P Durable Medical Equipment (DME) Procedure Codes and Modifiers

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

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

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

EPSDT Referred Services

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

Modifiers

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

- **CG – Informational modifier only**

  Used when submitting claims for L0628 for recipients ages 21-65

- **CR - Catastrophe/Disaster Related Replacement**

  Effective February 1, 2012, disaster claims related to fire and theft should be submitted electronically to the Fiscal Agent for processing. Providers must file these claims with the appropriate HCPCS code and Modifier CR. Documentation must accompany prior authorization requests (when needed) for replacement in these instances. The provider must keep all documentation (fire report, theft report, etc.) in the recipient's file. These claims will be monitored by Alabama Medicaid on a quarterly basis.

- **LL - Lease/Rental (applied to purchase)**

  Used when DME equipment rental is to be applied against the purchase price (capped rentals)

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

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

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

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

  Must also accompany procedure code K7039

- **RR - Rental (continuous)**

  Used when DME reimbursed by Alabama Medicaid as a continuous rental

- **U6 - Benefit Limit Override**

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

- **U8 - Benefit Limit Override**

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

NOTE:

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

NOTE:

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

Supplies used with BI-PAP and CPAP Machines

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

NOTE:

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

External Breast Prosthesis

NOTE:

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

Complex Rehabilitation Technology (CRT) Category Procedure Codes

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

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

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

b. Mixed CRT Codes: *These HCPCS codes contain a mix of CRT products and standard mobility and accessory products: E0143, E0950, E0951, E0952, E0955, E0956, E0957, E0960, E0967, E0978, E0990, E1015, E1016, E1028, E01029, E1030, E2205, E2208, E2231, E2368, E2369, E2370, E2605, E2606, E2607, E2608, E2613, E2614, E2615, E2616, E2620, E2621, E2624, E2625, K0009, K0040, and K0108.*

NOTE:

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

1. The procedure code must be entered on the claim as one line item.

2. The units billed must be entered as “1” unit.

3. The dollar amount billed must be the “total” dollar amount for all items approved on the prior authorization for the date of service on the claim.

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

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

Prosthetics, Orthotics and Pedorthics

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

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

DME Fee Schedule

The DME Fee Schedule is located on the Alabama Medicaid website and can be accessed by clicking the following link:
http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx

