Subject: Durable Medical Equipment: Orthotics and Prosthetics

Medical Policy #: 4.6 **Original Effective Date:** 05/27/2009

Status: Reviewed **Last Annual Review Date:** 05-28-2025

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

For ALL Custom Fabricated Durable Medical Equipment (DME) listed in this MPM require Prior Authorization and others may or may not require Prior Authorization please verify by Log on to Pres Online to verify and/or submit a request: https://ds.phs.org/preslogin/index.jsp

- Items that do not require Prior Authorization are subject to retrospective review and are only covered for the indications listed.
- All Durable Medical Equipment is subject to the limitations and exclusions of the member's specific benefit plan.

Description

This Medical Policy includes information on the following items:

1. Ankle-Foot (AFO) and Knee-Ankle-Foot Orthosis (KAFO):
2. Cranial Orthotic Devices (CODs):
3. Knee Orthoses:
4. Lower Limb Prosthesis:
5. Myoelectric Prosthesis for the Upper Limb:

Durable Medical Equipment (DME) is defined as equipment which:

- Can withstand repeated use;
- *Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;*[9]
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of illness or injury; and
- Is appropriate for use in a patient's home, at school or at work.

DME can be rented or purchased, depending on the length; of time the member will need the equipment. The decision whether to rent or purchase DME is made by PHP.

Other related medical policies:

- Durable Medical Equipment (DME): Miscellaneous, MPM 4.5
- Durable Medical Equipment (DME): Rehabilitation and Mobility Devices, MPM 4.2
- Durable Medical Equipment (DME): Respiratory Devices, MPM 4.3
- Osteogenic Bone Growth Stimulators, MPM 15.1

To be eligible for prosthetics and custom orthotic, a patient must meet ALL the following:

- The covered prosthetics and custom orthotics must be at least equivalent to the coverage provided by Medicare.
- Must be determined to be medically necessary by the member's treating physician to:
  - restore or maintain the ability to complete activities of daily living or essential job-related activities; and
  - that is not solely for the comfort or convenience of the member; and
  - be under the care of a physician; and
  - receive services under a plan of care established and reviewed by a physician; and
  - may have had a face-to-face encounter with a physician or allowed non-physician practitioner (NPP). As a condition for payment, 42 CFR §410.38 and Final Rule CMS-1713-F (84 Fed. Reg Vol 217);
  - require that a treating practitioner have a face-to-face encounter with a beneficiary within the six months prior to prescribing items that appear on the CGS Supply Manual under Required Face-to-Face Encounter and Written Order Prior to Delivery List.; and
- Medically necessary is justified by documentation in the medical record which include:
  - All services and supplies necessary for the effective use of a prosthetic or custom orthotic, which may include:
    - ✓ Rehabilitative therapy services that address recovery or improvement in function using the prosthetic and orthotic devices;
    - ✓ When a service is reasonable and necessary, the need can be determined through knowledge of the members condition, and any complexities that impact that condition. Factors that contribute to need vary, but generally they relate to such factors as:
      - the patient's diagnoses,

        - complicating factors,
        - age,
        - severity,
        - time since onset/acuity,
        - self-efficacy/motivation,
        - cognitive ability,
        - prognosis,
        - and/or medical, psychological, and social stability.
    - ✓ Describe objective measurements which, when compared, show improvements in function such as:
        - decrease in severity or rationalization for an optimistic outlook to justify continued use of the prosthetic or orthotic device(s)
        - Improvement is evidenced by the extent and duration of trail phase that shows the member has achieved the potential, rehabilitative therapy when using the prosthesis.
- Coverage includes all services and supplies necessary for the effective use of a prosthetic or custom orthotic device, including:
    - formulation of its design, fabrication, material and component selection, measurements, fittings and static and dynamic alignments; and
    - all materials and components necessary to use it; and
    - instruction to the member in the use of prosthetic and orthotic; and
    - the repair and replacement of it.
- Submission of most recent version of evidence-based treatment recognized by relevant clinical specialists or organizations is encouraged to support the potential for continued improvement that may justify the patients need for prosthetic and orthotic so to help establish:
    - subjective measures of improvement; and
    - sequential measurements of the patient's condition during the use of the most appropriate prosthetic components.
- Amputees should be evaluated by an independent trained prosthetic clinician to determine the most appropriate prosthetic components and control mechanism (e.g., body-powered, myoelectric, or combination of body-powered and myoelectric). A trial period may be indicated to evaluate the tolerability of the prosthesis in a real-life setting.

