




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER ORT-14
November 2002

TO: Orthotic Providers Participating in MassHealth

FROM: Wendy E. Warring, Commissioner 

RE: *Orthotics Manual* (Revised Regulations, Subchapter 6, and Shoe Prescription Form)

Revised Regulations

The Division has revised its orthotics regulations at 130 CMR 442.000 to add several definitions, include more specific coverage restrictions, update the payment methodology, and establish that the Division pays for podiatry services only when the member's primary care physician certifies on letterhead these such services are medically necessary for the life and safety of the member. Prescriptions from podiatrists for any orthotic or pedorthic equipment must be accompanied by a copy of this letter from the member's primary care physician. The regulations have also been generally revised and reorganized to conform to the Division's current editorial style and format. This letter transmits these revised regulations, which are effective November 22, 2002.

Revised Subchapter 6 (Service Codes and Descriptions)

This letter also transmits changes for Subchapter 6 of your provider manual that contain the new and revised service codes. These codes are effective for services provided on or after June 1, 2002. We will accept either the new or the old codes for dates of service through December 31, 2002. For dates of service on or after January 1, 2003, you must use the new codes in order to obtain payment.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title for orthotic and prosthetic services is 114 CMR 34.00.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100

The rates listed in the fee schedule apply to claims with dates of service on or after June 1, 2002. If you have been paid the incorrect rate for a service, you may submit an adjustment claim according to the billing instructions listed in Subchapter 5 of your provider manual.

Revised Shoe Medical Necessity Form

The Division has also revised its Shoe Medical Necessity Form, which must be completed for all claims for shoes by both the provider and the prescriber. Providers should begin using this new Shoe Medical Necessity Form immediately; however, the Division will accept either form for claims with dates of service before January 1, 2003. A sample of this revised form is attached to this letter. Orthotics providers may photocopy these forms or request supplies of this form from the following address:

MassHealth
Forms Distribution Center
P.O. Box 9101
Somerville, MA 02145

When requesting forms, include the MassHealth provider number, address (no post office boxes), name and telephone number of contact person, name of form, and quantity requested. If you choose to photocopy the form, remember to copy both sides of the form.

Changes in Billing Procedures

The rest of this transmittal letter describes specific changes in the billing procedures that are effective for dates of service on or after January 1, 2003.

- The following codes require individual consideration. Providers must attach an invoice to the claim form when billing with any of the following codes.
 - ♦ L3201 through L3265
 - ♦ L5000
- The Division is clarifying its policy and billing instructions regarding place of service. Subject to the limitations specified in the regulations, orthotic and prosthetic providers may only bill for services provided to members residing at home, in a nursing facility, or in a rest home. For the purposes of this policy, an intermediate care facility for the mentally retarded is the member's home. When completing Item 15 of claim no. 9, providers should only use one of the following place-of-service codes.
 - ♦ 02 - member's home (including intermediate care facilities for the mentally retarded)
 - ♦ 06 - nursing facility
 - ♦ 07 - rest home

Please disregard the instructions for Item 15 in the current billing instructions appearing in Subchapter 5 of your provider manual. The Division will reissue updated billing instructions at a later date.

- All claims for orthotic and pedorthic services, except for labor (L4205), must contain a diagnosis name in Item 22, and an ICD-9-CM diagnosis code in Item 23, of claim form no. 9.

- All orthotic codes, **except** those listed below, must include modifier LT (left), RT (right), or LTRT (left and right /bilateral).

- | | |
|-----------------------|---------|
| ♦ L0100 through L0950 | ♦ L2040 |
| ♦ L0970 through L0976 | ♦ L2050 |
| ♦ L0985 through L0986 | ♦ L2060 |
| ♦ L1000 through L1310 | ♦ L2070 |
| ♦ L1500 through L1710 | ♦ L2190 |
| ♦ L1730 | ♦ L4205 |
| ♦ L1750 | ♦ L4210 |

NEW MATERIAL

(The pages listed here contain new or revised language.)

Orthotics Manual

Pages iv, vi, 4-1 through 4-12, and 6-1 through 6-24

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Orthotics Manual

Pages iv, vi, vi-a, 4-1 through 4-10, and 6-1 through 6-24 — transmitted by Transmittal Letter ORT-13



Shoe Medical Necessity Form

To the shoe provider: You must attach a completed Shoe Medical Necessity Form to all claims for shoes and shoe accessories. Claims with incomplete or missing forms will be denied. Please fill out Sections 1 and 2 of this form, and submit it with your written foot evaluation to the prescriber.

To the prescriber: Please review the shoe provider's written foot evaluation, complete Section 3 of this form, and return the completed form to the shoe provider. Important: Please keep a copy of the completed form and foot evaluation in the member's medical record.

Section 1: Member Information

Member name: _____ MassHealth ID no.: _____

Address: _____

SECTION 2 MUST BE COMPLETED BY THE SHOE PROVIDER.

Section 2: Shoe Provider.

Shoe provider name: _____ Tel. no.: _____

Address: _____ Provider no.: _____

Describe the shoes and shoe accessories to be prepared for this member:

Complete the following for each shoe and shoe accessory:

Manufacturer's name	Manufacturer's model number	Supplier's submitted charge	Supplier's invoice charge	MassHealth service code

I certify that the information I have completed on this form is true, accurate, and complete. I further certify that I have chosen the least costly method to provide medically necessary¹ shoes and shoe accessories. I understand that any falsification, omission, or concealment of material fact on this form may subject me to civil or criminal liability. (¹ See 130 CMR 450.204.)

Shoe provider's signature: _____ Date: _____

SECTION 3 MUST BE COMPLETED AND SIGNED BY THE PRESCRIBER.

Section 3: Prescription.

Prescriber's name: _____ Tel. no.: _____

Address: _____ Provider no.: _____

Primary diagnosis: _____

Secondary diagnosis (Enter n/a if not related to items requested.): _____

I currently treat this patient for: ☐ Primary diagnosis ☐ Secondary diagnosis ☐ Both

The following items are medically necessary.

☐ **Shoes**

<input type="checkbox"/> Off-the-shelf moldable shoes	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Off-the-shelf medical-grade oxford shoes	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Off-the-shelf medical-grade oxford shoes, depth or hightop	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Off-the-shelf surgical boots	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Custom-molded shoes	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Other (Specify — use attachment if necessary.): _____			

☐ **Internal Shoe Modifications**

<input type="checkbox"/> Insert, customized	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Insert, molded to foot	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Arch support	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Lift inside shoes	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Other (Specify — use attachment if necessary.): _____			

☐ **External Shoe Modifications**

<input type="checkbox"/> Sole or heel wedge	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Sole or heel	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Rigid rocker bottom	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Roller bottom	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Lift outside shoes	<input type="checkbox"/> right foot	<input type="checkbox"/> left foot	<input type="checkbox"/> both feet
<input type="checkbox"/> Other (Specify — use attachment if necessary.): _____			

I certify that I am the treating prescriber identified on this form, and that I have reviewed the description of service and cost (Section 2), which has been certified by the shoe provider. I attest that the items described in Section 2 of this form fulfill the requirements of my prescription. Any attached statement on my letterhead has been reviewed and signed by me. I certify that the information on this form, specifically including medical- necessity¹ information, is true, accurate, and complete. I understand that any falsification, omission, or concealment of material fact on this form may subject me to civil or criminal liability. (¹ See 130 CMR 450.204.)

Prescriber's signature and credentials (MD, NP, DO, or DPM): _____ Date: _____

(Signature and date stamps are not acceptable.)