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

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

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

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

Procedure Code	Modifier	Procedure Code Description	RequiresPA
A4259	SC	Lancets, Per Box Of 25	
A4335		Incontinence Supply; Miscellaneous	
A4338*		Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each	
A4340		Indwelling Catheter; Specialty Type, (e.g., Coude, mushroom, wing, etc.), Each	
A4344*		Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each	
A4349*		Male External Catheter, With Or Without Adhesive, Disposable, Each	
A4349*		Male External Catheter, With Or Without Adhesive, Disposable, Each	
A4351*		Intermittent Urinary Catheter; Straight Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each	
A4351*		Intermittent Urinary Catheter; Straight Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each	
A4352		Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each	
A4352		Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each	
A4354*		Insertion Tray With Drainage Bag But Without Catheter	
A4357*		Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each	
A4358*		Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each	
A4362*		Skin Barrier; Solid, 4 X 4 Or Equivalent; Each	
A4364*		Adhesive, Liquid Or Equal, Any Type, Per Oz	
A4367*		Ostomy Belt, Each	
A4400*		Ostomy Irrigation Set	
A4402*		Lubricant, Per Ounce	
A4404		Ostomy Ring, Each	
A4414*		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each	
A4415*		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, Larger Than 4x4 Inches, Each	
A4421	SC	Ostomy Supply, Miscellaneous	X
A4450*		Tape, Non-Waterproof, Per 18 Square Inches	
A4452*		Tape, Waterproof, Per 18 Square Inches	
A4456		Adhesive Remover, Wipes, Any Type, Each	
A4606		Oxygen Probe For Use With Oximeter Device, Replacement	X
A4605		Tracheal Suction Catheter, Closed System, Each	
A4614		Peak Expiratory Flow Rate Meter, Hand Held	
A4618		Breathing Circuits	
A4623		Tracheostomy, Inner Cannula	
A4624*		Tracheal Suction Catheter, Any Type Other Than Closed System, Each	
A4625		Tracheostomy Care Kit For New Tracheostomy	
A4628*		Oropharyngeal Suction Catheter, Each	
A4629*		Tracheostomy Care Kit For Established Tracheostomy	
A4640		Alternationg Pressure Pad	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
A4927*		Gloves, Non-Sterile, Per 100	
A5052*		Ostomy Pouch, Closed; Without Barrier Attached (1 Piece), Each	
A5054*		Ostomy Pouch, Closed; For Use On Barrier With Flange (2 Piece), Each	
A5061*		Ostomy Pouch, Drainable; With Barrier Attached, (1 Piece), Each	
A5063*		Ostomy Pouch, Drainable; For Use On Barrier With Flange (2 Piece System), Each	
A5071*		Ostomy Pouch, Urinary; With Barrier Attached (1 Piece), Each	
A5120		Skin Barrier, Wipes Or Swaps, Each	
A5121*		Skin Barrier; Solid, 6 X 6 Or Equivalent, Each	
A5500*		Diabetic Fitting (Including Follow-Up) Custom Off The Shelf Shoe (Per Shoe)	
A5500***		Diabetic Fitting (Including Follow-Up) Custom Off The Shelf Shoe (Per Shoe)	
A5501***		Diabetic Custom Molded Shoe, (Per Shoe)	
A5513*		Diabetic Multiple Density Insert, Custom Molded From Patient's Foot, Each	
A5513***		Diabetic Multiple Density Insert, Custom Molded From Patient's Foot, Each	
A6216*		Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	
A6217*		Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	
A6222		Guaze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size 16 SP IN. Or Less, Without Adhesive Border, Each Dressing	
A6266		Guaze, Impregnated, Other Than Water, Normal Saline, Or Zinc Past, Sterile, Any Width Per Linear Yard	
A6402*		Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	
A6403*		Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	
A6501		Compress Burn Garment, Bodysuit (Head To Foot), Custom Fabricated	X
A6502		Compression Burn Garment, Chin Strap, Custom Fabricated	X
A6503		Compression Burn Garment, Facial Hood, Custom Fabricated	X
A6504		Compression Burn Garment, Glove To Wrist, Custom Fabricated	X
A6505		Compression Burn Garment, Glove To Elbow, Custom Fabricated	X
A6507		Compression Burn Garment, Foot To Knee Length, Custom Fabricated	X
A6508		Compression Burn Garment, Foot To Thigh Length, Custom Fabricated	X
A6509		Compression Burn Garment, Upper Trunk To Waist Including Arm Openings (Vest), Custom Fabricated	X
A6511		Compression Burn Garment, Lower Trunk Including Leg Openings (Pantry), Custom Fabricated	X
A6512		Compression Burn Garment, Not Otherwise Classified	X
A6513		Compression Burn Mask, Face and/or Neck, Plastic Or Equal, Custom Fabricated	X
A6530*		Gradient Compression Stocking, Below Knee, 18-30 mm Hg, Each	
A6531*		Gradient Compression Stocking, Below Knee, 30-40, Each	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
A6533*		Gradient Compression Stocking, Thigh Length, 18-30 mm Hg, Each	
A7000		Canister, Disposable, Used With Suction Pump, Each	
A7001		Canister, Non-Disposable, Used With Suction Pump, Each	
A7002		Tubing, Used With Suction Pump, Each	
A7003*		Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Disposable	
A7005*		Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-Disposable	
A7008		Large Volume Nebulizer, Disposable, Prefilled, Used With Aerosol Compressor	
A7010		Corrugated Tubing, Disposable, Used With Large Volume Nebulizer, 100 Ft. (Aerosol Tubing)	
A7012		Water Collection Device, Used With Large Volume Nebulizer (Drain Bag)	
A7015		Aerosol Mask, Used With DME Nebulizer	
A7030		Full Face Mask Used With Positive Airway Pressure Device	X
A7031		Face Mask Interface, Replacement For Full Facemask, Each	
A7032		Replacement Cushion For Nasal Application Device, Each	
A7033		Replacement Pillows For Nasal Application Device, Pair	
A7034		Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, Without Head Strap	
A7035		Headgear Used Positive Airway Pressure Device	
A7036		Chinstrap Used With Positive Airway Pressure Device	
A7037		Tubing Used With Positive Airway Pressure Device	
A7038		Filter, Disposable, Used With Positive Airway Pressure Device	
A7039		Filter, Non Disposable , Used With Positive Airway Pressure Device	
A7044		Oral Interface Used With Positive Airway Pressure Device, Each	
A7046		Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement Each	
A7509		Heat Moisture Exchange System Filter Housing, and Adhesive, For Use As A Tracheostomy Heat and Moisture Exchange System, Each	X
A7520		Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvinylchloride (PVC), Silicone Or Equal, Each	
A7525		Tracheostomy Mask, Each	
A7526		Tracheostomy Tube Collar/Holder, Each	
A8000		Helmet, Protective, Soft, Prefabricated, Includes All Components And Accessories	X
A8001		Helmet, Protective, Hard, Prefabricated, Includes All Components And Accessories	X
A9900		Miscellaneous DME Supply, Accessory, and/or Service Component Of Another HCPC Code (Suction Bacteria Filters)	
B4034		Enteral Feeding Supply Kit; Syringe, Per Day	X
B4035		Enteral Feeding Supply Kit; Pump Fed, Per Day (Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump.)	X
B4035		Enteral Feeding Supply Kit; Pump Fed, Per Day	X
B4036		Enteral Feeding Supply Kit; Gravity Fed, Per Day	X
B4081*		Nasogastric Tubing With Stylet	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
B4082*		Nasogastric Tubing Without Stylet	
B4087		Gastrostomy/Jejunostomy Tube, Standard, Any Material, Any Type, Each	
B4088		Gastrostomy/Jejunostomy Tube, Low Profile, Any Material, Any Type, Each (Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump.)	X
B4088		Gastrostomy/Jejunostomy Tube, Low Profile, Any Material, Any Type, Each	X
B4220		Parenteral Supply Kit, Premix, Per Day	
B4222		Parenteral Supply Kit, Home Mix, Per Day,	
B4224		Parenteral Nutrition Administration Kit, Per Day	
B9002		Enteral Nutrition Infusion Pump - With Alarm (Per Day) (Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump	X
B9002	RR	Enteral Nutrition Infusion Pump - With Alarm (Per Day)(Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump).	X
B9004*	RR	Parenteral Nutrition Infusion Pump, Portable	X
B9006*	RR	Parenteral Nutrition Infusion Pump, Stationary	X
B9998	EP	NOC For Enteral Supplies(Covered For Recipients Over 21 Who Meets Medical Criteria, Cannot Tolerate Bolus Feeding And Must Have A Pump)	X
E0100*		Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	
E0105*		Cane, Quad Or Three Prong, Includes Canes Of All Materials, Adjustable Or Fixed, With Tips	
E0110*		Crutches, Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Pair, Complete With Tips And Handgrips	
E0112*		Crutches, Underarm, Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips	
E0114		Crutches, Underarm Other Than Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips	
E0130*	RR	Walker, Rigid (Pickup), Adjustable Or Fixed Height	
E0130*		Walker, Rigid (Pickup), Adjustable Or Fixed Height	
E0135*	RR	Walker, Folding (Pickup), Adjustable Or Fixed Height	
E0135*		Walker, Folding (Pickup), Adjustable Or Fixed Height	
E0140		Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type	X
E0143		Walker, Folding, Wheeled, Adjustable Or Fixed Height	
E0148	RR	Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each	X
E0148		Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each	X
E0149		Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type	X
E0153		Platform Attachment, Forearm Crutch, Each	X
E0163*	RR	Commode Chair, Stationary, With Fixed Arms	
E0163*		Commode Chair, Stationary, With Fixed Arms	
E0165*	RR	Commode Chair, Mobile Or Stationary, With Detachable Arms	
E0165*		Commode Chair, Mobile Or Stationary, With Detachable Arms	
E0168*		Commode Chair, Extra Wide and/or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	X
E0181*	RR	Powered Pressure Reducing Mattress Overlay/Pad, Alternating With Pump Includes Heavy Duty	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E0181*		Powered Pressure Reducing Mattress Overlay/Pad, Alternating With Pump Includes Heavy Duty	X
E0182		Pump For Alternating Pressure Pad, For Replacement Only	X
E0184	RR	Dry Pressure Mattress	
E0184		Dry Pressure Mattress	
E0185*	RR	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length and Width	X
E0185*		Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length and Width	X
E0188*	RR	Synthetic Sheepskin Pad	
E0188*		Synthetic Sheepskin Pad	
E0191*		Heel Or Elbow Protector, Each	
E0202	RR	Phototherapy (bilirubin) Light With Photometer	
E0210*	RR	Electric Heat Pad, Standard	
E0210*		Electric Heat Pad, Standard	
E0250*	RR	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	X
E0250*		Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	X
E0255*	RR	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	X
E0255*		Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	X
E0260*	RR	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	X
E0260*		Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	X
E0271*	RR	Mattress, Innerspring	X
E0271*		Mattress, Innerspring	X
E0275*	RR	Bed Pan, Standard, Metal Or Plastic	
E0275*		Bed Pan, Standard, Metal Or Plastic	
E0276*		Bed Pan, Fracture, Metal Or Plastic	
E0277	RR	Powered Pressure-Reducing Air Mattress	X
E0280	RR	Bed Cradle, Any Type	X
E0280		Bed Cradle, Any Type	X
E0303*		Hospital Bed, Heavy Duty, Extra Wide With Weight Capacity Greater Than 350 Pounds, But Less Than 600 Pounds With Any Type Side Rails With Mattress	X
E0304*		Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds With Any Type Side Rails With Mattress (Invoice)	X
E0310*	RR	Bed Side Rails, Full Length	X
E0310		Bed Side Rails, Full Length	X
E0424*	RR	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, and Tubing	X
E0431*	RR	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flow Meter, Humidifier, Cannula Or Mask, And Tubing	X
E0441*		Oxygen Contents, Gaseous (For Use With Owned Gaseous Stationary Systems Or When Both A Stationary And Portable Gaseous System Are Owned), 1 Month's Supply = 1	X
E0443		Portable Oxygen Contents, Gaseous (For Use Only With Portable Gaseous Systems When No Stationary Gas Or Liquid System Is Used), 1 Month's Supply = 1 Unit	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E0445		Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively (Per Overnight Oximetry Encounter)	X
E0445	RR	Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively	X
E0450	RR	Volume Control Ventilator, Without Pressure Support Mode, May Include Pressure Control Mode, Used With Invasive Interface (E.G., Tracheostomy Tube)	X
