



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 PRT-14
November 2002

TO: Prosthetic Providers Participating in MassHealth
FROM: Wendy E. Warring, Commissioner *WOW*
RE: *Prosthetics Manual* (Revised Regulations and Subchapter 6)

Revised Regulations

The Division has revised its prosthetics regulations at 130 CMR 428.000 to add several definitions, include more specific coverage restrictions, and update the payment methodology. 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.

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.

- All claims for prosthetic services, except labor (L7520), must contain a diagnosis name in Item 22, and an ICD-9-CM diagnosis code in Item 23, of claim form no. 9.
- 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 prosthetic codes, **except** those listed below, must include modifier LT (left), RT (right), or LTRT (left and right /bilateral).
 - L7362
 - L7510
 - L7520
 - L8000 through L8002
 - L8015
 - L8190 through L8230
 - L8300 through L8330
 - L8400

NEW MATERIAL

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

Prosthetics Manual

Pages iv, vi, 4-1 through 4-12, and 6-1 through 6-16

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Prosthetics Manual

Pages iv and 4-1 through 4-10 — transmitted by Transmittal Letter PRT-13

Pages vi, vi-a, and 6-1 through 6-16 — transmitted by Transmittal Letter PRT-12

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428.401: Introduction

130 CMR 428.000 states the requirements and procedures for the purchase and repair of prosthetic devices, customized equipment, and supplies under MassHealth. All providers of prosthetic 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 428.000 and in 130 CMR 450.000.

428.402: Definitions

The following terms used in 130 CMR 428.000 have the meanings given in 130 CMR 428.402 unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 428.000 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 428.000 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 prosthetic equipment and that is generally not useful in the absence of such prosthetic 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 prosthetic devices, customized equipment, or supplies, excluding all associated costs such as shipping, handling, and insurance costs in accordance with 130 CMR 428.422. Where the manufacturer is the provider, the adjusted acquisition cost is the actual cost of manufacturing such prosthetic devices, customized equipment, or supplies.

Date of Service — the date the prosthesis is delivered and fitted to the MassHealth member. If the prosthetic service involves a series of fittings and adjustments, the date of service is the date on which the final adjustment is made. If the prosthetic 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.

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

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 prosthetic services.

Prosthesis (or Prosthetic Equipment) — an artificial replacement for a missing body part, such as an artificial limb or total joint replacement.

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Prosthetic Service — the purchase, customization, fitting, repair, replacement, or adjustment of a prosthesis or component part, or other activity performed or equipment provided in accordance with 130 CMR 428.000.

Prosthetic Supplies — products that are:

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

Prosthetics — the design, fitting, and attachment of an artificial replacement of a missing body part.

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

428.403: Eligible Members

- (A) (1) MassHealth Members. The Division covers prosthetic services only when provided to eligible MassHealth members, subject to the restrictions and limitations in 130 CMR 428.000 and 450.000. 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.

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428.404: Provider Eligibility

For services described in 130 CMR 428.000, the Division pays only those providers of prosthetic 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) primarily engage in the business of providing prosthetic and repair services to the public;
- (2) meet all state and local requirements for engaging in such business;
- (3) be or employ a prosthetist currently certified by the American Board for Certification in Orthotics and Prosthetics, Inc. or the Board for Orthotics/Prosthetics Certification.
- (4) be a Medicare provider;
- (5) have a service facility that is physically accessible to MassHealth members during reasonable business hours;
- (6) maintain a visible sign identifying the business and hours of operation; and
- (7) 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.

(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 428.404(A). Such a provider may receive payment for MassHealth services only as set forth in 130 CMR 450.109.

428.405: Provider Responsibility

(A) The provider must ensure that all prosthetic 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 prosthetic 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.

428.406: Covered Services

The Division pays for only those prosthetic services listed in Subchapter 6 of the *Prosthetics Manual*.

(130 CMR 428.407 Reserved)

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428.408: Noncovered Services

The Division does not pay for any of the following:

- (A) any prosthetic services for which, under comparable circumstances, the provider does not customarily bill private patients who do not have health insurance;
- (B) nonmedical prosthetic 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 prosthetic equipment or associated items; and
- (D) prosthetic 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.