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442.401: Introduction

130 CMR 442.000 states the requirements and procedures for the purchase and repair of orthotic and pedorthic devices, customized equipment, and supplies under MassHealth. All providers of orthotic and pedorthic services participating in MassHealth must comply with the regulations of the Division governing MassHealth, including, but not limited to, Division regulations set forth in 130 CMR 442.000 and in 130 CMR 450.000.

442.402: Definitions

The following terms used in 130 CMR 442.000 have the meanings given in 130 CMR 442.402 unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 442.000 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 442.000 and in 130 CMR 450.000.

Accessory Equipment — equipment that is fabricated primarily and customarily to modify or enhance the usefulness or functional capability of another piece of orthotic or pedorthic equipment and that is generally not useful in the absence of such orthotic or pedorthic equipment.

Adjusted Acquisition Cost — except where the manufacturer is the provider, the price paid by the provider to the manufacturer or any other supplier for orthotic or pedorthic devices, customized equipment, or supplies, excluding all associated costs such as shipping, handling, and insurance costs in accordance with 130 CMR 442.422. Where the manufacturer is the provider, the adjusted acquisition cost is the actual cost of manufacturing such orthotic or pedorthic devices, customized equipment, or supplies.

Custom-Molded Shoe — an individually patterned shoe fabricated to meet the specific needs of an individual. A custom-molded shoe is not off-the-shelf, stock, or prefabricated. The shoe is individually constructed by a molded process over a modified positive model of the individual's foot. It is made of leather or other suitable material of equal quality, has removable customized inserts that can be replaced if necessary according to the individual's condition, and has some form of shoe closure.

Date of Service — the date the orthotic or pedorthic device is delivered and fitted to the MassHealth member. If the orthotic or pedorthic service involves a series of fittings and adjustments, the date of service is the date on which the final adjustment is made. If the orthotic or pedorthic service involves only the provision of a service (for example, a repair), then the date of service is the date on which the service was completed.

Diabetic Shoes — therapeutic footwear prescribed to prevent or alleviate painful or disabling conditions associated with diabetes by minimizing pressure on the foot.

Discount — any remuneration or reduction of payment of any kind, whether direct or indirect, received by the provider.

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Last — a model that approximates the shape and size of the foot and over which a shoe is made. A last is usually made of wood, plastic, or plaster.

Moldable Shoe — an off-the shelf, ready-made shoe formed from heat-activated materials. The shoe is molded by a thermo-forming process that first heats the material, then forms it over an individual's foot or a positive model of the individual's foot.

Nonstandard Size (Width or Length) — a shoe size made on a standard last pattern, but which is not part of a manufacturer's regular inventory.

Nursing Facility — a licensed facility that meets the provider-eligibility and certification requirements of 130 CMR 456.404 or 456.405 and whose members meet the medical eligibility criteria under 130 CMR 456.409. Nursing facilities do not include custodial care facilities such as rest homes, state schools, and state hospitals.

Nursing Facility Visit — a visit by a provider to a nursing facility for the purpose of providing orthotic and pedorthic services.

Off-the-Shelf Shoe — a shoe that is made on a standard last and is a regular part of a manufacturer's or provider's inventory.

Orthopedic Shoes — shoes that are specially constructed to aid in the correction of a deformity of the musculoskeletal structure of the foot and to preserve or restore the function of the musculoskeletal system of the foot.

Orthosis (or Orthotic Equipment) — a mechanical device that:

- (1) is fabricated primarily and customarily to support or correct a defect of form or function of the human body;
- (2) can withstand repeated use over time; and
- (3) is appropriate for home use.

Orthotic Service — the purchase, customization, fitting, repair, replacement, or adjustment of an orthosis or component part, or other activity performed or equipment provided in accordance with 130 CMR 442.000.

Orthotic Supplies — products that are:

- (1) fabricated primarily and customarily to fulfill a medical or surgical purpose;
- (2) used in conjunction with an orthosis or orthotic equipment;
- (3) generally not useful in the absence of an orthosis; and
- (4) non-reusable and disposable.

Orthotics — the design and application of external appliances to support a paralyzed muscle, promote a specific motion, or correct musculoskeletal deformities.

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Pedorthic Service — the design, manufacture, modification, and fitting of orthopedic or diabetic shoes, including foot orthosis, prosthetic fillers, and orthotic or pedorthic appliances for use from the ankle and below, provided in accordance with 130 CMR 442.000.

Service Facility — the place of business physically accessible to MassHealth members where orthotic or pedorthic services, especially those involving fitting, adjustment, repair, and replacement of orthoses, are performed. A service facility does not include a MassHealth member's place of residence.

Split-Size Charge — an additional charge for dispensing an off-the-shelf, medical-grade pair of orthopedic shoes, where one shoe in the pair is a different size or width than the other shoe in the pair.

442.403: Eligible Members

- (A) (1) MassHealth Members. The Division covers orthotic and pedorthic services only when provided to eligible MassHealth members, subject to the restrictions and limitations in the Division's regulations. 130 CMR 450.105 specifically states, for each coverage type, which services are covered and which members are eligible to receive those services.
- (2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106.
- (B) For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

442.404: Provider Eligibility

For services described in 130 CMR 442.000 the Division pays only those providers of orthotic and pedorthic services who are participating in MassHealth as of the date of service.

- (A) In State. To participate in MassHealth, a provider with a service facility in Massachusetts must:
- (1) (a) primarily engage in the business of providing orthotic, pedorthic, and repair services to the public; and
 - (b) meet all state and local requirements for engaging in such business;
 - (2) (a) for orthotic providers, be or employ an orthotist currently certified by the American Board for Certification in Orthotics and Prosthetics, Inc. or the Board for Orthotics/Prosthetics Certification; or
 - (b) for pedorthic providers, be or employ a pedorthist currently certified by the Board for Certification in Pedorthics;
 - (3) be a Medicare provider;
 - (4) have a service facility that is physically accessible to MassHealth members during reasonable business hours;
 - (5) maintain a visible sign identifying the business and hours of operation; and
 - (6) maintain a primary business telephone listed under the name of the business in a local directory. The exclusive use of a pager, answering machine, or cell phone is prohibited.

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(B) Out of State. A provider with no service facility in Massachusetts may participate in MassHealth only if the provider participates in the medical assistance program of the state in which the provider primarily conducts business and otherwise meets the requirements of 130 CMR 442.404(A). Such a provider may receive payment for MassHealth services only as set forth in 130 CMR 450.109.

442.405: Provider Responsibility

(A) The provider must ensure that all orthotic and pedorthic equipment and supplies are:

- (1) clean (sterilized when appropriate);
- (2) in proper working condition;
- (3) functional;
- (4) free from defects; and
- (5) new and unused at the time of purchase.

(B) The provider must ensure that all orthotic and pedorthic services are the most cost effective, given the medical need for which they are prescribed and the member's physical limitations.

(C) The provider must make a reasonable effort to purchase the item from the least costly reliable source by comparing prices charged by different suppliers for comparable items.

442.406: Covered Services

The Division pays for only those orthotic and pedorthic services listed in Subchapter 6 of the *Orthotics Manual*.

442.407: Service Limitations

(A) Nonstandard Size. A provider may bill an additional charge for a nonstandard size for off-the-shelf, medical-grade orthopedic shoes once per pair.

(B) Split-Size Charge. A provider may bill a split-size charge for off-the-shelf, medical-grade orthopedic shoes once per pair.

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(C) Shoe Maximum. A member is not entitled to more than two pairs of shoes during a 12-month period, unless the attending physician or nurse practitioner submits documentation that the member's physical condition has changed. The shoe provider must make diligent efforts to ensure that the member has not already received the maximum number of shoes allowed from another provider within the previous 12 months. Diligent efforts include but are not limited to:

- (1) asking the member and the prescriber if the member has received shoes from another shoe provider within the previous 12 months; and
- (2) reviewing the provider's own records to determine whether the member has already received the maximum number of shoes allowed.