E0461	RR	Volume Control Ventilator, Without Pressure Support Mode, May Include Pressure Control Mode, Used With Non-Invasive Interface (E.G. Mask)	X
E0463	RR	Pressure Support Ventilator With Volume Control Mode, May Include Pressure Control Mode, Used With Invasive Interface (E.G. Tracheostomy Tube)	X
E0464	RR	Pressure Support Ventilator With Volume Control Mode, May Include Pressure Control Mode, Used With Non-Invasive Interface (e.g.mask)	
E0470	RR	Respiratory Assist Device, Bi-Level Pressure Capability, Without Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask	X
E0471	RR	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask	X
E0472	RR	Respiratory Assist Device, Bi-Level Pressure Capability, Without Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Tracheostomy Tube (intermittent assist device with continuous positive airway pressure device)	X
E0480		Percussor, Electric Or Pneumatic, Home Model	X
E0482	RR	Cough Stimulating Device, Alternating Positive And Negative Airway Pressure	X
E0483	RR	High Frequency Chest Wall Oscillation Air Pulse Generator System (Includes Hoses And Vest) (Rent To Purchase)	X
E0550	RR	Humidifier, Durable For Extensive Supplemental Humidification During IPPB Treatments Or Oxygen Delivery	X
E0550		Humidifier, Durable For Extensive Supplemental Humidification During IPPB Treatments Or Oxygen Delivery	X
E0561	RR	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	X
E0561		Humidifier, Non-Heated, Used With Positive Airway Pressure Device	X
E0562	RR	Humidifier, Heated, Used With Positive Airway Pressure Device	X
E0565	RR	Compressor, Air Power Source For Equipment Which Is Not Self-Contained Or Cylinder Driven	X
E0570*	RR	Nebulizer, With Compressor	
E0570*		Nebulizer, With Compressor	
E0575	RR	Nebulizer, Ultrasonic, Large Volume	X
E0585	RR	Nebulizer With Compressor And Heater	X
E0600*	RR	Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric	X
E0600*		Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric	X
E0601	RR	Continuous Airway Pressure (CPAP) Device	X
E0601	LL	Continuous Airway Pressure (CPAP) Device	X
E0601	RA	Continuous Airway Pressure (CPAP) Device	X
E0607*	RR	Home Blood Glucose Monitor	
E0607*		Home Blood Glucose Monitor	
E0619	RR	Apnea Monitor, With Recording Feature	X
E0621*		Sling Or Seat, Patient Lift, Canvas Or Nylon	
E0630*		Patient Lift, Hydraulic, With Seat Or Sling	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E0630	RR	Patient Lift, Hydraulic, With Seat Or Sling	X
E0635		Patient Lift, Electric, With Seat Or Sling	X
E0650	RR	Pneumatic Compressor, Non-Segmental Home Model	X
E0650		Pneumatic Compressor, Non-Segmental Home Model	X
E0667	RR	Pneumatic Appliance For Use With Segmental Pneumatic Compressor, Leg	X
E0667		Pneumatic Appliance For Use With Segmental Pneumatic Compressor, Leg	X
E0668	RR	Arm Appliance For Linear Pump	X
E0668		Arm Appliance For Linear Pump	X
E0705*		Transfer Device, Any Type, Each	
E0776*	RR	Iv Pole	
E0776*		Iv Pole	
E0779		Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours Or Greater	X
E0781*	RR	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Battery Operated, With Administrative Equipment, Worn By Patient	X
E0784	RR	External Ambulatory Infusion Pump, Insulin (Rent To Purchase)	X
E0791	RR	Parenteral Infusion Pump, Stationary, Single Or Multi-Channel	X
E0850	RR	Traction Stand, Free Standing, Simple Cervical Traction	X
E0850		Traction Stand, Free Standing, Simple Cervical Traction	X
E0890	RR	Traction Frame, Attached To Footboard, Simple Pelvic Traction	X
E0890		Traction Frame, Attached To Footboard, Simple Pelvic Traction	X
E0910*	RR	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	X
E0910*		Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	X
E0911*		Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	X
E0912*		Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	X
E0944		Pelvic Belt/Harness Boot	X
E0950		Wheelchair Accessory, Tray, Each	X
E0951*		Wheel Loop/Holder, Any Type, With Or Without Ankle Strap, Each	X
E0952		Toe Loop/Holder, Any Type, Each	X
E0955		Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each	X
E0956		Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed Mounting Hardware, Each	X
E0957		Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting Hardware, Each	X
E0958*		Manual Wheelchair Accessory, One-Arm Drive Attachment, Each	X
E0959		Manual Wheelchair Accessory, Adapter For Amputee, Each	X
E0959		Manual Wheelchair Accessory, Adapter For Amputee, Each	X
E0960		Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware	X
E0961		Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each	X
E0966		Manual Wheelchair Accessory, Headrest Extension, Each	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E0967		Manual Wheelchair Accessory, Hand Rim With Projections, Any Type, Replacement Only, Each	X
E0971*	RR	Manual Wheelchair Accessory, Anti-Tipping Device, Each	X
E0971*		Manual Wheelchair Accessory, Anti-Tipping Device, Each	X
E0973		Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each	X
E0974		Manual Wheelchair Accessory, Anti-Rollback Device, Each	X
E0978*		Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each	X
E0980*		Safety Vest, Wheelchair	X
E0981		Wheelchair Accessory, Seat Upholstery, Replacement Only, Each	X
E0982		Wheelchair Accessory, Back Upholstery, Replacement Only, Each	X
E0983		Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control	X
E0984		Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Tiller Control	X
E0985		Wheelchair Accessory, Seat Lift Mechanism	X
E0986		Manual Wheelchair Accessory, Push Activated Power Assist, Each	X
E0990		Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each	X
E0992		Manual Wheelchair Accessory, Solid Seat Insert	X
E0994		Arm Rest, Each	X
E0995		Wheelchair Accessory, Calf Rest/Pad, Each	X
E1002		Wheelchair Accessory, Power Seating System, Tilt Only	X
E1003		Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction	X
E1004		Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction	X
E1005		Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction	X
E1006		Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction	X
E1007		Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction	X
E1008		Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction	X
E1009		Wheelchair Accessory, Addition To Power Seating System Mechanically Linked Leg Elevation System, Including Pushrod And Leg Rest, Each	X
E1010		Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair	X
E1011		Modification To Pediatric Size Wheelchair, Width Adjustment Package (Not To Be Dispensed With Initial Chair)	X
E1014		Reclining Back, Addition To Pediatric Size Wheelchair	X
E1015		Shock Absorber For Manual Wheelchair, Each	X
E1016		Shock Absorber For Power Wheelchair, Each	X
E1017		Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Weelchair, Each	X
E1018		Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each	X
E1020		Residual Limb Support System For Wheelchair	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E1028*		Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory	X
E1029		Wheelchair Accessory, Ventilator Tray, Fixed	X
E1030		Wheelchair Accessory, Ventilator Tray, Gimbaled	X
E1031	RR	Rollabout Chair, Any And All Types With Castors 5" Or Greater	X
E1031		Rollabout Chair, Any And All Types With Castors 5" Or Greater	X
E1035		Multi-Positional Patient Transfer With Integrated Seat, Operated By Caregiver, Patient Weight Up To And Including 300 Lbs (This Code Is Used To Cover Adaptive Strollers, Equipment And Accessories)	X
E1037*	RR	Transport Chair, Pediatric Size	X
E1037*		Transport Chair, Pediatric Size	X
E1050*	RR	Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	X
E1050*		Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	X
E1060*	RR	Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Elevating Legrests	X
E1060*		Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Elevating Legrests	X
E1070*	RR	Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	X
E1070*		Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	X
E1088*	RR	High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests	X
E1088*		High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests	X
E1092	RR	Wide Heavy Duty Wheel Chair, Detachable Arms (Desk Or Full Length), Swing Away Detachable Elevating Leg Rests	X
E1092		Wide Heavy Duty Wheel Chair, Detachable Arms (Desk Or Full Length), Swing Away Detachable Elevating Leg Rests	X
E1093*	RR	Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests	X
E1093*		Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests	X
E1110*	RR	Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests	X
E1110*		Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests	X
E1130*	RR	Standard Wheelchair, Fixed Full Length Arms, Fixed Or Swing Away Detachable Footrests	X
E1130*		Standard Wheelchair, Fixed Full Length Arms, Fixed Or Swing Away Detachable Footrests	X
E1140*	RR	Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Footrests	X
E1140*		Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Footrests	X
E1150*	RR	Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating Legrests	X
E1150*		Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating Legrests	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E1160*	RR	Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests	X
E1160*		Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests	X
E1161		Manual Adult Wheelchair With Tilt N And Space	X
E1180*	RR	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests	X
E1180*		Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests	X
E1190*	RR	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Leg Rests	X
E1190*		Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Leg Rests	X
E1200*	RR	Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest	X
E1200*		Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest	X
E1225		Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each	X
E1226	RR	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each	X
E1226		Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each	X
E1227		Special Height Arms For Wheelchair	X
E1228		Special Back Height For Wheelchair	X
E1229		Wheelchair, Pediatric Size, Not Otherwise Specified	X
E1231		Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System	X
E1232		Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System	X
E1233		Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System	X
E1234		Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System	X
E1235		Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System	X
E1236		Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System	X
E1237	RR	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	X
E1237		Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	X
E1238	RR	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System	X
E1238		Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System	X
E1240*	RR	Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest	X
E1240*		Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest	X
E1260*	RR	Wheelchair Lightweight, Detachable Arms (Desk Or Full Length), Swing Away Detachable Footrest	X
E1260*		Wheelchair Lightweight, Detachable Arms (Desk Or Full Length), Swing Away Detachable Footrest	X
E1280*	RR	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests	X
E1280*		Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E1285*		Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest	X
E1290*	RR	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	X
E1290*		Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	X
E1296		Special Wheelchair Seat Height From Floor	X
E1297		Special Wheelchair Seat Depth, By Upholstery	X
E1298		Special Wheelchair Seat Depth and/or Width, By Construction	X
E1372	RR	Immersion External Heater For Nebulizer	X
E1390*	RR	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate	X
E1399*		Durable Medical Equipment, Miscellaneous	X
E1811		Static Progressive Stretch Knee Device, Extension and/or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	
E2000		Gastric Suction Pump, Home Model, Portable Or Stationary, Electric	X
E2100		Blood Glucose Monitor With Integrated Voice Synthesizer	X
E2201		Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches	X
E2202		Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	X
E2203		Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches	X
E2204		Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches	X