Repairs, Maintenance, and Replacement

For the following PHP will follow Medicare Publication 100-02, Benefit Policy Manual, Ch 15 – Covered Medical and Other Health Services, 110.2 General Durable Medical Equipment or CGS Supplier Manual. General provisions relating to the repair and replacement of durable medical equipment in §110.2 for the repair and replacement of prosthetic devices are applicable. (See the Medicare Benefit Policy Manual, Chapter 16, "General Exclusions from Coverage," §40.4, for payment for devices replaced under a warranty.) Necessary supplies, adjustments, repairs, and replacements are covered even when the device had been in use before the user enrolled in the plan, so long as the device continues to be medically required.

- Benefits Improvement and Protection Act of 2000 amended §1834(h)(1) of the Act by adding a provision (1834 (h)(1)(G)(i)) that requires payment to be made for the replacement of prosthetic devices which are artificial limbs, or for the replacement of any part of such devices, without regard to continuous use or useful lifetime restrictions if an ordering physician determines that the replacement device, or replacement part of such a device, is necessary.
- Payment may be made for the replacement of a prosthetic device that is an artificial limb, or replacement part of a device if the ordering physician determines that the replacement device or part is necessary because of any of the following:
    1. A change in the physiological condition of the patient; or
    2. An irreparable change in the condition of the device, or in a part of the device; or
    3. The condition of the device, or the part of the device, requires repairs and the cost of such repairs would be more than 60 percent of the cost of a replacement device, or, as the case may be, of the part being replaced.

  It supersedes any rule that that provided a 5-year or other replacement rule with regard to prosthetic devices.

Accessories and/or supplies:

Accessories and/or supplies which are used directly with an prosthetic and/or orthotic device(s) to achieve the therapeutic benefit of the prosthesis or to assure the proper functioning of the device may also be covered under the prosthetic device benefit subject to the additional guidelines in the Medicare National Coverage Determinations Manual.

Supplies are covered that are necessary for the effective use of a prosthetic device (e.g., the batteries needed to operate a prosthetic/orthotic). Adjustment of prosthetic devices required by wear or by a change in the patient's condition is covered when ordered by a physician.

Coverage Determination

Prior Authorization may be required. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp.

For Medicaid, Commercial and ASO:

Items classified in DME may not be covered in every instance. Coverage is subject to the following.

There must be an in-person visit with a physician specifically addressing the patient's mobility needs. Documentation to include history and physical examination focusing on an assessment of the patient's mobility limitation needs to include:

- The equipment must be necessary and reasonable for the treatment of an illness or injury, or to improve the functioning of a body part.[1]
- The patient's diagnosis justifies that the equipment or supply being requested is medically necessary.
- The practitioner's documentation must include the patient's diagnosis, the reason equipment is required and the practitioner's estimate of the duration of its need.

Many of the following criteria refer the user to a CMS DME MAC Local Coverage Determination (LCD). Unless otherwise noted, these LCDs are located at Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C, and can be accessed on the Internet at: Celerian Group Company (CGS). See also NMAC 8.324.5 for covered and non-covered DME.

