluteal/Ischial Weight Bearing, Ring | |
| L2510 | | Addition To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Molded To Patient Model | |
| L2520 | | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted | |
| L2525 | | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model | |
| L2526 | | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted | |
| L2530 | | Addition to lower extremity, thigh/weight bearing, lacer, non-molded | |
| L2540 | | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model | |
| L2550 | | Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff | |
| L2570 | | Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each | |
| L2580 | | Addition To Lower Extremity, Pelvic Control, Pelvic Sling | |
| L2600 | | Addition to lower extremity, pelvic control, hip joint, Clevis type or thrust bearing, free, each | |
| L2610 | | Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Or Thrust Bearing, Lock, Each | |
| L2620 | | Addition to lower extremity, pelvic control, hip joint, heavy duty, each | |
| L2622 | | Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Each | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L2624 | | Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each | |
| L2627 | | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables. | |
| L2628 | | Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocation Hip Joint And | |
| L2630 | | Addition to lower extremity, pelvic control, band and belt, unilateral | |
| L2640 | | Addition To Lower Extremity, Pelvic Control, Band And Belt, Bilateral | |
| L2650 | | Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff | |
| L2660 | | Addition to lower extremity, thoracic control, thoracic band | |
| L2670 | | Addition to lower extremity, thoracic control, paraspinal uprights | |
| L2680 | | Addition To Lower Extremity, Thoracic Control, Lateral Support Uprights | |
| L2750 | | Addition to lower extremity orthosis, plating chrome or nickel, per bar | |
| L2755 | | Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Per Segment, For Custom Fabricated | |
| L2760 | | Addition To Lower Extremity Orthosis, Extension, Per Extension, Per Bar (For Lineal Adjustment For Growth) | |
| L2768 | | Orthotic Side Bar Disconnect Device, Per Bar | |
| L2770 | | Addition To Lower Extremity Orthosis, Any Material - Per Bar Or Joint | |
| L2780 | | Addition To Lower Extremity Orthosis, Non-Corrosive Finish, Per Bar | |
| L2785 | | Addition To Lower Extremity Orthosis, Drop Lock Retainer, Each | |
| L2795 | | Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap | |
| L2795*** | | Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap | |
| L2800 | | Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull, For Use With Custom Fabricated Orthosis Only | |
| L2810 | | Addition To Lower Extremity Orthosis, Knee Control, Condylar Pad | |
| L2820 | | Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section | |
| L2830 | | Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section | |
| L2840 | | Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each | |
| L2850 | | Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture Or Equal, Each | |
| L3000 | | Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berkeley Shell, Each | |
| L3001 | | Foot, Insert, Removable, Molded To Patient Model, Spenco, Each | |
| L3002 | | Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each | |
| L3003 | | Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Each | |
| L3010 | | Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each | |
| L3020 | | Foot, Insert, Removable, Molded To Patient Model, Longitudinal/Metatarsal Support, Each | |
| L3030 | | Foot, Insert, Removable, Formed To Patient Foot, Each | |
| L3040 | | Foot, Arch Support, Removable, Premolded, Longitudinal, Each | |
| L3050 | | Foot, Arch Support, Removable, Premolded, Metatarsal, Each | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L3060 | | Foot, Arch Support, Removable, Premolded, Longitudinal/Metatarsal, Each | |
| L3070 | | Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal, Each | |
| L3080 | | Foot, Arch Support, Non-Removable Attached To Shoe, Metatarsal, Each | |
| L3090 | | Foot arch support, non-removable, attached to shoe, longitudinal/metatarsal, each | |
| L3100 | | Hallus-Valgus Night Dynamic Splint | |
| L3140 | | Foot, Abduction Rotation Bar, Including Shoes | |
| L3150 | | Foot, Abduction Rotation Bar, Without Shoes | |
| L3170 | | Foot, Plastic, Silicone Or Equal, Heel Stabilizer, Each | |
| L3201 | | Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant | |
| L3202 | | Orthopedic Shoe, Oxford With Supinator Or Pronator, Child | |
| L3203 | | Orthopedic Shoe, Oxford With Supinator Or Pronator, Junior | |
| L3204 | | Orthopedic Shoe, Hightop With Supinator Or Pronator, Infant | |
| L3206 | | Orthopedic Shoe, Hightop With Supinator Or Pronator, Child | |
| L3207 | | Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior | |
| L3208 | | Surgical Boot, Each, Infant | |
| L3209 | | Surgical Boot, Each, Child | |
| L3210 | | Orthopedic Footwear, Ladies Shoes, Oxford | |
| L3211 | | Surgical Boot, Each, Junior | |
| L3212 | | Benesch Boot, Pair, Infant | |
| L3215 | | Orthopedic Footwear, Ladies Shoe, Oxford, Each | |
| L3216 | | Orthopedic Footwear, Ladies Shoe, Depth Inlay, Each | |
| L3217 | | Orthopedic Footwear, Ladies Shoe, Hightop, Depth Inlay, Each | |
| L3219 | | Orthopedic Footwear, Mens Shoe, Oxford, Each | |
| L3221 | | Orthopedic Footwear, Mens Shoe, Depth Inlay, Each | |
| L3222 | | Orthopedic Footwear, Mens Shoe, Hightop, Depth Inlay, Each | |
| L3224 | | Orthopedic Footwear, Woman's Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis) | |
| L3225 | | Orthopedic Footwear, Man's Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis) | |
| L3230 | | Orthopedic Footwear, Custom Shoe, Depth Inlay, Each | |
| L3250 | | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each | |
