



P Durable Medical Equipment (DME) Procedure Codes and Modifiers

The following procedure codes apply when filing claims for DME services. 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.

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.

RR Modifier

Rental equipment codes must be billed with the appropriate procedure code with modifier RR. These codes are denoted with the appropriate modifier. IF RR modifier is not indicated on the prior authorization request do not use the RR modifier when billing the claim.

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, E1029, 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.

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

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
A4206		Syringe With Needle, Sterile 1cc, Each		100/mo
A4208*		Syringe With Needle, Sterile 3cc, Each		100/mo
A4209		Syringe With Needle, Sterile 5cc Or Greater, Each		100/mo
A4210		Needle-Free Injection Device, Each		100/mo
A4213*		Syringe, Sterile, 20cc Or Greater, Each		120/mo
A4215*		Needle, Sterile, Any Size, Each (Home Iv)		100/mo
A4216		Sterile Water, Saline and/or Dextrose (Diluent), 10 ml		31/mo
A4217		Sterile Water/Saline, 500 ml		31/mo
A4212		Noncoring Needle Or Stylet With Or Without Catheter (Huber Needle)		1/mo
A4221		Supplies For Maintenance Of Drug Infusion Catheter, Per Week (List Drug Separately)		1/ wk
A4222		Infusion Supplies For External Drug Infusion Pump, Per Cassette Or Bag (List Drugs Separately)		31/mo
A4230		Infusion Set For External Insulin Pump, Nonneedle Cannula Type		15/mo
A4232		Syringe With Needle For External Insulin Pump, Sterile, 3cc		15/mo
A4233*		Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each		1/yr
A4234*		Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each		1/yr
A4235*		Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each		1/yr
A4236*		Replacement Batter, Silver Oxide, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each		1/yr
A4244		Alcohol Or Peroxide, Per Pint		3/mo
A4245*		Alcohol Wipes, Per Box		3/mo
A4246		Betadine Or Phisohex Solution, Per Pint		4/mo
A4247*		Betadine Or Iodine Swabs/Wipes, Per Box		2/mo
A4250*		Urine Test Or Reagent Strips Or Tablets (100 Tablets Or Strips)		2/mo
A4253*		Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips		2 boxes every 3 months for diabetics not using insulin
A4253*	U6	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips		3 boxes per month for diabetics using insulin age 21 and above
A4253*	U6	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips		4 boxes per month for diabetics using insulin age 0 - 21
A4256*		Normal, Low And High Calibrator Solution/Chips		3/yr
A4258*		Spring-Powered Device For Lancet, Each		1/yr

Added: A4212

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
A4259*		Lancets, Per Box Of 100		1 box every three months for diabetics not using insulin
A4259	U6	Lancets, Per Box Of 100		2 boxes per month for diabetics using insulin
A4259	SC	Lancets, Per Box Of 25		1 box per yr for age group 0-20 requiring special PKU finger sticks.
A4335		Incontinence Supply; Miscellaneous		31/mo
A4338*		Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each		2/mo
A4340		Indwelling Catheter; Specialty Type, (e.g., Coude, mushroom, wing, etc.), Each		5/mo
A4344*		Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each		2/mo
A4349*		Male External Catheter, With Or Without Adhesive, Disposable, Each		150/mo (EPSDT)
A4349*		Male External Catheter, With Or Without Adhesive, Disposable, Each		31/mo
A4351*		Intermittent Urinary Catheter; Straight Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each		150/mo (EPSDT)
A4351*		Intermittent Urinary Catheter; Straight Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each		31/mo
A4352		Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each		150/mo (EPSDT)
A4352		Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each		31/mo
A4354*		Insertion Tray With Drainage Bag But Without Catheter		2/mo
A4357*		Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each		2/mo
A4358*		Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each		2/mo
A4362*		Skin Barrier; Solid, 4 X 4 Or Equivalent; Each		20/mo
A4364*		Adhesive, Liquid Or Equal, Any Type, Per Oz		12/mo
A4367*		Ostomy Belt, Each		1/mo
A4400*		Ostomy Irrigation Set		5/mo
A4402*		Lubricant, Per Ounce		5/mo
A4404		Ostomy Ring, Each		31/mo
A4414*		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each		31/mo
A4415*		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, Larger Than 4x4 Inches, Each		20/mo
A4421	SC	Ostomy Supply, Miscellaneous	X	N/A
A4450*		Tape, Non-Waterproof, Per 18 Square Inches		60/mo
A4452*		Tape, Waterproof, Per 18 Square Inches		60/mo
A4456		Adhesive Remover, Wipes, Any Type, Each		150/mo

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
A4606		Oxygen Probe For Use With Oximeter Device, Replacement	X	2/mo
A4605		Tracheal Suction Catheter, Closed System, Each		4/mo
A4614		Peak Expiratory Flow Rate Meter, Hand Held		1/ 3yrs
A4618		Breathing Circuits		4/mo
A4623		Tracheostomy, Inner Cannula		20/mo
A4624*		Tracheal Suction Catheter, Any Type Other Than Closed System, Each		500/mo
A4625		Tracheostomy Care Kit For New Tracheostomy		90/mo
A4628*		Oropharyngeal Suction Catheter, Each		50/mo
A4629*		Tracheostomy Care Kit For Established Tracheostomy		31/mo
A4640		Alternating Pressure Pad	X	1/yr
A4927*		Gloves, Non-Sterile, Per 100		2/mo
A5052*		Ostomy Pouch, Closed; Without Barrier Attached (1 Piece), Each		60/mo
A5054*		Ostomy Pouch, Closed; For Use On Barrier With Flange (2 Piece), Each		60/mo
A5061*		Ostomy Pouch, Drainable; With Barrier Attached, (1 Piece), Each		31/mo
A5063*		Ostomy Pouch, Drainable; For Use On Barrier With Flange (2 Piece System), Each		31/mo
A5071*		Ostomy Pouch, Urinary; With Barrier Attached (1 Piece), Each		40/mo
A5120		Skin Barrier, Wipes Or Swaps, Each		50/mo
A5121*		Skin Barrier; Solid, 6 X 6 Or Equivalent, Each		20/mo
A5500*		Diabetic Fitting (Including Follow-Up) Custom Off The Shelf Shoe (Per Shoe)		2/yr
A5500***		Diabetic Fitting (Including Follow-Up) Custom Off The Shelf Shoe (Per Shoe)		2/yr
A5501***		Diabetic Custom Molded Shoe, (Per Shoe)		2/yr
A5501***		Diabetic Custom Molded Shoe, (Per Shoe)		2/yr
A5513*		Diabetic Multiple Density Insert, Custom Molded From Patient's Foot, Each		6/yr
A5513***		Diabetic Multiple Density Insert, Custom Molded From Patient's Foot, Each		6/yr
A6216*		Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing		1000/mo
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		700/mo
A6402*		Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing		400/mo
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		100/mo
A6501		Compress Burn Garment, Bodysuit (Head To Foot), Custom Fabricated	X	2/ 3mos
A6502		Compression Burn Garment, Chin Strap, Custom Fabricated	X	2/ 3mos
A6503		Compression Burn Garment, Facial Hood, Custom Fabricated	X	2/ 3mos
A6504		Compression Burn Garment, Glove To Wrist, Custom Fabricated	X	2/ 3mos
A6505		Compression Burn Garment, Glove To Elbow, Custom Fabricated	X	2/ 3mos
A6507		Compression Burn Garment, Foot To Knee Length, Custom Fabricated	X	2/ 3mos
A6508		Compression Burn Garment, Foot To Thigh Length, Custom Fabricated	X	2/ 3mos
A6509		Compression Burn Garment, Upper Trunk To Waist Including Arm Openings (Vest), Custom Fabricated	X	2/ 3mos

Added: A4606

Deleted:
A5500Added:
A5500***Deleted:
A5513Added:
A5513***

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
A6511		Compression Burn Garment, Lower Trunk Including Leg Openings (Pantry), Custom Fabricated	X	2/ 3mos
A6512		Compression Burn Garment, Not Otherwise Classified	X	2/ 3mos
A6513		Compression Burn Mask, Face and/or Neck, Plastic Or Equal, Custom Fabricated	X	2/ 3mos
A6530*		Gradient Compression Stocking, Below Knee, 18-30 mm Hg, Each		8/yr
A6531*		Gradient Compression Stocking, Below Knee, 30-40, Each		8/yr
A6533*		Gradient Compression Stocking, Thigh Length, 18-30 mm Hg, Each		8/yr
A7000		Canister, Disposable, Used With Suction Pump, Each		4/mo
A7001		Canister, Non-Disposable, Used With Suction Pump, Each		1/yr
A7002		Tubing, Used With Suction Pump, Each		1/mo
A7003*		Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Disposable		3/mo
A7005*		Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-Disposable		2/yr
A7008		Large Volume Nebulizer, Disposable, Prefilled, Used With Aerosol Compressor		4/mo
A7010		Corrugated Tubing, Disposable, Used With Large Volume Nebulizer, 100 Ft. (Aerosol Tubing)		2/mo
A7012		Water Collection Device, Used With Large Volume Nebulizer (Drain Bag)		4/mo
A7015		Aerosol Mask, Used With DME Nebulizer		4/mo
A7030		Full Face Mask Used With Positive Airway Pressure Device	X	1/3yrs
A7031		Face Mask Interface, Replacement For Full Facemask, Each		2/yr
A7032		Replacement Cushion For Nasal Application Device, Each		2/yr
A7033		Replacement Pillows For Nasal Application Device, Pair		2/yr
A7034		Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, Without Head Strap		2/yr
A7035		Headgear Used Positive Airway Pressure Device		2/yr
A7036		Chinstrap Used With Positive Airway Pressure Device		1/yr
A7037		Tubing Used With Positive Airway Pressure Device		1/mo
A7038		Filter, Disposable, Used With Positive Airway Pressure Device		1/mo
A7039		Filter, Non Disposable , Used With Positive Airway Pressure Device		1/yr
A7044		Oral Interface Used With Positive Airway Pressure Device, Each		2/yr
A7046		Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement Each		2/yr
A7509		Heat Moisture Exchange System Filter Housing, and Adhesive, For Use As A Tracheostomy Heat and Moisture Exchange System, Each	X	1/day
A7520		Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvinylchloride (PVC), Silicone Or Equal, Each		5/mo
A7525		Tracheostomy Mask, Each		4/mo
A7526		Tracheostomy Tube Collar/Holder, Each		31/mo
A8000		Helmet, Protective, Soft, Prefabricated, Includes All Components And Accessories	X	1/yr
A8001		Helmet, Protective, Hard, Prefabricated, Includes All Components And Accessories	X	1/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
A9900		Miscellaneous DME Supply, Accessory, and/or Service Component Of Another HCPC Code (Suction Bacteria Filters)		2/yr
B4034		Enteral Feeding Supply Kit; Syringe, Per Day	X	31/mo
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	31/mo
B4035		Enteral Feeding Supply Kit; Pump Fed, Per Day	X	31/mo
B4036		Enteral Feeding Supply Kit; Gravity Fed, Per Day	X	31/mo
B4081*		Nasogastric Tubing With Stylet		31/mo
B4082*		Nasogastric Tubing Without Stylet		31/mo
B4087		Gastrostomy/Jejunostomy Tube, Standard, Any Material, Any Type, Each		4/mo
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	4/ yr
B4088		Gastrostomy/Jejunostomy Tube, Low Profile, Any Material, Any Type, Each	X	4/ yr
B4220		Parenteral Supply Kit, Premix, Per Day		1/day
B4222		Parenteral Supply Kit, Home Mix, Per Day,		1/day
B4224		Parenteral Nutrition Administration Kit, Per Day		1/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	1/2 yr
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	31/mo
B9004*	RR	Parenteral Nutrition Infusion Pump, Portable	X	1/day
B9006*	RR	Parenteral Nutrition Infusion Pump, Stationary	X	1/day
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	12/yr
E0100*		Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip		1/2yrs
E0105*		Cane, Quad Or Three Prong, Includes Canes Of All Materials, Adjustable Or Fixed, With Tips		1 2yrs
E0110*		Crutches, Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Pair, Complete With Tips And Handgrips		1/2yrs
E0112*		Crutches, Underarm, Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips		1/2yrs
E0114		Crutches, Underarm Other Than Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips		1/2yrs
E0130*	RR	Walker, Rigid (Pickup), Adjustable Or Fixed Height		1/ 2yrs
E0130*		Walker, Rigid (Pickup), Adjustable Or Fixed Height		1/ 2yrs
E0135*	RR	Walker, Folding (Pickup), Adjustable Or Fixed Height		1/mo
E0135*		Walker, Folding (Pickup), Adjustable Or Fixed Height		1/2yrs
E0140		Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type	X	1/5yr (children only)
E0143		Walker, Folding, Wheeled, Adjustable Or Fixed Height		1/2yrs
E0148	RR	Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each	X	1/mo
E0148		Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each	X	1/ 2yrs
E0149		Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type	X	1/2yrs