For Medicaid, Commercial and ASO: For the following items, (depending on the members benefit) there must be an additional supportive documentation by a provider with expertise or a rehabilitation specialist (e.g., rehabilitation expertise, prosthetist) that documents why a standard prosthetic device will not be appropriate to meet member's essential health benefits for the following consideration:

- There must be supportive documentation by rehabilitation specialist documenting why a standard prosthetic device will not be appropriate to meet member's needs for sporting activities.
- Determined by the treating provider to be the most appropriate model that meets the medical needs of the enrollee for performing physical activities, which may include:
    - Prosthetics used for activities other than normal daily living, including, but may not be limited to, those utilized for leisure or sporting activities such as skiing or swimming.

Criteria for Orthotics and Prosthetics

1. **Ankle-Foot (AFO) and Knee-Ankle-Foot Orthosis (KAFO):**
   For Commercial, Medicaid and Medicare.

   Prior Authorization is required. Please check with PHP Prior Authorization Department or the PHP website. Logon to Pres Online to submit a request: https://www.phs.org/providers/authorizations/Pages/default.aspx

   Presbyterian Health Plan (PHP) follows CMS, Ankle-Foot/Knee-Ankle-Foot Orthosis, LCD L33686 and related Article LCA A52457.

   Codes L4392, L4394, L4396, L4397, L4398 are noncovered when they are used solely for the prevention or treatment of a pressure ulcer.

   An orthosis (brace) is a rigid or semi-rigid device used to support a weak or deformed body part, or to restrict or eliminate motion in a diseased or injured body part. Items that are not sufficiently rigid to be capable of providing the necessary immobilization or support to the body part for which it is designed do NOT meet the definition of the Braces Benefit.

   It can be prefabricated (manufactured in quantity) or custom fabricated (individually made for a specific patient). For a custom-fabricated orthosis, there must be documentation in the supplier's records to support the medical necessity of that type device rather than a prefabricated orthosis.

   For Microprocessor controlled knee-ankle-foot orthoses (HCPCS code L2006):

   Prior Authorization is required for Commercial, Medicaid and Medicare

   In addition to LCD (L33686), the use of a microprocessor-controlled knee-ankle-foot orthosis is considered medically necessary when provided by certified orthotist and when **all** of the following criteria have been met:

   Coverage criteria:
   1. Member is ambulatory and use of a knee-ankle-foot orthosis (KAFO) is appropriate; **and**
   2. Members has adequate cardiac reserve and cognitive learning ability to master the higher level technology; **and**
   3. Documentation supports there is a reasonable likelihood of better mobility or stability with the device instead of a KAFO; **and**
   4. The documentation supports ambulation in situations where the device will provide benefit (for example, regular need to ascend/descend stairs, traverse uneven surfaces or ambulate for long distances);

2. **Cranial Orthotic Devices (CODs):**
   For Commercial and Medicaid.

   Prior Authorization is not required.

PHP follows MCG ACG: **A-0407**, Cranial Orthotic Devices (molding helmets). MCG has provided a tool that allows Presbyterian Health Plan members and prospective members to view relevant MCG guidelines, however you will not be able to print them. Follow the instructions provided at MCG Care Guideline to access the MCG Guidelines.

Also referred to as cranial helmets, cranial orthoses, and cranial bands, are prefabricated or custom-fitted and custom-molded devices that allow for growth in certain regions of the cranium and restrict growth in others. Thus, CODs do not alter the magnitude of intrinsic brain growth but rather its direction. Designs may be active or passive in nature, rigid or flexible, or hinged or circumferential. To encourage the skull to grow into a desired configuration, most helmets apply passive restriction rather than active compression forces, although there may be little distinction between the methods.

Purpose of Technology: Cranial orthotic devices are used to redirect growth of the skull bones and reduce cranial asymmetry in infants.

3. **Knee Orthoses:**
Prior Authorization is required for Custom Fabricated knee orthoses: L1834, L1840, L1844, L1846, and L1860. Please check with PHP Prior Authorization Department or the PHP website. Logon to Pres Online to submit a request: https://www.phs.org/providers/authorizations/Pages/default.aspx

For Commercial, Medicare and Medicaid.