| L3251 | | Foot, shoe molded to patient model, silicone shoe, each | |
| L3252 | | Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each | |
| L3253 | | Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted, Each | |
| L3254 | | Non-standard size or width | |
| L3255 | | Non-standard size or length | |
| L3257 | | Orthopedic footwear, additional charge for split size | |
| L3260 | | Surgical Boot/Shoe, Each | |
| L3265 | | Plastazote Sandal, Each | |
| L3300 | | Lift, Elevation, Heel, Tapered To Metatarsals, Per Inch | |
| L3310 | | Lift, Elevation, Heel And Sole, Neoprene, Per Inch | |
| L3320 | | Lift, elevation, heel and sole, cork, per inch | |
| L3330 | | Lift, elevation, metal extension, (skate) | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L3332 | | Lift, Elevation, Inside Shoe, Tapered, Up To One-Half Inch | |
| L3334 | | Lift, Elevation, Heel, Per Inch | |
| L3340 | | Heel wedge, Sach | |
| L3350 | | Heel Wedge | |
| L3360 | | Sole Wedge, Outside Sole | |
| L3370 | | Sole Wedge, Between Sole | |
| L3380 | | Clubfoot Wedge | |
| L3390 | | Out flare wedge | |
| L3400 | | Metatarsal Bar Wedge, Rocker | |
| L3410 | | Metatarsal bar wedge, between sole | |
| L3420 | | Full Sole And Heel Wedge, Between Sole | |
| L3430 | | Heel, Counter, Plastic Reinforced | |
| L3440 | | Heel, counter, leather reinforced | |
| L3450 | | Heel, Sach Cushion Type | |
| L3455 | | Heel, new leather, standard | |
| L3460 | | Heel, new rubber, standard | |
| L3465 | | Heel, Thomas With Wedge | |
| L3470 | | Heel, Thomas Extended To Ball | |
| L3480 | | Heel, Pad And Depression For Spur | |
| L3485 | | Heel, Pad, Removable For Spur | |
| L3500 | | Miscellaneous shoe addition, insole, rubber | |
| L3510 | | Orthopedic Shoe Addition, Insole, Rubber | |
| L3520 | | Miscellaneous shoe addition, insole, felt covered with leather | |
| L3530 | | Miscellaneous shoe addition, sole, half | |
| L3540 | | Orthopedic Shoe Addition, Sole, Full | |
| L3550 | | Miscellaneous shoe addition, toe tap, standard | |
| L3560 | | Orthopedic shoe addition, toe tap, horseshoe | |
| L3570 | | Miscellaneous shoe addition, special extension to instep, (leather with eyelets) | |
| L3580 | | Miscellaneous shoe addition, convert instep to Velcro closure | |
| L3590 | | Miscellaneous shoe addition, convert firm shoe counter to soft counter | |
| L3595 | | Miscellaneous shoe addition, March bar | |
| L3600 | | Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, Existing | |
| L3610 | | Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, New | |
| L3610*** | | Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, New | |
| L3620 | | Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, Existing | |
| L3630 | | Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, New | |
| L3640 | | Transfer Of An Orthosis From One Shoe To Another, Dennis Browne Splint (Riveton), Both Shoes | |
| L3649 | | Orthopedic Shoe, Modification, Addition Or Transfer, Not Otherwise Specified | |
| L3650 | | Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Prefabricated, Includes Fitting And Adjustment | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L3660 | | Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Canvas And Webbing, Prefabricated, Includes Fitting And Adjustment | |
| L3670 | | Shoulder Orthosis, Acromio/Clavicular (Canvas And Webbing Type), Prefabricated, Includes Fitting And Adjustment | |
| L3671 | | Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3675 | | Shoulder Orthosis, Vest Type Abduction Restrainer, Canvas Webbing Type Or Equal, Prefabricated, Includes Fitting And Adjustment | |
| L3702 | | Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3710 | | Elbow Orthosis, Elastic With Metal Joints, Prefabricated, Includes Fitting And Adjustment | |
| L3720 | | EO, double upright, with forearm/arm cuffs, free motion | |
| L3730 | | Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Extension/Flexion Assist, Custom-Fabricated | |
| L3740 | | Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Adjustable Position Lock With Active Control, Custom-Fabricated | |
| L3760 | | EO, With Adjustable Position Locking Joint(S) Prefabricated, Includes Fitting And Adjustments, Any Type | |
| L3762 | | Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Includes Fitting And Adjustment | |
| L3763 | | Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3764 | | Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3765 | | Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3766 | | Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3806 | | Wrist hand finger orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckle, may include soft interface material, straps, custom | |
| L3807 | | Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Includes Fitting And Adjustments, Any Type | |
| L3807*** | | Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Includes Fitting And Adjustments, Any Type | |
| L3808 | | Wrist hand finger, orthosis, rigid without joints, may include soft interface material; straps, custom fabricatrd, includes fitting and adjustment | |
| L3891 | | Addition To Upper Extremity Joint, Wrist Or Elbow, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics Only, Each | |
| L3900 | | Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist Or Finger Driven, Custom-Fabricated | |
| L3901 | | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion extension, cable driven | |
| L3905 | | Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
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| L3906 | | Wrist Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment | |
| L3908 | | Wrist Hand Orthosis, Wrist Extension Control Cock-Up, Non Molded, Prefabricated, Includes Fitting And Adjustment | |
| L3912 | | Hand Finger Orthosis, Flexion Glove With Elastic Finger Control, Prefabricated, Includes Fitting And Adjustment | |