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E0153		Platform Attachment, Forearm Crutch, Each	X	1/2yrs
E0163*	RR	Commode Chair, Stationary, With Fixed Arms		1/mo
E0163*		Commode Chair, Stationary, With Fixed Arms		1/2yrs
E0165*	RR	Commode Chair, Mobile Or Stationary, With Detachable Arms		1/mo
E0165*		Commode Chair, Mobile Or Stationary, With Detachable Arms		1/ 2yrs
E0168*		Commode Chair, Extra Wide and/or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	X	1/ 2yrs
E0181*	RR	Powered Pressure Reducing Mattress Overlay/Pad, Alternating With Pump Includes Heavy Duty	X	1/mo
E0181*		Powered Pressure Reducing Mattress Overlay/Pad, Alternating With Pump Includes Heavy Duty	X	1/ 3yrs
E0182		Pump For Alternating Pressure Pad, For Replacement Only	X	1/2 yr
E0184	RR	Dry Pressure Mattress		1/mo
E0184		Dry Pressure Mattress		1/ 2yrs
E0185*	RR	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length and Width	X	1/mo
E0185*		Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length and Width	X	1/ 2yrs
E0188*	RR	Synthetic Sheepskin Pad		1/mo
E0188*		Synthetic Sheepskin Pad		1/yr
E0191*		Heel Or Elbow Protector, Each		4/yr
E0202	RR	Phototherapy (bilirubin) Light With Photometer		31/mo
E0210*	RR	Electric Heat Pad, Standard		1/mo
E0210*		Electric Heat Pad, Standard		1/yr
E0250*	RR	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	X	1/mo
E0250*		Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	X	1/lifetime
E0255*	RR	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	X	1/mo
E0255*		Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	X	1/lifetime
E0260*	RR	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	X	1/mo
E0260*		Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	X	1/lifetime
E0271*	RR	Mattress, Innerspring	X	1/mo
E0271*		Mattress, Innerspring	X	1/ 3yrs
E0275*	RR	Bed Pan, Standard, Metal Or Plastic		1/mo
E0275*		Bed Pan, Standard, Metal Or Plastic		1/yr
E0276*		Bed Pan, Fracture, Metal Or Plastic		1/yr
E0277	RR	Powered Pressure-Reducing Air Mattress	X	1/mo
E0280	RR	Bed Cradle, Any Type	X	1/mo
E0280		Bed Cradle, Any Type	X	1/lifetime
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	1/lifetime
E0304*		Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds With Any Type Side Rails With Mattress (Invoice)	X	1/lifetime
E0310*	RR	Bed Side Rails, Full Length	X	2/mo
E0310		Bed Side Rails, Full Length	X	1/3 yrs

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E0424*	RR	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, and Tubing	X	1/mo
E0431*	RR	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flow Meter, Humidifier, Cannula Or Mask, And Tubing	X	1/mo
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	1/mo
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	4/mo
E0445		Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively (Per Overnight Oximetry Encounter)	X	1/mo
E0445	RR	Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively	X	1/mo
E0450	RR	Volume Control Ventilator, Without Pressure Support Mode, May Include Pressure Control Mode, Used With Invasive Interface (E.G., Tracheostomy Tube)	X	1/mo
E0461	RR	Volume Control Ventilator, Without Pressure Support Mode, May Include Pressure Control Mode, Used With Non-Invasive Interface (E.G. Mask)	X	1/mo
E0463	RR	Pressure Support Ventilator With Volume Control Mode, May Include Pressure Control Mode, Used With Invasive Interface (E.G. Tracheostomy Tube)	X	1/mo
E0464	RR	Pressure Support Ventilator With Volume Control Mode, May Include Pressure Control Mode, Used With Non-Invasive Interface (e.g.mask)		1/mo
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	1/mo
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	1/mo
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	1/mo
E0480		Percussor, Electric Or Pneumatic, Home Model	X	1/lifetime
E0482	RR	Cough Stimulating Device, Alternating Positive And Negative Airway Pressure	X	1/mo
E0483	RR	High Frequency Chest Wall Oscillation Air Pulse Generator System (Includes Hoses And Vest) (Rent To Purchase)	X	1/lifetime
E0550	RR	Humidifier, Durable For Extensive Supplemental Humidification During IPPB Treatments Or Oxygen Delivery	X	1/mo
E0550		Humidifier, Durable For Extensive Supplemental Humidification During IPPB Treatments Or Oxygen Delivery	X	1 3yrs
E0561	RR	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	X	1/mo
E0561		Humidifier, Non-Heated, Used With Positive Airway Pressure Device	X	1/ 3yrs
E0562	RR	Humidifier, Heated, Used With Positive Airway Pressure Device	X	1/mo
E0565	RR	Compressor, Air Power Source For Equipment Which Is Not Self- Contained Or Cylinder Driven	X	1/mo
E0570*	RR	Nebulizer, With Compressor		1/mo
E0570*		Nebulizer, With Compressor		1/ 4yrs
E0575	RR	Nebulizer, Ultrasonic, Large Volume	X	1/mo
E0585	RR	Nebulizer With Compressor And Heater	X	1/mo
E0600*	RR	Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric	X	1/mo

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E0600*		Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric	X	1/ 5yrs
E0601	RR	Continuous Airway Pressure (CPAP) Device	X	1/mo
E0601	LL	Continuous Airway Pressure (CPAP) Device	X	1/8yr
E0601	RA	Continuous Airway Pressure (CPAP) Device	X	1/8yr
E0607*	RR	Home Blood Glucose Monitor		1/mo
E0607*		Home Blood Glucose Monitor		1/ 5yrs
E0619	RR	Apnea Monitor, With Recording Feature	X	1/mo
E0621*		Sling Or Seat, Patient Lift, Canvas Or Nylon		1 per yr
E0630*		Patient Lift, Hydraulic, With Seat Or Sling	X	1/ 5yrs
E0630	RR	Patient Lift, Hydraulic, With Seat Or Sling	X	1/mo
E0635		Patient Lift, Electric, With Seat Or Sling	X	1/5yrs
E0650	RR	Pneumatic Compressor, Non-Segmental Home Model	X	1/mo
E0650		Pneumatic Compressor, Non-Segmental Home Model	X	1/ 5yrs
E0667	RR	Pneumatic Appliance For Use With Segmental Pneumatic Compressor, Leg	X	1/mo
E0667		Pneumatic Appliance For Use With Segmental Pneumatic Compressor, Leg	X	2/ 3yrs
E0668	RR	Arm Appliance For Linear Pump	X	1/mo
E0668		Arm Appliance For Linear Pump	X	2/ 3yrs
E0705*		Transfer Device, Any Type, Each		
E0776*	RR	Iv Pole		1/mo
E0776*		Iv Pole		1/ 3yrs
E0779		Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours Or Greater	X	1/ 5yrs
E0781*	RR	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Battery Operated, With Administrative Equipment, Worn By Patient	X	1/day
E0784	RR	External Ambulatory Infusion Pump, Insulin (Rent To Purchase)	X	1/mo
E0791	RR	Parenteral Infusion Pump, Stationary, Single Or Multi-Channel	X	1/mo
E0850	RR	Traction Stand, Free Standing, Simple Cervical Traction	X	1/mo
E0850		Traction Stand, Free Standing, Simple Cervical Traction	X	1/mo
E0890	RR	Traction Frame, Attached To Footboard, Simple Pelvic Traction	X	1/mo
E0890		Traction Frame, Attached To Footboard, Simple Pelvic Traction	X	1/mo
E0910*	RR	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	X	1/mo
E0910*		Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	X	1/5yrs
E0911*		Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	X	1/yr
E0912*		Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	X	1/5yrs
E0944		Pelvic Belt/Harness Boot	X	1/yr
E0950		Wheelchair Accessory, Tray, Each	X	1/yr
E0951*		Wheel Loop/Holder, Any Type, With Or Without Ankle Strap, Each	X	2/yr
E0952		Toe Loop/Holder, Any Type, Each	X	2/yr
E0955		Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each	X	1/yr
E0956		Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed Mounting Hardware, Each	X	4/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E0957		Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting Hardware, Each	X	2/yr
E0958*		Manual Wheelchair Accessory, One-Arm Drive Attachment, Each	X	1/yr
E0959		Manual Wheelchair Accessory, Adapter For Amputee, Each	X	2/yr
E0959		Manual Wheelchair Accessory, Adapter For Amputee, Each	X	2/yr
E0960		Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware	X	2/ 3yr
E0961		Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each	X	1/yr
E0966		Manual Wheelchair Accessory, Headrest Extension, Each	X	1/yr
E0967		Manual Wheelchair Accessory, Hand Rim With Projections, Any Type, Replacement Only, Each	X	2/yr
E0971*	RR	Manual Wheelchair Accessory, Anti-Tipping Device, Each	X	2/mo
E0971*		Manual Wheelchair Accessory, Anti-Tipping Device, Each	X	2/yr
E0973		Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each	X	2/yr
E0974		Manual Wheelchair Accessory, Anti-Rollback Device, Each	X	2/yr
E0978*		Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each	X	1/yr
E0980*		Safety Vest, Wheelchair	X	1yr
E0981		Wheelchair Accessory, Seat Upholstery, Replacement Only, Each	X	1/yr
E0982		Wheelchair Accessory, Back Upholstery, Replacement Only, Each	X	1/yr
E0983		Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control	X	1/yr
E0984		Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Tiller Control	X	1/yr
E0985		Wheelchair Accessory, Seat Lift Mechanism	X	1/yr
E0986		Manual Wheelchair Accessory, Push Activated Power Assist, Each	X	1/yr
E0990		Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each	X	2/yr
E0992		Manual Wheelchair Accessory, Solid Seat Insert	X	1/yr
E0994		Arm Rest, Each	X	2/yr
E0995		Wheelchair Accessory, Calf Rest/Pad, Each	X	2/yr
E1002		Wheelchair Accessory, Power Seating System, Tilt Only	X	1/7yrs
E1003		Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction	X	1/7yrs
E1004		Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction	X	1/7yrs
E1005		Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction	X	1/7yrs
E1006		Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction	X	1/7yrs
E1007		Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction	X	1/7yrs
E1008		Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction	X	1/7yrs
E1009		Wheelchair Accessory, Addition To Power Seating System Mechanically Linked Leg Elevation System, Including Pushrod And Leg Rest, Each	X	2/7yrs
E1010		Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair	X	1/7yrs
E1011		Modification To Pediatric Size Wheelchair, Width Adjustment Package (Not To Be Dispensed With Initial Chair)	X	1/yr

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E1014		Reclining Back, Addition To Pediatric Size Wheelchair	X	1/2yrs
E1015		Shock Absorber For Manual Wheelchair, Each	X	2/yr
E1016		Shock Absorber For Power Wheelchair, Each	X	2/yr
E1017		Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each	X	2/yr
E1018		Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each	X	2/yr
E1020		Residual Limb Support System For Wheelchair	X	2/yr
E1028*		Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory	X	4 units/yr
E1029		Wheelchair Accessory, Ventilator Tray, Fixed	X	1/ 4yrs
E1030		Wheelchair Accessory, Ventilator Tray, Gimbaled	X	1/4yrs
E1031	RR	Rollabout Chair, Any And All Types With Castors 5" Or Greater	X	1/mo
E1031		Rollabout Chair, Any And All Types With Castors 5" Or Greater	X	1/ 7yrs
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	1/7yrs
E1037*	RR	Transport Chair, Pediatric Size	X	1/mo
E1037*		Transport Chair, Pediatric Size	X	1/ 7yrs
E1050*	RR	Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	X	1/mo
E1050*		Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	X	1/ 7yrs
E1060*	RR	Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Elevating Legrests	X	1/mo
E1060*		Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Elevating Legrests	X	1/ 7yrs
E1070*	RR	Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	X	1/mo
E1070*		Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	X	1/ 7yrs
E1088*	RR	High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests	X	1/mo
E1088*		High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests	X	1/ 7yrs
E1092	RR	Wide Heavy Duty Wheel Chair, Detachable Arms (Desk Or Full Length), Swing Away Detachable Elevating Leg Rests	X	1/mo
E1092		Wide Heavy Duty Wheel Chair, Detachable Arms (Desk Or Full Length), Swing Away Detachable Elevating Leg Rests	X	1/ 7yrs
E1093*	RR	Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests	X	1/mo
E1093*		Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests	X	1/ 7yrs
E1110*	RR	Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests	X	1/mo
E1110*		Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests	X	1/ 7yrs
E1130*	RR	Standard Wheelchair, Fixed Full Length Arms, Fixed Or Swing Away Detachable Footrests	X	1/mo