428.409: Prescription Requirements

- (A) The purchase of prosthetic equipment requires a written prescription signed by a licensed physician or an independent nurse practitioner. The prescription must be written on the prescriber's prescription form and must include the following information:
 - (1) the member's name and address;
 - (2) the member's MassHealth identification number;
 - (3) specific identification of the prescribed item;
 - (4) medical justification for the use of the item, including the member's diagnosis;
 - (5) the prescriber's address and telephone number; and
 - (6) the date on which the prescription was signed by the prescriber.
- (B) The provider must keep the prescription on file for the period of time required by 130 CMR 450.205.

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428.410: Prosthetic Equipment Provided to Institutionalized Members

- (A) Nursing Facilities. The Division pays prosthetic providers for:
- (1) the purchase and repair of prosthetic equipment; and
 - (2) prosthetic 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 prosthetic providers for the purchase or repair of prosthetic equipment or for supplies provided to a hospitalized member, except for prosthetic 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 prosthetic providers for the purchase and repair of customized prosthetic 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 prosthetic providers for noncustomized equipment or supplies provided to a member residing in a state school.
- (D) Rest Homes. The Division pays prosthetic providers for the purchase and repair of prosthetic equipment and for associated supplies provided for the personal full-time use of a member residing in a rest home.

428.411: Repairs of Prosthetic Equipment

- (A) The Division pays for all repair services on an individual-consideration basis as described in 130 CMR 428.422.
- (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 prosthetic equipment to the Division.

428.412: Prior Authorization

- (A) Services that require prior authorization as a prerequisite for payment are identified in the Division's regulations at 130 CMR 428.000 or are listed in Subchapter 6 of the *Prosthetics 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.

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(B) The provider must request prior authorization in accordance with the billing instructions in Subchapter 5 of the *Prosthetics Manual*. Before determining the medical necessity of an item or service for which prior authorization is requested, 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 prosthetist to determine whether the requested prosthetic 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.

(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 modification or denial of a prior-authorization request 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.

428.413: 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 428.421) 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 a current prescription that must not be older than 90 days from the requested date of service (see 130 CMR 428.409 for information that must be included in the prescription);
- (3) if requested by the Division, a current prosthetic evaluation for the equipment, performed independently of the provider by a licensed physician or prosthetist;
- (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.

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428.414: 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 prosthetic 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 428.415 through 428.419 Reserved)

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428.420: Payment for Prosthetic Services

(A) Payment to a provider for prosthetic equipment and supplies is subject to the conditions and limitations in 130 CMR 428.000 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.

(B) Payment for the following services is included in the provider payment under 130 CMR 428.420(A). No separate payment is allowed for:

- (1) the fitting of the prosthesis;
- (2) instructing the member in the use of the prosthesis;
- (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 prosthesis and any prosthetic component made when fitting the prosthesis and for 90 days from the date of delivery, when the adjustments are not necessitated by changes in the member's functional abilities.

428.421: Individual Consideration

When the rate of payment for the purchase or repair of certain prosthetic 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 *Prosthetics 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 428.421 and 428.422. Payment for the fitting of a prosthesis is included in the adjusted acquisition cost. Providers 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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428.422: Adjusted Acquisition Cost

(A) The provider must disclose all discounts, as defined in 130 CMR 428.402, 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 428.000, 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 428.421(B).

(D) 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 428.434 and 450.205.

(E) 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 428.422(B).

428.423: Recordkeeping Requirements

The provider must keep a record of all prosthetic 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 prosthetic services requiring prior authorization;
- (C) an acknowledgment 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;

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(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 428.405(C) to purchase the item from the least costly reliable source.

REGULATORY AUTHORITY

130 CMR 428.000: M.G.L. c. 118E, §§ 7 and 12.

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601 Definitions

Custom-Fabricated Prosthesis — a prosthetic 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 prosthetist in design and fitting.