| L3913 | | Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3915 | | Wrist Hand Orthosis, Includes Oneor More Nontorsion Joint(S), Elastic Bands , Turnbuckles, May Include Soft Interface, Straps, Prefabricated,Includes Fitting And Adjustment | |
| L3917 | | Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated, Includes Fitting And Adjustment | |
| L3919 | | Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3921 | | Hand finger orthosis, includes one or more nontorsion joints, elastic bands, tumbuckles, may include soft interface, straps, sustom fabricated, includes fitting and adjustment | |
| L3925 | | Finger Orthosis, Proximal Interphalangeal (Pip), Non Torsion Joint/Spring, Extension/Flexion, May Include Soft Interface Material | |
| L3929 | | Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps,Prefabricated,Includes Fitting And Adjustments | |
| L3931 | | Wrist Hand Finger Orthosis, Includes One Or More Nortorsion Joint(S) Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Materials, Straps, Prefabricated, Includes Fitting And Adjustment | |
| L3933 | | Finger Orthosis, Without Joints, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment | |
| L3934 | | Finger Orthosis, Safety Pin, Modified, Prefabricated, Includes Fitting And Adjustment | |
| L3935 | | Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment | |
| L3936 | | Wrist Hand Finger Orthosis, Palmer, Prefabricated, Includes Fitting And Adjustment | |
| L3960 | | Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting And Adjustment | |
| L3961 | | Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3962 | | SEWHO, abduction positioning, Erbs Palsey design | |
| L3967 | | Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3971 | | Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3973 | | Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustmen. | |
| L3975 | | Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3976 | | Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| | | soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3977 | | Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3978 | | Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | |
| L3980 | | Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Fitting And Adjustment | |
| L3982 | | Upper Extremity Fracture Orthosis, Radius/Ulnar, Prefabricated, Includes Fitting And Adjustment | |
| L3984 | | Upper Extremity Fracture Orthosis, Wrist, Prefabricated, Includes Fitting And Adjustment | |
| L3985 | | Upper extremity fracture orthosis, forearm, hand with wrist hinge | |
| L3995 | | Addition To Upper Extremity Orthosis, Sock, Fracture Or Equal, Each | |
| L3999 | | Upper Limb Orthosis, Not Otherwise Specified | X |
| L4000 | | Replace girdle for Milwaukee orthosis | |
| L4010 | | Replace trilateral socket brim | |
| L4020 | | Replace quadrilateral socket brim, molded to patient model | |
| L4030 | | Replace quadrilateral socket brim, custom fitted | |
| L4040 | | Replace molded thigh lacer | |
| L4045 | | Replace Non-Molded Thigh Lacer, For Custom Fabricated Orthosis Only | |
| L4050 | | Replace molded calf lacer | |
| L4055 | | Replace non-molded calf lacer | |
| L4060 | | Replace high roll cuff | |
| L4070 | | Replace Proximal And Distal Upright For Kafo | |
| L4080 | | Replace metal bands KAFO, proximal thigh | |
| L4090 | | Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh | |
| L4100 | | Replace leather cuff KAFO, proximal thigh | |
| L4110 | | Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh | |
| L4130 | | Replace Pretibial Shell | |
| L4205 | | Repair Of Orthotic Device, Labor Component, Per 15 Minutes | |
| L4210 | | Repair Of Orthotic Device, Repair Or Replace Minor Parts | |
| L4350 | | Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (E.G., Pneumatic, Gel), Prefabricated, Includes Fitting And Adjustment | |
| L4360 | | Walking Boot, Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Includes Fitting And Adjustment | |
| L4370 | | Pneumatic Full Leg Splint, Prefabricated, Includes Fitting And Adjustment | |
| L4386 | | Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Includes Fitting And Adjustment | |
| L4392 | | Replace soft interface material, ankle contracture splint (Effective 1/1/97 this replaces HCPCS code K0127) | |
| L4394 | | Replace soft interface material, foot drop, splint (Effective 1/1/97 this replaces HCPCS code K0128) | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L4396 | | Static Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Positioning, Pressure Reduction, May Be Used For Minimal Ambulation, | |
| L4398 | | Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Includes Fitting And Adjustment | |
| L5000 | | Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filler | |
| L5010 | | Partial Foot, Molded Socket, Ankle Height, With Toe Filler | |
| L5020 | | Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler | |
| L5050 | | Ankle, Symes, Molded Socket, SACH Foot | |
| L5060 | | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot | |
| L5100 | | Below Knee, Molded Socket, Shin, SACH Foot | |
| L5150 | | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | |
| L5160 | | Knee Disarticulation (Or Through Knee), Molded Socket, Bent Knee Configuration, External Knee Joints, Shin, SACH Foot | |
| L5200 | | Above knee, molded socket, single axis constant friction knee, shin, SACH foot | |
| L5210 | | Above Knee, Sort Prosthesis, No Knee Joint (Stubbies), With Foot Blocks, No Ankle Joints, Each | |
| L5220 | | Above Knee, Short Prosthesis, No Knee Joint (Stubbies), With Articulated Ankle/Foot, Dynamically Aligned, Each | |
| L5230 | | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot | |
| L5250 | | Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot | |
| L5270 | | Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot | |
| L5280 | | Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot | |
| L5301 | | Below Knee, Molded Socket, Shin, SACH Foot, Endoskeletal System | |
| L5301*** | | Below Knee, Molded Socket, Shin, SACH Foot, Endoskeletal System | |