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E1130*		Standard Wheelchair, Fixed Full Length Arms, Fixed Or Swing Away Detachable Footrests	X	1/ 7yrs
E1140*	RR	Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Footrests	X	1/mo
E1140*		Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Footrests	X	1/ 7yrs
E1150*	RR	Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating Legrests	X	1/mo
E1150*		Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating Legrests	X	1/ 7yrs
E1160*	RR	Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests	X	1/mo
E1160*		Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests	X	1/ 7yrs
E1161		Manual Adult Wheelchair With Tilt N And Space	X	1/ 7yrs
E1180*	RR	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests	X	1/ mo; up to 6 mos
E1180*		Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests	X	1/ 7yrs
E1190*	RR	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Leg Rests	X	1/mo
E1190*		Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Leg Rests	X	1/ 7yrs
E1200*	RR	Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest	X	1/ mo; up to 6 mos
E1200*		Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest	X	1/ 7yrs
E1225		Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each	X	1/yr
E1226	RR	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each	X	1/mo
E1226		Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each	X	1/yr
E1227		Special Height Arms For Wheelchair	X	2/yr
E1228		Special Back Height For Wheelchair	X	1/ 7yrs
E1229		Wheelchair, Pediatric Size, Not Otherwise Specified	X	1/ 7yrs
E1231		Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System	X	1/ 7yrs
E1232		Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System	X	1/ 7yrs
E1233		Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System	X	1/ 7yrs
E1234		Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System	X	1/ 7yrs
E1235		Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System	X	1/ 7yrs
E1236		Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System	X	1/ 7yrs
E1237	RR	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	X	1/mo
E1237		Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	X	1/ 7yrs
E1238	RR	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System	X	1/mo
E1238		Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System	X	1/ 7yrs
E1240*	RR	Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest	X	1/mo

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E1240*		Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest	X	1/ 7yrs
E1260*	RR	Wheelchair Lightweight, Detachable Arms (Desk Or Full Length), Swing Away Detachable Footrest	X	1/mo
E1260*		Wheelchair Lightweight, Detachable Arms (Desk Or Full Length), Swing Away Detachable Footrest	X	1/ 7yrs
E1280*	RR	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests	X	1/mo
E1280*		Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests	X	1/ 7yrs
E1285*		Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest	X	1/ 7yrs
E1290*	RR	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	X	1/mo
E1290*		Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	X	1/ 7yrs
E1296		Special Wheelchair Seat Height From Floor	X	1yr
E1297		Special Wheelchair Seat Depth, By Upholstery	X	1yr
E1298		Special Wheelchair Seat Depth and/or Width, By Construction	X	1/yr
E1372	RR	Immersion External Heater For Nebulizer	X	1/mo
E1390*	RR	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate	X	1/mo
E1399*		Durable Medical Equipment, Miscellaneous	X	N/A
E1811		Static Progressive Stretch Knee Device, Extension and/or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories		1/yr
E2000		Gastric Suction Pump, Home Model, Portable Or Stationary, Electric	X	1/5yrs
E2100		Blood Glucose Monitor With Integrated Voice Synthesizer	X	1/5yrs
E2201		Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches	X	1/yr
E2202		Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	X	1/yr
E2203		Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches	X	1/yr
E2204		Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches	X	1/yr
E2205		Manual Wheelchair Accessory, Handrim Without Projections, Any Type, Replacement Only, Each	X	2/yr
E2206		Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each	X	2/yr
E2208		Wheelchair Accessory, Cylinder Tank Carrier, Each	X	1/yr
E2209		Wheelchair Accessory, Arm Trough, Each	X	2/yr
E2210		Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each	X	4/yr
E2211		Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each	X	2/yr
E2212		Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each	X	2/yr
E2213		Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each	X	2/yr
E2214		Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each	X	2/yr
E2216		Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each	X	2/yr
E2217		Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each	X	2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E2218		Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each	X	2/yr
E2219		Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each	X	2/yr
E2220		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Each	X	2/yr
E2221		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each	X	2/yr
E2222		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each	X	2/yr
E2223		Manual Wheelchair Accessory, Valve, Any Type, Replacement Only, Each	X	2/yr
E2224		Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Each	X	2/yr
E2225		Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each	X	2/yr
E2226		Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	X	2/yr
E2227		Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each	X	2/yr
E2228		Manual Wheelchair Accessory, Wheel Braking System And Lock, Each	X	4/yr
E2231		Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware	X	1/2yrs
E2291		Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	X	1/2yrs
E2292		Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	X	1/2yrs
E2293		Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	X	1/2yrs
E2294		Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	X	1/2yrs
E2300		Power Wheelchair Accessory, Power Seat Elevation System	X	1/2yrs
E2301		Power Wheelchair Accessory, Power Standing System	X	1/2yrs
E2310		Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics	X	1/7yrs
E2311		Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics,	X	1/7yrs
E2312		Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware	X	1/7yrs
E2313		Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fasteners, Connectors And Mounting Hardware	X	1/7yrs
E2321		Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And	X	1/7yrs
E2322		Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop	X	1/4yrs
E2323		Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated	X	1/4yrs
E2324		Power Wheelchair Accessory, Chin Cup For Chin Control Interface	X	1/3yrs

Added to
E2291: ~~X-~~
requires
PA

Added to
E2292: ~~X-~~
requires
PA, 1/2yrs
-Benefit
Limit

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E2325		Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting	X	1/4yrs
E2326		Power Wheelchair Accessory, Breath Tube Kit For Sip And Puff Interface	X	1/2yrs
E2327		Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And	X	1/2yrs
E2328		Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting	X	1/3yrs
E2329		Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch,	X	1/3yrs
E2329		Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch,	X	1/3yrs
E2330		Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch,	X	1/3yrs
E2331		Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware	X	1/3yrs
E2340		Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches	X	1/yr
E2340		Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches	X	1/yr
E2341		Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	X	1/yr
E2342		Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches	X	1/yr
E2343		Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches	X	1/yr
E2351		Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface	X	1/yr
E2359		Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	X	2/yr
E2360		Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each	X	2/yr
E2361		Power Wheelchair Accessory, 22nf Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Absorbed Glassmat)	X	2/yr
E2362		Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each	X	2/yr
E2363		Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	X	4/yr
E2364		Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each	X	2/yr
E2365		Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	X	2/yr
E2365	SC	Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	X	2/yr
E2366		Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each	X	1/yr
E2367		Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each	X	1/yr
E2368		Power Wheelchair Component, Motor, Replacement Only	X	2/yr
E2369		Power Wheelchair Component, Gear Box, Replacement Only	X	2/yr

Added:
E2359

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E2370		Power Wheelchair Component, Motor And Gear Box Combination, Replacement Only	X	2/yr
E2371		Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each	X	2/yr
E2372		Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each	X	2/yr
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	1/4yrs
E2374		Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related	X	1/4yrs
E2375		Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only	X	1/4yrs
E2376		Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only	X	1/4yrs
E2377		Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue	X	1/4yrs
E2381		Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each	X	4/yr
E2382		Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each	X	2/yr
E2383		Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire, (Removable), Any Type, Any Size, Replacement Only, Each	X	2/yr
E2384		Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each	X	4/yr
E2385		Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Only, Each	X	4yr
E2386		Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each	X	4/yr
E2387		Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each	X	4yr
E2388		Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only, Each	X	4/yr
E2389		Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each	X	4yr
E2390		Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size, Replacement Only, Each	X	4/yr
E2391		Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each	X	4yr
E2392		Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only	X	4/yr
E2394		Power Wheelchair, Accessory, Drive Wheel, Excludes Tire, Any Size, Replacement Only, Each	X	4yr
E2395		Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each	X	4/yr
E2396		Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	X	4yr
E2397		Power Wheelchair Accessory, Lithium-Based Battery, Each	X	1/yr
E2500		Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Less Than Or Equal To 8 Minutes Recording Time	X	1/3yrs
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	1/3yrs

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
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	1/3yrs
E2506		Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 40 Minutes Recording Time	X	1/3yrs
E2508		Speech Generating Device, Synthesized Speech, Requiring Message Formulation By Spelling And Access By Physical Contact With The Device	X	1/3yrs
E2510	RR	Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access	X	1/mo
E2510		Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access	X	1/3yrs
E2511		Speech Generating Software Program, For Personal Computer Or Personal Digital Assistant	X	1/yr
E2512		Accessory For Speech Generating Device, Mounting System	X	1/yr
E2599		Accessory For Speech Generating Device, Not Otherwise Classified	X	1/yr
E2601*		General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	X	1/yr
E2602*		General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	X	1/yr
E2603*		Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	X	1/2 yr
E2604*		Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches Or Greater, Any Depth	X	1/2yr
E2605		Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	X	1/2yrs
E2606		Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	X	1/2yrs
E2607		Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches	X	1/2yr
E2608		Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or	X	1/2yr
E2609		Custom Fabricated Wheelchair Seat Cushion, An Size	X	1/2yrs
E2611		General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	X	1/2yrs
E2612		General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	X	1/2yrs
E2613		Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	X	1/2yrs
E2614		Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	X	1/2yrs
E2615		Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	X	1/2yrs
E2616		Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	X	1/2yrs
E2617		Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting System	X	1/2yrs
E2619		Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each	X	1/2yrs
E2620		Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	X	1/2yrs

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
E2621		Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	X	1/2yrs
E2622		Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth	X	1/2yrs
E2623		Ski N Protection Wheelchair Seat Cushion, Adjustable, Width, 22 Inches Or Greater, Any Depth	X	1/2yrs
E2624		Ski N Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches , Any Depth	X	1/2yrs
E2625		Ski N Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater, Any Depth	X	1/2yrs
E2626*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable, Prefabricated, Includes Fitting And Adjustment	X	2/yr
E2627*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Rancho Type, Prefabricated, Includes Fitting And Adjustment	X	2/yr
E2628*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Reclining, Prefabricated, Includes Fitting And Adjustment	X	2/yr
E2629*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Friction Arm Support (Friction Dampening To Proximal And Distal Joints),	X	2/yr
E2630*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support, Monosuspension Arm And Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension	X	2/yr
E2631*		Wheelchair Accessory, Seo, Addition To Mobile Arm Support, Elevating Proximal Arm	X	2/yr
E2632*		Wheelchair Accessory, Seo, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm With Elastic Balance Control	X	2/yr
E2633*		Wheelchair Accessory, Seo, Addition To Mobile Arm Support, Supinator	X	2/yr
E8000		Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components	X	1/3yrs
E8001		Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components	X	1/3yrs
E8002		Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components	X	1/3yrs
G0249		Provision Of Test Materials And Equipment For Home Inr Monitoring To Patient With Mechanical Heart Valves	X	1/yr
K0005		Ultralightweight Wheelchair	X	1/7yrs
K0005		Ultralightweight Wheelchair	X	1/7yrs
K0007*	RR	Extra Heavy Duty Wheelchair	X	1/mo
K0007*		Extra Heavy Duty Wheelchair	X	1/7yrs
K0009		Other Manual Wheelchair Base	X	1/7yrs
K0015*		Detachable, Non-Adjustable Height Armrest, Each	X	2/yr
K0017		Detachable, Adjustable Height Armrest, Base, Each	X	2/yr
K0018*		Detachable, Adjustable Height Armrest, Upper Portion, Each	X	2/yr
K0019*		Arm Pad, Each	X	2/yr
K0020*		Fixed, Adjustable Height Armrest, Pair	X	2/yr
K0037*		High Mount Flip-Up Footrest, Each	X	2/yr
K0038*		Leg Strap, Each	X	2/yr
K0039*		Leg Strap, H Style, Each	X	2/yr
K0040*		Adjustable Angle Footplate, Each	X	2/yr