Custom-Fitted Prosthesis — a prefabricated prosthetic item sized or modified for use by one individual in accordance with a prescription that requires substantial clinical and technical judgment and alteration by a certified prosthetist. A custom-fitted prosthesis does not require casting or molding techniques.

602 Service Codes and Descriptions

Service Code Service Description

LOWER LIMB

The procedures 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.

Partial Foot

L5000 Partial foot, shoe insert with longitudinal arch, toe filler, each (I.C.)
 L5010 Partial foot, molded socket, ankle height, with toe filler
 L5020 Partial foot, molded socket, tibial tubercle height, with toe filler

Ankle

L5050 Ankle, Symes, molded socket, SACH foot
 L5060 Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot

Below Knee

L5100 Below knee, molded socket, shin, SACH foot
 L5105 Below knee, plastic socket, joints and thigh lacer, SACH foot

Knee Disarticulation

L5150 Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot
 L5160 Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot

Above Knee

L5200 Above knee, molded socket, single axis constant friction knee, shin, SACH foot
 L5210 Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each
 L5220 Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

L5230 Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot

Hip Disarticulation

L5250 Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot

L5270 Hip disarticulation, tilt-table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot

Hemipelvectomy

L5280 Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot

Endoskeletal: Below Knee

L5301 Below knee, molded socket, shin, SACH foot, endoskeletal system

Endoskeletal: Knee Disarticulation

L5311 Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system

Endoskeletal: Above Knee

L5321 Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee

Endoskeletal: Hip Disarticulation

L5331 Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot

Endoskeletal: Hemipelvectomy

L5341 Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

Immediate Postsurgical or Early Fitting Procedures

- L5400 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
- L5410 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment
- L5420 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, and one cast change "AK" or knee disarticulation
- L5430 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment
- L5450 Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee
- L5460 Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee

Initial Prosthesis

- L5500 Initial, below knee "PTB" type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed
- L5505 Initial, above knee—knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot plaster socket, direct formed

Preparatory Prosthesis

- L5510 Preparatory, below knee "PTB" type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
- L5520 Preparatory, below knee "PTB" type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
- L5530 Preparatory, below knee "PTB" type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
- L5535 Preparatory, below knee "PTB" type socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket
- L5540 Preparatory, below knee "PTB" type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model
- L5560 Preparatory, above knee—knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
- L5570 Preparatory, above knee—knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
- L5580 Preparatory, above knee—knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

- L5585 Preparatory, above knee—knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket
- L5590 Preparatory, above knee—knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model
- L5595 Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model
- L5600 Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model

Additions: Lower Extremity

- L5610 Addition to lower extremity, endoskeletal system, above knee, hydracadence system
- L5611 Addition to lower extremity, endoskeletal system, above knee—knee disarticulation, 4-bar linkage, with friction swing phase control
- L5613 Addition to lower extremity, endoskeletal system, above knee—knee disarticulation, 4-bar linkage, with hydraulic swing phase control
- L5614 Addition to lower extremity exoskeletal system, above knee—knee disarticulation, 4-bar linkage, with pneumatic swing phase control
- L5616 Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
- L5617 Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each

Additions: Test Sockets

- L5618 Addition to lower extremity, test socket, Symes
- L5620 Addition to lower extremity, test socket, below knee
- L5622 Addition to lower extremity, test socket, knee disarticulation
- L5624 Addition to lower extremity, test socket, above knee
- L5626 Addition to lower extremity, test socket, hip disarticulation
- L5628 Addition to lower extremity, test socket, hemipelvectomy
- L5629 Addition to lower extremity, below knee, acrylic socket

Additions: Socket Variations

- L5630 Addition to lower extremity, Symes type, expandable wall socket
- L5631 Addition to lower extremity, above knee or knee disarticulation, acrylic socket
- L5632 Addition to lower extremity, Symes type, "PTB" brim design socket
- L5634 Addition to lower extremity, Symes type, posterior opening (Canadian) socket
- L5636 Addition to lower extremity, Symes type, medial opening socket
- L5637 Addition to lower extremity, below knee, total contact
- L5638 Addition to lower extremity, below knee, leather socket