| L5311 | | Knee disarticulation (or through knee), molded socket, external knee joints, shins, SACH foot, endoskeletal system. | |
| L5312 | | Knee Disarticulation (Or Through Knee), Molded Socket, Single Axis Knee, Pylon, SACH Foot, Endoskeletal System | |
| L5321 | | Above Knee, Molded Socket, Open End, SACH Foot, Endoskeletal System, Single Axis Knee | |
| L5321*** | | Above Knee, Molded Socket, Open End, SACH Foot, Endoskeletal System, Single Axis Knee | |
| L5331 | | Knee Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee SACH Foot | X |
| L5400 | | Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee | |
| L5410 | | Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, below knee, each additional cast change and realignment | |
| 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 | |
| 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 | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L5450 | | Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, below knee | |
| L5460 | | Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, above knee | |
| L5500 | | Initial, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, plaster socket, direct formed | |
| L5505 | | Initial, above-knee or knee disarticulation ischial level socket, USMC or equal pylon, no cover, Sach foot, plaster socket, direct formed | |
| L5510 | | Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, plaster socket, molded to model | |
| L5520 | | Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, thermoplastic or equal, direct formed | |
| L5530 | | Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, thermoplastic or equal, molded to model | |
| L5535 | | Preparatory, below knee in "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, prefabricated, adjustable open end socket | |
| L5540 | | Preparatory, Below Knee PTB Type Socket, Non-Alignable System, Pylon, No Cover, SACH Foot, Laminated Socket, Molded To Model | |
| L5560 | | Preparatory, above knee-knee disarticulation ischial level socket, "USMC" or equal pylon, no cover, SACH foot, plaster socket, molded to model | |
| L5570 | | Preparatory, above knee-knee disarticulation ischial level socket, "USMC" or equal pylon, no cover, SACH foot, thermoplastic or equal, direct formed | |
| L5580 | | Preparatory, above knee-knee disarticulation ischial level socket, "USMC" or equal pylon, no cover, SACH foot, thermoplastic or equal, molded to model | |
| L5585 | | Preparatory, above knee-knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, SACH foot, prefabricated adjustable open end socket | |
| L5590 | | Preparatory, above knee-knee disarticulation ischial level socket, "USMC" or equal pylon, no cover, SACH foot, laminated socket, molded to model | |
| L5595 | | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | |
| L5600 | | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient | |
| L5610 | | Addition to lower extremity, above knee, Hydracadence system | |
| L5611 | | Addition To Lower Extremity, Endoskeletal System, Above The Knee-Knee Disarticulation, 4 Bar Linkage, With Friction Swing Phase Control | |
| L5613 | | Addition To Lower Extremity, Endoskeletal System, Above Knee-Knee Disarticulation, 4 Bar Linkage, With Hydraulic Swing Phase Control | |
| L5618 | | Addition To Lower Extremity, Test Socket, Symes | |
| L5620 | | Addition To Lower Extremity, Test Socket, Below Knee | |
| L5620*** | | Addition To Lower Extremity, Test Socket, Below Knee | |
| L5622 | | Addition to lower extremity, test socket, knee disarticulation | |
| L5624 | | Addition To Lower Extremity, Test Socket, Above Knee | |
| L5624*** | | Addition To Lower Extremity, Test Socket, Above Knee | |
| L5626 | | Addition to lower extremity, test socket, hip disarticulation | |
| L5628 | | Addition to lower extremity, test socket, hemipelvectomy | |
| L5629 | | Addition To Lower Extremity, Below Knee, Acrylic Socket | |
| L5629*** | | Addition To Lower Extremity, Below Knee, Acrylic Socket | |
| L5630 | | Addition To Lower Extremity, Symes Type, Expandable Wall Socket | |
| L5631 | | Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Acrylic | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| | | Socket | |
| L5631*** | | Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Acrylic Socket | |
| L5632 | | Addition To Lower Extremity, Symes Type, 'Ptb' Brim Design Socket | |
| L5634 | | Addition To Lower Extremity, Symes Type, Posterior Opening (Canadian) Socket | |
| L5636 | | Addition To Lower Extremity, Symes Type, Medial Opening Socket | |
| L5637 | | Addition To Lower Extremity, Below Knee, Total Contact | |
| L5638 | | Addition To lower extremity, below knee, leather socket | |
| L5639 | | Addition To lower extremity, below knee, wood socket | |
| L5640 | | Addition To lower extremity, knee disarticulation, leather socket | |
| L5642 | | Addition To lower extremity, above knee, leather socket | |
| L5643 | | Addition To lower extremity, hip disarticulation, flexible inner socket, external frame | |
| L5644 | | Addition To lower extremity, above knee, wood socket | |
| L5645 | | Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External | |
| L5646 | | Addition to lower extremity, below knee, air cushion socket | |
| L5647 | | Addition To Lower Extremity, Below Knee Suction Socket | |
| L5648 | | Addition To lower extremity, above knee, air cushion socket | |
| L5649*** | | Addition To Lower Extremity, Ischial Containment/Narrow M-L Socket | |
| L5650*** | | Additions To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation Socket | |
| L5651*** | | Addition To Lower Extremity, Above Knee, Flexible Inner Socket, External Frame | |
| L5652*** | | Addition To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket | |
| L5653 | | Addition to lower extremity, knee disarticulation, expandable wall socket | |
| L5654 | | Addition To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote Or Equal) | |
| L5655*** | | Addition To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal) | |