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
K0041*		Large Size Footplate, Each	X	2/yr
K0042*		Standard Size Footplate, Each	X	2/yr
K0043*		Footrest, Lower Extension Tube, Each	X	2/yr
K0044*		Footrest, Upper Hanger Bracket, Each	X	2/yr
K0045*		Footrest, Complete Assembly	X	2/yr
K0046*		Elevating Legrest, Lower Extension Tube, Each	X	2/yr
K0047*		Elevating Legrest, Upper Hanger Bracket, Each	X	2/yr
K0050*		Ratchet Assembly	X	2/yr
K0051*		Cam Release Assembly, Footrest Or Legrest, Each	X	2/yr
K0052*		Swingaway, Detachable Footrests, Each	X	2/yr
K0053*		Elevating Footrests, Articulating (Telescoping), Each	X	2/yr
K0053*	RR	Elevating Footrests, Articulating (Telescoping), Each	X	2/yr
K0056*		Seat Height Less Than 17" Or Equal To Or Greater Than 21" For A High Strength, Lightweight, Or Ultra Lightweight Wheelchair	X	1/yr
K0065*		Spoke Protectors, Each	X	2/yr
K0068*		Pneumatic Tire Tube, Each	X	4/yr
K0069*		Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each	X	2/yr
K0070*		Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each	X	2/yr
K0071*		Front Caster Assembly, Complete, With Pneumatic Tire, Each	X	2/yr
K0072*		Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Each	X	2/yr
K0073*		Caster Pin Lock, Each	X	2/yr
K0077*		Front Caster Assembly, Complete, With Solid Tire, Each	X	2/yr
K0090		Rear Wheel Tire For Power Wheelchair, Any Size, Each	X	2/yr
K0098		Drive Belt For Power Wheelchair	X	1/yr
K0105*		Iv Hanger, Each	X	1/yr
K0108*		Wheelchair Component Or Accessory, Not Otherwise Specified	X	1 per item/per year
K0195*	RR	Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base)	X	1/yr
K0195*		Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base)	X	1/yr
K0462		Temporary Replacement For Patient Owned Equipment Being Repaired, Any Type	X	1/mo
K0601		Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 1.5 Volt Each	X	10/mo
K0606	RR	Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Agrment Type	X	1/mo
K0730		Controlled Dose Drug Delivery System		1/mo
K0733		Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)	X	2/yr
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.		12/yr
K0813		Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
K0814		Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0815		Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0815		Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0816		Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0820		Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0821		Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0822		Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0823		Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0824		Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0825		Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0826		Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat Back, Patient Weight Capacity 451 To 600 Pounds	X	1/ 7yrs
K0827		Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds	X	1/ 7yrs
K0828		Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat Back, Patient Weight Capacity 601 Pounds Or More	X	1/ 7yrs
K0829		Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More	X	1/ 7yrs
K0830		Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0831		Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0835		Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0836		Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0837		Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0838		Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0839		Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Back Seat/Solid Patient Weight Capacity 451 To 600 Pounds	X	1/ 7yrs
K0840		Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat Back Patient Weight Capacity 601 Pounds Or More	X	1/ 7yrs
K0841		Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0842		Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0843		Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0848		Power Wheelchair, Group 3 Standard, Sling/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0849		Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
K0850		Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0851		Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0852		Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X	1/ 7yrs
K0853		Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair Patient Weight Capacity 451 To 600 Pounds	X	1/ 7yrs
K0854		Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat Back, Patient Weight Capacity 601 Pounds Or More	X	1/ 7yrs
K0855		Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair Patient Weight Capacity 601 Pounds Or More	X	1/ 7yrs
K0856		Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0857		Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0858		Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0859		Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
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	1/ 7yrs
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	1/ 7yrs
K0861		Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0862		Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X	1/ 7yrs
K0863		Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X	1/ 7yrs
K0864		Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	X	1/ 7yrs
K0868		Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0869		Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0870		Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0871		Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X	1/ 7yrs
K0877		Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0878		Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0879		Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0880		Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X	1/ 7yrs
K0884		Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs
K0885		Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	X	1/ 7yrs

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
K0886		Power Wheelchair, Group 4 Heavy Duty Multiple Power Option, Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	X	1/ 7yrs
K0890		Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	X	1/ 7yrs
K0891		Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	X	1/ 7yrs
K0898		Power Wheelchair, Not Otherwise Classified	X	1/ 7yrs
L0112		Cranial Cervical Orthosis, Congenital Torticollis Type, With Or Without Soft Interface Material, Adjustable Range Of Motion Joint, Custom Fabricated		1/yr
L0120		Cervical, Flexible, Non-Adjustable (Foam Collar)		4/yr
L0130		Cervical, Flexible, Thermoplastic Collar, Molded To Patient		1/yr
L0140		Cervical, Semi-Rigid, Adjustable (Plastic Collar)		1/yr
L0150		Cervical, Semi-Rigid, Adjustable Molded Chin Cup (Plastic Collar With Mandibular/Occipital Piece)		1/yr
L0160		Cervical, Semi-Rigid, Wire Frame Occipital/Mandibular Support		1/yr
L0170		Cervical, Collar, Molded To Patient Model		1/yr
L0172***		Cervical, Collar, Semi-Rigid Thermoplastic Foam, Two Piece		1/yr
L0174		Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension		1/yr
L0180		Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable		1/yr
L0190		Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars (Somi, Guilford, Taylor Types)		1/yr
L0200		Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars, And Thoracic Extension		1/yr
L0220		Thoracic, Rib Belt, Custom Fabricated		1/yr
L0430		Spinal Orthosis, Anterior-Posterior-Lateral Control, With Interface Material, Custom Fitted (Dewall Posture Protector Only)		1/yr
L0452		Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid		1/yr
L0456		Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron, Extends From The Sacrococcygeal Junction And		1/yr
L0458		Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just		1/yr
L0458***		Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just		1/yr
L0460		Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just		1/yr
L0462		Tlso, Triplanar Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just		1/yr
L0464		Tlso, Triplanar Control, Modular Segmented Spinal System, Four Rigid Plastic Shells, Posterior Extends From Sacrococcygeal Junction And Terminates Just		1/yr
L0466		Tlso, Sagittal Control, Rigid Posterior Frame		1/yr
L0468		Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal		1/yr
L0470		Tlso, Triplanar Control, Rigid Posterior Frame		1/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L0472		Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components		1/yr
L0472***		Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components		1/yr
L0480		Tlso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps		1/yr
L0482		Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction		1/yr
L0484		Tlso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal		1/yr
L0486		Tlso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction		1/yr
L0486***		Tlso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction		1/yr
L0488		Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction		1/yr
L0490		Tlso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From		1/yr
L0491		Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And		1/yr
L0492		Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And		1/yr
L5649		Addition To Lower Extremity, Ischial Containment/Narrow M-L socket		2/yr
L0622		Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous		1/yr
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		1/yr
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,		1/ yr
L0626		Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavity Pressure To		1/yr
L0627		Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavity		1/yr
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		1/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
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 Intracavitary Pressure To Reduce Load On Theintervertebral Disc, Includes Straps, Closures. May Include Stays, Shouldetr Straps, Pendulous Abdomen Design, Prefabricated, Includes Fitting And Adjustment		1/yr
L0629		Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated		1/yr
L0630		Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces		1/yr
L0630***		Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces		1/yr
L0631		Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra,		1/yr
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		1/yr
L0633		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra,		1/yr
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		1/yr
L0635		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panel(S), Lateral Articulating Design To Flex The Lumbar Spine,		1/yr
L0636		Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panels, Lateral Articulating Design To Flex The Lumbar Spine,		1/yr
L0637		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9		1/yr
L0638		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9		1/yr
L0639		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior		1/yr
L0640		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior		1/yr
L0640***		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior		1/yr
L0700		Cervical-Thoracic-Lumbar-Sacral-Orthoses (CtIsO), Anterior-Posterior-Lateral Control, Molded To Patient Model, (Minerva Type)		1/yr
L0710		CtIsO, Anterior-Posterior-Lateral-Control, Molded To Patient Model, With Interface Material, (Minerva Type)		1/yr