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

- L5639 Addition to lower extremity, below knee, wood socket
- L5640 Addition to lower extremity, knee disarticulation, leather socket
- L5642 Addition to lower extremity, above knee, leather socket
- L5643 Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
- L5644 Addition to lower extremity, above knee, wood socket
- L5645 Addition to lower extremity, below knee, flexible inner socket, external frame
- L5646 Addition to lower extremity, below knee, air cushion socket
- L5647 Addition to lower extremity, below knee, suction socket
- L5648 Addition to lower extremity, above knee, air cushion socket
- L5649 Addition to lower extremity, ischial containment/narrow M-L socket
- L5650 Addition to lower extremity, total contact, above knee or knee disarticulation socket
- L5651 Addition to lower extremity, above knee, flexible inner socket, external frame
- L5652 Addition to lower extremity, suction suspension, above knee or knee disarticulation socket
- L5653 Addition to lower extremity, knee disarticulation, expandable wall socket

Additions: Socket Insert and Suspension

- L5654 Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote, or equal)
- L5655 Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote, or equal)
- L5656 Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote, or equal)
- L5658 Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote, or equal)
- L5660 Addition to lower extremity, socket insert, Symes, silicone gel or equal
- L5661 Addition to lower extremity, socket insert, multidurometer, Symes
- L5662 Addition to lower extremity, socket insert, below knee, silicone gel or equal
- L5663 Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal
- L5664 Addition to lower extremity, socket insert, above knee, silicone gel or equal
- L5665 Addition to lower extremity, socket insert, multidurometer, below knee
- L5666 Addition to lower extremity, below knee, cuff suspension
- L5668 Addition to lower extremity, below knee, molded distal cushion
- L5670 Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)
- L5671 Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle , lanyard or equal), excludes socket insert
- L5672 Addition to lower extremity, below knee, removable medial brim suspension
- L5674 Addition to lower extremity, below knee, suspension sleeve, any material, each
- L5675 Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each
- L5676 Addition to lower extremity, below knee, knee joints, single axis, pair
- L5677 Addition to lower extremity, below knee, knee joints, polycentric, pair
- L5678 Addition to lower extremity, below knee, joint covers, pair

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

- L5680 Addition to lower extremity, below knee, thigh lacer, nonmolded
- L5682 Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded
- L5684 Addition to lower extremity, below knee, fork strap
- L5686 Addition to lower extremity, below knee, back check (extension control)
- L5688 Addition to lower extremity, below knee, waist belt, webbing
- L5690 Addition to lower extremity, below knee, waist belt, padded and lined
- L5692 Addition to lower extremity, above knee, pelvic control belt, light
- L5694 Addition to lower extremity, above knee, pelvic control belt, padded and lined
- L5695 Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
- L5696 Addition to lower extremity, above knee or knee disarticulation, pelvic joint
- L5697 Addition to lower extremity, above knee or knee disarticulation, pelvic band
- L5698 Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
- L5699 All lower extremity prostheses, shoulder harness

Replacements

- L5700 Replacement, socket, below knee, molded to patient model
- L5701 Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
- L5702 Replacement, socket, hip disarticulation, including hip joint, molded to patient model
- L5704 Custom shaped protective cover, below knee
- L5705 Custom shaped protective cover, above knee
- L5706 Custom shaped protective cover, knee disarticulation
- L5707 Custom shaped protective cover, hip disarticulation

Additions: Exoskeletal Knee-Shin System

- L5710 Addition, exoskeletal knee-shin system, single axis, manual lock
- L5711 Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material
- L5712 Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
- L5714 Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control
- L5716 Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock
- L5718 Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control
- L5722 Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
- L5724 Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
- L5726 Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control
- L5728 Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
- L5780 Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

Component Modifications

- L5785 Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber, or equal)
- L5790 Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber, or equal)
- L5795 Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber, or equal)