| L5656** | | Addition To Lower Extremity, Socket Insert, Knee Disarticulation (Kemblo, Pelite, Aliplast, Plastazote Or Equal) | |
| L5658** | | Addition To Lower Extremity, Socket Insert, Above Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal) | |
| L5661 | | Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes | |
| L5665 | | Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee | |
| L5666 | | Addition To Lower Extremity, Below Knee, Cuff Suspension | |
| L5668 | | Addition To Lower Extremity, Below Knee, Molded Distal Cushion | |
| L5670 | | Addition To Lower Extremity, Below Knee, Molded Supracondylar Suspension ('Pts' Or Similar) | |
| L5671*** | | Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard Or Equal), Excludes Socket Insert | |
| L5672 | | Addition to lower extremity, below knee, removable medial brim suspension | |
| L5673*** | | Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L5676 | | Additions To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair | |
| L5677 | | Additions To lower extremity, below knee, knee joints, polycentric, pair | |
| L5678 | | Additions To Lower Extremity, Below Knee, Joint Covers, Pair | |
| L5679*** | | Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or | |
| L5680 | | Addition To Lower Extremity, Below Knee, Thigh Lacer, Nonmolded | |
| L5681 | | Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric | |
| L5682 | | Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded | |
| L5683 | | Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel, | |
| L5684 | | Addition To Lower Extremity, Below Knee, Fork Strap | |
| L5685*** | | Addition To Lower Extremity Prosthesis, Below Knee, Suspension/Sealing Sleeve, With Or Without Valve, Any Material, Each | |
| L5685*** | | Addition To Lower Extremity Prosthesis, Below Knee, Suspension/Sealing Sleeve, With Or Without Valve, Any Material, Each | |
| L5686** | | Addition To Lower Extremity, Below Knee, Back Check(Extension Control) | |
| L5688 | | Addition To Lower Extremity, Below Knee, Waist Belt, Webbing | |
| L5690 | | Addition To lower extremity, below knee, waist belt, padded and lined | |
| L5692 | | Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Light | |
| L5694 | | Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Padded And Lined | |
| L5695*** | | Addition To Lower Extremity, Above Knee, Pelvic Control, Sleeve Suspension, Neoprene Or Equal, Each | |
| L5696 | | Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Pelvic Joint | |
| L5697 | | Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Pelvic Band | |
| L5698 | | Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Silesian Bandage | |
| L5700*** | | Replacement, Socket, Below Knee, Molded To Patient Model | |
| L5701*** | | Replacement, Socket, Above Knee/Knee Disarticulation, Including Attachment Plate, Molded To Patient Model | |
| L5702 | | Replacement, socket, hip disarticulation, including hip joint, molded to patient model | |
| L5704*** | | Custom Shaped Protective Cover, Below Knee | |
| L5705*** | | Custom Shaped Protective Cover, Above Knee | |
| L5706 | | Custom Shaped Protective Cover, Knee Disarticulation | |
| L5710 | | Addition, exoskeletal knee-shin system, single axis, manual lock | |
| L5711 | | Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material | |
| L5712 | | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L5714 | | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control. | |
| L5716 | | Addition, exoskeletal knee shin system, polycentric, mechanical stance phase lock | |
| L5718 | | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control | |
| L5722 | | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | |
| L5724 | | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | |
| L5726 | | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | |
| L5728 | | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | |
| L5780 | | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | |
| L5781 | | Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System | |
| L5782 | | Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System, Heavy Duty | |
| L5785 | | Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal) | |
| L5790 | | Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber, or equal) | |
| L5795 | | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | |
| L5810 | | Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock | |
| L5811 | | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material | |
| L5812*** | | Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee) | |
| L5814 | | Addition, Endoskeletal Knee-Shin System, Polycentric, Hydraulic Swing Phase Control, Mechanical Stance Phase Lock | |
| L5816 | | Addition, Endoskeletal Knee-shin system, polycentric, mechanical stance phase lock | |
| L5818 | | Addition, Endoskeletal Knee-shin system, polycentric, friction swing, and stance phase control | |
| L5822 | | Addition, Endoskeletal Knee-shin system, single axis, pneumatic swing, friction stance phase control | |
| L5824 | | Addition, Endoskeletal knee-shin system, single axis, fluid swing phase control | |
| L5826 | | Addition, Endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | |
| L5828 | | Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase Control | |
| L5830 | | Addition, Endoskeletal knee-shin system, single axis, pneumatic/swing phase control | |
| L5840 | | Addition, Endoskeletal knee-shin system, multi-axial, pneumatic swing phase control | |
| L5848 | | Addition To Endoskeletal, Knee-Shin System, Hydraulic Stance Extension, Dampening Feature, With Or Without Adjustability | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L5850*** | | Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Knee Extension Assist | |
| L5855 | | Addition, Endoskeletal System, Hip Disarticulation, Mechanical Hip Extension | |
| L5856** | | Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing And Stance Phase, Includes Electronic | X |