Deleted:
L0628Added:
L0628***

Added to
LO984: 1/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L0810		Halo procedure, cervical halo incorporated into jacket vest		1/yr
L0820		Halo procedure, cervical halo incorporated into plaster body jacket		1/yr
L0830		Halo procedure, cervical halo incorporated into Milwaukee type orthosis		1/yr
L0859		Addition To Halo Procedure, Magnetic Resonance Image Compatible Systems, Rings And Pins, Any Material		1/yr
L0861		Addition To Halo Procedure, Replacement Liner/Interface Material		1/yr
L0970		Tlso,Corset Front		1/yr
L0972		Lso, Corset Front		1/yr
L0974		Tlso, Full Corset		1/yr
L0976		Lso, Full Corset		1/yr
L0978		Axillary Crutch Extension		2/yr
L0980		Peroneal Straps, Pair		1/yr
L0982		Stocking Supporter Grips, Set Of Four (4)		1/yr
L0984		Protective Body Sock, Each		1/yr
L0984***		Protective Body Sock, Each		1/mo
L1000		Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) (Milwaukee), Inclusive Of Furnishing Initial Orthosis, Including Model		1/yr
L1001		Cervical thoracic lumbar sacral orthosis immobilizer, infant size, prefabricated, includes fitting and adjustments		1/yr
L1005		Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment		1/yr
L1010		Addition To Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) Or Scoliosis Orthosis, Axilla Sling		2/yr
L1020		Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad		2/yr
L1025		Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad, Floating		1/yr
L1030		Addition To Ctlso Or Scoliosis Orthosis, Lumbar Bolster Pad		1/yr
L1040		Addition To Ctlso Or Scoliosis Orthosis, Lumbar Or Lumbar Rib Pad		1/yr
L1050		Addition To Ctlso Or Scoliosis Orthosis, Sternal Pad		1/yr
L1060		Addition To Ctlso Or Scoliosis Orthosis, Thoracic Pad		1/yr
L1070		Addition To Ctlso Or Scoliosis Orthosis, Trapezius Sling		2/yr
L1080		Addition To Ctlso Or Scoliosis Orthosis, Outrigger		2/yr
L1085		Addition To Ctlso Or Scoliosis Orthosis, Outrigger, Bilateral With Vertical Extensions		1/yr
L1090		Addition To Ctlso Or Scoliosis Orthosis, Lumbar Sling		1/yr
L1100		Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather		2/yr
L1110		Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather, Molded To Patient Model		2/yr
L1120		Addition To Ctlso, Scoliosis Orthosis, Cover For Upright, Each		3/yr
L1200		Thoracic-Lumbar-Sacral-Orthosis(Tlso), Inclusive Of Furnishing Initial Orthosis Only		1/yr
L1210		Addition To Tlso,(Low Profile), Lateral Thoracic Extension		2/yr
L1220		Addition To Tlso, (Low Profile), Anterior Thoracic Extension		1/yr
L1230		Addition To Tlso, (Low Profile), Milwaukee Type Superstructure		1/yr
L1240		Addition To Tlso,(Low Profile), Lumbar Derotation Pad		1/yr
L1250		Addition To Tlso, (Low Profile), Anterior Asis Pad		1/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L1260		Addition To Tlso, (Low Profile), Anterior Thoracic Derotation Pad		1/yr
L1270		Addition To Tlso, (Low Profile), Abdominal Pad		3/yr
L1280		Addition To Tlso, (Low Profile), Rib Gusset (Elastic), Each		2/yr
L1290		Addition To Tlso, (Low Profile), Lateral Trochanteric Pad		2/yr
L1300**		Other Scoliosis Procedure, Body Jacket Molded To Patient Model	X	1/yr
L1310**		Other Scoliosis Procedure, Post-Operative Body Jacket	X	1/yr
L1510		THKAO, standing frame		1/yr
L1520**		THKAO, swivel walker (REQUIRES PRIOR AUTHORIZATION)	X	1/yr
L1600		Hip Orthosis, Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover, Prefabricated, Includes Fitting And Adjustment		1/yr
L1610		Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Frejka Cover Only), Prefabricated, Includes Fitting And Adjustment		1/yr
L1620		Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Pavlik Harness), Prefabricated, Includes Fitting And Adjustment		1/yr
L1630		Hip Orthosis, Abduction Control Of Hip Joints, Semi-Flexible (Von Rosen Type), Custom-Fabricated		1/yr
L1640		Hip Orthosis, Abduction Control Of Hip Joints, Static, Pelvic Band Or Spreader Bar, Thigh Cuffs, Custom-Fabricated		1/yr
L1650		Hip Orthosis, Abduction Control Of Hip Joints, Static, Adjustable, (Ilfled Type), Prefabricated, Includes Fitting And Adjustment		1/yr
L1652		Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size, Prefabricated, Includes Fitting And Adjustment, Any Type		1/yr
L1660		Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes Fitting And Adjustment		1/yr
L1680		Hip Orthosis, Abduction Control Of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom		1/yr
L1685		Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated		1/yr
L1686		Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Prefabricated, Includes Fitting And Adjustment		1/yr
L1690		Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction And Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment		1/yr
L1700		Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated		1/yr
L1710		Legg Perthes Orthosis, (Newington Type), Custom Fabricated		1/yr
L1720		Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated		2/yr
L1730		Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated		1/yr
L1755		Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated		2/yr
L1810		Knee Orthosis, Elastic With Joints, Prefabricated, Includes Fitting And Adjustment		2/yr
L1820		Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated, Includes Fitting And Adjustment		2/yr
L1830		Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, Includes Fitting And Adjustment		2/yr
L1831		Knee Orthosis, Locking Knee Joint(S), Positional Orthosis, Prefabricated, Includes Fitting And Adjustment		2/yr
L1832		Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Includes Fitting And Adjustment		2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L1834		Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated		2/yr
L1836		Knee Orthosis, Rigid, Without Joint(S), Includes Soft Interface Material, Prefabricated, Includes Fitting And Adjustment		2/yr
L1840		KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model		2/yr
L1843		KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted		2/yr
L1844		Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation		2/yr
L1845		Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation		2/yr
L1846		Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation		2/yr
L1850		KO, Swedish type		2/yr
L1860		KO, modification of supracondylar prosthetic socket, molded to patient model, (SK)		2/yr
L1900*		Ankle Foot Orthosis, Spring Wire, Dorsiflexion Assist Calf Band, Custom-Fabricated		2/yr
L1902		Ankle Foot Orthosis, Ankle Gauntlet, Prefabricated, Includes Fitting And Adjustment		2/yr
L1904		Ankle Foot Orthosis, Molded Ankle Gauntlet, Custom-Fabricated		2/yr
L1906		Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Includes Fitting And Adjustment		2/yr
L1907		Afo, Supramalleolar With Straps, With Or Without Interface/Pads, Custom Fabricated		2/yr
L1910		Ankle Foot Orthosis, Posterior, Single Bar, Clasp Attachment To Shoe Counter, Prefabricated, Includes Fitting And Adjustment		2/yr
L1920		Ankle Foot Orthosis, Single Upright With Static Or Adjustable Stop (Phelps Or Perlstein Type), Custom-Fabricated		2/yr
L1930		Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment		2/yr
L1930***		Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment		2/yr
L1932		Afo, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated, Includes Fitting And Adjustment		2/yr
L1940		Ankle Foot Orthosis, Plastic Or Other Material, Custom-Fabricated		2/yr
L1945		Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated		2/yr
L1950		Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic, Custom-Fabricated		2/yr
L1951		Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment		2/yr
L1960		Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated		2/yr
L1960***		Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated		2/yr
L1970		Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated		2/yr
L1970***		Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated		2/yr
L1971		Ankle Foot Orthosis, Plastic Or Other Material With Ankle Joint, Prefabricated, Includes Fitting And Adjustment		2/yr
L1980		Ankle Foot Orthosis, Single Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Single Bar 'Bk' Orthosis), Custom-Fabricated		2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L1990		Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double Bar 'Bk' Orthosis), Custom-Fabricated		2/yr
L1990***		Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double Bar 'Bk' Orthosis), Custom-Fabricated		2/yr
L2000		Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar 'Ak' Orthosis), Custom-Fabricated		2/yr
L2005		Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Mechanical Activation,		2/yr
L2010		Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar 'Ak' Orthosis), Without Knee Joint,		2/yr
L2020		Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Double Bar 'Ak' Orthosis), Custom-Fabricated		2/yr
L2020***		Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Double Bar 'Ak' Orthosis), Custom-Fabricated		2/yr
L2030		KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint		2/yr
L2035		KAFO, full plastic, static, prefabricated (pediatric size)		2/yr
L2036		Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated		2/yr
L2037		Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated		2/yr
L2038		Knee Ankle Foot Orthosis, Full Plastic, With Or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated		2/yr
L2039		Knee Ankle Foot Orthosis, Full Plastic, Single Upright, Poly-Axial Hinge, Medial Lateral Rotation Control, With Or Without Free Motion Ankle, Custom		2/yr
L2040		Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated		1/yr
L2050		Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated		1/yr
L2060		Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated		1/yr
L2070		HKAFO, torsion control, unilateral rotation straps, pelvic band/belt		1/yr
L2080		HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt		1/yr
L2090		HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt		2/yr
L2106		AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, molded to patient		2/yr
L2108		Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated		2/yr
L2112		Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment		2/yr
L2114		Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment		2/yr
L2116		Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment		2/yr
L2126		KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, molded to patient		2/yr

Deleted:
~~L2020**~~
Added:
L2020***

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L2128		Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated		2/yr
L2132		Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment		2/yr
L2134		KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid		2/yr
L2136		KAFO, fracture orthosis, femoral fracture cast orthosis, rigid		2/yr
L2180		Addition To Lower Extremity Fracture Orthosis, Plastic Shoe Insert With Ankle Joints		2/yr
L2182		Addition to lower extremity fracture orthosis, drop lock knee joint		2/yr
L2184		Addition to lower extremity fracture orthosis, limited motion knee joint.		2/yr
L2186		Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman Type		2/yr
L2188		Addition to lower extremity fracture orthosis, quadrilateral brim		2/yr
L2190		Addition to lower extremity fracture orthosis, waist belt		2/yr
L2192		Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt		2/yr
L2200***		Addition To Lower Extremity, Limited Ankle Motion, Each Joint		8/yr
L2210		Addition To Lower Extremity,Dorsiflexion Assist(Plantar Flexion Resist), Each Joint		8/yr
L2220		Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint		8/yr
L2220***		Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint		8/yr
L2230		Addition to lower extremity, split flat caliper stirrups and plate attachment		2/yr
L2232		Addition To Lower Extremity Orthosis, Rocker Bottom For Total Contact Ankle Foot Orthosis, For Custom Fabricated Orthosis Only		2/yr
L2240		Addition to lower extremity, round caliper and plate attachment		2/yr
L2250		Addition To Lower Extremity, Foot Plate, Molded To Patient Model, Stirrup Attachment		2/yr
L2260		Addition To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type)		2/yr
L2265		Addition To Lower Extremity, Long Tongue Stirrup		2/yr
L2270		Addition To Lower Extremity, Varus/Valgus Correction ("T") Strap, Padded/Lined Or Malleolus Pad		2/yr
L2275		Addition To Lower Extremity, Varus/Valgus Correction, Plastic Modification, Padded/Lined		2/yr
L2280		Addition To Lower Extremity, Molded Inner Boot		2/yr
L2300		Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable		2/yr
L2310		Addition to lower extremity, abduction bar, straight		2/yr
L2320		Addition To Lower Extremity, Non-Molded Lacer, For Custom Fabricated Orthosis Only		2/yr
L2330		Addition To Lower Extremity, Lacer Molded To Patient Model, For Custom Fabricated Orthosis Only		2/yr
L2335		Addition To Lower Extremity, Anterior Swing Band		2/yr
L2340		Addition To Lower Extremity, Pre-Tibial Shell, Molded To Patient Model		2/yr

Deleted:
L2220
Added:
L2220***

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L2350		Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded To Patient Model, (Used For 'Pt' 'Afo' Orthoses)		2/yr
L2360		Addition To Lower Extremity, Extended Steel Shank		2/yr
L2370		Addition to lower extremity, Patten bottom		2/yr
L2375		Addition to lower extremity, torsion control, ankle joint and half solid stirrup		2/yr
L2380		Addition to lower extremity, torsion control, straight knee joint, each joint		2/yr
L2385		Addition To Lower Extremity, Straight Knee Joint, Heavy Duty, Each Joint		2/yr
L2390		Addition To Lower Extremity, Offset Knee Joint, Each Joint		2/yr
L2395		Addition to lower extremity, offset knee joint, heavy duty, each joint		2/yr
L2397		Addition to lower extremity orthosis, suspension sleeve		2/yr
L2405		Addition To Knee Joint, Drop Lock, Each		8/yr
L2405***		Addition To Knee Joint, Drop Lock, Each		8/yr
L2415		Addition To Knee Lock With Integrated Release Mechanism (Bail, Cable, Or Equal), Any Material, Each Joint		8/yr
L2425		Addition To Knee Joint, Disc Or Dial Lock For Adjustable Knee Flexion, Each Joint		8/yr
L2430		Addition to knee joint, ratchet lock for active and progressive knee extension, each joint		2/yr
L2492		Addition To Knee Joint, Lift Loop For Drop Lock Ring		2/yr
L2500		Addition To Lower Extremity, Thigh/Weight Bearing, Gluteal/Ischial Weight Bearing, Ring		2/yr
L2510		Addition To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Molded To Patient Model		2/yr
L2520		Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted		2/yr
L2525		Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model		2/yr
L2526		Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted		2/yr
L2530		Addition to lower extremity, thigh/weight bearing, lacer, non-molded		2/yr
L2540		Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model		2/yr
L2550		Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff		2/yr
L2570		Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each		2/yr
L2580		Addition To Lower Extremity, Pelvic Control, Pelvic Sling		2/yr
L2600		Addition to lower extremity, pelvic control, hip joint, Clevis type or thrust bearing, free, each		2/yr
L2610		Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Or Thrust Bearing, Lock, Each		2/yr
L2620		Addition to lower extremity, pelvic control, hip joint, heavy duty, each		2/yr
L2622		Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Each		2/yr
L2624		Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each		2/yr
L2627		Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables.		2/yr
L2628		Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocation Hip Joint And		2/yr
L2630		Addition to lower extremity, pelvic control, band and belt, unilateral		1/yr