PHP follows CMS Knee Orthoses, LCD L33318**,** and related Article A52465 and for Medicaid see also NMAC 8.324.5 for coverage of knee orthoses for both prefabricated and custom fabricated orthoses. See LCA A52465 for complete listing of covered diagnosis.

4. **Lower Limb Prosthesis:**
Prior Authorization is required. Please check with PHP Prior Authorization Department or the PHP website. Logon to Pres Online to submit a request: https://www.phs.org/providers/authorizations/Pages/default.aspx

For Sports related Prosthetic & Custom Orthotic Devices maybe considered for Medicaid, Commercial and ASO members.

For Commercial, Medicare and Medicaid.
PHP follows CMS, Lower Limb Prostheses, LCD L33787, and related policy Article A52496 and for Medicaid see also NMAC 8.324.5 for coverage information of lower limb prosthesis to include feet, knees, ankles, hips, and sockets.

5. **Myoelectric Prosthesis for the Upper Limb:**
Prior Authorization is required. Please check with PHP Prior Authorization Department or the PHP website. Logon to Pres Online to submit a request: https://www.phs.org/providers/authorizations/Pages/default.aspx

For Commercial, Medicaid and Medicare.

Request should include Manufacture/Distributor and model number which can be obtained from PDAC.

Any request for a myoelectric prosthesis must be reviewed by a medical director.

Myoelectric prosthesis may be indicated when **(A thru D)** are present:

A. The patient should be evaluated by an independent trained prosthetic clinician to determine the most appropriate prosthetic components and control mechanism (e.g., body-powered, myoelectric, or combination of body-powered and myoelectric). A trial period may be indicated to evaluate the tolerability of the prosthesis in a real-life setting.

B. Candidates suitable for myoelectric prosthesis, must meet **(1 thru 8)**:
   1. Amputation or missing limb, such as unilateral trans humeral or trans radial (forearm) deficiency **OR** an amputation through the wrist.
   2. Willing and able to participate in myoelectric prosthesis training.
   3. Patient can tolerate weight of prosthesis.
   4. Adequate cognitive ability to effectively operate myoelectric prosthesis.
   5. Remaining proximal arm musculature contains minimum microvolt threshold to operate myoelectric prosthesis.
   6. No surrounding environment that precludes use of myoelectric prosthesis (eg, excessive moisture or dust).
   7. The patient is free of comorbidities that could interfere with function of the prosthesis (neuromuscular disease, etc.).
   8. Functional evaluation indicates that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the individual (e.g., gripping, releasing, holding, and coordinating movement of the prosthesis) when performing activities of daily living. This evaluation should consider the patient's needs for control, durability (maintenance), function (speed, work capability), and usability.

C. A standard body-powered prosthesis cannot be used or has insufficient functionality to assist patient with performance of activities of daily living.

D. The following will be reviewed on a case-by-case basis by the Medical Director.
   - Upper-limb prosthetic components with both sensor and myoelectric control.
   - A prosthesis with individually powered digits, including but not limited to a partial hand prosthesis.
   - Myoelectric prosthetic components for the upper limb are considered not medically necessary in individuals who do not meet the criteria listed above.

Documentation of ALL the following is required:
- Evaluation of functional needs by a provider or team of experts with appropriate expertise.

- The team usually includes a physician with rehabilitation expertise, a prosthetist and an occupational therapist.
- Explanation of why a standard prosthetic device will not be appropriate.
- Verify that the member is cognitively and physically capable of effectively operating a myoelectric prosthesis.
- Address mitigation strategies for reducing risk of abandonment.

Exclusion:

- Myoelectric controlled upper-limb orthoses are considered investigational.

DME Maintenance

Repair and/or replacement of DME Orthotics and Prosthetics:
For Prosthetics and orthotics supplies a replacement of items is limited to one item every three years, unless there is a change in the MAP eligible recipient's medical necessity. See New Mexico Administrative Code (NMAC) 8.324.5 for Medicaid benefit plan for complete description.