Additions: Endoskeletal Knee-Shin System

- L5810 Addition, endoskeletal knee-shin system, single axis, manual lock
- L5811 Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material
- L5812 Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
- L5814 Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
- L5816 Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock
- L5818 Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control
- L5822 Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
- L5824 Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
- L5826 Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
- L5828 Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
- L5830 Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control
- L5840 Addition, endoskeletal knee-shin system, 4-bar linkage or multi-axial, pneumatic swing phase control
- L5845 Addition, endoskeletal knee-shin system, stance flexion feature, adjustable
- L5846 Addition, endoskeletal knee-shin system, microprocessor control feature, swing phase only
- L5847 Addition, endoskeletal knee-shin system, microprocessor control feature, stance phase (I.C.)
- L5850 Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist
- L5855 Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist
- L5910 Addition, endoskeletal system, below knee, alignable system
- L5920 Addition, endoskeletal system, above knee or hip disarticulation, alignable system
- L5925 Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock
- L5930 Addition, endoskeletal system, high activity knee control frame
- L5940 Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber, or equal)
- L5950 Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber, or equal)
- L5960 Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber, or equal)
- L5962 Addition, endoskeletal system, below knee, flexible protective outer surface covering system
- L5964 Addition, endoskeletal system, above knee, flexible protective outer surface covering system
- L5966 Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

- L5968 Addition to lower-limb prosthesis, multi-axial ankle with swing phase active dorsiflexion feature
- L5970 All lower extremity prostheses, foot, external keel, SACH foot
- L5972 All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic, or equal)
- L5974 All lower extremity prostheses, foot, single axis ankle/foot
- L5975 All lower extremity prostheses, combination single axis ankle and flexible keel foot
- L5976 All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)
- L5978 All lower extremity prostheses, foot, multiaxial ankle/foot
- L5979 All lower extremity prostheses, multiaxial ankle/foot, dynamic response foot, one-piece system
- L5980 All lower extremity prostheses, flex-foot system
- L5981 All lower extremity prostheses, flex-walk system or equal
- L5982 All exoskeletal lower extremity prostheses, axial rotation unit
- L5984 All endoskeletal lower extremity prostheses, axial rotation unit
- L5985 All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
- L5986 All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)
- L5987 All lower extremity prostheses, shank foot system with vertical loading pylon
- L5988 Addition to lower limb prosthesis, vertical shock-reducing pylon feature
- L5989 Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors
- L5990 Addition to lower extremity prosthesis, user adjustable heel height
- L5999 Lower extremity prosthesis, not otherwise specified (I.C.)

UPPER LIMB

The procedures in this section are considered "base" or "basic" procedures and may be modified by listing procedures from the "Additions" section. The base procedures include only standard friction wrist and control cable system unless otherwise specified.

Partial Hand

- L6000 Partial hand, Robin-Aids, thumb remaining (or equal)
- L6010 Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)
- L6020 Partial hand, Robin-Aids, no finger remaining (or equal)

Wrist Disarticulation

- L6050 Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
- L6055 Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

Below Elbow

- L6100 Below elbow, molded socket, flexible elbow hinge, triceps pad
- L6110 Below elbow, molded socket (Muenster or Northwestern suspension types)
- L6120 Below elbow, molded double wall split socket, step-up hinges, half cuff
- L6130 Below elbow, molded double wall split socket, stump activated locking hinge, half cuff

Elbow Disarticulation

- L6200 Elbow disarticulation, molded socket, outside locking hinge, forearm
- L6205 Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm

Above Elbow

- L6250 Above elbow, molded double wall socket, internal locking elbow, forearm

Shoulder Disarticulation

- L6300 Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
- L6310 Shoulder disarticulation, passive restoration (complete prosthesis)
- L6320 Shoulder disarticulation, passive restoration (shoulder cap only)

Interscapular Thoracic

- L6350 Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
- L6360 Interscapular thoracic, passive restoration (complete prosthesis)
- L6370 Interscapular thoracic, passive restoration (shoulder cap only)

Immediate And Early Postsurgical Procedures

- L6380 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow
- L6382 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
- L6384 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
- L6386 Immediate postsurgical or early fitting, each additional cast change and realignment
- L6388 Immediate postsurgical or early fitting, application of rigid dressing only

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

Endoskeletal: Below Elbow

L6400 Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Endoskeletal: Elbow Disarticulation