E2205		Manual Wheelchair Accessory, Handrim Without Projections, Any Type, Replacement Only, Each	X
E2206		Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each	X
E2208		Wheelchair Accessory, Cylinder Tank Carrier, Each	X
E2209		Wheelchair Accessory, Arm Trough, Each	X
E2210		Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each	X
E2211		Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each	X
E2212		Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each	X
E2213		Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each	X
E2214		Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each	X
E2216		Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each	X
E2217		Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each	X
E2218		Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each	X
E2219		Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each	X
E2220		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Each	X
E2221		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each	X
E2222		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E2223		Manual Wheelchair Accessory, Valve, Any Type, Replacement Only, Each	X
E2224		Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Each	X
E2225		Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each	X
E2226		Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	X
E2227		Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each	X
E2228		Manual Wheelchair Accessory, Wheel Braking System And Lock, Each	X
E2231		Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware	X
E2291		Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	X
E2292		Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	X
E2293		Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	X
E2294		Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	X
E2300		Power Wheelchair Accessory, Power Seat Elevation System	X
E2301		Power Wheelchair Accessory, Power Standing System	X
E2310		Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics	X
E2311		Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics,	X
E2312		Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware	X
E2313		Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fastners, Connectors And Mounting Hardware	X
E2321		Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And	X
E2322		Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop	X
E2323		Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated	X
E2324		Power Wheelchair Accessory, Chin Cup For Chin Control Interface	X
E2325		Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting	X
E2326		Power Wheelchair Accessory, Breath Tube Kit For Sip And Puff Interface	X
E2327		Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And	X
E2328		Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E2329		Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch,	X
E2329		Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch,	X
E2330		Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch,	X
E2331		Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware	X
E2340		Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches	X
E2340		Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches	X
E2341		Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	X
E2342		Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches	X
E2343		Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches	X
E2351		Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface	X
E2359		Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	X
E2360		Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each	X
E2361		Power Wheelchair Accessory, 22nf Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Absorbed Glassmat)	X
E2362		Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each	X
E2363		Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	X
E2364		Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each	X
E2365		Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	X
E2365	SC	Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	X
E2366		Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each	X
E2367		Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each	X
E2368		Power Wheelchair Component, Motor, Replacement Only	X
E2369		Power Wheelchair Component, Gear Box, Replacement Only	X
E2370		Power Wheelchair Component, Motor And Gear Box Combination, Replacement Only	X
E2371		Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each	X
E2372		Power Wheelchair Accessory, Group 27 Non-Sealed Leaad Acid Battery, Each	X
E2373		Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional, Compact, Or Short Throw Remote Joystick Or Touchpad, Proportional Including All Related Electronics And Fixed Mounting Hardware.	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E2374		Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related	X
E2375		Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only	X
E2376		Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only	X
E2377		Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue	X
E2381		Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each	X
E2382		Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each	X
E2383		Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire, (Removable), Any Type, Any Size, Replacement Only, Each	X
E2384		Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each	X
E2385		Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Only, Each	X
E2386		Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each	X
E2387		Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each	X
E2388		Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only, Each	X
E2389		Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each	X
E2390		Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size, Replacement Only, Each	X
E2391		Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each	X
E2392		Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only	X
E2394		Power Wheelchair, Accessory, Drive Wheel, Excludes Tire, Any Size, Replacement Only, Each	X
E2395		Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each	X
E2396		Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	X
E2397		Power Wheelchair Accessory, Lithium-Based Battery,Each	X
E2500		Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Less Than Or Equal To 8 Minutes Recording Time	X
E2502		Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 8 Minutes But Less Than Or Equal To 20 Minutes Recording Time	X
E2504		Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 20 Minutes But Less Than Or Equal To 40 Minutes Recording Time	X
E2506		Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 40 Minutes Recording Time	X
E2508		Speech Generating Device, Synthesized Speech, Requiring Message Formulation By Spelling And Access By Physical Contact With The Device	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E2510	RR	Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access	X
E2510		Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access	X
E2511		Speech Generating Software Program, For Personal Computer Or Personal Digital Assistant	X
E2512		Accessory For Speech Generating Device, Mounting System	X
E2599		Accessory For Speech Generating Device, Not Otherwise Classified	X
E2601*		General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	X
E2602*		General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	X
E2603*		Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	X
E2604*		Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches Or Greater, Any Depth	X
E2605		Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	X
E2606		Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	X
E2607		Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches	X
E2608		Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or	X
E2609		Custom Fabricated Wheelchair Seat Cushion, An Size	X
E2611		General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	X
E2612		General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	X
E2613		Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	X
E2614		Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	X
E2615		Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	X
E2616		Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	X
E2617		Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting System	X
E2619		Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each	X
E2620		Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	X
E2621		Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	X
E2622		Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth	X
E2623		Ski N Protection Wheelchair Seat Cushion, Adjustable, Width, 22 Inches Or Greater, Any Depth	X
E2624		Ski N Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches , Any Depth	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
E2625		Ski N Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater, Any Depth	X
E2626*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable, Prefabricated, Includes Fitting And Adjustment	X
E2627*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Rancho Type, Prefabricated, Includes Fitting And Adjustment	X
E2628*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Reclining, Prefabricated, Includes Fitting And Adjustment	X
E2629*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support Attached To Wheelchair, Balanced, Friction Arm Support (Friction Dampening To Proximal And Distal Joints),	X
E2630*		Wheelchair Accessory, Shoulder Elbow Orthosis, Mobile Arm Support, Monosuspension Arm And Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension	X
E2631*		Wheelchair Accessory, Seo, Addition To Mobile Arm Support, Elevating Proximal Arm	X
E2632*		Wheelchair Accessory, Seo, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm With Elastic Balance Control	X
E2633*		Wheelchair Accessory, Seo, Addition To Mobile Arm Support, Supinator	X
E8000		Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components	X
E8001		Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components	X
E8002		Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components	X
G0249		Provision Of Test Materials And Equipment For Home Inr Monitoring To Patient With Mechanical Heart Valves	X
K0005		Ultralighweight Wheelchair	X
K0005		Ultralighweight Wheelchair	X
K0007*	RR	Extra Heavy Duty Wheelchair	X
K0007*		Extra Heavy Duty Wheelchair	X
K0009		Other Manual Wheelchair Base	X
K0015*		Detachable, Non-Adjustable Height Armrest, Each	X
K0017		Detachable, Adjustable Height Armrest, Base, Each	X
K0018*		Detachable, Adjustable Height Armrest, Upper Portion, Each	X
K0019*		Arm Pad, Each	X
K0020*		Fixed, Adjustable Height Armrest, Pair	X
K0037*		High Mount Flip-Up Footrest, Each	X
K0038*		Leg Strap, Each	X
K0039*		Leg Strap, H Style, Each	X
K0040*		Adjustable Angle Footplate, Each	X
K0041*		Large Size Footplate, Each	X
K0042*		Standard Size Footplate, Each	X
K0043*		Footrest, Lower Extension Tube, Each	X
K0044*		Footrest, Upper Hanger Bracket, Each	X
K0045*		Footrest, Complete Assembly	X
K0046*		Elevating Legrest, Lower Extension Tube, Each	X
K0047*		Elevating Legrest, Upper Hanger Bracket, Each	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
K0050*		Ratchet Assembly	X
K0051*		Cam Release Assembly, Footrest Or Legrest, Each	X
K0052*		Swingaway, Detachable Footrests, Each	X
K0053*		Elevating Footrests, Articulating (Telescoping), Each	X
K0053*	RR	Elevating Footrests, Articulating (Telescoping), Each	X
K0056*		Seat Height Less Than 17" Or Equal To Or Greater Than 21" For A High Strength, Lightweight, Or Ultra Lightweight Wheelchair	X
K0065*		Spoke Protectors, Each	X
K0068*		Pneumatic Tire Tube, Each	X
K0069*		Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each	X
K0070*		Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each	X
K0071*		Front Caster Assembly, Complete, With Pneumatic Tire, Each	X
K0072*		Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Each	X
K0073*		Caster Pin Lock, Each	X
K0077*		Front Caster Assembly, Complete, With Solid Tire, Each	X
K0090		Rear Wheel Tire For Power Wheelchair, Any Size, Each	X
K0098		Drive Belt For Power Wheelchair	X
K0105*		Iv Hanger, Each	X
K0108*		Wheelchair Component Or Accessory, Not Otherwise Specified	X
K0195*	RR	Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base)	X
K0195*		Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base)	X
K0462		Temporary Replacement For Patient Owned Equipment Being Repaired, Any Type	X
K0601		Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 1.5 Volt Each	X