Replacement:
For replacement instruction see Standard Documentation Requirements for All Claims Submitted to DME MACs.
There are special rules for the replacement of artificial arms, legs and eyes.
Adjustments and repairs of prostheses and prosthetic components are covered under the original order for the prosthetic device.
Payment may be made for the replacement of prosthetic devices, which are artificial limbs, or for the replacement of any part of such devices, without regard to continuous use or useful lifetime restrictions if a treating physician/practitioner determines that the replacement device, or replacement part of such a device, is necessary.
Claims involving the replacement of a prosthesis or major component (foot, ankle, knee, socket etc.) must be supported by a new treating physician/practitioner's order and documentation supporting the reason for the replacement. The reason for replacement must be documented by the treating physician/practitioner, either on the order or in the medical record, and must fall under one of the following:

- A change in the physiological condition of the patient resulting in the need for a replacement. Examples include but are not limited to, changes in beneficiary weight, changes in the residual limb, beneficiary functional need changes; **or**
- An irreparable change in the condition of the device, or in a part of the device resulting in the need for a replacement; **or**
- Replacement, without regard to reasonable useful lifetime restrictions, including replacement necessary due to a change in the patient's condition or the condition of the device or a piece of the device, if replacement the device requires repairs costing more than 60 percent of replacement cost.

The prosthetist must retain documentation of the prosthesis or prosthetic component replaced, the reason for replacement, and a description of the labor involved irrespective of the time since the prosthesis was provided to the beneficiary. This information must be available upon request. It is recognized that there are situations where the reason for replacement includes but is not limited to changes in the residual limb; functional need changes; or irreparable damage or wear/tear due to excessive beneficiary weight or prosthetic demands of very active amputees.

Exclusions

- Foot orthotics (functional or accommodative) or shoe appliances are not covered.
- Repair or replacement of orthotic or prosthetic devices due to loss, neglect, theft, misuse, abuse or to improve appearance is not covered. Refer to member's specific benefit plan for repair and replacement policy.
- Repair and replacement of items covered under the manufacturer or supplier warranty is not covered.
- Upgraded or deluxe items, or duplicate items
- **Medicaid- NONCOVERED SERVICES (8.324.5.15.D)**
  Prosthetic and orthotics: The following services are not covered: (1) orthotic supports for the arch or other supportive devices for the foot, unless they are integral parts of a leg brace or therapeutic shoes furnished to diabetics; and (2) prosthetic devices or implants that are used primarily for cosmetic purposes.

Definitions

Durable Medical Equipment (DME): Items that are reusable and provide support for physical limitations and disabilities, can withstand repeated use, and are used for a medical purpose, in the member's residence under a healthcare providers' supervision.

Orthotic appliances: Devices that support or brace the body and may be used to improve the function of a movable part of the body.

Prosthetic device: Artificial substitutes for a missing body part; used for functional or cosmetic reasons.

Reasonable useful lifetime: In the absence of Medicare Program Instructions, the reasonable useful lifetime can be determined by the member's individual plan, but in no case can it be less than 5 years. Computation of the useful lifetime is based on when the equipment was delivered to the member, not the age of the equipment. If the equipment remains in good working order and meets the member's medical needs, it should not be automatically replaced.