L6450 Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Endoskeletal: Above Elbow

L6500 Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Endoskeletal: Shoulder Disarticulation

L6550 Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Endoskeletal: Interscapular Thoracic

L6570 Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping

L6580 Preparatory, wrist disarticulation or below elbow single wall plastic socket, friction wrist, flexible elbow hinges, figure-of-eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, molded to patient model

L6582 Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure-of-eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, single wall socket, friction wrist, flexible elbow hinges, figure-"8" harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, direct formed

L6584 Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure-of-eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model

L6586 Preparatory, elbow disarticulation or above elbow; single wall plastic socket, friction wrist, locking elbow, figure-of-eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed

L6588 Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model

L6590 Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed

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602 Service Codes and Descriptions (cont.)

Service
Code Service Description

ADDITIONS: UPPER LIMB

The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to the base procedure, at the time of the original order.

- L6600 Upper extremity additions, polycentric hinge, pair
- L6605 Upper extremity additions, single pivot hinge, pair
- L6610 Upper extremity additions, flexible metal hinge, pair
- L6615 Upper extremity addition, disconnect locking wrist unit
- L6616 Upper extremity addition, additional disconnect insert for locking wrist unit, each
- L6620 Upper extremity addition, flexion-friction wrist unit
- L6623 Upper extremity addition, spring assisted rotational wrist unit with latch release
- L6625 Upper extremity addition, rotation wrist unit with cable lock
- L6628 Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal
- L6629 Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
- L6630 Upper extremity addition, stainless steel, any wrist
- L6632 Upper extremity addition, latex suspension sleeve, each
- L6635 Upper extremity addition, lift assist for elbow
- L6637 Upper extremity addition, nudge control elbow lock
- L6640 Upper extremity additions, shoulder abduction joint, pair
- L6641 Upper extremity addition, excursion amplifier, pulley type
- L6642 Upper extremity addition, excursion amplifier, lever type
- L6645 Upper extremity addition, shoulder flexion-abduction joint, each
- L6650 Upper extremity addition, shoulder universal joint, each
- L6655 Upper extremity addition, standard control cable, extra
- L6660 Upper extremity addition, heavy duty control cable
- L6665 Upper extremity addition, Teflon or equal, cable lining
- L6670 Upper extremity addition, hook to hand, cable adapter
- L6672 Upper extremity addition, harness, chest or shoulder, saddle type
- L6675 Upper extremity addition, harness, figure-of-eight type, for single control
- L6676 Upper extremity addition, harness, figure-of-eight type, for dual control
- L6680 Upper extremity addition, test socket, wrist disarticulation or below elbow
- L6682 Upper extremity addition, test socket, elbow disarticulation or above elbow
- L6684 Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic
- L6686 Upper extremity addition, suction socket
- L6687 Upper extremity addition, frame type socket, below elbow or wrist disarticulation
- L6688 Upper extremity addition, frame type socket, above elbow or elbow disarticulation
- L6689 Upper extremity addition, frame type socket, shoulder disarticulation

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Service

Code Service Description

L6690 Upper extremity addition, frame type socket, interscapular-thoracic
 L6691 Upper extremity addition, removable insert, each
 L6692 Upper extremity addition, silicone gel insert or equal, each
 L6693 Upper extremity addition, locking elbow, forearm counterbalance