Deleted:
L2405**
Added:
L2405***

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L2640		Addition To Lower Extremity, Pelvic Control, Band And Belt, Bilateral		1/yr
L2650		Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff		2/yr
L2660		Addition to lower extremity, thoracic control, thoracic band		2/yr
L2670		Addition to lower extremity, thoracic control, paraspinal uprights		2/yr
L2680		Addition To Lower Extremity, Thoracic Control, Lateral Support Uprights		2/yr
L2750		Addition to lower extremity orthosis, plating chrome or nickel, per bar		2/yr
L2755		Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Per Segment, For Custom Fabricated		2/yr
L2760		Addition To Lower Extremity Orthosis, Extension, Per Extension, Per Bar (For Lineal Adjustment For Growth)		2/yr
L2768		Orthotic Side Bar Disconnect Device, Per Bar		2/yr
L2770		Addition To Lower Extremity Orthosis, Any Material - Per Bar Or Joint		2/yr
L2780		Addition To Lower Extremity Orthosis, Non-Corrosive Finish, Per Bar		4/yr
L2785		Addition To Lower Extremity Orthosis, Drop Lock Retainer, Each		8/yr
L2795		Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap		2/yr
L2795***		Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap		2/yr
L2800		Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull, For Use With Custom Fabricated Orthosis Only		2/yr
L2810		Addition To Lower Extremity Orthosis, Knee Control, Condylar Pad		2/yr
L2820		Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section		2/yr
L2830		Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section		2/yr
L2840		Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each		2/yr
L2850		Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture Or Equal, Each		8/yr
L3000		Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berkeley Shell, Each		2/yr
L3001		Foot, Insert, Removable, Molded To Patient Model, Spenco, Each		2/yr
L3002		Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each		2/yr
L3003		Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Each		2/yr
L3010		Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each		2/yr
L3020		Foot, Insert, Removable, Molded To Patient Model, Longitudinal/Metatarsal Support, Each		2/yr
L3030		Foot, Insert, Removable, Formed To Patient Foot, Each		2/yr
L3040		Foot, Arch Support, Removable, Premolded, Longitudinal, Each		2/yr
L3050		Foot, Arch Support, Removable, Premolded, Metatarsal, Each		2/yr
L3060		Foot, Arch Support, Removable, Premolded, Longitudinal/Metatarsal, Each		2/yr
L3070		Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal, Each		2/yr
L3080		Foot, Arch Support, Non-Removable Attached To Shoe, Metatarsal, Each		2/yr
L3090		Foot arch support, non-removable, attached to shoe, longitudinal/metatarsal, each		2/yr
L3100		Hallus-Valgus Night Dynamic Splint		2/yr
L3140		Foot, Abduction Rotation Bar, Including Shoes		1/yr
L3150		Foot, Abduction Rotatation Bar, Without Shoes		1/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L3170		Foot, Plastic, Silicone Or Equal, Heel Stabilizer, Each		2/yr
L3201		Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant		2/yr
L3202		Orthopedic Shoe, Oxford With Supinator Or Pronator, Child		2/yr
L3203		Orthopedic Shoe, Oxford With Supinator Or Pronator, Junior		2/yr
L3204		Orthopedic Shoe, Hightop With Supinator Or Pronator, Infant		2/yr
L3206		Orthopedic Shoe, Hightop With Supinator Or Pronator, Child		2/yr
L3207		Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior		2/yr
L3208		Surgical Boot, Each, Infant		2/yr
L3209		Surgical Boot, Each, Child		2/yr
L3210		Orthopedic Footwear, Ladies Shoes, Oxford		2/yr
L3211		Surgical Boot, Each, Junior		2/yr
L3212		Benesch Boot, Pair, Infant		2/yr
L3215		Orthopedic Footwear, Ladies Shoe, Oxford, Each		2/yr
L3216		Orthopedic Footwear, Ladies Shoe, Depth Inlay, Each		2/yr
L3217		Orthopedic Footwear, Ladies Shoe, Hightop, Depth Inlay, Each		2/yr
L3219		Orthopedic Footwear, Mens Shoe, Oxford, Each		2/yr
L3221		Orthopedic Footwear, Mens Shoe, Depth Inlay, Each		2/yr
L3222		Orthopedic Footwear, Mens Shoe, Hightop, Depth Inlay, Each		2/yr
L3224		Orthopedic Footwear, Woman's Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis)		2/yr
L3225		Orthopedic Footwear, Man's Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis)		2/yr
L3230		Orthopedic Footwear, Custom Shoe, Depth Inlay, Each		2/yr
L3250		Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each		2/yr
L3251		Foot, shoe molded to patient model, silicone shoe, each		2/yr
L3252		Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each		2/yr
L3253		Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted, Each		2/yr
L3254		Non-standard size or width		2/yr
L3255		Non-standard size or length		2/yr
L3257		Orthopedic footwear, additional charge for split size		2/yr
L3260		Surgical Boot/Shoe, Each		2/yr
L3265		Plastazote Sandal, Each		2/yr
L3300		Lift, Elevation, Heel, Tapered To Metatarsals, Per Inch		2/yr
L3310		Lift, Elevation, Heel And Sole, Neoprene, Per Inch		2/yr
L3320		Lift, elevation, heel and sole, cork, per inch		2/yr
L3330		Lift, elevation, metal extension, (skate)		2/yr
L3332		Lift, Elevation, Inside Shoe, Tapered, Up To One-Half Inch		2/yr
L3334		Lift, Elevation, Heel, Per Inch		2/yr
L3340		Heel wedge, Sach		2/yr
L3350		Heel Wedge		2/yr
L3360		Sole Wedge, Outside Sole		2/yr
L3370		Sole Wedge, Between Sole		2/yr
L3380		Clubfoot Wedge		2/yr
L3390		Out flare wedge		2/yr
L3400		Metatarsal Bar Wedge, Rocker		2/yr
L3410		Metatarsal bar wedge, between sole		2/yr
L3420		Full Sole And Heel Wedge, Between Sole		2/yr

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L3430		Heel, Counter, Plastic Reinforced		2/yr
L3440		Heel, counter, leather reinforced		2/yr
L3450		Heel, Sach Cushion Type		2/yr
L3455		Heel, new leather, standard		2/yr
L3460		Heel, new rubber, standard		2/yr
L3465		Heel, Thomas With Wedge		4/yr
L3470		Heel, Thomas Extended To Ball		2/yr
L3480		Heel, Pad And Depression For Spur		2/yr
L3485		Heel, Pad, Removable For Spur		2/yr
L3500		Miscellaneous shoe addition, insole, rubber		2/yr
L3510		Orthopedic Shoe Addition, Insole, Rubber		2/yr
L3520		Miscellaneous shoe addition, insole, felt covered with leather		2/yr
L3530		Miscellaneous shoe addition, sole, half		2/yr
L3540		Orthopedic Shoe Addition, Sole, Full		2/yr
L3550		Miscellaneous shoe addition, toe tap, standard		2/yr
L3560		Orthopedic shoe addition, toe tap, horseshoe		2/yr
L3570		Miscellaneous shoe addition, special extension to instep, (leather with eyelets)		2/yr
L3580		Miscellaneous shoe addition, convert instep to Velcro closure		2/yr
L3590		Miscellaneous shoe addition, convert firm shoe counter to soft counter		2/yr
L3595		Miscellaneous shoe addition, March bar		2/yr
L3600		Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, Existing		2/yr
L3610		Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, New		4/yr
L3610***		Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, New		4/yr
L3620		Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, Existing		2/yr
L3630		Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, New		2/yr
L3640		Transfer Of An Orthosis From One Shoe To Another, Dennis Browne Splint (Riveton), Both Shoes		1/yr
L3649		Orthopedic Shoe, Modification, Addition Or Transfer, Not Otherwise Specified		2/yr
L3650		Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Prefabricated, Includes Fitting And Adjustment		1/yr
L3660		Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Canvas And Webbing, Prefabricated, Includes Fitting And Adjustment		1/yr
L3670		Shoulder Orthosis, Acromio/Clavicular (Canvas And Webbing Type), Prefabricated, Includes Fitting And Adjustment		1/yr
L3671		Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		1/yr
L3675		Shoulder Orthosis, Vest Type Abduction Restrainer, Canvas Webbing Type Or Equal, Prefabricated, Includes Fitting And Adjustment		2/yr
L3702		Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2/yr
L3710		Elbow Orthosis, Elastic With Metal Joints, Prefabricated, Includes Fitting And Adjustment		2/yr
L3720		EO, double upright, with forearm/arm cuffs, free motion		2/yr
L3730		Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom-Fabricated		2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L3740		Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Adjustable Position Lock With Active Control, Custom-Fabricated		2/yr
L3760		Elbow, With Adjustable Position Locking Joint(S) Prefabricated, Includes Fitting And Adjustments, Any Type		2/yr
L3762		Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Includes Fitting And Adjustment		2/yr
L3763		Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2/yr
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		2/yr
L3765		Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2/yr
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		2/yr
L3806		Wrist hand finger orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckle, may include soft interface material, straps, custom		2/yr
L3807		Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Includes Fitting And Adjustments, Any Type		2/yr
L3807***		Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Includes Fitting And Adjustments, Any Type		2/yr
L3808		Wrist hand finger, orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment		2/yr
L3900		Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist Or Finger Driven, Custom-Fabricated		2/yr
L3901		WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion extension, cable driven		2/yr
L3905		Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2/yr
L3906		Wrist Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment		2/yr
L3908		Wrist Hand Orthosis, Wrist Extension Control Cock-Up, Non Molded, Prefabricated, Includes Fitting And Adjustment		2/yr
L3912		Hand Finger Orthosis, Flexion Glove With Elastic Finger Control, Prefabricated, Includes Fitting And Adjustment		2/yr
L3913		Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		1/yr
L3915		Wrist Hand Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Prefabricated, Includes Fitting And Adjustment		1/yr
L3917		Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated, Includes Fitting And Adjustment		2/yr
L3919		Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2/yr
L3921		Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2/yr
L3925		Finger Orthosis, Proximal Interphalangeal (Pip), Non Torsion Joint/Spring, Extension/Flexion, May Include Soft Interface Material		2/yr
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		2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L3931		Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S) Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Materials, Straps, Prefabricated, Includes Fitting And Adjustment		2/yr
L3933		Finger Orthosis, Without Joints, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment		3/yr
L3934		Finger Orthosis, Safety Pin, Modified, Prefabricated, Includes Fitting And Adjustment		2/yr
L3935		Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment		2/yr
L3936		Wrist Hand Finger Orthosis, Palmer, Prefabricated, Includes Fitting And Adjustment		2/yr
L3960		Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting And Adjustment		1/yr
L3961		Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		1/yr
L3962		SEWHO, abduction positioning, Erbs Palsey design		1/yr
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		1/yr
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		2/yr
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.		2/yr
L3975		Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2/yr
L3976		Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		2/yr
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		2/yr
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		2/yr
L3980		Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Fitting And Adjustment		2/yr
L3982		Upper Extremity Fracture Orthosis, Radius/Ulnar, Prefabricated, Includes Fitting And Adjustment		2/yr
L3984		Upper Extremity Fracture Orthosis, Wrist, Prefabricated, Includes Fitting And Adjustment		2/yr
L3985		Upper extremity fracture orthosis, forearm, hand with wrist hinge		2/yr
L3995		Addition To Upper Extremity Orthosis, Sock, Fracture Or Equal, Each		2/yr
L3999		Upper Limb Orthosis, Not Otherwise Specified	X	2/yr
L4000		Replace girdle for Milwaukee orthosis		2/yr
L4010		Replace trilateral socket brim		2/yr
L4020		Replace quadrilateral socket brim, molded to patient model		2/yr
L4030		Replace quadrilateral socket brim, custom fitted		2/yr
L4040		Replace molded thigh lacer		2/yr
L4045		Replace Non-Molded Thigh Lacer, For Custom Fabricated Orthosis Only		2/yr
L4050		Replace molded calf lacer		2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L4055		Replace non-molded calf lacer		2/yr
L4060		Replace high roll cuff		2/yr
L4070		Replace Proximal And Distal Upright For Kafo		2/yr
L4080		Replace metal bands KAFO, proximal thigh		2/yr
L4090		Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh		2/yr
L4100		Replace leather cuff KAFO, proximal thigh		2/yr
L4110		Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh		2/yr
L4130		Replace Pretibial Shell		2/yr
L4205		Repair Of Orthotic Device, Labor Component, Per 15 Minutes		10/yr
L4210		Repair Of Orthotic Device, Repair Or Replace Minor Parts		5/yr
L4350		Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (E.G., Pneumatic, Gel), Prefabricated, Includes Fitting And Adjustment		2/yr
L4360		Walking Boot, Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Includes Fitting And Adjustment		2/yr
L4370		Pneumatic Full Leg Splint, Prefabricated, Includes Fitting And Adjustment		2/yr
L4386		Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Includes Fitting And Adjustment		2/yr
L4392		Replace soft interface material, ankle contracture splint (Effective 1/1/97 this replaces HCPCS code K0127)		2/yr
L4394		Replace soft interface material, foot drop, splint (Effective 1/1/97 this replaces HCPCS code K0128)		2/yr
L4396		Static Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Positioning, Pressure Reduction, May Be Used For Minimal Ambulation,		2/yr
L4398		Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Includes Fitting And Adjustment		2/yr
L5000		Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filler		2/yr
L5010		Partial Foot, Molded Socket, Ankle Height, With Toe Filler		2/yr
L5020		Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler		2/yr
L5050		Ankle, Symes, Molded Socket, SACH Foot		2/yr
L5060		Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot		2/yr
L5100		Below Knee, Molded Socket, Shin, SACH Foot		2/yr
L5150		Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot		2/yr
L5160		Knee Disarticulation (Or Through Knee), Molded Socket, Bent Knee Configuration, External Knee Joints, Shin, SACH Foot		2/yr
L5200		Above knee, molded socket, single axis constant friction knee, shin, SACH foot		2/yr
L5210		Above Knee, Sort Prosthesis, No Knee Joint (Stubbies), With Foot Blocks, No Ankle Joints, Each		2/yr
L5220		Above Knee, Short Prosthesis, No Knee Joint (Stubbies), With Articulated Ankle/Foot, Dynamically Aligned, Each		2/yr
L5230		Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot		2/yr
L5250		Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot		2/yr
L5270		Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot		2/yr
L5280		Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot		2/yr

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Deleted:
~~L5301~~
Added:
L5301***