(D) Closure Modification. When a manufacturer offers an off-the-shelf shoe that comes standard with either lace or velcro closures, the provider must choose the appropriate shoe to meet the member's needs, and not bill separately for closure modification.

(E) Custom-Shoe Inserts. When a manufacturer offers a customized shoe that includes the insert, the provider must not bill separately for the insert.

442.408: Noncovered Services

The Division does not pay for any of the following:

- (A) any orthotic or pedorthic services for which, under comparable circumstances, the provider does not customarily bill private patients who do not have health insurance;
- (B) nonmedical orthotic or pedorthic services. Equipment that is used primarily and customarily for a nonmedical purpose is not considered medical equipment, even if such equipment has a medically related use;
- (C) storage of orthotic or pedorthic equipment or associated items;
- (D) sneakers or athletic shoes;
- (E) an additional charge for nonstandard size (width or length) in custom-molded shoes;
- (F) shoes when there is no diagnosis of associated foot deformities; and
- (G) orthotic or pedorthic services that are not both medically necessary in accordance with 130 CMR 450.204 and reasonable for the treatment of a member's condition. This includes services that:
 - (1) cannot reasonably be expected to make a meaningful contribution to the treatment of a member's condition or the performance of the member's activities of daily living; and
 - (2) are more costly than a medically comparable and suitable alternative or that serve essentially the same purpose as equipment already available to the member.

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442.409: Prescription Requirements

(A) The purchase of orthotic or pedorthic equipment requires a written prescription signed by a licensed physician, a licensed podiatrist, or an independent nurse practitioner.

(1) For orthotic equipment other than shoes, the prescriber must write the prescription on the prescriber's prescription form and must include the following information:

- (a) the member's name and address;
- (b) the member's MassHealth identification number;
- (c) specific identification of the prescribed item;
- (d) medical justification for the use of the item, including the member's diagnosis;
- (e) the prescriber's address and telephone number; and
- (f) the date on which the prescription was signed by the prescriber.

(2) For shoes, providers must submit with their claim a copy of the completed shoe prescription form designated by the Division.

(B) The Division pays for podiatry services only when the member's primary care physician certifies on letterhead that such services are medically necessary for the life and safety of the member. Prescriptions from podiatrists for any orthotic or pedorthic equipment must be accompanied by a copy of such a letter from the member's primary care physician.

(C) The provider must keep the prescription on file for the period of time required by 130 CMR 450.205.

442.410: Orthotic and Pedorthic Services and Equipment Provided to Institutionalized Members

(A) Nursing Facilities. The Division pays orthotic and pedorthic providers for:

- (1) nursing facility visits;
- (2) the purchase and repair of orthotic and pedorthic equipment; and
- (3) orthotic and pedorthic supplies provided for the personal full-time use of a member residing in a nursing facility.

(B) Institutions Licensed as Hospitals, Chronic Disease Hospitals, and Rehabilitation Hospitals. The Division does not pay orthotic or pedorthic providers for the purchase or repair of orthotic or pedorthic equipment or for supplies provided to a hospitalized member, except for orthotic or pedorthic equipment that is prescribed for home use after discharge. The hospital record must document the member's discharge plan and that the date of discharge was before the purchase or repair of the prescribed item.

(C) Intermediate Care Facilities for the Mentally Retarded with 16 Beds or More (State Schools).

- (1) The Division pays orthotic and pedorthic providers for the purchase and repair of customized orthotic and pedorthic equipment provided for the personal full-time use of a member residing in an ICF/MR with 16 beds or more (a state school) only if the customization precludes the use of the equipment by subsequent residents in that institution.
- (2) The Division does not pay orthotic or pedorthic providers for noncustomized equipment or supplies provided to a member residing in a state school.

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(D) Rest Homes. The Division pays orthotic and pedorthic providers for the purchase and repair of orthotic and pedorthic equipment and for associated supplies provided for the personal full-time use of a member residing in a rest home.

442.411: Repairs of Orthotic and Pedorthic Equipment

(A) The Division pays for all repair services on an individual-consideration basis as described in 130 CMR 442.422.

(B) The provider of repair services is liable for the quality of the workmanship and parts, and for ensuring that repaired equipment is in proper working condition.

(C) The provider of repair services must exhaust all manufacturer warranties before submitting claims for repairs to orthotic or pedorthic equipment to the Division.

442.412: Prior Authorization

(A) Services that require prior authorization as a prerequisite for payment are identified in the Division's regulations at 130 CMR 442.000 or are listed in Subchapter 6 of the *Orthotics Manual* with the designation "(P.A.)" appearing after the service description. To determine if prior authorization is required, the provider should review both the regulations and Subchapter 6. Prior authorization determines only the medical necessity of the prescribed item or service and does not waive any other prerequisites to payment such as member eligibility or resort to health-insurance payment.

(B) The provider must request prior authorization in accordance with the billing instructions in Subchapter 5 of the *Orthotics Manual*. The Division may, at its discretion, require the prescriber to submit an assessment of the member's condition and the objectives of the requested service. The Division may also, at its discretion, require an evaluation by a licensed orthotist or pedorthist to determine whether the requested orthotic or pedorthic service is useful to the member, given the member's physical condition and physical environment.

(C)(1) The Division will send notification to the member and the provider of the following prior-authorization decisions:

- (a) approval;
- (b) modification; or
- (c) denial.

(2) If the Division defers the prior-authorization decision because additional information is required to determine whether the requested service is medically necessary, the Division will notify the provider.

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(3) If the Division denies or modifies a request, the notification will include the reason for the Division's determination. The member may appeal the prior-authorization decision within 30 days after the date of the notice. Procedures for such an appeal are set forth in 130 CMR 610.000.

(D) The Division will make a decision on the request within 15 days after the date of receipt of a fully completed prior-authorization request. The Division will confirm the date of receipt and the date of action upon written request.

(E) The provider must keep the prior-authorization request on file for the period of time required by 130 CMR 450.205.

442.413: Procedure for Requesting Prior Authorization

(A) The provider must obtain prior authorization from the Division before providing any service that requires prior authorization. The provider must submit the Request for Prior Authorization within 90 days of the date of service requested on the prescription.

(B) The Request for Prior Authorization must document the adjusted acquisition cost (see 130 CMR 442.421) and the medical necessity of the requested service. The Request for Prior Authorization must contain the following documentation:

- (1) a copy of the invoice or invoices from the manufacturer for the equipment, disclosing all discounts;
- (2) a copy of the current prescription that must not be older than 90 days from the date of service (see 130 CMR 442.409 for information that must be included in the prescription);
- (3) if requested by the Division, a current orthotic or pedorthic evaluation for the equipment, performed independently of the provider by a licensed physician, orthotist, or pedorthist;
- (4) the date or projected date of service;
- (5) the projected duration of need for the equipment; and
- (6) if replacing existing equipment, the date the existing equipment was purchased.

442.414: Medicare Coverage

(A) For Medicare and third-party-liability coverage, see 130 CMR 450.316 through 450.318.

(B) For Medicare-covered services that are provided to members who receive Medicare Part B benefits, the Division does not require prior authorization.

(C) When Medicare denies a claim for orthotic or pedorthic services or considers the services uncovered, the Division requires prior authorization for those services that would require prior authorization for members without Medicare.

(130 CMR 442.415 through 442.419 Reserved)

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442.420: Payment for Orthotic or Pedorthic Services

(A) Payment to a provider for orthotic or pedorthic equipment and supplies is subject to the conditions and limitations in 130 CMR 442.000 and 450.000, and will be the lower of:

- (1) the provider's usual and customary charge to the general public; or
- (2) the fee set forth in the schedule of maximum allowable fees established by the Massachusetts Division of Health Care Finance and Policy (DHCFP).