Functional levels for Lower Limb Prostheses:

A determination of the medical necessity for certain components/additions to the prosthesis is based on the member's potential functional abilities. Clinical assessments of beneficiary rehabilitation potential must be based on the following classification levels:

- **Level 0:** Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility. ***(Prostheses will be denied as not reasonable and necessary at this level)***
- **Level 1:** Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
- **Level 2:** Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.
- **Level 3:** Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
- **Level 4**: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

HCPCS CODE	Description for Ankle-Foot/Knee-Ankle-Foot orthosis. Codes may not be covered under all circumstances. Please visit LCA A52457 policy and read the guidelines carefully.
A4467	Belt, strap, sleeve, garment, or covering, any type
A9283	Foot pressure off loading/supportive device, any type, each.
A9285	Inversion/eversion correction device
L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated
L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
L1920	Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom fabricated
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment
L1932	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1933	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf
L1940	Ankle foot orthosis, plastic or other material, custom fabricated
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated
L1950	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1952	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated, off-the-shelf
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated
L1971	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment

HCPCS CODE	Description for Ankle-Foot/Knee-Ankle-Foot orthosis. Codes may not be covered under all circumstances. Please visit LCA A52457 policy and read the guidelines carefully.
L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom fabricated
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated
L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated
L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated
L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated
L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated
L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
L2126	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated
L2132	Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
L2134	Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2136	Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim
L2190	Addition to lower extremity fracture orthosis, waist belt

HCPCS CODE	Description for Ankle-Foot/Knee-Ankle-Foot orthosis. Codes may not be covered under all circumstances. Please visit LCA A52457 policy and read the guidelines carefully.
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt
L2200	Addition to lower extremity, limited ankle motion, each joint
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
L2240	Addition to lower extremity, round caliper and plate attachment
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment
L2260	Addition to lower extremity, reinforced solid stirrup (scott-craig type)
L2265	Addition to lower extremity, long tongue stirrup
L2270	Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
L2280	Addition to lower extremity, molded inner boot
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable
L2310	Addition to lower extremity, abduction bar-straight
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2335	Addition to lower extremity, anterior swing band
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model
L2350	Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for 'ptb' 'afo' orthoses)
L2360	Addition to lower extremity, extended steel shank
L2370	Addition to lower extremity, patten bottom
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint
L2390	Addition to lower extremity, offset knee joint, each joint
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint
L2397	Addition to lower extremity orthosis, suspension sleeve
L2405	Addition to knee joint, drop lock, each
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
L2492	Addition to knee joint, lift loop for drop lock ring
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ ischial weight bearing, ring
L2510	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, molded to patient model
L2520	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, custom fitted
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted
L2530	Addition to lower extremity, thigh-weight bearing, lacer, non-molded

HCPCS CODE	Description for Ankle-Foot/Knee-Ankle-Foot orthosis. Codes may not be covered under all circumstances. Please visit LCA A52457 policy and read the guidelines carefully.
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)
L2768	Orthotic side bar disconnect device, per bar
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar
L2785	Addition to lower extremity orthosis, drop lock retainer, each
L2795	Addition to lower extremity orthosis, knee control, full kneecap
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only
L2810	Addition to lower extremity orthosis, knee control, condylar pad
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each
L2999	Lower extremity orthoses, not otherwise specified
L4002	Replacement strap, any orthosis, includes all components, any length, any type
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, for custom fabricated orthosis only
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only
L4050	Replace molded calf lacer, for custom fabricated orthosis only
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only
L4060	Replace high roll cuff
L4070	Replace proximal and distal upright for kafo
L4080	Replace metal bands kafo, proximal thigh
L4090	Replace metal bands kafo-afo, calf or distal thigh
L4100	Replace leather cuff kafo, proximal thigh
L4110	Replace leather cuff kafo-afo, calf or distal thigh
L4130	Replace pretibial shell
L4205	Repair of orthotic device, labor component, per 15 minutes
L4210	Repair of orthotic device, repair or replace minor parts
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4392	Replacement, soft interface material, static afo
L4394	Replace soft interface material, foot drop splint

HCPCS CODE	Description for Ankle-Foot/Knee-Ankle-Foot orthosis. Codes may not be covered under all circumstances. Please visit LCA A52457 policy and read the guidelines carefully.
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
E1810	Dynamic adjustable knee extension and flexion device, includes soft interface material
E1813	Dynamic adjustable knee extension only device, includes soft interface material
E1814	Dynamic adjustable knee flexion only device, includes soft interface material
E1815	Dynamic adjustable ankle extension and flexion device, includes soft interface material
E1822	Dynamic adjustable ankle extension only device, includes soft interface material
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material