Deleted:
~~L5321~~
Added:
L5321***

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L5301		Below Knee, Molded Socket, Shin, SACH Foot, Endoskeletal System		2/yr
L5301***		Below Knee, Molded Socket, Shin, SACH Foot, Endoskeletal System		2/yr
L5311		Knee disarticulation (or through knee), molded socket, external knee joints, shins, SACH foot, endoskeletal system.		2/yr
L5312		Knee Disarticulation (Or Through Knee), Molded Socket, Single Axis Knee, Pylon, SACH Foot, Endoskeletal System		2/yr
L5321		Above Knee, Molded Socket, Open End, SACH Foot, Endoskeletal System, Single Axis Knee		2/yr
L5321***		Above Knee, Molded Socket, Open End, SACH Foot, Endoskeletal System, Single Axis Knee		2/yr
L5331		Knee Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee SACH Foot	X	2/yr
L5400		Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee		2/yr
L5410		Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, below knee, each additional cast change and realignment		2/yr
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		2/yr
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		2/yr
L5450		Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, below knee		2/yr
L5460		Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, above knee		2/yr
L5500		Initial, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, plaster socket, direct formed		2/yr
L5505		Initial, above-knee or knee disarticulation ischial level socket, USMC or equal pylon, no cover, Sach foot, plaster socket, direct formed		2/yr
L5510		Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, plaster socket, molded to model		2/yr
L5520		Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, thermoplastic or equal, direct formed		2/yr
L5530		Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, thermoplastic or equal, molded to model		2/yr
L5535		Preparatory, below knee in "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, prefabricated, adjustable open end socket		2/yr
L5540		Preparatory, Below Knee PTB Type Socket, Non-Alignable System, Pylon, No Cover, SACH Foot, Laminated Socket, Molded To Model		2/yr
L5560		Preparatory, above knee-knee disarticulation ischial level socket, "USMC" or equal pylon, no cover, SACH foot, plaster socket, molded to model		2/yr
L5570		Preparatory, above knee-knee disarticulation ischial level socket, "USMC" or equal pylon, no cover, SACH foot, thermoplastic or equal, direct formed		2/yr
L5580		Preparatory, above knee-knee disarticulation ischial level socket, "USMC" or equal pylon, no cover, SACH foot, thermoplastic or equal, molded to model		2/yr
L5585		Preparatory, above knee-knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, SACH foot, prefabricated adjustable open end socket		2/yr
L5590		Preparatory, above knee-knee disarticulation ischial level socket, "USMC" or equal pylon, no cover, SACH foot, laminated socket, molded to model		2/yr
L5595		Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model		2/yr
L5600		Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient		2/yr
L5610		Addition to lower extremity, above knee, Hydracadence system		2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L5611		Addition To Lower Extremity, Endoskeletal System, Above The Knee- Knee Disarticulation, 4 Bar Linkage, With Friction Swing Phase Control		2/yr
L5613		Addition To Lower Extremity, Endoskeletal System, Above Knee-Knee Disarticulation, 4 Bar Linkage, With Hydraulic Swing Phase Control		2/yr
L5618		Addition To Lower Extremity, Test Socket, Symes		2/yr
L5620		Addition To Lower Extremity, Test Socket, Below Knee		2/yr
L5620***		Addition To Lower Extremity, Test Socket, Below Knee		2/yr
L5622		Addition to lower extremity, test socket, knee disarticulation		2/yr
L5624		Addition To Lower Extremity, Test Socket, Above Knee		2/yr
L5624***		Addition To Lower Extremity, Test Socket, Above Knee		2/yr
L5626		Addition to lower extremity, test socket, hip disarticulation		2/yr
L5628		Addition to lower extremity, test socket, hemipelvectomy		2/yr
L5629		Addition To Lower Extremity, Below Knee, Acrylic Socket		2/yr
L5629***		Addition To Lower Extremity, Below Knee, Acrylic Socket		2/yr
L5630		Addition To Lower Extremity, Symes Type, Expandable Wall Socket		2/yr
L5631		Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Acrylic Socket		2/yr
L5631***		Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Acrylic Socket		2/yr
L5632		Addition To Lower Extremity, Symes Type, 'Ptb' Brim Design Socket		2/yr
L5634		Addition To Lower Extremity, Symes Type, Posterior Opening (Canadian) Socket		2/yr
L5636		Addition To Lower Extremity, Symes Type, Medial Opening Socket		2/yr
L5637		Addition To Lower Extremity, Below Knee, Total Contact		2/yr
L5638		Addition To lower extremity, below knee, leather socket		2/yr
L5639		Addition To lower extremity, below knee, wood socket		2/yr
L5640		Addition To lower extremity, knee disarticulation, leather socket		2/yr
L5642		Addition To lower extremity, above knee, leather socket		2/yr
L5643		Addition To lower extremity, hip disarticulation, flexible inner socket, external frame		2/yr
L5644		Addition To lower extremity, above knee, wood socket		2/yr
L5645		Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External		2/yr
L5646		Addition to lower extremity, below knee, air cushion socket		2/yr
L5647		Addition To Lower Extremity, Below Knee Suction Socket		2/yr
L5648		Addition To lower extremity, above knee, air cushion socket		2/yr
L5649***		Addition To Lower Extremity, Ischial Containment/Narrow M-L Socket		2/yr
L5650***		Additions To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation Socket		2/yr
L5651***		Addition To Lower Extremity, Above Knee, Flexible Inner Socket, External Frame		2/yr
L5652		Addition To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket		2/yr
L5653		Addition to lower extremity, knee disarticulation, expandable wall socket		2/yr
L5654		Addition To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote Or Equal)		2/yr
L5655***		Addition To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal)		2/yr
L5656**		Addition To Lower Extremity, Socket Insert, Knee Disarticulation (Kemblo, Pelite, Aliplast, Plastazote Or Equal)		2/yr

Deleted:
L5654
Added:
L5651***

Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L5658**		Addition To Lower Extremity, Socket Insert, Above Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal)		2/yr
L5661		Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes		2/yr
L5665		Addition To Lower Extremity,Socket Insert,Multi-Durometer,Below Knee		2/yr
L5666		Addition To Lower Extremity, Below Knee, Cuff Suspension		2/yr
L5668		Addition To Lower Extremity, Below Knee, Molded Distal Cushion		2/yr
L5670		Addition To Lower Extremity, Below Knee, Molded Supracondylar Suspension ('Pts' Or Similar)		2/yr
L5671***		Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard Or Equal), Excludes Socket Insert		2/yr
L5672		Addition to lower extremity, below knee, removable medial brim suspension		2/yr
L5673***		Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or		4/yr
L5676		Additions To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair		2/yr
L5677		Additions To lower extremity, below knee, knee joints, polycentric, pair		2/yr
L5678		Additions To Lower Extremity, Below Knee, Joint Covers, Pair		2/yr
L5679***		Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or		4/yr
L5680		Addition To Lower Extremity, Below Knee, Thigh Lacer, Nonmolded		2/yr
L5681		Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric		2/yr
L5682		Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded		2/yr
L5683		Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel,		2/yr
L5684		Addition To Lower Extremity, Below Knee, Fork Strap		2/yr
L5685***		Addition To Lower Extremity Prosthesis, Below Knee, Suspension/Sealing Sleeve, With Or Without Valve, Any Material, Each		2/yr
L5685***		Addition To Lower Extremity Prosthesis, Below Knee, Suspension/Sealing Sleeve, With Or Without Valve, Any Material, Each		2/yr
L5686**		Addition To Lower Extremity, Below Knee, Back Check(Extension Control)		2/yr
L5688		Addition To Lower Extremity, Below Knee, Waist Belt, Webbing		2/yr
L5690		Addition To lower extremity, below knee, waist belt, padded and lined		2/yr
L5692		Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Light		1/yr
L5694		Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Padded And Lined		2/yr
L5695***		Addition To Lower Extremity, Above Knee, Pelvic Control, Sleeve Suspension, Neoprene Or Equal, Each		2/yr
L5696		Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Pelvic Joint		2/yr
L5697		Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Pelvic Band		2/yr
L5698		Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Silesian Bandage		2/yr
L5700***		Replacement, Socket, Below Knee, Molded To Patient Model		2/yr

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L5671***

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~~L5673~~
Added:
L5673***

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L5701***		Replacement, Socket, Above Knee/Knee Disarticulation, Including Attachment Plate, Molded To Patient Model		2/yr
L5702		Replacement, socket, hip disarticulation, including hip joint, molded to patient model		2/yr
L5704***		Custom Shaped Protective Cover, Below Knee		2/yr
L5705***		Custom Shaped Protective Cover, Above Knee		2/yr
L5706		Custom Shaped Protective Cover, Knee Disarticulation		2/yr
L5710		Addition, exoskeletal knee-shin system, single axis, manual lock		2/yr
L5711		Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material		2/yr
L5712		Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)		2/yr
L5714		Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control.		2/yr
L5716		Addition, exoskeletal knee shin system, polycentric, mechanical stance phase lock		2/yr
L5718		Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control		2/yr
L5722		Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control		2/yr
L5724		Addition, exoskeletal knee-shin system, single axis, fluid swing phase control		2/yr
L5726		Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control		2/yr
L5728		Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control		2/yr
L5780		Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control		2/yr
L5781		Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System		2/yr
L5782		Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System, Heavy Duty		2/yr
L5785		Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)		2/yr
L5790		Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber, or equal)		2/yr
L5795		Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)		2/yr
L5810		Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock		2/yr
L5811		Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material		2/yr
L5812***		Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)		2/yr
L5814		Addition, Endoskeletal Knee-Shin System, Polycentric, Hydraulic Swing Phase Control, Mechanical Stance Phase Lock		2/yr
L5816		Addition, Endoskeletal Knee-shin system, polycentric, mechanical stance phase lock		2/yr
L5818		Addition, Endoskeletal Knee-shin system, polycentric, friction swing, and stance phase control		2/yr
L5822		Addition, Endoskeletal Knee-shin system, single axis, pneumatic swing, friction stance phase control		2/yr
L5824		Addition, Endoskeletal knee-shin system, single axis, fluid swing phase control		2/yr

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L5812
Added:
L5812***

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L5826		Addition, Endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame		2/yr
L5828		Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase Control		2/yr
L5830		Addition, Endoskeletal knee-shin system, single axis, pneumatic/swing phase control		2/yr
L5840		Addition, Endoskeletal knee-shin system, multi-axial, pneumatic swing phase control		2/yr
L5848		Addition To Endoskeletal, Knee-Shin System, Hydraulic Stance Extension, Dampening Feature, With Or Without Adjustability		2/yr
L5850***		Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Knee Extension Assist		2/yr
L5855		Addition, Endoskeletal System, Hip Disarticulation, Mechanical Hip Extension		2/yr
L5856**		Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing And Stance Phase, Includes Electronic	X	2/yr
L5857		Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing Phase Only, Includes Electronic		2/yr
L5858**		Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System, Microprocessor Control Feature, Stance Phase Only, Includes Electronic	X	2/yr
L5910***		Addition, Endoskeletal System, Below Knee, Alignable System		2/yr
L5920***		Addition, Endoskeletal System ,Above Knee Or Hip Disarticulation, Alignable System		2/yr
L5925		Addition, Endoskeletal System, above knee, knee disarticulation, alignable system		2/yr
L5930		Addition, Endoskeletal System, high activity knee control frame		2/yr
L5940***		Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)		2/yr
L5950***		Addition, Endoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)		2/yr
L5960		Addition, Endoskeletal System, Hip Disarticulation, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)		2/yr
L5962***		Addition, Endoskeletal System, Below Knee, Flexible Protective Outer Surface Covering System		2/yr
L5964***		Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface Covering System		2/yr
L5970		All Lower Extremity Prostheses, Foot, External Keel, SACH Foot		2/yr
L5971		All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only		2/yr
L5972		All Lower Extremity Prostheses, Flexible Keel Foot (Safe, STEN, Bock Dynamic Or Equal)		2/yr
L5972***		All Lower Extremity Prostheses, Flexible Keel Foot (Safe, STEN, Bock Dynamic Or Equal)		2/yr
L5974***		All Lower Extremity Prostheses, Foot, Single Axis Ankle/Foot		2/yr
L5976		All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy II Or Equal)		2/yr
L5978		All Lower Extremity Prostheses, Foot, Multiaxial Ankle/Foot		2/yr
L5979		All Lower Extremity Prosthesis, Multi-Axial Ankle, Dynamic Response Foot, One Piece System		2/yr
L5980		All Lower Extremity Prostheses, Flex Foot System		2/yr