| L5857 | | Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing Phase Only, Includes Electronic | |
| L5858** | | Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System, Microprocessor Control Feature, Stance Phase Only, Includes Electronic | X |
| L5910*** | | Addition, Endoskeletal System, Below Knee, Alignable System | |
| L5920*** | | Addition, Endoskeletal System ,Above Knee Or Hip Disarticulation, Alignable System | |
| L5925 | | Addition, Endoskeletal System, above knee, knee disarticulation, alignable system | |
| L5930 | | Addition, Endoskeletal System, high activity knee control frame | |
| L5940*** | | Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal) | |
| L5950*** | | Addition, Endoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal) | |
| L5960 | | Addition, Endoskeletal System, Hip Disarticulation, Ultra-Light Material (Titanium, Carbon Fiber Or Equal) | |
| L5962*** | | Addition, Endoskeletal System, Below Knee, Flexible Protective Outer Surface Covering System | |
| L5964*** | | Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface Covering System | |
| L5970 | | All Lower Extremity Prostheses, Foot, External Keel, SACH Foot | |
| L5971 | | All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only | |
| L5972 | | All Lower Extremity Prostheses, Flexible Keel Foot (Safe, STEN, Bock Dynamic Or Equal) | |
| L5972*** | | All Lower Extremity Prostheses, Flexible Keel Foot (Safe, STEN, Bock Dynamic Or Equal) | |
| L5974*** | | All Lower Extremity Prostheses, Foot, Single Axis Ankle/Foot | |
| L5976 | | All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy II Or Equal) | |
| L5978 | | All Lower Extremity Prostheses, Foot, Multiaxial Ankle/Foot | |
| L5979 | | All Lower Extremity Prosthesis, Multi-Axial Ankle, Dynamic Response Foot, One Piece System | |
| L5980 | | All Lower Extremity Prostheses, Flex Foot System | |
| L5982 | | All exoskeletal lower extremity prostheses, axial rotation unit | |
| L5984 | | All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability | |
| L5985 | | All Endoskeletal Lower Extremity Prostheses, Dynamic Prosthetic Pylon | |
| L5986*** | | All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP Or Equal) | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L5987 | | All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon | |
| L5990 | | Addition To Lower Extremity Prosthesis, User Adjustable Heel Height | |
| L5995 | | Addition To Lower Extremity Prosthesis, Heavy Duty Feature (For Patient Weight > 300 Lbs) | |
| L5999 | | Lower extremity prosthesis, not otherwise specified | |
| L6000 | | Partial hand, Robin-Aids, thumb remaining, (or equal) | |
| L6010 | | Partial hand, Robin-Aids, little and/or ring finger remaining, (or equal) | |
| L6020 | | Partial hand, Robin-Aids, no finger remaining, (or equal) | |
| L6025 | | Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes | |
| L6050 | | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad | |
| L6055 | | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad | |
| L6100 | | Below elbow, molded socket, flexible elbow hinge, triceps pad | |
| L6110 | | Below elbow, molded socket, (Muenster or Northwestern suspension types) | |
| L6120 | | Below elbow, molded double wall split socket, step-up hinges, half cuff | |
| L6130 | | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff | |
| L6200 | | Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm | |
| L6205 | | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm | |
| L6250 | | Above elbow, molded double wall socket, internal locking elbow, forearm | |
| L6300 | | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | |
| L6310 | | Shoulder disarticulation, passive restoration, (complete prosthesis) | |
| L6320 | | Shoulder disarticulation, passive restoration, (shoulder cap only) | |
| L6350 | | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | |
| L6360 | | Interscapular thoracic, passive restoration (complete prosthesis) | |
| L6370 | | Interscapular thoracic, passive restoration, (shoulder cap only) | |
| L6380 | | 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 | |
| L6382 | | 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 | |
| L6384 | | 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 | |
| L6386 | | Immediate post-surgical or early fitting, each additional cast change and realignment | |
| L6388 | | Immediate post surgical or early fitting, application of rigid dressing only | |
| L6400 | | Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping | |
| L6450 | | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | |

| Procedure Code | Modifier | Procedure Code Description | Requires PA |
|----------------|----------|--|-------------|
| L6500 | | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | |
| L6550 | | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | |
| L6570 | | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping | |
| L6580 | | 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 | |
| L6582 | | 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 | |
| L6584 | | 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 | |
| L6586 | | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead table control, "USMC" or equal pylon, no cover, direct formed | |
| L6588 | | 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 | |
| L6590 | | 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 | |
| L6600 | | Upper extremity additions, polycentric hinge, pair | |
| L6605 | | Upper extremity additions, single pivot hinge, pair | |
| L6610 | | Upper extremity additions, flexible metal hinge, pair | |
| L6615 | | Upper extremity addition, disconnect locking wrist unit | |
| L6616 | | Upper extremity addition, additional disconnect insert for locking wrist unit, each | |
| L6620 | | Upper extremity addition, flexion-friction wrist unit | |
| L6621 | | Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction, For Use With External Powered Terminal Device | |