(B) Payment for the following services is included in the provider payment under 130 CMR 442.420(A). No separate payment is allowed for:

- (1) the fitting of the orthosis or pedorthic device;
- (2) instructing the member in the use of the orthosis or pedorthic device;
- (3) the cost of the component parts and accessory equipment;
- (4) repairs due to normal wear and tear within 90 days of the date of delivery; and
- (5) adjustments to the orthosis or pedorthic device and any orthotic or pedorthic component made when fitting the orthosis and for 90 days from the date of delivery, when the adjustments are not necessitated by changes in the member's functional abilities.

442.421: Individual Consideration

When the rate of payment for the purchase or repair of certain orthotic or pedorthic equipment has not been established by the Division of Health Care Finance and Policy, the Division pays for the service based on individual consideration, subject to all other conditions of payment. Such items are identified in Subchapter 6 of the *Orthotics Manual* by the designation "(I.C.)" next to the description of the item or service. The Division determines the rate of payment for an individual-consideration item or service based on the provider's report of services and a current invoice that indicates the provider's adjusted acquisition cost as defined in 130 CMR 442.421 and 442.422(B). Payment for the fitting of an orthosis or pedorthic device is included in the adjusted acquisition cost. The provider must maintain adequate records to document the individual consideration claim and must provide these documents to the Division and the Attorney General's Medicaid Fraud Control Unit upon demand (see 130 CMR 450.205). Payment to a provider for an individual consideration claim is the lower of:

(A) the provider's usual and customary charge to the general public; or

(B) the adjusted acquisition cost of the item plus a markup not to exceed:

- (1) 70 percent for any item whose adjusted acquisition cost is less than \$100;
- (2) 50 percent for any item whose adjusted acquisition cost is \$100 or greater and less than \$200;
- (3) 45 percent for any item whose adjusted acquisition cost is \$200 or greater and less than \$300; or
- (4) 40 percent for any item whose adjusted acquisition cost is \$300 or greater.

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442.422: Adjusted Acquisition Cost

(A) The provider must disclose all discounts, as defined in 130 CMR 442.402, and must reflect such discounts in the provider's claim for payment pursuant to M.G.L. c. 118E, § 41, and U.S.C. § 1320a-7b(b)(3)(A). Any provider who fails to disclose and pass on any discounts to the Division may be subject to civil and criminal penalties, including imprisonment, in accordance with state and federal laws.

(B) (1) Except where the manufacturer is the provider, the adjusted acquisition cost must not exceed the manufacturer's current wholesale price and must be evidenced by the purchase price of the equipment or goods listed on a copy of the supplier's invoice.

(2) Where the manufacturer is the provider, the adjusted acquisition cost must not exceed the actual cost of manufacturing the items.

(C) Where the manufacturer is the provider of any item covered under 130 CMR 442.000, the manufacturer must submit documentation that demonstrates to the Division's satisfaction the actual cost of manufacturing the item, as set forth in 130 CMR 442.421(B).

(D) If the provider has not purchased the equipment at the time of the prior-authorization request, the provider may substitute a price quotation reflecting the absolute lowest price of the item and the catalog (list) price. The quotation must be on the manufacturer's letterhead or form and be addressed to the provider.

(E) The provider must maintain the actual receipted invoice in the member's record, and make it available to the Division and the Attorney General's Medicaid Fraud Control Unit pursuant to 130 CMR 442.423 and 450.205.

(F) The provider may group together low-cost items (those with an adjusted acquisition cost of less than \$5 each) to equal \$5 or less, and bill the total adjusted acquisition cost plus the allowable markup listed in 130 CMR 442.422(B).

442.423: Recordkeeping Requirements

The provider must keep a record of all orthotic and pedorthic services, nursing facility visits, and the medical necessity of such services, provided to a member for the period of time required by 130 CMR 450.205. This record must include the following:

(A) a prescription for all purchases;

(B) a copy of the approved prior-authorization request for all orthotic and pedorthic services requiring prior authorization;

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(C) an acknowledgement of receipt, signed by the member or the member's representative, of prescribed equipment or supplies, including:

- (1) the date of receipt of equipment or supplies;
- (2) the condition of the equipment or supplies (for example, whether it is in proper working order or is damaged);
- (3) the manufacturer, brand name, model number, and serial number of the equipment or supplies;
- (4) for repair services, a complete description of the service, including the manufacturer, brand name, model number, and serial number of the repaired item; and
- (5) next to the signature, an explanation of the representative's relationship to the member by the individual acknowledging receipt. This individual cannot be associated with either the provider or the delivery service.
 - (a) For routine delivery of supplies, the member must acknowledge receipt at least monthly.
 - (b) A signature stamp may be used by or on behalf of a MassHealth member whose disability inhibits the member's ability to write. A signature stamp may only be used by a member or the member's representative, provided that the stamp is used by the member in his or her normal course of conducting business. A signature stamp cannot be used by anyone associated with either the provider or the delivery service;

(D) the actual invoice showing the cost to the provider of the materials (if the provider is not the manufacturer of the materials);

(E) documentation demonstrating the cost of manufacturing the item provided (if the provider is the manufacturer);

(F) copies of written warranties; and

(G) documentation demonstrating efforts under 130 CMR 442.405(C) to purchase the item from the least costly reliable source.

REGULATORY AUTHORITY

130 CMR 442.000: M.G.L. c. 118E, §§ 7 and 12

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Subchapter 6 contains service codes and descriptions for orthotic and pedorthic providers. Section 601 contains definitions of terms. Section 602 contains service codes and descriptions for orthotic providers. Section 603 contains service codes and descriptions for pedorthic providers.

601 Definitions

The codes listed in Section 601 represent covered services payable to orthotists participating in MassHealth. For a list of covered services payable to pedorthists participating in MassHealth, see Section 602.

Custom-Fabricated Orthosis — an orthotic item that is fabricated to the individual's measurements or to a mold for use by an individual in accordance with a prescription and that requires substantial clinical and technical judgment by a certified orthotist in design and fitting.

Custom-Fitted Orthosis — a prefabricated orthotic item sized or modified for use by an individual in accordance with a prescription that requires substantial clinical and technical judgment and alteration by a certified orthotist. A custom-fitted orthosis does not require casting or molding techniques.

Depth Shoe — a medical-grade or off-the-shelf shoe that has full length, heel-to-toe inlay. When the inlay is removed, the shoe provides a minimum of 3/16 inches of additional internal depth.

Insert: Custom-Molded Foot Orthotic — a total-contact insert custom-molded to a modified positive model or computer-generated model of an individual's foot. The material and thickness of the insert addresses the individual's condition. The model is modified before the insert is made to address potential problem areas. The insert conforms to the individual's anatomy, is functional, and is removable from the individual's footwear. A foot orthotic shaped by a self-molding, self-contouring process or of a generic manufactured design is not a custom-molded foot orthotic.

Insert: Orthotic Formed to Foot — a noncustomized, multiple density, removable insert that is directly molded by the individual's foot and is made of material suitable for the individual's condition.

Inlay — a prefabricated, noncustomized, removable material upon which the foot directly rests inside the shoe. An inlay is an integral design component of some shoes. Cutting a prefabricated inlay to an indicated trim line does not constitute customizing a foot orthotic.

Insole — a noncustomized integral design component that is the shoe's structural anchor to which the upper, toe box, heel counter, welting, and lining are attached. The foot rests directly on the material, which is not removable. The insole is held to the shoe by various methods, including but not limited to a common stitch or cement.