K0606	RR	Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Agrment Type	X
K0730		Controlled Dose Drug Delivery System	
K0733		Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)	X
K0739*		Repair(Labor) Or Non Routine Service For Durable Medical Equipment Other Than Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes. Providers Must Continue To Submit Justification When Billing More Than 4 Units. Include All Units Over 4 On The PA Request With Justification For Repairs. The PA Letter Will State The Total Units Approved.	
K0813		Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0814		Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0815		Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0815		Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0816		Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0820		Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
K0821		Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0822		Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0823		Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0824		Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	X
K0825		Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	X
K0826		Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat Back, Patient Weight Capacity 451 To 600 Pounds	X
K0827		Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds	X
K0828		Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat Back, Patient Weight Capacity 601 Pounds Or More	X
K0829		Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More	X
K0830		Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0831		Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0835		Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0836		Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0837		Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X
K0838		Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair Patient Weight Capacity 301 To 450 Pounds	X
K0839		Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Back Seat/Solid Patient Weight Capacity 451 To 600 Pounds	X
K0840		Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat Back Patient Weight Capacity 601 Pounds Or More	X
K0841		Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0842		Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0843		Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X
K0848		Power Wheelchair, Group 3 Standard, Sling/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0849		Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0850		Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X
K0851		Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	X
K0852		Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X
K0853		Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair Patient Weight Capacity 451 To 600 Pounds	X
K0854		Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat Back, Patient Weight Capacity 601 Pounds Or More	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
K0855		Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair Patient Weight Capacity 601 Pounds Or More	X
K0856		Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0857		Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0858		Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X
K0859		Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair Patient Weight Capacity 301 To 450 Pounds	X
K0860		Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back Patient Weight Capacity Pounds To 451 To 600 Pounds	X
K0860		Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back Patient Weight Capacity Pounds To 451 To 600 Pounds	X
K0861		Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0862		Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X
K0863		Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X
K0864		Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	X
K0868		Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0869		Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0870		Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X
K0871		Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X
K0877		Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0878		Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	X
K0879		Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	X
K0880		Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	X
K0884		Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	X
K0885		Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	X
K0886		Power Wheelchair, Group 4 Heavy Duty Multiple Power Option, Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	X
K0890		Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	X
K0891		Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	X
K0898		Power Wheelchair, Not Otherwise Classified	X
L0112		Cranial Cervical Orthosis, Congenital Torticollis Type, With Or Without Soft Interface Material, Adjustable Range Of Motion Joint, Custom Fabricated	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L0120		Cervical, Flexible, Non-Adjustable (Foam Collar)	
L0130		Cervical, Flexible, Thermoplastic Collar, Molded To Patient	
L0140		Cervical,Semi-Rigid,Adjustable(Plastic Collar)	
L0150		Cervical, Semi-Rigid, Adjustable Molded Chin Cup (Plastic Collar With Mandibular/Occipital Piece)	
L0160		Cervical, Semi-Rigid, Wire Frame Occipital/Mandibular Support	
L0170		Cervical, Collar, Molded To Patient Model	
L0172***		Cervical, Collar, Semi-Rigid Thermoplastic Foam, Two Piece	
L0174		Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension	
L0180		Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable	
L0190		Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars (Somi, Guilford, Taylor Types)	
L0200		Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars, And Thoracic Extension	
L0220		Thoracic, Rib Belt, Custom Fabricated	
L0430		Spinal Orthosis, Anterior-Posterior-Lateral Control, With Interface Material, Custom Fitted (Dewall Posture Protector Only)	
L0452		Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid	
L0456		Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron, Extends From The Sacrococcygeal Junction And	
L0458		Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just	
L0458***		Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just	
L0460		Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just	
L0462		Tlso, Triplanar Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just	
L0464		Tlso, Triplanar Control, Modular Segmented Spinal System, Four Rigid Plastic Shells, Posterior Extends From Sacrococcygeal Junction And Terminates Just	
L0466		Tlso,Sagittal Control, Rigid Posterior Frame	
L0468		Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal	
L0470		Tlso,Triplanar Control, Rigid Posterior Frame	
L0472		Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components	
L0472***		Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components	
L0480		Tlso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps	
L0482		Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L0484		Tlso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal	
L0486		Tlso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction	
L0486***		Tlso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction	
L0488		Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction	
L0490		Tlso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From	
L0491		Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And	
L0492		Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And	
L5649		Addition To Lower Extremity, Ischial Containment/Narrow M-L socket	
L0622		Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous	
L0624		Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	
L0625		Lumber Orthotic, Sagittal Control, With Rigid Posteria Panel(S), Posteria Extends From L-1 To Below L-5 Vertebra, Produces Intracavity Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Pendulous Abdomen Design,	
L0626		Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To	
L0627		Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary	
L0628		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	
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	
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	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L0630		Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces	
L0630***		Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces	
L0631		Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra,	
L0632		Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	
L0633		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra,	
L0634		Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	
L0635		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panel(S), Lateral Articulating Design To Flex The Lumbar Spine,	
L0636		Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panels, Lateral Articulating Design To Flex The Lumbar Spine,	
L0637		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9	
L0638		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9	
L0639		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior	
L0640		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior	
L0640***		Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior	
L0700		Cervical-Thoracic-Lumbar-Sacral-Orthoses (Ctlso), Anterior-Posterior-Lateral Control, Molded To Patient Model, (Minerva Type)	
L0710		Ctlso, Anterior-Posterior-Lateral-Control, Molded To Patient Model, With Interface Material, (Minerva Type)	
L0810		Halo procedure, cervical halo incorporated into jacket vest	
L0820		Halo procedure, cervical halo incorporated into plaster body jacket	
L0830		Halo procedure, cervical halo incorporated into Milwaukee type orthosis	
L0859		Addition To Halo Procedure, Magnetic Resonance Image Compatible Systems, Rings And Pins, Any Material	
L0861		Addition To Halo Procedure, Replacement Liner/Interface Material	
L0970		Tlso,Corset Front	
L0972		Lso, Corset Front	
L0974		Tlso, Full Corset	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L0976		Lso, Full Corset	
L0978		Axillary Crutch Extension	
L0980		Peroneal Straps, Pair	
L0982		Stocking Supporter Grips, Set Of Four (4)	
L0984		Protective Body Sock, Each	
L0984***		Protective Body Sock, Each	
L1000		Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) (Milwaukee), Inclusive Of Furnishing Initial Orthosis, Including Model	
L1001		Cervical thoracic lumbar sacral orthosis immobilizer, infant size, prefabricated, includes fitting and adjustments	
L1005		Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment	
L1010		Addition To Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) Or Scoliosis Orthosis, Axilla Sling	
L1020		Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad	
L1025		Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad, Floating	
L1030		Addition To Ctlso Or Scoliosis Orthosis, Lumbar Bolster Pad	
L1040		Addition To Ctlso Or Scoliosis Orthosis, Lumbar Or Lumbar Rib Pad	
L1050		Addition To Ctlso Or Scoliosis Orthosis, Sternal Pad	
L1060		Addition To Ctlso Or Scoliosis Orthosis, Thoracic Pad	
L1070		Addition To Ctlso Or Scoliosis Orthosis, Trapezius Sling	
L1080		Addition To Ctlso Or Scoliosis Orthosis, Outrigger	
L1085		Addition To Ctlso Or Scoliosis Orthosis, Outrigger, Bilateral With Vertical Extensions	
L1090		Addition To Ctlso Or Scoliosis Orthosis, Lumbar Sling	
L1100		Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather	
L1110		Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather, Molded To Patient Model	
L1120		Addition To Ctlso, Scoliosis Orthosis, Cover For Upright, Each	
L1200		Thoracic-Lumbar-Sacral-Orthosis(Tlso), Inclusive Of Furnishing Initial Orthosis Only	
L1210		Addition To Tlso,(Low Profile), Lateral Thoracic Extension	
L1220		Addition To Tlso, (Low Profile), Anterior Thoracic Extension	
L1230		Addition To Tlso, (Low Profile), Milwaukee Type Superstructure	
L1240		Addition To Tlso,(Low Profile), Lumbar Derotation Pad	
L1250		Addition To Tlso, (Low Profile), Anterior Asis Pad	
L1260		Addition To Tlso, (Low Profile), Anterior Thoracic Derotation Pad	
L1270		Addition To Tlso, (Low Profile), Abdominal Pad	
L1280		Addition To Tlso, (Low Profile), Rib Gusset (Elastic), Each	
L1290		Addition To Tlso, (Low Profile), Lateral Trochanteric Pad	
L1300**		Other Scoliosis Procedure, Body Jacket Molded To Patient Model	X
L1310**		Other Scoliosis Procedure, Post-Operative Body Jacket	X
L1510		THKAO, standing frame	
L1520**		THKAO, swivel walker (REQUIRES PRIOR AUTHORIZATION)	X