TERMINAL DEVICES

Hooks

L6700 Terminal device, hook, Dorrance or equal, model #3
 L6705 Terminal device, hook, Dorrance or equal, model #5
 L6710 Terminal device, hook, Dorrance or equal, model #5X
 L6715 Terminal device, hook, Dorrance or equal, model #5XA
 L6720 Terminal device, hook, Dorrance or equal, model #6
 L6725 Terminal device, hook, Dorrance or equal, model #7
 L6730 Terminal device, hook, Dorrance or equal, model #7LO
 L6735 Terminal device, hook, Dorrance or equal, model #8
 L6740 Terminal device, hook, Dorrance or equal, model #8X
 L6745 Terminal device, hook, Dorrance or equal, model #88X
 L6750 Terminal device, hook, Dorrance or equal, model #10P
 L6755 Terminal device, hook, Dorrance or equal, model #10X
 L6765 Terminal device, hook, Dorrance or equal, model #12P
 L6770 Terminal device, hook, Dorrance or equal, model #99X
 L6775 Terminal device, hook, Dorrance or equal, model #555
 L6780 Terminal device, hook, Dorrance or equal, model #SS555
 L6790 Terminal device, hook, Accu-hook or equal
 L6795 Terminal device, hook, 2 load or equal
 L6800 Terminal device, hook, APRL VC or equal
 L6805 Terminal device, modifier wrist flexion unit
 L6806 Terminal device, hook, TRS Grip, Grip III, VC, or equal
 L6807 Terminal device, hook, Grip I, Grip II, VC, or equal
 L6808 Terminal device, hook, TRS Adept, infant or child, VC, or equal
 L6809 Terminal device, hook, TRS Super Sport, passive
 L6810 Terminal device, pincher tool, Otto Bock or equal

Hands

L6825 Terminal device, hand, Dorrance, VO
 L6830 Terminal device, hand, Dorrance, APRL, VC
 L6835 Terminal device, hand, Dorrance, Sierra, VO
 L6840 Terminal device, hand, Dorrance, Becker Imperial
 L6845 Terminal device, hand, Dorrance, Becker Lock Grip

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602 Service Codes and Descriptions (cont.)

Service

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- L6850 Terminal device, hand, Dorrance, Becker Plylite
- L6855 Terminal device, hand, Dorrance, Robin-Aids, VO
- L6860 Terminal device, hand, Dorrance, Robin-Aids, VO soft
- L6865 Terminal device, hand, Dorrance, passive hand
- L6867 Terminal device, hand, Dorrance, Detroit Infant Hand (mechanical)
- L6868 Terminal device, hand, Dorrance, passive infant hand (Steeper, Hosmer, or equal)
- L6870 Terminal device, hand, Dorrance, child mitt
- L6872 Terminal device, hand, Dorrance, NYU child hand
- L6873 Terminal device, hand, Dorrance, mechanical infant hand, Steeper or equal
- L6875 Terminal device, hand, Dorrance, Bock, VC
- L6880 Terminal device, hand, Dorrance, Bock, VO
- L6881 Automatic grasp feature, addition to upper limb prosthetic terminal device
- L6882 Microprocessor control feature, addition to upper limb prosthetic terminal device

Gloves For Above Hands

- L6890 Terminal device, glove for above hands, production glove
- L6895 Terminal device, glove for above hands, custom glove

Hand Restoration

- L6900 Hand restoration (casts, shading, and measurements included), partial hand, with glove, thumb or one finger remaining
- L6905 Hand restoration (casts, shading, and measurements included), partial hand, with glove, multiple fingers remaining
- L6910 Hand restoration (casts, shading, and measurements included), partial hand, with glove, no fingers remaining
- L6915 Hand restoration (shading and measurements included), replacement glove for above

EXTERNAL POWER

Base Devices

- L6920 Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
- L6925 Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
- L6930 Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

- L6935 Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
- L6940 Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
- L6945 Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
- L6950 Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
- L6955 Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
- L6960 Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
- L6965 Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
- L6970 Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
- L6975 Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
- L7010 Electronic hand, Otto Bock, Steeper, or equal, switch controlled
- L7015 Electronic hand, System Teknik, Variety Village or equal, switch controlled
- L7020 Electronic greifer, Otto Bock or equal, switch controlled
- L7025 Electronic hand, Otto Bock or equal, myoelectronically controlled
- L7030 Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled
- L7035 Electronic greifer, Otto Bock or equal, myoelectronically controlled
- L7040 Prehensile actuator, Hosmer or equal, switch controlled
- L7045 Electronic hook, child, Michigan or equal, switch controlled

Elbow

- L7170 Electronic elbow, Hosmer or equal, switch controlled
- L7180 Electronic elbow, Boston, Utah, or equal, myoelectronically controlled (I.C.)
- L7185 Electronic elbow, adolescent, Variety Village or equal, switch controlled
- L7186 Electronic elbow, child, Variety Village or equal, switch controlled