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601 Definitions (cont.)

Oxford Shoe — an off-the-shelf, medical-grade shoe with the following features:

- (1) some form of shoe closure;
- (2) shoe upper and sole materials that can accommodate modifications;
- (3) an upper made of leather or other suitable material of equal quality;
- (4) a sole attached by stitch or cement;
- (5) reinforced extended medical heel counter that reaches at least midway through the longitudinal arch, unless contraindicated by an individual's condition;
- (6) smooth protective lining that absorbs moisture and vapor;
- (7) a differential between sole thickness and heel height that does not exceed 1 ¼ inches;
- (8) a capacity to address medical conditions of the foot that standard ready-made or off-the-shelf shoes cannot address;
- (9) a sole graded to the size and width of the upper, in accordance with the American standard last-sizing schedule or its equivalent; and
- (10) availability in full and half sizes and multiple widths. Adult medical-grade oxfords are available in a complete range of 13 or more full and half sizes and at least four widths; children's medical grade oxfords are available in two or more widths.

602 Service Codes and Descriptions for Orthotic Providers

Service

Code Service Description

ORTHOTIC DEVICES—SPINAL

Cervical

- L0100 Cranial orthosis (helmet), with or without soft interface, molded to patient model
- L0110 Cranial orthosis (helmet) with or without soft-interface, non-molded
- L0120 Cervical, flexible nonadjustable (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

Multiple-Post Collar

- 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

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

Thoracic

L0210 Thoracic, rib belt
L0220 Thoracic, rib belt, custom fabricated

THORACIC-LUMBAR-SACRAL ORTHOSIS (TLSO)

Flexible

L0300 TLSO, flexible (dorso-lumbar surgical support)
L0310 TLSO, flexible (dorso-lumbar surgical support), custom fabricated
L0315 TLSO, flexible (dorso-lumbar surgical support), elastic type, with rigid posterior panel
L0317 TLSO, flexible (dorso-lumbar surgical support), hyperextension, elastic type, with rigid posterior panel

Anterior-Posterior Control

L0320 TLSO, anterior-posterior control (Taylor type), with apron front
L0321 TLSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)
L0330 TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front
L0331 TLSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)

Anterior-Posterior-Lateral-Rotary Control

L0340 TLSO, anterior-posterior-lateral-rotary control (Arnold, Magnuson, Steindler types), with apron front
L0350 TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted
L0360 TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, molded to patient model
L0370 TLSO, anterior-posterior-lateral-rotary control, hyperextension (Jewett, Lennox, Baker, Cash types)
L0380 TLSO, anterior-posterior-lateral-rotary control, with extensions
L0390 TLSO, anterior-posterior-lateral control molded to patient model
L0391 TLSO, anterior-posterior-lateral-rotary control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)
L0400 TLSO, anterior-posterior-lateral control molded to patient model, with interface material
L0410 TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model
L0420 TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model, with interface material
L0430 TLSO, anterior-posterior-lateral control, with interface material, custom fitted
L0440 TLSO, anterior-posterior-lateral control, with overlapping front section, spring steel front, custom fitted

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

LUMBAR-SACRAL ORTHOSIS (LSO)

Flexible

- L0500 LSO, flexible (lumbo-sacral surgical support)
- L0510 LSO, flexible (lumbo-sacral surgical support), custom fabricated
- L0515 LSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated

Anterior-Posterior-Lateral Control

- L0520 LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front

Anterior-Posterior Control

- L0530 LSO, anterior-posterior control (MacAusland type), with apron front

Lumbar Flexion

- L0540 LSO, lumbar flexion (Williams flexion type)
- L0550 LSO, anterior-posterior-lateral control, molded to patient model
- L0560 LSO, anterior-posterior-lateral control, molded to patient model, with interface material
- L0561 LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated
- L0565 LSO, anterior-posterior-lateral control, custom fitted

SACROILIAC

Flexible

- L0600 Sacroiliac, flexible (sacroiliac surgical support)
- L0610 Sacroiliac, flexible (sacroiliac surgical support), custom fabricated

Semi-Rigid

- L0620 Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front

CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTL SO)

Anterior-Posterior-Lateral Control

- L0700 CTL SO, anterior-posterior-lateral control, molded to patient model (Minerva type)
- L0710 CTL SO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

Halo Procedure

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
 L0860 Addition to halo procedure, magnetic resonance image compatible system

TORSO SUPPORTS

Ptosis Supports

L0900 Torso support, ptosis support
 L0910 Torso support, ptosis support, custom fabricated

Pendulous Abdomen Supports

L0920 Torso support, pendulous abdomen support
 L0930 Torso support, pendulous abdomen support, custom fabricated

Postsurgical Supports

L0940 Torso support, postsurgical support
 L0950 Torso support, postsurgical support, custom fabricated
 L0960 Torso support, postsurgical support, pads for postsurgical support

Additions to Spinal Orthosis

L0970 TLSO, corset front
 L0972 LSO, corset front
 L0974 TLSO, full corset
 L0976 LSO, full corset
 L0978 Axillary crutch extension
 L0980 Peroneal straps, pair
 L0982 Stocking supporter grips, set of four
 L0984 Protective body sock, each
 L0986 Addition to spinal orthosis, rigid or semi-rigid abdominal panel, prefabricated
 L0999 Addition to spinal orthosis, not otherwise specified (I.C.)

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

SCOLIOSIS PROCEDURES

The orthotic care of scoliosis differs from other orthotic care in that the treatment is more dynamic in nature and uses ongoing, continual modification of the orthosis to the patient's changing condition. This coding structure uses the proper names (or eponyms) of the procedures because they have historic and universal acceptance in the profession. It should be recognized that variations to the basic procedures described by the founders/developers are accepted in various medical and orthotic practices throughout the country. All procedures include model of patient when indicated.

Cervical-Thoracic-Lumbar-Sacral (CTLSSO) (Milwaukee)

- L1000 CTLSSO (Milwaukee), inclusive of furnishing initial orthosis, including model
- L1005 Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
- L1010 Addition to CTLSSO or scoliosis orthosis, axilla sling
- L1020 Addition to CTLSSO or scoliosis orthosis, kyphosis pad
- L1025 Addition to CTLSSO or scoliosis orthosis, kyphosis pad, floating
- L1030 Addition to CTLSSO or scoliosis orthosis, lumbar bolster pad
- L1040 Addition to CTLSSO or scoliosis orthosis, lumbar or lumbar rib pad
- L1050 Addition to CTLSSO or scoliosis orthosis, sternal pad
- L1060 Addition to CTLSSO or scoliosis orthosis, thoracic pad
- L1070 Addition to CTLSSO or scoliosis orthosis, trapezius sling
- L1080 Addition to CTLSSO or scoliosis orthosis, outrigger
- L1085 Addition to CTLSSO or scoliosis orthosis, outrigger, bilateral with vertical extensions
- L1090 Addition to CTLSSO or scoliosis orthosis, lumbar sling
- L1100 Addition to CTLSSO or scoliosis orthosis, ring flange, plastic or leather
- L1110 Addition to CTLSSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model
- L1120 Addition to CTLSSO or scoliosis orthosis, cover for upright, each

Thoracic-Lumbar-Sacral Orthosis (TLSO) (Low Profile)

- L1200 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

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

Other Scoliosis Procedures

- L1300 Other scoliosis procedure, body jacket molded to patient model
- L1310 Other scoliosis procedure, postoperative body jacket
- L1499 Spinal orthosis, not otherwise specified (I.C.)