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L1600		Hip Orthosis, Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover, Prefabricated, Includes Fitting And Adjustment	
L1610		Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Frejka Cover Only), Prefabricated, Includes Fitting And Adjustment	
L1620		Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Pavlik Harness), Prefabricated, Includes Fitting And Adjustment	
L1630		Hip Orthosis, Abduction Control Of Hip Joints, Semi-Flexible (Von Rosen Type), Custom-Fabricated	
L1640		Hip Orthosis, Abduction Control Of Hip Joints, Static, Pelvic Band Or Spreader Bar, Thigh Cuffs, Custom-Fabricated	
L1650		Hip Orthosis, Abduction Control Of Hip Joints, Static, Adjustable, (Ilfled Type), Prefabricated, Includes Fitting And Adjustment	
L1652		Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size, Prefabricated, Includes Fitting And Adjustment, Any Type	
L1660		Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes Fitting And Adjustment	
L1680		Hip Orthosis, Abduction Control Of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom	
L1685		Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated	
L1686		Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Prefabricated, Includes Fitting And Adjustment	
L1690		Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction And Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment	
L1700		Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated	
L1710		Legg Perthes Orthosis, (Newington Type), Custom Fabricated	
L1720		Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated	
L1730		Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated	
L1755		Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated	
L1810		Knee Orthosis, Elastic With Joints, Prefabricated, Includes Fitting And Adjustment	
L1820		Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated, Includes Fitting And Adjustment	
L1830		Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, Includes Fitting And Adjustment	
L1831		Knee Orthosis, Locking Knee Joint(S), Positional Orthosis, Prefabricated, Includes Fitting And Adjustment	
L1832		Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Includes Fitting And Adjustment	
L1834		Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated	
L1836		Knee Orthosis, Rigid, Without Joint(S), Includes Soft Interface Material, Prefabricated, Includes Fitting And Adjustment	
L1840		KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model	
L1843		KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L1844		Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation	
L1845		Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation	
L1846		Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation	
L1850		KO, Swedish type	
L1860		KO, modification of supracondylar prosthetic socket, molded to patient model, (SK)	
L1900*		Ankle Foot Orthosis, Spring Wire, Dorsiflexion Assist Calf Band, Custom-Fabricated	
L1902		Ankle Foot Orthosis, Ankle Gauntlet, Prefabricated, Includes Fitting And Adjustment	
L1904		Ankle Foot Orthosis, Molded Ankle Gauntlet, Custom-Fabricated	
L1906		Ankle Foot Orthosis, Multiligamentus Ankle Support, Prefabricated, Includes Fitting And Adjustment	
L1907		Afo, Supramalleolar With Straps, With Or Without Interface/Pads, Custom Fabricated	
L1910		Ankle Foot Orthosis, Posterior, Single Bar, Clasp Attachment To Shoe Counter, Prefabricated, Includes Fitting And Adjustment	
L1920		Ankle Foot Orthosis, Single Upright With Static Or Adjustable Stop (Phelps Or Perlstein Type), Custom-Fabricated	
L1930		Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment	
L1930***		Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment	
L1932		Afo, Rigid Anterior Tibal Section, Total Carbon Fiber Or Equal Material, Prefabricated, Includes Fitting And Adjustment	
L1940		Ankle Foot Orthosis, Plastic Or Other Material, Custom-Fabricated	
L1945		Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated	
L1950		Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic, Custom-Fabricated	
L1951		Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment	
L1960		Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated	
L1960***		Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated	
L1970		Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated	
L1970***		Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated	
L1971		Ankle Foot Orthosis, Plastic Or Other Material With Ankle Joint, Prefabricated, Includes Fitting And Adjustment	
L1980		Ankle Foot Orthosis, Single Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Single Bar 'Bk' Orthosis), Custom-Fabricated	
L1990		Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double Bar 'Bk' Orthosis), Custom-Fabricated	
L1990***		Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double Bar 'Bk' Orthosis), Custom-Fabricated	
L2000		Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar 'Ak' Orthosis), Custom-Fabricated	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L2005		Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Mechanical Activation,	
L2010		Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar 'Ak' Orthosis), Without Knee Joint,	
L2020		Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Double Bar 'Ak' Orthosis), Custom-Fabricated	
L2020***		Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Double Bar 'Ak' Orthosis), Custom-Fabricated	
L2030		KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar “AK” orthosis), without knee joint	
L2035		KAFO, full plastic, static, prefabricated (pediatric size)	
L2036		Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated	
L2037		Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated	
L2038		Knee Ankle Foot Orthosis, Full Plastic, With Or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated	
L2039		Knee Ankle Foot Orthosis, Full Plastic, Single Upright, Poly-Axial Hinge, Medial Lateral Rotation Control, With Or Without Free Motion Ankle, Custom	
L2040		Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated	
L2050		Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated	
L2060		Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated	
L2070		HKAFO, torsion control, unilateral rotation straps, pelvic band/belt	
L2080		HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt	
L2090		HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt	
L2106		AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, molded to patient	
L2108		Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated	
L2112		Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment	
L2114		Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment	
L2116		Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment	
L2126		KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, molded to patient	
L2128		Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated	
L2132		Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment	
L2134		KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L2136		KAFO, fracture orthosis, femoral fracture cast orthosis, rigid	
L2180		Addition To Lower Extremity Fracture Orthosis, Plastic Shoe Insert With Ankle Joints	
L2182		Addition to lower extremity fracture orthosis, drop lock knee joint	
L2184		Addition to lower extremity fracture orthosis, limited motion knee joint.	
L2186		Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman Type	
L2188		Addition to lower extremity fracture orthosis, quadrilateral brim	
L2190		Addition to lower extremity fracture orthosis, waist belt	
L2192		Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	
L2200***		Addition To Lower Extremity, Limited Ankle Motion, Each Joint	
L2210		Addition To Lower Extremity,Dorsiflexion Assist(Plantar Flexion Resist), Each Joint	
L2220		Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint	
L2220***		Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint	
L2230		Addition to lower extremity, split flat caliper stirrups and plate attachment	
L2232		Addition To Lower Extremity Orthosis, Rocker Bottom For Total Contact Ankle Foot Orthosis, For Custom Fabricated Orthosis Only	
L2240		Addition to lower extremity, round caliper and plate attachment	
L2250		Addition To Lower Extremity, Foot Plate, Molded To Patient Model, Stirrup Attachment	
L2260		Addition To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type)	
L2265		Addition To Lower Extremity, Long Tongue Stirrup	
L2270		Addition To Lower Extremity, Varus/Valgus Correction ('T') Strap, Padded/Lined Or Malleolus Pad	
L2275		Addition To Lower Extremity, Varus/Valgus Correction, Plastic Modification, Padded/Lined	
L2280		Addition To Lower Extremity, Molded Inner Boot	
L2300		Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	
L2310		Addition to lower extremity, abduction bar, straight	
L2320		Addition To Lower Extremity, Non-Molded Lacer, For Custom Fabricated Orthosis Only	
L2330		Addition To Lower Extremity, Lacer Molded To Patient Model, For Custom Fabricated Orthosis Only	
L2335		Addition To Lower Extremity, Anterior Swing Band	
L2340		Addition To Lower Extremity, Pre-Tibial Shell, Molded To Patient Model	
L2350		Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded To Patient Model, (Used For 'Ptb' 'Afo' Orthoses)	
L2360		Addition To Lower Extremity, Extended Steel Shank	
L2370		Addition to lower extremity, Patten bottom	
L2375		Addition to lower extremity, torsion control, ankle joint and half solid stirrup	
L2380		Addition to lower extremity, torsion control, straight knee joint, each joint	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L2385		Addition To Lower Extremity, Straight Knee Joint, Heavy Duty, Each Joint	
L2390		Addition To Lower Extremity, Offset Knee Joint, Each Joint	
L2395		Addition to lower extremity, offset knee joint, heavy duty, each joint	
L2397		Addition to lower extremity orthosis, suspension sleeve	
L2405		Addition To Knee Joint, Drop Lock, Each	
L2405***		Addition To Knee Joint, Drop Lock, Each	
L2415		Addition To Knee Lock With Integrated Release Mechanism (Bail, Cable, Or Equal), Any Material, Each Joint	
L2425		Addition To Knee Joint, Disc Or Dial Lock For Adjustable Knee Flexion, Each Joint	
L2430		Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	
L2492		Addition To Knee Joint, Lift Loop For Drop Lock Ring	
L2500		Addition To Lower Extremity, Thigh/Weight Bearing, Gluteal/Ischial Weight Bearing, Ring	
L2510		Addition To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Molded To Patient Model	
L2520		Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	
L2525		Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	
L2526		Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	
L2530		Addition to lower extremity, thigh/weight bearing, lacer, non-molded	
L2540		Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	
L2550		Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff	
L2570		Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each	
L2580		Addition To Lower Extremity, Pelvic Control, Pelvic Sling	
L2600		Addition to lower extremity, pelvic control, hip joint, Clevis type or thrust bearing, free, each	
L2610		Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Or Thrust Bearing, Lock, Each	
L2620		Addition to lower extremity, pelvic control, hip joint, heavy duty, each	
L2622		Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Each	
L2624		Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each	
L2627		Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables.	
L2628		Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocation Hip Joint And	
L2630		Addition to lower extremity, pelvic control, band and belt, unilateral	
L2640		Addition To Lower Extremity, Pelvic Control, Band And Belt, Bilateral	
L2650		Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff	
L2660		Addition to lower extremity, thoracic control, thoracic band	
L2670		Addition to lower extremity, thoracic control, paraspinal uprights	
L2680		Addition To Lower Extremity, Thoracic Control, Lateral Support Uprights	
L2750		Addition to lower extremity orthosis, plating chrome or nickel, per bar	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L2755		Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Per Segment, For Custom Fabricated	
L2760		Addition To Lower Extremity Orthosis, Extension, Per Extension, Per Bar (For Lineal Adjustment For Growth)	
L2768		Orthotic Side Bar Disconnect Device, Per Bar	
L2770		Addition To Lower Extremity Orthosis, Any Material - Per Bar Or Joint	
L2780		Addition To Lower Extremity Orthosis, Non-Corrosive Finish, Per Bar	
L2785		Addition To Lower Extremity Orthosis, Drop Lock Retainer, Each	
L2795		Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap	
L2795***		Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap	
L2800		Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull, For Use With Custom Fabricated Orthosis Only	
L2810		Addition To Lower Extremity Orthosis, Knee Control, Condylar Pad	
L2820		Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section	
L2830		Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section	
L2840		Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each	
L2850		Addition To Lower Extremity Orthosis,Femoral Length Sock, Fracture Or Equal, Each	
L3000		Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berkeley Shell, Each	
L3001		Foot, Insert, Removable, Molded To Patient Model, Spenco, Each	
L3002		Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each	
L3003		Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Each	
L3010		Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each	
L3020		Foot, Insert, Removable, Molded To Patient Model, Longitudinal/Metatarsal Support, Each	
L3030		Foot, Insert, Removable, Formed To Patient Foot, Each	
L3040		Foot, Arch Support, Removable, Premolded, Longitudinal, Each	
L3050		Foot, Arch Support, Removable, Premolded, Metatarsal, Each	
L3060		Foot, Arch Support, Removable, Premolded, Longitudinal/Metatarsal, Each	
L3070		Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal, Each	
L3080		Foot,Arch Support,Non-Removable Attached To Shoe, Metatarsal,Each	
L3090		Foot arch support, non-removable, attached to shoe, longitudinal/metatarsal, each	
L3100		Hallus-Valgus Night Dynamic Splint	
L3140		Foot, Abduction Rotation Bar, Including Shoes	
L3150		Foot, Abduction Rotatation Bar, Without Shoes	
L3170		Foot, Plastic, Silicone Or Equal, Heel Stabilizer, Each	
L3201		Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant	
L3202		Orthopedic Shoe, Oxford With Supinator Or Pronator, Child	
L3203		Orthopedic Shoe, Oxford With Supinator Or Pronator, Junior	
L3204		Orthopedic Shoe, Hightop With Supinator Or Pronator, Infant	