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L5850
Added:
L5850***

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L5972
Added:
L5972***

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L5982		All exoskeletal lower extremity prostheses, axial rotation unit		2/yr
L5984		All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability		2/yr
L5985		All Endoskeletal Lower Extremity Prostheses, Dynamic Prosthetic Pylon		2/yr
L5986***		All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP Or Equal)		2/yr
L5987		All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon		2/yr
L5990		Addition To Lower Extremity Prosthesis, User Adjustable Heel Height		2/yr
L5995		Addition To Lower Extremity Prosthesis, Heavy Duty Feature (For Patient Weight > 300 Lbs)		2/yr
L5999		Lower extremity prosthesis, not otherwise specified		2/yr
L6000		Partial hand, Robin-Aids, thumb remaining, (or equal)		2/yr
L6010		Partial hand, Robin-Aids, little and/or ring finger remaining, (or equal)		2/yr
L6020		Partial hand, Robin-Aids, no finger remaining, (or equal)		2/yr
L6025		Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes		2/yr
L6050		Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad		2/yr
L6055		Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad		2/yr
L6100		Below elbow, molded socket, flexible elbow hinge, triceps pad		2/yr
L6110		Below elbow, molded socket, (Muenster or Northwestern suspension types)		2/yr
L6120		Below elbow, molded double wall split socket, step-up hinges, half cuff		2/yr
L6130		Below elbow, molded double wall split socket, stump activated locking hinge, half cuff		2/yr
L6200		Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm		2/yr
L6205		Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm		2/yr
L6250		Above elbow, molded double wall socket, internal locking elbow, forearm		2/yr
L6300		Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm		2/yr
L6310		Shoulder disarticulation, passive restoration, (complete prosthesis)		2/yr
L6320		Shoulder disarticulation, passive restoration, (shoulder cap only)		2/yr
L6350		Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm		2/yr
L6360		Interscapular thoracic, passive restoration (complete prosthesis)		2/yr
L6370		Interscapular thoracic, passive restoration, (shoulder cap only)		2/yr
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		2/yr
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		2/yr
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		2/yr
L6386		Immediate post-surgical or early fitting, each additional cast change and realignment		2/yr
L6388		Immediate post surgical or early fitting, application of rigid dressing only		2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L6400		Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping		2/yr
L6450		Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping		2/yr
L6500		Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping		2/yr
L6550		Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping		2/yr
L6570		Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping		2/yr
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		2/yr
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		2/yr
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		2/yr
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		2/yr
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		2/yr
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		2/yr
L6600		Upper extremity additions, polycentric hinge, pair		2/yr
L6605		Upper extremity additions, single pivot hinge, pair		2/yr
L6610		Upper extremity additions, flexible metal hinge, pair		2/yr
L6615		Upper extremity addition, disconnect locking wrist unit		2/yr
L6616		Upper extremity addition, additional disconnect insert for locking wrist unit, each		2/yr
L6620		Upper extremity addition, flexion-friction wrist unit		2/yr
L6621		Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction, For Use With External Powered Terminal Device		2/yr
L6623		Upper extremity addition, spring assisted rotational wrist unit with latch release		2/yr
L6625		Upper extremity addition, rotation wrist unit with cable lock		2/yr
L6628		Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal		2/yr
L6629		Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal		2/yr
L6630		Upper extremity addition, stainless steel, any wrist		2/yr
L6632		Upper extremity addition, latex suspension sleeve, each		2/yr
L6635		Upper extremity addition, lift assist for elbow		2/yr
L6637		Upper extremity addition, nudge control elbow lock		2/yr
L6638		Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Manually Powered Elbow		2/yr
L6640		Upper extremity additions, shoulder abduction joint, pair		2/yr
L6641		Upper extremity addition, excursion amplifier, pulley type		2/yr
L6642		Upper extremity addition, excursion amplifier, lever type		2/yr
L6645		Upper extremity addition, shoulder flexion/abduction joint, each		2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L6647		Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator		2/yr
L6648		Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator		2/yr
L6650		Upper extremity addition, shoulder universal joint, each		2/yr
L6655		Upper Extremity Addition, Standard Control Cable, Extra		2/yr
L6660		Upper extremity addition, heavy duty control cable		2/yr
L6665		Upper Extremity Addition, Teflon, Or Equal, Cable Lining		2/yr
L6670		Upper extremity addition, hook to hand, cable adapter		2/yr
L6672		Upper extremity addition, harness, chest or shoulder, saddle type		2/yr
L6675		Upper extremity addition, harness, figure-(ib 8lg) eight type, for single control		2/yr
L6676		Upper Extremity Addition, Harness, (E.G. Figure Of Eight Type), Dual Cable Design		2/yr
L6680		Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow		2/yr
L6682**		Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow		2/yr
L6882		Microprocessor control feature, addition to upper limb prosthetic terminal device	X	2/yr
L6684		Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic		2/yr
L6686		Upper extremity addition, suction socket		2/yr
L6687		Upper Extremity Addition, Frame Type Socket, Below Elbow Or Wrist Disarticulation		2/yr
L6688		Upper Extremity Addition, Frame Type Socket, Above Elbow Or Elbow Disarticulation		2/yr
L6689		Upper extremity addition, frame type socket, shoulder disarticulation		2/yr
L6690		Upper extremity addition, frame type socket, interscapular-thoracic		2/yr
L6691		Upper Extremity Addition, Removable Insert, Each		2/yr
L6692		Upper Extremity Addition, Silicone Gel Insert Or Equal, Each		2/yr
L6703		Terminal Device, Passive Hand/Mitt, Any Material, Any Size		1/yr
L6704		Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size		1/yr
L6706		Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined		1/yr
L6707		Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined		1/yr
L6708		Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size		1/yr
L6709		Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size		1/yr
L6882**		Microprocessor Control Feature, Addition To Upper Limb Prosthetic Terminal Device	X	2/yr
L6890**		Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Prefabricated, Includes Fitting And Adjustment		2/yr
L6895		Terminal device, glove for above hands, custom glove		2/yr
L6900		Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining		2/yr
L6905		Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining		2/yr
L6910		Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining		2/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L6915		Hand restoration (shading and measurements included), replacement glove for above		2/yr
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		2/yr
L6925**		Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One	X	2/yr
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		2/yr
L6935		Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger,		2/yr
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		2/yr
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		2/yr
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		2/yr
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		2/yr
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		2/yr
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		2/yr
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		2/yr
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		2/yr
L7007		Electric Hand, Switch Or Myoelectric Controlled, Adult		1/yr
L7008		Electric Hand, Switch Or Myoelectric, Controlled, Pediatric		1/yr
L7009		Electric Hook, Switch Or Myoelectric Controlled, Adult		1/yr
L7040		Prehensile actuator, Hosmer or equal, switch controlled		1/yr
L7045		Electronic hook, child, Michigan or equal, switch controlled		1/yr
L7170		Electronic elbow, Hosmer or equal, switch controlled		1/yr
L7180		Electronic elbow, Boston, Utah or equal, myoelectronically controlled		1/yr
L7185		Electronic elbow, Variety Village or equal, switch controlled		1/yr
L7186		Electronic elbow, child, variety village or equal, switch controlled		2/yr
L7190		Electronic elbow, Variety Village or equal, myoelectronically controlled		2/yr
L7191		Electronic elbow, child, variety village or equal, myoelectronically controlled		2/yr
L7260		Electronic wrist rotator, Otto Bock or equal		2/yr
L7261		Electronic wrist rotator, for Utah arm		2/yr
L7360		Six Volt Battery, Otto Bock Or Equal, Each		1/yr

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
L7362		Battery Charger, Six Volt, Otto Bock Or Equal		1/yr
L7364		Twelve Volt Battery, Utah Or Equal, Each		1/yr
L7366		Battery charger, twelve volt, Utah or equal		1/yr
L7367		Lithium Ion Battery, Replacement		2/yr
L7368		Lithium Ion Battery Charger		1/yr
L7400		Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Ultralight Material (Titanium, Carbon Fiber Or Equal		2/yr
L7403		Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Acrylic Material		2/yr
L7499		Upper extremity prosthesis, not otherwise specified		2/yr
L7500		Repair of prosthetic device, hourly rate (Excludes V5335 repair of oral or laryngeal prosthesis or Artificial larynx)		8/yr
L7510		Repair Of Prosthetic Device, Repair Or Replace Minor Parts		8/yr
L7520		Repair Prosthetic Device, Labor Component, Per 15 Minutes		8/yr
L8000		Breast Prosthesis, Mastectomy Bra		6/yr
L8015		External Breast Prosthesis Garment, With Mastectomy Form, Post Mastectomy		2/yr
L8020		Breast Prosthesis, Mastectomy Form		2/yr
L8030		Breast Prosthesis, Silicone Or Equal		2/yr
L8035		Custom Breast Prosthesis, Post Mastectomy, Molded To Patient Model		2/yr
L8039		Breast Prosthesis, Not Otherwise Specified		2/yr
L8300		Truss, single, with standard pad		1/yr
L8310		Truss, double, with standard pads		1/yr
L8320		Truss, addition to standard pad, water pad		1/yr
L8330		Truss, addition to standard pad, scrotal pad		1/yr
L8400*		Prosthetic sheath, below knee, each		12/yr
L8400***		Prosthetic Sheath, Below Knee, Each		12/yr
L8410*		Prosthetic Sheath, Above Knee, Each		12/yr
L8410***		Prosthetic Sheath, Above Knee, Each		12/YR
L8415		Prosthetic sheath, Wool, upper limb, each		12/yr
L8417		Prosthetic Sheath/Sock, Including A Gel Cushion Layer, Below Knee Or Above Knee, Each		12/yr
L8420***		Prosthetic Sock, Multiple Ply, Below Knee, Each		12/yr
L8430***		Prosthetic Sock, Multiple Ply, Above Knee, Each		12/yr
L8435		Prosthetic Sock, Multiple Ply, Upper Limb, Each		12/yr
L8440***		Prosthetic Shrinker, Below Knee, Each		12/yr
L8460***		Prosthetic Shrinker, Above Knee, Each		2/yr
L8465		Prosthetic Shrinker, Upper Limb, Each		2/yr
L8470***		Prosthetic Sock, Single Ply, Fitting, Below Knee, Each		12/yr
L8480***		Prosthetic Sock, Single Ply, Fitting, Above Knee, Each		12/yr
L8485		Prosthetic Sock, Single Ply, Fitting, Upper Limb, Each		12/yr
L8501		Tracheostomy Speaking Valve		1/yr
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)		1/day

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Durable Medical Equipment (DME) Procedure Codes and Modifiers

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
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)		1/day
S5520		HIT, All Supplies (Including Catheter) Necessary For Peripherally Inserted Central Venous Catheter (PICC) Line Insertion		5/mo
S5521		HIT, All Supplies (Including Catheter) Necessary For Midline Catheter Insertion		5/mo
S8189		Tracheostomy Supply , Not Otherwise Classified (Ex. Custom Specialty Trach)	X	N/A
S8270		Enuresis Alarm		1/5 yrs
S8999		Resuscitation Bag (For Use By Patients On Artificial Respiration During Power Failure Or Other Catastrophic Event)		2/yr
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)		1/day
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)		1/day
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)		1/day
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)		1/day
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)		1/day
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)		1/day
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	1/day
S9490		HIT, Corticosteroid Infusion; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)		1/day
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)		1/day
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)		1/day

Procedure Code	Modifier	Procedure Code Description	Requires PA	Benefit Limit
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)		1/day
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)		1/day
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)		1/day
T4521		Adult Sized Disposable Incontinence Product, Brief/ Diaper Small, Each	X	180/mo
T4522		Adult Sized Disposable Incontinence Product, Brief/Diaper Medium, Each	X	180/mo
T4523		Adult Sized Disposable Incontinence Product, Brief/Diaper Large, Each	X	150/mo
T4524		Adult Sized Disposable Incontinence Product, Brief/Diaper Extra Large, Each	X	150/mo
T4529		Pediatric Sized Disposable Incontinence Product ,Brief/Diaper Small/Medium Size, Each	X	210/mo
T4530		Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large Size, Each	X	210/mo
V5336		Repair/Modification Of Augmentative Communicative System Or Device (Excludes Adaptive Hearing Aid)	X	1/yr
Call The Automated Voice Response System (AVRS) 1-800-727-7848 For Current Reimbursement Amounts				

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