Thoracic-Hip-Knee-Ankle Orthosis (THKAO)

- L1500 THKAO, mobility frame (Newington, Parapodium types)
- L1510 THKAO, standing frame, with or without tray and accessories
- L1520 THKAO, swivel walker

ORTHOTIC DEVICES—LOWER LIMB

The procedures in L1600-L2999 are considered "base" or "basic" procedures and may be modified by listing procedures from the "Additions" sections and adding them to the base procedures.

Hip Orthosis (HO)—Flexible

- L1600 HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment
- L1610 HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment
- L1620 HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment
- L1630 HO, abduction control of hip joints, semi-flexible (von Rosen type), custom fabricated
- L1640 HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated
- L1650 HO, abduction control of hip joints, static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment
- L1660 HO, abduction control of hip joints, static, plastic, prefabricated includes fitting and adjustment
- L1680 HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated
- L1685 HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated
- L1686 HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustments
- L1690 Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

Legg Perthes

- 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
- L1750 Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment
- L1755 Legg Perthes orthosis, (Patten bottom type), custom fabricated

Knee Orthosis (KO)

- L1800 KO, elastic with stays, prefabricated, includes fitting and adjustment
- L1810 KO, elastic with joints, prefabricated, includes fitting and adjustment
- L1815 KO, elastic or other elastic type material with condylar pads, prefabricated, includes fitting and adjustment
- L1820 KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment
- L1825 KO, elastic knee cap, prefabricated, includes fitting and adjustment
- L1830 KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
- L1832 KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment
- L1834 KO, without knee joint, rigid, custom fabricated
- L1840 KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated
- L1843 KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment
- L1844 KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
- L1845 KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment
- L1846 KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
- L1847 KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment
- L1850 KO, Swedish type, prefabricated, includes fitting and adjustment
- L1855 KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated
- L1858 KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated
- L1860 KO, modification of supracondylar prosthetic socket, custom fabricated (SK)
- L1870 KO, double upright, thigh and calf lacers, with knee joints, custom fabricated
- L1880 KO, double upright, nonmolded thigh and calf cuffs/lacers with knee joints, custom fabricated
- L1885 KO, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

Ankle-Foot Orthosis (AFO)

L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment
L1904	AFO, molded ankle gauntlet, custom fabricated
L1906	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
L1920	AFO, 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
L1940	Ankle foot orthosis, plastic or other material, custom fabricated
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated
L1950	AFO, spiral, (IRM type), plastic, custom fabricated
L1960	AFO, posterior solid ankle, plastic, custom fabricated
L1970	AFO, plastic, with ankle joint, custom fabricated
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated

Knee-Ankle-Foot Orthosis—Or Any Combination

Service Codes L2000, L2020, and L2036 are base procedures to be used with any knee joint.
Service Codes L2010 and L2030 are to be used only with no knee joint.

L2000	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated
L2020	KAFO, double upright, free knee, 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, custom fabricated
L2035	KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment
L2036	KAFO, full plastic, double upright, free knee, custom fabricated
L2037	KAFO, full plastic, single upright, free knee, custom fabricated
L2038	KAFO, full plastic, without knee joint, multiaxis ankle, (Lively orthosis or equal), custom fabricated
L2039	KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

Torsion Control: Hip-Knee-Ankle-Foot Orthosis (HKAFO)

L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated
L2060	HKAFO, torsion control, bilateral torsion cables, ball-bearing hip joint, pelvic band/belt, custom fabricated
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated
L2090	HKAFO, torsion control, unilateral torsion cable, ball-bearing hip joint, pelvic band/belt, custom fabricated

Fracture Orthosis

L2102	AFO, fracture orthosis, tibial fracture cast orthosis, plaster type casting material, custom fabricated
L2104	AFO, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, custom fabricated
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
L2122	KAFO, fracture orthosis, femoral fracture cast orthosis, plaster type casting material custom fabricated
L2124	KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, custom fabricated
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2128	KAFO, 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, prefabricated, includes fitting and adjustment
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment

Additions to Fracture Orthosis

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

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

- 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

Additions to Lower Extremity Orthosis: Shoe-Ankle-Shin-Knee

- 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
- L2230 Addition to lower extremity, split flat caliper stirrups and plate attachment
- 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, nonmolded lacer
- L2330 Addition to lower extremity, lacer molded to patient model
- L2335 Addition to lower extremity, anterior swing band
- L2340 Addition to lower extremity, pretibial shell, molded to patient model
- L2350 Addition to lower extremity, prosthetic type ("BK") socket, molded to patient model (used for "PTB," "AFO" orthoses)
- L2360 Addition to lower extremity, extended steel shank
- L2370 Addition to lower extremity, Patten bottom
- L2375 Addition to lower extremity, torsion control, ankle joint and half-solid stirrup
- L2380 Addition to lower extremity, torsion control, straight knee joint, each joint
- L2385 Addition to lower extremity, straight knee joint, heavy duty, each joint
- L2390 Addition to lower extremity, offset knee joint, each joint
- L2395 Addition to lower extremity, offset knee joint, heavy duty, each joint
- L2397 Addition to lower extremity orthosis, suspension sleeve

Additions to Straight Knee or Offset Knee Joints

- L2405 Addition to knee joint, drop lock, each joint
- 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
- L2435 Addition to knee joint, polycentric joint, each joint
- L2492 Addition to knee joint, lift loop for drop lock ring

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

Additions: Thigh/Weight Bearing—Gluteal/Ischial Weight Bearing

- L2500 Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring
- L2510 Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model
- L2520 Addition to lower extremity, thigh/weight bearing, quadrilateral 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, nonmolded
- L2540 Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
- L2550 Addition to lower extremity, thigh/weight bearing, high roll cuff

Additions: Pelvic and Thoracic Control

- 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 type 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, reciprocating hip joint and cables
- 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, pelvic and thoracic control, gluteal pad, each
- 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

Additions: General

- L2750 Addition to lower extremity orthosis, plating chrome or nickel, per bar
- L2755 Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment
- 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, noncorrosive finish, per bar

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

L2785	Addition to lower extremity orthosis, drop lock retainer, each
L2795	Addition to lower extremity orthosis, knee control, full kneecap
L2800	Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull
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
L2860	Addition to lower extremity joint, knee, or ankle, concentric adjustable torsion style mechanism, each
L2999	Lower extremity orthoses, not otherwise specified (I.C.)

ORTHOPEDIC SHOES

Inserts

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

Arch Support, Removable, Premolded

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

Arch Support, Nonremovable, Attached to Shoe

L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
L3100	Hallus-Valgus night dynamic splint

Abduction and Rotation Bars

L3140	Foot, abduction rotation bar, including shoes
L3150	Foot, abduction rotation bar, without shoes
L3160	Foot, adjustable shoe-styled positioning device (I.C.)
L3170	Foot, plastic heel stabilizer