| L6623 | | Upper extremity addition, spring assisted rotational wrist unit with latch release | |
| L6625 | | Upper extremity addition, rotation wrist unit with cable lock | |
| L6628 | | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal | |
| L6629 | | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal | |
| L6630 | | Upper extremity addition, stainless steel, any wrist | |
| L6632 | | Upper extremity addition, latex suspension sleeve, each | |
| L6635 | | Upper extremity addition, lift assist for elbow | |
| L6637 | | Upper extremity addition, nudge control elbow lock | |
| L6638 | | Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Manually Powered Elbow | |
| L6640 | | Upper extremity additions, shoulder abduction joint, pair | |
| L6641 | | Upper extremity addition, excursion amplifier, pulley type | |
| L6642 | | Upper extremity addition, excursion amplifier, lever type | |
| L6645 | | Upper extremity addition, shoulder flexion/abduction joint, each | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L6647 | | Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator | |
| L6648 | | Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator | |
| L6650 | | Upper extremity addition, shoulder universal joint, each | |
| L6655 | | Upper Extremity Addition, Standard Control Cable, Extra | |
| L6660 | | Upper extremity addition, heavy duty control cable | |
| L6665 | | Upper Extremity Addition, Teflon, Or Equal, Cable Lining | |
| L6670 | | Upper extremity addition, hook to hand, cable adapter | |
| L6672 | | Upper extremity addition, harness, chest or shoulder, saddle type | |
| L6675 | | Upper extremity addition, harness, figure-(ib 8lg) eight type, for single control | |
| L6676 | | Upper Extremity Addition, Harness, (E.G. Figure Of Eight Type), Dual Cable Design | |
| L6680 | | Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow | |
| L6682** | | Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow | |
| L6882 | | Microprocessor control feature, addition to upper limb prosthetic terminal device | X |
| L6684 | | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic | |
| L6686 | | Upper extremity addition, suction socket | |
| L6687 | | Upper Extremity Addition, Frame Type Socket, Below Elbow Or Wrist Disarticulation | |
| L6688 | | Upper Extremity Addition, Frame Type Socket, Above Elbow Or Elbow Disarticulation | |
| L6689 | | Upper extremity addition, frame type socket, shoulder disarticulation | |
| L6690 | | Upper extremity addition, frame type socket, interscapular-thoracic | |
| L6691 | | Upper Extremity Addition, Removable Insert, Each | |
| L6692 | | Upper Extremity Addition, Silicone Gel Insert Or Equal, Each | |
| L6703 | | Terminal Device, Passive Hand/Mitt, Any Material, Any Size | |
| L6704 | | Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size | |
| L6706 | | Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined | |
| L6707 | | Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined | |
| L6708 | | Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size | |
| L6709 | | Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size | |
| L6882** | | Microprocessor Control Feature, Addition To Upper Limb Prosthetic Terminal Device | X |
| L6890** | | Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Prefabricated, Includes Fitting And Adjustment | |
| L6895 | | Terminal device, glove for above hands, custom glove | |
| L6900 | | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining | |
| L6905 | | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L6910 | | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining | |
| L6915 | | Hand restoration (shading and measurements included), replacement glove for above | |
| L6920 | | 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 | |
| L6925** | | Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One | X |
| L6930 | | 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 | |
| L6935 | | Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, | |
| L6940 | | 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 | |
| L6945 | | 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 | |
| L6950 | | 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 | |
| L6955 | | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries one charger, myoelectronic control of terminal device | |
| L6960 | | Shoulder disarticulation, external power, molded innersocket, 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 | |
| L6965 | | 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 | |
| L6970 | | 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, switch control of switch device | |
| L6975 | | 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 switch device | |
| L7007 | | Electric Hand, Switch Or Myoelectric Controlled, Adult | |
| L7008 | | Electric Hand, Switch Or Myoelectric, Controlled, Pediatric | |
| L7009 | | Electric Hook, Switch Or Myoelectric Controlled, Adult | |
| L7040 | | Prehensile actuator, Hosmer or equal, switch controlled | |
| L7045 | | Electronic hook, child, Michigan or equal, switch controlled | |
| L7170 | | Electronic elbow, Hosmer or equal, switch controlled | |
| L7180 | | Electronic elbow, Boston, Utah or equal, myoelectronically controlled | |
| L7185 | | Electronic elbow, Variety Village or equal, switch controlled | |
| L7186 | | Electronic elbow, child, variety village or equal, switch controlled | |
| L7190 | | Electronic elbow, Variety Village or equal, myoelectronically controlled | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| L7191 | | Electronic elbow, child, variety village or equal, myoelectronically controlled | |
| L7260 | | Electronic wrist rotator, Otto Bock or equal | |
| L7261 | | Electronic wrist rotator, for Utah arm | |
| L7360 | | Six Volt Battery, Otto Bock Or Equal, Each | |
| L7362 | | Battery Charger, Six Volt, Otto Bock Or Equal | |
| L7364 | | Twelve Volt Battery, Utah Or Equal, Each | |