HCPCS CODE	Description for Cranial Orthotic Devices, (MCG A-0407)
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)

HCPCS CODE	DESCRIPTION for Knee Orthoses. Codes may not be covered under all circumstances. Please visit LCD L33318 or LCA A52465 policies and read the guidelines carefully. Custom Fabricated Knee Orthoses require Prior Authorization.
A4467	Belt, strap, sleeve, garment, or covering, any type
A9270	Non-covered item or service
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each
L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1821	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf

HCPCS CODE	DESCRIPTION for Knee Orthoses. Codes may not be covered under all circumstances. Please visit LCD L33318 or LCA A52465 policies and read the guidelines carefully. Custom Fabricated Knee Orthoses require Prior Authorization.
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1834	Knee orthosis, without knee joint, rigid, **custom fabricated**
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, **custom** fabricated
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, **custom fabricated**
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, **custom fabricated**
L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf
L1850	Knee orthosis, Swedish type, prefabricated, off-the-shelf
L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, **custom fabricated**
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint
L2390	Addition to lower extremity, offset knee joint, each joint
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint
L2397	Addition to lower extremity orthosis, suspension sleeve
L2405	Addition to knee joint, drop lock, each
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

HCPCS CODE	DESCRIPTION for Knee Orthoses. Codes may not be covered under all circumstances. Please visit LCD L33318 or LCA A52465 policies and read the guidelines carefully. Custom Fabricated Knee Orthoses require Prior Authorization.
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
L2492	Addition to knee joint, lift loop for drop lock ring
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar
L2785	Addition to lower extremity orthosis, drop lock retainer, each
L2795	Addition to lower extremity orthosis, knee control, full kneecap
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only
L2810	Addition to lower extremity orthosis, knee control, condylar pad
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
L2999	Lower extremity orthoses, not otherwise specified
L4002	Replacement strap, any orthosis, includes all components, any length, any type
L4205	Repair of orthotic device, labor component, per 15 minutes
L4210	Repair of orthotic device, repair or replace minor parts
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code

HCPCS CODE	Description for Lower Limb Prostheses. Codes may not be covered under all circumstances. Please visit LCD L33787 or LCA A52496 policies and read the guidelines carefully.
L5000	Partial foot, shoe insert with longitudinal arch, toe filler
L5010	Partial foot, molded socket, ankle height, with toe filler
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
L5050	Ankle, symes, molded socket, sach foot
L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot
L5100	Below knee, molded socket, shin, sach foot
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot
L5210	Above knee, 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
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot

HCPCS CODE	Description for Lower Limb Prostheses. Codes may not be covered under all circumstances. Please visit LCD L33787 or LCA A52496 policies and read the guidelines carefully.
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
L5400	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
L5410	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment
L5420	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'AK' or knee disarticulation
L5430	Immediate post-surgical or early fitting, application of initial rigid dressing, incl. Fitting, alignment and suspension, 'AK' or knee disarticulation, each additional cast change and realignment
L5450	Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, below knee
L5460	Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, above knee
L5500	Initial, below knee 'PTB' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
L5510	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
L5520	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
L5530	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
L5535	Preparatory, below knee 'PTB' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open-end socket
L5540	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed

HCPCS CODE	Description for Lower Limb Prostheses. Codes may not be covered under all circumstances. Please visit LCD L33787 or LCA A52496 policies and read the guidelines carefully.
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open-end socket
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable 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
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
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
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
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