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

Orthopedic Footwear

- L3201 Orthopedic shoe, oxford with supinator or pronator, infant (each) (I.C.)
- L3202 Orthopedic shoe, oxford with supinator or pronator, child (each) (I.C.)
- L3203 Orthopedic shoe, oxford with supinator or pronator, junior (each) (I.C.)
- L3204 Orthopedic shoe, hightop with supinator or pronator, infant (each) (I.C.)
- L3206 Orthopedic shoe, hightop with supinator or pronator, child (each) (I.C.)
- L3207 Orthopedic shoe, hightop with supinator or pronator, junior (each) (I.C.)
- L3208 Surgical boot, each, infant (I.C.)
- L3209 Surgical boot, each, child (I.C.)
- L3211 Surgical boot, each, junior (I.C.)
- L3212 Benesch boot, pair, infant (I.C.)
- L3213 Benesch boot, pair, child (I.C.)
- L3214 Benesch boot, pair, junior (I.C.)
- L3215 Orthopedic footwear, woman's shoes, oxford (pair) (I.C.)
- L3216 Orthopedic footwear, woman's shoes, depth inlay (pair) (I.C.)
- L3217 Orthopedic footwear, woman's shoes, hightop, depth inlay (pair) (I.C.)
- L3218 Orthopedic footwear, woman's surgical boot, each (I.C.)
- L3219 Orthopedic footwear, man's shoes, oxford (pair) (I.C.)
- L3221 Orthopedic footwear, man's shoes, depth inlay (pair) (I.C.)
- L3222 Orthopedic footwear, man's shoes, hightop, depth inlay (pair) (I.C.)
- L3223 Orthopedic footwear, man's surgical boot, each (I.C.)
- L3224 Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis) (each) (I.C.)
- L3225 Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis) (each) (I.C.)
- L3230 Orthopedic footwear, custom shoes, depth inlay, each (I.C.)
- L3250 Orthopedic footwear, custom-molded shoe, removable inner mold, prosthetic shoe, each (I.C.)
- L3251 Foot, shoe molded to patient model, silicone shoe, each (I.C.)
- L3252 Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each (I.C.)
- L3253 Foot, molded shoe Plastazote (or similar) custom fitted, each (I.C.)
- L3254 Nonstandard size or width (pair) (I.C.)
- L3255 Nonstandard size or length (pair) (I.C.)
- L3257 Orthopedic footwear, additional charge for split size (pair) (I.C.)
- L3265 Plastazote sandal, each (I.C.)

Shoe Modification—Lifts

- 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
- L3332 Lift, elevation, inside shoe, tapered, up to one-half inch
- L3334 Lift, elevation, heel, per inch

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

Shoe Modification—Wedges

L3350 Heel wedge (each shoe)
 L3360 Sole wedge, outside sole (each shoe)
 L3370 Sole wedge, between sole (each shoe)
 L3390 Outflare wedge (each shoe)
 L3400 Metatarsal bar wedge; rocker (each shoe)
 L3420 Full sole and heel wedge, between sole (each shoe)

Shoe Modification—Heels

L3450 Heel, SACH cushion type (each shoe)
 L3455 Heel, new leather, standard (each shoe)
 L3460 Heel, new rubber, standard (each shoe)
 L3465 Heel, Thomas with wedge (each shoe)
 L3470 Heel, Thomas extended to ball (each shoe)
 L3480 Heel, pad and depression for spur (each shoe)
 L3485 Heel, pad, removable for spur (each shoe)

Miscellaneous Shoe Additions

L3500 Orthopedic shoe addition, insole, leather (each shoe)
 L3510 Orthopedic shoe addition, insole, rubber (each shoe)
 L3530 Orthopedic shoe addition, sole, half (each shoe)
 L3540 Orthopedic shoe addition, sole, full (each shoe)
 L3570 Orthopedic shoe addition, special extension to instep (leather with eyelets) (each shoe)
 L3580 Orthopedic shoe addition, convert instep to Velcro closure (each shoe)
 L3590 Orthopedic shoe addition, convert firm shoe counter to soft counter (each shoe)
 L3595 Orthopedic shoe addition, March bar (each shoe)

Transfer or Replacement

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
 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 (each)

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code Service Description

ORTHOTIC DEVICES—UPPER LIMB

The services in this section are considered "base" or "basic" procedures and may be modified by listing procedures from the "additions" sections and adding them to the base procedure.

Shoulder Orthosis (SO)

- L3650 SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
- L3660 SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment
- L3670 SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment
- L3675 SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment
- L3677 Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment (I.C.)

Elbow Orthosis (EO)

- L3700 EO, elastic with stays, prefabricated, includes fitting and adjustment
- L3710 EO, elastic with metal joints, prefabricated, includes fitting and adjustment
- L3720 EO, double upright with forearm/arm cuffs, free motion, custom fabricated
- L3730 EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated
- L3740 EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated
- L3760 Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type

Wrist-Hand-Finger Orthosis (WHFO)

- L3800 WHFO, short opponens, no attachments, custom fabricated
- L3805 WHFO, long opponens, no attachment, custom fabricated
- L3807 WHFO, without joint(s), prefabricated, includes fitting and adjustment, any type

Additions

- L3810 WHFO, addition to short and long opponens, thumb abduction ("C") bar
- L3815 WHFO, addition to short and long opponens, second M.P. abduction assist
- L3820 WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop
- L3825 WHFO, addition to short and long opponens, M.P. extension stop
- L3830 WHFO, addition to short and long opponens, M.P. extension assist
- L3835 WHFO, addition to short and long opponens, M.P. spring extension assist
- L3840 WHFO, addition to short and long opponens, spring swivel thumb

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

- L3845 WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop
- L3850 WHFO, addition to short and long opponens, action wrist, with dorsiflexion assist
- L3855 WHFO, addition to short and long opponens, adjustable M.P. flexion control
- L3860 WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.
- L3890 Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each

Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion/Extension

- L3900 WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated
- L3901 WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated

External Power

- L3902 WHFO, external powered, compressed gas, custom fabricated
- L3904 WHFO, external powered, electric, custom fabricated

Other WHFOs—Custom Fitted

- L3906 WHO, wrist gauntlet, molded to patient model, custom fabricated
- L3907 WHGO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated
- L3908 WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment
- L3910 WHFO, Swanson design, prefabricated, includes fitting and adjustment
- L3912 HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment
- L3914 WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment
- L3916 WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustment
- L3918 HFO, knuckle bender, prefabricated, includes fitting and adjustment
- L3920 HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment
- L3922 HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment
- L3923 Hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustment
- L3924 WHFO, Oppenheimer, prefabricated, includes fitting and adjustment
- L3926 WHFO, Thomas suspension, prefabricated, includes fitting and adjustment
- L3928 HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment
- L3930 WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment
- L3932 FO, safety pin, spring wire, prefabricated, includes fitting and adjustment
- L3934 FO, safety pin, modified, prefabricated, includes fitting and adjustment
- L3936 WHFO, Palmer, prefabricated, includes fitting and adjustment
- L3938 WHFO, dorsal wrist, prefabricated, includes fitting and adjustment
- L3940 WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

Service
Code

Service Description

- L3942 HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment
- L3944 HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment
- L3946 HFO, composite elastic, prefabricated, includes fitting and adjustment
- L3948 FO, finger knuckle bender, prefabricated, includes fitting and adjustment
- L3950 WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment
- L3952 WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment
- L3954 HFO, spreading hand, prefabricated, includes fitting and adjustment
- L3956 Addition of joint to upper extremity orthosis, any material, per joint (I.C.)

SHOULDER-ELBOW-WRIST-HAND ORTHOSIS (SEWHO)

Abduction Position—Custom Fitted

- L3960 SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment
- L3962 SEWHO, abduction positioning, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment
- L3963 SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated
- L3964 SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment
- L3965 SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment
- L3966 SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment
- L3968 SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment
- L3969 SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment

Additions to Mobile Arm Supports

- L3970 SEO, addition to mobile arm support, elevating proximal arm
- L3972 SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
- L3974 SEO, addition to mobile arm support, supinator

Fracture Orthosis

- 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

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Service
Code

Service Description

- L3985 Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated
- L3986 Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example: Colles' fracture), custom fabricated
- L3995 Addition to upper extremity orthosis, sock, fracture or equal, each
- L3999 Upper limb orthosis, not otherwise specified (I.C.)