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

- L7190 Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
- L7191 Electronic elbow, child, Variety Village or equal, myoelectronically controlled
- L7260 Electronic wrist rotator, Otto Bock or equal
- L7261 Electronic wrist rotator, for Utah arm
- L7266 Servo control, Steeper or equal
- L7272 Analogue control, UNB or equal
- L7274 Proportional control, 6-12 volt, Liberty, Utah, or equal

Battery Components

- L7360 Six-volt battery, Otto Bock or equal, each
- L7362 Battery charger, six volt, Otto Bock or equal
- L7364 12-volt battery, Utah or equal, each
- L7366 Battery charger, 12 volt, Utah or equal
- L7499 Upper extremity prosthesis, not otherwise specified (I.C.)

Repairs

- L7510 Repair of prosthetic device, repair or replace minor parts (I.C.)
- L7520 Repair of prosthetic device, labor component, per 15 minutes

GENERAL

Prosthesis

- L8000 Breast prosthesis, mastectomy bra
- L8001 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral
- L8002 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral
- L8010 Breast prosthesis, mastectomy sleeve
- L8015 External breast prosthesis garment, with mastectomy form, post mastectomy
- L8020 Breast prosthesis, mastectomy form
- L8030 Breast prosthesis, silicone or equal
- L8035 Custom breast prosthesis, post mastectomy, molded to patient model
- L8039 Breast prosthesis, not otherwise specified (I.C.)

Elastic Supports

- L8100 Gradient compression stocking, below knee, 18-30 mmhg, each
- L8110 Gradient compression stocking, below knee, 30-40 mmhg, each
- L8120 Gradient compression stocking, below knee, 40-50 mmhg, each
- L8130 Gradient compression stocking, thigh length, 18-30 mmhg, each
- L8140 Gradient compression stocking, thigh length, 30-40 mmhg, each

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602 Service Codes and Descriptions (cont.)

Service

Code Service Description

- L8150 Gradient compression stocking, thigh length, 40-50 mmhg, each
- L8160 Gradient compression stocking, full length/chap style, 18-30 mmhg, each
- L8170 Gradient compression stocking, full length/chap style, 30-40 mmhg, each
- L8180 Gradient compression stocking, full length/chap style, 40-50 mmhg, each
- L8190 Gradient compression stocking, waist length, 18-30 mmhg, each
- L8195 Gradient compression stocking, waist length, 30-40 mmhg, each (I.C.)
- L8200 Gradient compression stocking, waist length, 40-50 mmhg, each
- L8210 Gradient compression stocking, custom made
- L8220 Gradient compression stocking, lymphedema
- L8230 Gradient compression stocking, garter belt
- L8239 Gradient compression, not otherwise specified (I.C.)

Trusses

- L8300 Truss, single with standard pad
- L8310 Truss, double with standard pads
- L8320 Truss, addition to standard pad, water pad
- L8330 Truss, addition to standard pad, scrotal pad

Prosthetic Socks

- L8400 Prosthetic sheath, below knee, each
- L8410 Prosthetic sheath, above knee, each
- L8415 Prosthetic sheath, upper limb, each
- L8417 Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
- L8420 Prosthetic sock, multiple ply, below knee, each
- L8430 Prosthetic sock, multiple ply, above knee, each
- L8435 Prosthetic sock, multiple ply, upper limb, each
- L8440 Prosthetic shrinker, below knee, each
- L8460 Prosthetic shrinker, above knee, each
- L8465 Prosthetic shrinker, upper limb, each
- L8470 Prosthetic sock, single ply, fitting, below knee, each
- L8480 Prosthetic sock, single ply, fitting, above knee, each
- L8485 Prosthetic sock, single ply, fitting, upper limb, each
- L8490 Addition to prosthetic sheath/sock, air seal suction retention system

OTHER PROSTHETIC PROCEDURES

- L8499 Unlisted procedure for miscellaneous prosthetic services (I.C.)
- Y9530 Nursing facility visit