| L7366 | | Battery charger, twelve volt, Utah or equal | |
| L7367 | | Lithium Ion Battery, Replacement | |
| L7368 | | Lithium Ion Battery Charger | |
| L7400 | | Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Ultralight Material (Titanium, Carbon Fiber Or Equal | |
| L7403 | | Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Acrylic Material | |
| L7499 | | Upper extremity prosthesis, not otherwise specified | |
| L7500 | | Repair of prosthetic device, hourly rate (Excludes V5335 repair of oral or laryngeal prosthesis or Artificial larynx) | |
| L7510 | | Repair Of Prosthetic Device, Repair Or Replace Minor Parts | |
| L7520 | | Repair Prosthetic Device, Labor Component, Per 15 Minutes | |
| L7902 | | Tension Ring, For Vacuum Erection Device, Any Type, Replacement Only, Each | |
| L8000 | | Breast Prosthesis, Mastectomy Bra | |
| L8015 | | External Breast Prosthesis Garment, With Mastectomy Form, Post Mastectomy | |
| L8020 | | Breast Prosthesis, Mastectomy Form | |
| L8030 | | Breast Prosthesis, Silicone Or Equal | |
| L8035 | | Custom Breast Prosthesis, Post Mastectomy, Molded To Patient Model | |
| L8039 | | Breast Prosthesis, Not Otherwise Specified | |
| L8300 | | Truss, single, with standard pad | |
| L8310 | | Truss, double, with standard pads | |
| L8320 | | Truss, addition to standard pad, water pad | |
| L8330 | | Truss, addition to standard pad, scrotal pad | |
| L8400* | | Prosthetic sheath, below knee, each | |
| L8400*** | | Prosthetic Sheath, Below Knee, Each | |
| L8410* | | Prosthetic Sheath, Above Knee, Each | |
| L8410*** | | Prosthetic Sheath, Above Knee, Each | |
| L8415 | | Prosthetic sheath, Wool, upper limb, each | |
| L8417 | | Prosthetic Sheath/Sock, Including A Gel Cushion Layer, Below Knee Or Above Knee, Each | |
| L8420*** | | Prosthetic Sock, Multiple Ply, Below Knee, Each | |
| L8430*** | | Prosthetic Sock, Multiple Ply, Above Knee, Each | |
| L8435 | | Prosthetic Sock, Multiple Ply, Upper Limb, Each | |
| L8440*** | | Prosthetic Shrinker, Below Knee, Each | |
| L8460*** | | Prosthetic Shrinker, Above Knee, Each | |
| L8465 | | Prosthetic Shrinker, Upper Limb, Each | |
| L8470*** | | Prosthetic Sock, Single Ply, Fitting, Below Knee, Each | |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|--|------------|
| L8480*** | | Prosthetic Sock, Single Ply, Fitting, Above Knee, Each | |
| L8485 | | Prosthetic Sock, Single Ply, Fitting, Upper Limb, Each | |
| L8501 | | Tracheostomy Speaking Valve | |
| S5498 | | Home Infusion Therapy (HIT),Catheter Care/Maintenance, Single (Single Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S5501 | | HIT, Catheter Care/Maintenance, Complex (More Than One Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S5520 | | HIT, All Supplies (Including Catheter) Necessary For Peripherally Inserted Central Venous Catheter (PICC) Line Insertion | |
| S5521 | | HIT, All Supplies (Including Catheter) Necessary For Midline Catheter Insertion | |
| S8189 | | Tracheostomy Supply , Not Otherwise Classified (Ex. Custom Specialty Trach) | X |
| S8270 | | Enuresis Alarm | |
| S8999 | | Resuscitation Bag (For Use By Patients On Artificial Respiration During Power Failure Or Other Catastrophic Event) | |
| S9326 | | HIT, Continuous (24 Hours Or More) Pain Management Infusion, Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9330 | | HIT, Continuous (24 Hours Or More) Chemotherapy Infusion, Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9336 | | HIT, Continuous Anticoagulant Infusion,(E.G. , Heparin) Includes Administration Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9347 | | HIT, Uninterrupted, Long Term, Controlled Rate Intravenous Or Subcutaneous Infusion Therapy (E.G. Epoprostenol), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9351 | | HIT, Continuous Or Intermittent Anti-Emetic Infusion Therapy; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9373 | | HIT, Hydration; Once Every 6 Hours; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9379 | | HIT, Infusion Therapy; Not Otherwise Classified; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Anticipating That New Infusion Therapies Will Be Developed Or That A Current Therapy Has Been Overlooked, The Ltc Medical And Quality Review Unit Will Consider Authorization Of Other Therapies On An Individual Basis. These Special Requests Will Require Peer Reviewed Medical Literature Documentation And Review By Medicaid's Medical Director | X |

| Procedure Code | Modifier | Procedure Code Description | RequiresPA |
|----------------|----------|---|------------|
| S9490 | | HIT, Corticosteroid Infusion; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9500 | | HIT, Antibiotic, Antviral, Or Antifungal; Once Every 24 Hours; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9501 | | HIT, Antibiotic, Antviral, Or Antifungal; Once Every 12 Hours; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9502 | | HIT, Antibiotic, Antviral, Or Antifungal; Once Every 8 Hours; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9503 | | HIT, Antibiotic, Antviral, Or Antifungal; Once Every 6 Hours; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| S9504 | | HIT, Antibiotic, Antviral, Or Antifungal Therapy; Once Every 4 Hours; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) | |
| T4521 | | Adult Sized Disposable Incontinence Product, Brief/ Diaper Small, Each | X |
| T4522 | | Adult Sized Disposable Incontinence Product, Brief/Diaper Medium, Each | X |
| T4523 | | Adult Sized Disposable Incontinence Product, Brief/Diaper Large, Each | X |
| T4524 | | Adult Sized Disposable Incontinence Product, Brief/Diaper Extra Large, Each | X |
| T4529 | | Pediatric Sized Disposable Incontinence Product ,Brief/Diaper Small/Medium Size, Each | X |
| T4530 | | Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large Size, Each | X |
| V5336 | | Repair/Modification Of Augmentative Communicative System Or Device (Excludes Adaptive Hearing Aid) | X |