L3206		Orthopedic Shoe, Hightop With Supinator Or Pronator, Child	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L3207		Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior	
L3208		Surgical Boot, Each, Infant	
L3209		Surgical Boot, Each, Child	
L3210		Orthopedic Footwear, Ladies Shoes, Oxford	
L3211		Surgical Boot, Each, Junior	
L3212		Benesch Boot, Pair, Infant	
L3215		Orthopedic Footwear, Ladies Shoe, Oxford, Each	
L3216		Orthopedic Footwear, Ladies Shoe, Depth Inlay, Each	
L3217		Orthopedic Footwear, Ladies Shoe, Hightop, Depth Inlay, Each	
L3219		Orthopedic Footwear, Mens Shoe, Oxford, Each	
L3221		Orthopedic Footwear, Mens Shoe, Depth Inlay, Each	
L3222		Orthopedic Footwear, Mens Shoe, Hightop, Depth Inlay, Each	
L3224		Orthopedic Footwear, Woman's Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis)	
L3225		Orthopedic Footwear, Man's Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis)	
L3230		Orthopedic Footwear, Custom Shoe, Depth Inlay, Each	
L3250		Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	
L3251		Foot, shoe molded to patient model, silicone shoe, each	
L3252		Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each	
L3253		Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted, Each	
L3254		Non-standard size or width	
L3255		Non-standard size or length	
L3257		Orthopedic footwear, additional charge for split size	
L3260		Surgical Boot/Shoe, Each	
L3265		Plastazote Sandal, Each	
L3300		Lift, Elevation, Heel, Tapered To Metatarsals, Per Inch	
L3310		Lift, Elevation, Heel And Sole, Neoprene, Per Inch	
L3320		Lift, elevation, heel and sole, cork, per inch	
L3330		Lift, elevation, metal extension, (skate)	
L3332		Lift, Elevation, Inside Shoe, Tapered, Up To One-Half Inch	
L3334		Lift, Elevation, Heel, Per Inch	
L3340		Heel wedge, Sach	
L3350		Heel Wedge	
L3360		Sole Wedge, Outside Sole	
L3370		Sole Wedge, Between Sole	
L3380		Clubfoot Wedge	
L3390		Out flare wedge	
L3400		Metatarsal Bar Wedge, Rocker	
L3410		Metatarsal bar wedge, between sole	
L3420		Full Sole And Heel Wedge, Between Sole	
L3430		Heel, Counter, Plastic Reinforced	
L3440		Heel, counter, leather reinforced	
L3450		Heel, Sach Cushion Type	
L3455		Heel, new leather, standard	
L3460		Heel, new rubber, standard	
L3465		Heel, Thomas With Wedge	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L3470		Heel, Thomas Extended To Ball	
L3480		Heel, Pad And Depression For Spur	
L3485		Heel, Pad, Removable For Spur	
L3500		Miscellaneous shoe addition, insole, rubber	
L3510		Orthopedic Shoe Addition, Insole, Rubber	
L3520		Miscellaneous shoe addition, insole, felt covered with leather	
L3530		Miscellaneous shoe addition, sole, half	
L3540		Orthopedic Shoe Addition, Sole, Full	
L3550		Miscellaneous shoe addition, toe tap, standard	
L3560		Orthopedic shoe addition, toe tap, horseshoe	
L3570		Miscellaneous shoe addition, special extension to instep, (leather with eyelets)	
L3580		Miscellaneous shoe addition, convert instep to Velcro closure	
L3590		Miscellaneous shoe addition, convert firm shoe counter to soft counter	
L3595		Miscellaneous shoe addition, March bar	
L3600		Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, Existing	
L3610		Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, New	
L3610***		Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, New	
L3620		Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, Existing	
L3630		Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, New	
L3640		Transfer Of An Orthosis From One Shoe To Another, Dennis Browne Splint (Riveton), Both Shoes	
L3649		Orthopedic Shoe, Modification, Addition Or Transfer, Not Otherwise Specified	
L3650		Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Prefabricated, Includes Fitting And Adjustment	
L3660		Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Canvas And Webbing, Prefabricated, Includes Fitting And Adjustment	
L3670		Shoulder Orthosis, Acromio/Clavicular (Canvas And Webbing Type), Prefabricated, Includes Fitting And Adjustment	
L3671		Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3675		Shoulder Orthosis, Vest Type Abduction Restrainer, Canvas Webbing Type Or Equal, Prefabricated, Includes Fitting And Adjustment	
L3702		Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3710		Elbow Orthosis, Elastic With Metal Joints, Prefabricated, Includes Fitting And Adjustment	
L3720		EO, double upright, with forearm/arm cuffs, free motion	
L3730		Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom-Fabricated	
L3740		Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Adjustable Position Lock With Active Control, Custom-Fabricated	
L3760		Eo,With Adjustable Position Locking Joint(S) Prefabricated, Includes Fitting And Adjustments, Any Type	
L3762		Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Includes Fitting And Adjustment	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L3763		Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3764		Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3765		Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3766		Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3806		Wrist hand finger orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckle, may include soft interface material, straps, custom	
L3807		Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Includes Fitting And Adjustments, Any Type	
L3807***		Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Includes Fitting And Adjustments, Any Type	
L3808		Wrist hand finger, orthosis, rigid without joints, may include soft interface material; straps, custom fabricatrd, includes fitting and adjustment	
L3891		Addition To Upper Extremity Joint, Wrist Or Elbow, Concentric Adjustable Torsion Style Mechanism For Custom Frabricated Orthotics Only, Each	
L3900		Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist Or Finger Driven, Custom-Fabricated	
L3901		WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion extension, cable driven	
L3905		Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3906		Wrist Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	
L3908		Wrist Hand Orthosis, Wrist Extension Control Cock-Up, Non Molded, Prefabricated, Includes Fitting And Adjustment	
L3912		Hand Finger Orthosis, Flexion Glove With Elastic Finger Control, Prefabricated, Includes Fitting And Adjustment	
L3913		Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3915		Wrist Hand Orthosis, Includes Oneor More Nontorsion Joint(S), Elastic Bands , Turnbuckles, May Include Soft Interface, Straps, Prefabricated,Includes Fitting And Adjustment	
L3917		Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated, Includes Fitting And Adjustment	
L3919		Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3921		Hand finger orthosis, includes one or more nontorsion joints, elastic bands, tumbuckles, may include soft interface, straps, sustom fabricated, includes fitting and adjustment	
L3925		Finger Orthosis, Proximal Interphalangeal (Pip), Non Torsion Joint/Spring, Extension/Flexion, May Include Soft Interface Material	
L3929		Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps,Prefabricated,Includes Fitting And Adjustments	
L3931		Wrist Hand Finger Orthosis, Includes One Or More Nortorsion Joint(S) Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Materials, Straps, Prefabricated, Includes Fitting And Adjustment	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L3933		Finger Orthosis, Without Joints, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment	
L3934		Finger Orthosis, Safety Pin, Modified, Prefabricated, Includes Fitting And Adjustment	
L3935		Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	
L3936		Wrist Hand Finger Orthosis, Palmer, Prefabricated, Includes Fitting And Adjustment	
L3960		Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting And Adjustment	
L3961		Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3962		SEWHO, abduction positioning, Erbs Palsey design	
L3967		Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3971		Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3973		Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustmen.	
L3975		Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3976		Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3977		Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3978		Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3980		Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Fitting And Adjustment	
L3982		Upper Extremity Fracture Orthosis, Radius/Ulnar, Prefabricated, Includes Fitting And Adjustment	
L3984		Upper Extremity Fracture Orthosis, Wrist, Prefabricated, Includes Fitting And Adjustment	
L3985		Upper extremity fracture orthosis, forearm, hand with wrist hinge	
L3995		Addition To Upper Extremity Orthosis,Sock,Fracture Or Equal, Each	
L3999		Upper Limb Orthosis, Not Otherwise Specified	X
L4000		Replace girdle for Milwaukee orthosis	
L4010		Replace trilateral socket brim	
L4020		Replace quadrilateral socket brim, molded to patient model	
L4030		Replace quadrilateral socket brim, custom fitted	
L4040		Replace molded thigh lacer	
L4045		Replace Non-Molded Thigh Lacer, For Custom Fabricated Orthosis Only	
L4050		Replace molded calf lacer	
L4055		Replace non-molded calf lacer	
L4060		Replace high roll cuff	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L4070		Replace Proximal And Distal Upright For Kafo	
L4080		Replace metal bands KAFO, proximal thigh	
L4090		Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh	
L4100		Replace leather cuff KAFO, proximal thigh	
L4110		Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh	
L4130		Replace Pretibial Shell	
L4205		Repair Of Orthotic Device, Labor Component, Per 15 Minutes	
L4210		Repair Of Orthotic Device, Repair Or Replace Minor Parts	
L4350		Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (E.G., Pneumatic, Gel), Prefabricated, Includes Fitting And Adjustment	
L4360		Walking Boot, Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Includes Fitting And Adjustment	
L4370		Pneumatic Full Leg Splint, Prefabricated, Includes Fitting And Adjustment	
L4386		Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Includes Fitting And Adjustment	
L4392		Replace soft interface material, ankle contracture splint (Effective 1/1/97 this replaces HCPCS code K0127)	
L4394		Replace soft interface material, foot drop, splint (Effective 1/1/97 this replaces HCPCS code K0128)	
L4396		Static Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Positioning, Pressure Reduction, May Be Used For Minimal Ambulation,	
L4398		Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Includes Fitting And Adjustment	
L5000		Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filler	
L5010		Partial Foot, Molded Socket, Ankle Height, With Toe Filler	
L5020		Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler	
L5050		Ankle, Symes, Molded Socket, SACH Foot	
L5060		Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	
L5100		Below Knee, Molded Socket, Shin, SACH Foot	
L5150		Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	
L5160		Knee Disarticulation (Or Through Knee), Molded Socket, Bent Knee Configuration, External Knee Joints, Shin, SACH Foot	
L5200		Above knee, molded socket, single axis constant friction knee, shin, SACH foot	
L5210		Above Knee, Sort Prosthesis, No Knee Joint (Stubbies), With Foot Blocks, No Ankle Joints, Each	
L5220		Above Knee, Short Prosthesis, No Knee Joint (Stubbies), With Articulated Ankle/Foot, Dynamically Aligned, Each	
L5230		Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	
L5250		Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5270		Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	
L5280		Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5301		Below Knee, Molded Socket, Shin, SACH Foot, Endoskeletal System	
L5301***		Below Knee, Molded Socket, Shin, SACH Foot, Endoskeletal System	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L5311		Knee disarticulation (or through knee), molded socket, external knee joints, shins, SACH foot, endoskeletal system.	
L5312		Knee Disarticulation (Or Through Knee), Molded Socket, Single Axis Knee, Pylon, SACH Foot, Endoskeletal System	
L5321		Above Knee, Molded Socket, Open End, SACH Foot, Endoskeletal System, Single Axis Knee	
L5321***		Above Knee, Molded Socket, Open End, SACH Foot, Endoskeletal System, Single Axis Knee	
L5331		Knee Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee SACH Foot	X
L5400		Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	
L5410		Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, below knee, each additional cast change and realignment	
L5420		Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, and one cast change, “AK” or knee disarticulation	
L5430		Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, ”AK” or knee disarticulation, each additional cast change and realignment	
L5450		Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, below knee	
L5460		Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, above knee	
L5500		Initial, below knee, “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, plaster socket, direct formed	
L5505		Initial, above-knee or knee disarticulation ischial level socket, USMC or equal pylon, no cover, Sach foot, plaster socket, direct formed	
L5510		Preparatory, below knee “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, plaster socket, molded to model	
L5520		Preparatory, below knee “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5530		Preparatory, below knee “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5535		Preparatory, below knee in “PTB” type socket, “USMC” or equal pylon, no cover, SACH foot, prefabricated, adjustable open end socket	
L5540		Preparatory, Below Knee PTB Type Socket, Non-Alignable System, Pylon, No Cover, SACH Foot, Laminated Socket, Molded To Model	
L5560		Preparatory, above knee-knee disarticulation ischial level socket, “USMC” or equal pylon, no cover, SACH foot, plaster socket, molded to model	
L5570		Preparatory, above knee-knee disarticulation ischial level socket, “USMC” or equal pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5580		Preparatory, above knee-knee disarticulation ischial level socket, “USMC” or equal pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5585		Preparatory, above knee-knee disarticulation, ischial level socket, “USMC” or equal pylon, no cover, SACH foot, prefabricated adjustable open end socket	
L5590		Preparatory, above knee-knee disarticulation ischial level socket, “USMC” or equal pylon, no cover, SACH foot, laminated socket, molded to model	
L5595		Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	
L5600		Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient	
L5610		Addition to lower extremity, above knee, Hydracadence system	