Specific Repair

- L4000 Replace girdle for spinal orthosis (CTLSSO or SO)
- 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 nonmolded thigh lacer
- L4050 Replace molded calf lacer
- L4055 Replace nonmolded calf lacer
- L4060 Replace high roll cuff
- L4070 Replace proximal and distal upright for KAFO
- L4080 Replace metal bands KAFO, proximal thigh
- L4090 Replace metal bands KAFO-AFO, calf or distal thigh
- L4100 Replace leather cuff KAFO, proximal thigh
- L4110 Replace leather cuff KAFO-AFO, calf or distal thigh
- L4130 Replace pretibial shell

Repairs

- L4205 Repair of orthotic device, labor component, per 15 minutes
- L4210 Repair of orthotic device, repair or replace minor parts (I.C.)
- L4350 Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustment
- L4360 Pneumatic walking splint (e.g., aircast), prefabricated, includes fitting and adjustment
- L4370 Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustment
- L4380 Pneumatic knee splint (e.g., aircast), prefabricated, includes fitting and adjustment
- L4392 Replacement soft interface material, static AFO
- L4394 Replace soft interface material, foot drop splint
- L4396 Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment
- L4398 Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment
- Y9530 Nursing facility visit

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602 Service Codes and Descriptions for Orthotic Providers (cont.)

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DIABETIC SHOES, FITTING, AND MODIFICATIONS

- A5500 For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe (I.C.)
- A5501 For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom-molded shoe), per shoe (I.C.)
- A5503 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe (I.C.)
- A5504 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe (I.C.)
- A5505 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe (I.C.)
- A5506 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe (I.C.)
- A5507 For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe (I.C.)
- A5508 For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe (I.C.)
- A5509 For diabetics only, direct formed, molded to foot with external heat source (i.e. heat gun) multiple density insert(s), prefabricated, per shoe (I.C.)
- A5510 For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe (I.C.)
- A5511 For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe (I.C.)

603 Service Codes and Descriptions for Pedorthic Providers

Service
Code Service Description

ORTHOPEDIC SHOES

Inserts

- 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

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Service
Code

Service Description

Arch Support, Removable, Premolded

- 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

Arch Support, Nonremovable, Attached to Shoe

- L3070 Foot, arch support, nonremovable, attached to shoe, longitudinal, each
- L3080 Foot, arch support, nonremovable, attached to shoe, metatarsal, each
- L3090 Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
- L3100 Hallus-Valgus night dynamic splint

Orthopedic Footwear

- L3201 Orthopedic shoe, oxford with supinator or pronator, infant (each) (I.C.)
- L3202 Orthopedic shoe, oxford with supinator or pronator, child (each) (I.C.)
- L3203 Orthopedic shoe, oxford with supinator or pronator, junior (each) (I.C.)
- L3204 Orthopedic shoe, hightop with supinator or pronator, infant (each) (I.C.)
- L3206 Orthopedic shoe, hightop with supinator or pronator, child (each) (I.C.)
- L3207 Orthopedic shoe, hightop with supinator or pronator, junior (each) (I.C.)
- L3208 Surgical boot, each, infant (I.C.)
- L3209 Surgical boot, each, child (I.C.)
- L3211 Surgical boot, each, junior (I.C.)
- L3212 Benesch boot, pair, infant (I.C.)
- L3213 Benesch boot, pair, child (I.C.)
- L3214 Benesch boot, pair, junior (I.C.)
- L3215 Orthopedic footwear, woman's shoes, oxford (pair) (I.C.)
- L3216 Orthopedic footwear, woman's shoes, depth inlay (pair) (I.C.)
- L3217 Orthopedic footwear, woman's shoes, hightop, depth inlay (pair) (I.C.)
- L3218 Orthopedic footwear, woman's surgical boot, each (I.C.)
- L3219 Orthopedic footwear, man's shoes, oxford (pair) (I.C.)
- L3221 Orthopedic footwear, man's shoes, depth inlay (pair) (I.C.)
- L3222 Orthopedic footwear, man's shoes, hightop, depth inlay (pair) (I.C.)
- L3223 Orthopedic footwear, man's surgical boot, each (I.C.)
- L3224 Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis) (each) (I.C.)
- L3225 Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis) (each) (I.C.)
- L3230 Orthopedic footwear, custom shoes, depth inlay (each) (I.C.)
- L3250 Orthopedic footwear, custom-molded shoe, removable inner mold, prosthetic shoe, each (I.C.)
- L3251 Foot, shoe molded to patient model, silicone shoe, each (I.C.)
- L3252 Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each (I.C.)
- L3253 Foot, molded shoe Plastazote (or similar) custom fitted, each (I.C.)

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603 Service Codes and Descriptions for Pedorthic Providers (cont.)

Service
Code

Service Description

- L3254 Nonstandard size or width (pair) (I.C.)
- L3255 Nonstandard size or length (pair) (I.C.)
- L3257 Orthopedic footwear, additional charge for split size (pair) (I.C.)
- L3265 Plastazote sandal, each (I.C.)

Shoe Modification—Lifts

- 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
- L3332 Lift, elevation, inside shoe, tapered, up to one-half inch
- L3334 Lift, elevation, heel, per inch

Shoe Modification—Wedges

- L3350 Heel wedge (each shoe)
- L3360 Sole wedge, outside sole (each shoe)
- L3370 Sole wedge, between sole (each shoe)
- L3390 Outflare wedge (each shoe)
- L3400 Metatarsal bar wedge; rocker (each shoe)
- L3420 Full sole and heel wedge, between sole (each shoe)

Shoe Modification—Heels

- L3450 Heel, SACH cushion type (each shoe)
- L3455 Heel, new leather, standard (each shoe)
- L3460 Heel, new rubber, standard (each shoe)
- L3465 Heel, Thomas with wedge (each shoe)
- L3470 Heel, Thomas extended to ball (each shoe)
- L3480 Heel, pad and depression for spur (each shoe)
- L3485 Heel, pad, removable for spur (each shoe)

Miscellaneous Shoe Additions

- L3500 Orthopedic shoe addition, insole, leather (each shoe)
- L3510 Orthopedic shoe addition, insole, rubber (each shoe)
- L3530 Orthopedic shoe addition, sole, half (each shoe)
- L3540 Orthopedic shoe addition, sole, full (each shoe)
- L3570 Orthopedic shoe addition, special extension to instep (leather with eyelets) (each shoe)
- L3580 Orthopedic shoe addition, convert instep to Velcro closure (each shoe)
- L3590 Orthopedic shoe addition, convert firm shoe counter to soft counter (each shoe)
- L3595 Orthopedic shoe addition, March bar (each shoe)
- L3649 Orthopedic shoe, modification, addition, or transfer, not otherwise specified (each) (I.C.)

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603 Service Codes and Descriptions for Pedorthic Providers (cont.)

Service
Code

Service Description

Repairs

L4205 Repair of orthotic device, labor component, per 15 minutes
 L4210 Repair of orthotic device, repair or replace minor parts (I.C.)
 Y9530 Nursing facility visit

DIABETIC SHOES, FITTING, AND MODIFICATIONS

A5500 For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe (I.C.)
 A5501 For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom-molded shoe), per shoe (I.C.)
 A5503 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe (I.C.)
 A5504 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe (I.C.)
 A5505 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe (I.C.)
 A5506 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe (I.C.)
 A5507 For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe (I.C.)
 A5508 For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe (I.C.)
 A5509 For diabetics only, direct formed, molded to foot with external heat source (i.e. heat gun) multiple density insert(s), prefabricated, per shoe (I.C.)
 A5510 For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe (I.C.)
 A5511 For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom fabricated, per shoe (I.C.)

PROSTHETIC PROCEDURES

LOWER LIMB

Partial Foot

L5000 Partial foot, shoe insert with longitudinal arch, toe filler (each) (I.C.)

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