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

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

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

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

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L5982		All exoskeletal lower extremity prostheses, axial rotation unit	
L5984		All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability	
L5985		All Endoskeletal Lower Extremity Prostheses, Dynamic Prosthetic Pylon	
L5986***		All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP Or Equal)	
L5987		All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	
L5990		Addition To Lower Extremity Prosthesis, User Adjustable Heel Height	
L5995		Addition To Lower Extremity Prosthesis, Heavy Duty Feature (For Patient Weight > 300 Lbs)	
L5999		Lower extremity prosthesis, not otherwise specified	
L6000		Partial hand, Robin-Aids, thumb remaining, (or equal)	
L6010		Partial hand, Robin-Aids, little and/or ring finger remaining, (or equal)	
L6020		Partial hand, Robin-Aids, no finger remaining, (or equal)	
L6025		Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes	
L6050		Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	
L6055		Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	
L6100		Below elbow, molded socket, flexible elbow hinge, triceps pad	
L6110		Below elbow, molded socket, (Muenster or Northwestern suspension types)	
L6120		Below elbow, molded double wall split socket, step-up hinges, half cuff	
L6130		Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	
L6200		Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm	
L6205		Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	
L6250		Above elbow, molded double wall socket, internal locking elbow, forearm	
L6300		Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6310		Shoulder disarticulation, passive restoration, (complete prosthesis)	
L6320		Shoulder disarticulation, passive restoration, (shoulder cap only)	
L6350		Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6360		Interscapular thoracic, passive restoration (complete prosthesis)	
L6370		Interscapular thoracic, passive restoration, (shoulder cap only)	
L6380		Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension of components and one cast change, wrist disarticulation or below elbow	
L6382		Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension of components and one cast change, elbow disarticulation or above elbow	
L6384		Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	
L6386		Immediate post-surgical or early fitting, each additional cast change and realignment	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L6388		Immediate post surgical or early fitting, application of rigid dressing only	
L6400		Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	
L6450		Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6500		Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6550		Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6570		Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6580		Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control “USMC” or equal pylon, no cover, molded to patient model	
L6582		Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, “USMC” or equal pylon, no cover, direct formed	
L6584		Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, “USMC” or equal pylon, no cover, molded to patient model	
L6586		Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead table control, “USMC” or equal pylon, no cover, direct formed	
L6588		Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control “USMC” or equal pylon, no cover, molded to patient model	
L6590		Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, “USMC” or equal pylon, no cover, direct formed	
L6600		Upper extremity additions, polycentric hinge, pair	
L6605		Upper extremity additions, single pivot hinge, pair	
L6610		Upper extremity additions, flexible metal hinge, pair	
L6615		Upper extremity addition, disconnect locking wrist unit	
L6616		Upper extremity addition, additional disconnect insert for locking wrist unit, each	
L6620		Upper extremity addition, flexion-friction wrist unit	
L6621		Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction, For Use With External Powered Terminal Device	
L6623		Upper extremity addition, spring assisted rotational wrist unit with latch release	
L6625		Upper extremity addition, rotation wrist unit with cable lock	
L6628		Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	
L6629		Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	
L6630		Upper extremity addition, stainless steel, any wrist	
L6632		Upper extremity addition, latex suspension sleeve, each	
L6635		Upper extremity addition, lift assist for elbow	
L6637		Upper extremity addition, nudge control elbow lock	
L6638		Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Manually Powered Elbow	
L6640		Upper extremity additions, shoulder abduction joint, pair	
L6641		Upper extremity addition, excursion amplifier, pulley type	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L6642		Upper extremity addition, excursion amplifier, lever type	
L6645		Upper extremity addition, shoulder flexion/abduction joint, each	
L6647		Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator	
L6648		Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator	
L6650		Upper extremity addition, shoulder universal joint, each	
L6655		Upper Extremity Addition, Standard Control Cable, Extra	
L6660		Upper extremity addition, heavy duty control cable	
L6665		Upper Extremity Addition, Teflon, Or Equal, Cable Lining	
L6670		Upper extremity addition, hook to hand, cable adapter	
L6672		Upper extremity addition, harness, chest or shoulder, saddle type	
L6675		Upper extremity addition, harness, figure-(ib 8lg) eight type, for single control	
L6676		Upper Extremity Addition, Harness, (E.G. Figure Of Eight Type), Dual Cable Design	
L6680		Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow	
L6682**		Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow	
L6882		Microprocessor control feature, addition to upper limb prosthetic terminal device	X
L6684		Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	
L6686		Upper extremity addition, suction socket	
L6687		Upper Extremity Addition, Frame Type Socket, Below Elbow Or Wrist Disarticulation	
L6688		Upper Extremity Addition, Frame Type Socket, Above Elbow Or Elbow Disarticulation	
L6689		Upper extremity addition, frame type socket, shoulder disarticulation	
L6690		Upper extremity addition, frame type socket, interscapular-thoracic	
L6691		Upper Extremity Addition, Removable Insert, Each	
L6692		Upper Extremity Addition, Silicone Gel Insert Or Equal, Each	
L6703		Terminal Device, Passive Hand/Mitt, Any Material, Any Size	
L6704		Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size	
L6706		Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined	
L6707		Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined	
L6708		Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size	
L6709		Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size	
L6882**		Microprocessor Control Feature, Addition To Upper Limb Prosthetic Terminal Device	X
L6890**		Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Prefabricated, Includes Fitting And Adjustment	
L6895		Terminal device, glove for above hands, custom glove	
L6900		Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	
L6905		Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L6910		Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	
L6915		Hand restoration (shading and measurements included), replacement glove for above	
L6920		Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	
L6925**		Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One	X
L6930		Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	
L6935		Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger,	
L6940		Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	
L6945		Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6950		Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6955		Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries one charger, myoelectronic control of terminal device	
L6960		Shoulder disarticulation, external power, molded innersocket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	
L6965		Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6970		Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, switch control of switch device	
L6975		Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of switch device	
L7007		Electric Hand, Switch Or Myoelectric Controlled, Adult	
L7008		Electric Hand, Switch Or Myoelectric, Controlled, Pediatric	
L7009		Electric Hook, Switch Or Myoelectric Controlled, Adult	
L7040		Prehensile actuator, Hosmer or equal, switch controlled	
L7045		Electronic hook, child, Michigan or equal, switch controlled	
L7170		Electronic elbow, Hosmer or equal, switch controlled	
L7180		Electronic elbow, Boston, Utah or equal, myoelectronically controlled	
L7185		Electronic elbow, Variety Village or equal, switch controlled	
L7186		Electronic elbow, child, variety village or equal, switch controlled	
L7190		Electronic elbow, Variety Village or equal, myoelectronically controlled	
L7191		Electronic elbow, child, variety village or equal, myoelectronically controlled	
L7260		Electronic wrist rotator, Otto Bock or equal	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
L7261		Electronic wrist rotator, for Utah arm	
L7360		Six Volt Battery, Otto Bock Or Equal, Each	
L7362		Battery Charger, Six Volt, Otto Bock Or Equal	
L7364		Twelve Volt Battery, Utah Or Equal, Each	
L7366		Battery charger, twelve volt, Utah or equal	
L7367		Lithium Ion Battery, Replacement	
L7368		Lithium Ion Battery Charger	
L7400		Addition To Upper Extremity Prothesis, Below Elbow/Wrist Disarticulation, Ultralight Material (Titanium, Carbon Fiber Or Equal	
L7403		Addition To Upper Extremity Prothesis, Below Elbow/Wrist Disarticulation, Acrylic Material	
L7499		Upper extremity prosthesis, not otherwise specified	
L7500		Repair of prosthetic device, hourly rate (Excludes V5335 repair of oral or laryngeal prosthesis or Artificial larynx)	
L7510		Repair Of Prosthetic Device, Repair Or Replace Minor Parts	
L7520		Repair Prosthetic Device, Labor Component, Per 15 Minutes	
L7902		Tension Ring, For Vacuum Eerection Device, Any Type, Replacement Only, Each	
L8000		Breast Prosthesis, Mastectomy Bra	
L8015		External Breast Prosthesis Garment, With Mastectomy Form, Post Mastectomy	
L8020		Breast Prosthesis, Mastectomy Form	
L8030		Breast Prosthesis, Silicone Or Equal	
L8035		Custom Breast Prosthesis, Post Mastectomy, Molded To Patient Model	
L8039		Breast Prosthesis, Not Otherwise Specified	
L8300		Truss, single, with standard pad	
L8310		Truss, double, with standard pads	
L8320		Truss, addition to standard pad, water pad	
L8330		Truss, addition to standard pad, scrotal pad	
L8400*		Prosthetic sheath, below knee, each	
L8400***		Prosthetic Sheath, Below Knee, Each	
L8410*		Prosthetic Sheath, Above Knee, Each	
L8410***		Prosthetic Sheath, Above Knee, Each	
L8415		Prosthetic sheath, Wool, upper limb, each	
L8417		Prosthetic Sheath/Sock, Including A Gel Cushion Layer, Below Knee Or Above Knee, Each	
L8420***		Prosthetic Sock, Multiple Ply, Below Knee, Each	
L8430***		Prosthetic Sock, Multiple Ply, Above Knee, Each	
L8435		Prosthetic Sock, Multiple Ply, Upper Limb, Each	
L8440***		Prosthetic Shrinker, Below Knee, Each	
L8460***		Prosthetic Shrinker, Above Knee, Each	
L8465		Prosthetic Shrinker, Upper Limb, Each	
L8470***		Prosthetic Sock, Single Ply, Fitting, Below Knee, Each	
L8480***		Prosthetic Sock, Single Ply, Fitting, Above Knee, Each	
L8485		Prosthetic Sock, Single Ply, Fitting, Upper Limb, Each	
L8501		Tracheostomy Speaking Valve	

Procedure Code	Modifier	Procedure Code Description	RequiresPA
S5498		Home Infusion Therapy (HIT),Catheter Care/Maintenance, Single (Single Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	
S5501		HIT, Catheter Care/Maintenance, Complex (More Than One Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	
S5520		HIT, All Supplies (Including Catheter) Necessary For Peripherally Inserted Central Venous Catheter (PICC) Line Insertion	
S5521		HIT, All Supplies (Including Catheter) Necessary For Midline Catheter Insertion	
S8189		Tracheostomy Supply , Not Otherwise Classified (Ex. Custom Specialty Trach)	X
S8270		Enuresis Alarm	
S8999		Resuscitation Bag (For Use By Patients On Artificial Respiration During Power Failure Or Other Catastrophic Event)	
S9326		HIT, Continuous (24 Hours Or More) Pain Management Infusion, Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	
S9330		HIT, Continuous (24 Hours Or More) Chemotherapy Infusion, Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	
S9336		HIT, Continuous Anticoagulant Infusion,(E.G. , Heparin) Includes Administration Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	
S9347		HIT, Uninterrupted, Long Term, Controlled Rate Intravenous Or Subcutaneous Infusion Therapy (E.G. Epoprostenol), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	
S9351		HIT, Continuous Or Intermittent Anti-Emetic Infusion Therapy; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	
S9373		HIT, Hydration; Once Every 6 Hours; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	
S9379		HIT, Infusion Therapy; Not Otherwise Classified; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Anticipating That New Infusion Therapies Will Be Developed Or That A Current Therapy Has Been Overlooked, The Ltc Medical And Quality Review Unit Will Consider Authorization Of Other Therapies On An Individual Basis. These Special Requests Will Require Peer Reviewed Medical Literature Documentation And Review By Medicaid's Medical Director	X
S9490		HIT, Corticosteroid Infusion; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	
S9500		HIT, Antibiotic, Antviral, Or Antifungal; Once Every 24 Hours; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately)	

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