HCPCS CODE	Description for Lower Limb Prostheses. Codes may not be covered under all circumstances. Please visit LCD L33787 or LCA A52496 policies and read the guidelines carefully.
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, fluid, gel or equal, cushion socket
L5647	Addition to lower extremity, below knee suction socket
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket
L5649	Addition to lower extremity, ischial containment/narrow m-l socket
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket
L5654	Addition to lower extremity, socket insert, symes, (kemblo, pelite, aliplast, plastazote or equal)
L5655	Addition to lower extremity, socket insert, below knee (kemblo, pelite, aliplast, plastazote or equal)
L5656	Addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, aliplast, plastazote or equal)
L5658	Addition to lower extremity, socket insert, above knee (kemblo, pelite, aliplast, plastazote or equal)
L5661	Addition to lower extremity, socket insert, multi-durometer symes
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee
L5666	Addition to lower extremity, below knee, cuff suspension
L5668	Addition to lower extremity, below knee, molded distal cushion
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ('pts' or similar)
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert
L5672	Addition to lower extremity, below knee, removable medial brim suspension
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair
L5678	Additions to lower extremity, below knee, joint covers, pair
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel,

HCPCS CODE	Description for Lower Limb Prostheses. Codes may not be covered under all circumstances. Please visit LCD L33787 or LCA A52496 policies and read the guidelines carefully.
	elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5684	Addition to lower extremity, below knee, fork strap
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each
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
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
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only
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
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control

HCPCS CODE	Description for Lower Limb Prostheses. Codes may not be covered under all circumstances. Please visit LCD L33787 or LCA A52496 policies and read the guidelines carefully.
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
L5827	ENDOSKELETALKNEE-SHIN SYSTEM, SINGLE AXIS, ELECTRO MECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING
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

HCPCS CODE	Description for Lower Limb Prostheses. Codes may not be covered under all circumstances. Please visit LCD L33787 or LCA A52496 policies and read the guidelines carefully.
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
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)
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
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
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
L5970	All lower extremity prostheses, foot, external keel, sach foot
L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only
L5972	All lower extremity prostheses, foot, flexible keel

HCPCS CODE	Description for Lower Limb Prostheses. Codes may not be covered under all circumstances. Please visit LCD L33787 or LCA A52496 policies and read the guidelines carefully.
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
L5974	All lower extremity prostheses, foot, single axis ankle/foot
L5975	All lower extremity prosthesis, 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 prosthesis, multi-axial ankle, 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 prosthesis, axial rotation unit, with or without adjustability
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5986	All lower extremity prostheses, multi-axial rotation unit ('MCP' or equal)
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
L5990	Addition to lower extremity prosthesis, user adjustable heel height
L5999	Lower extremity prosthesis, not otherwise specified
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes
L7600	Prosthetic donning sleeve, any material, each
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each
L8400	Prosthetic sheath, below knee, each
L8410	Prosthetic sheath, above knee, 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
L8440	Prosthetic shrinker, below knee, each
L8460	Prosthetic shrinker, above knee, each
L8470	Prosthetic sock, single ply, fitting, below knee, each
L8480	Prosthetic sock, single ply, fitting, above knee, each
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system

HCPCS CODE	Description for Lower Limb Prostheses. Codes may not be covered under all circumstances. Please visit LCD L33787 or LCA A52496 policies and read the guidelines carefully.
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control

HCPCS codes	Description for Lower Limb Prostheses, codes not part of LCD (L33787)
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each

HCPCS Codes	Upper Limb Prosthetic
L6000	Partial hand, thumb remaining
L6010	Partial hand, little and/or ring finger remaining
L6020	Partial hand, no finger remaining
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6360	Interscapular thoracic, passive restoration (complete prosthesis)
L6370	Interscapular thoracic, passive restoration (shoulder cap only)
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6600	Upper extremity additions, polycentric hinge, pair
L6605	Upper extremity additions, single pivot hinge, pair
L6610	Upper extremity additions, flexible metal hinge, pair
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
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/extension wrist unit, with or without friction
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release
L6624	Upper extremity addition, flexion/extension and rotation wrist unit
L6625	Upper extremity addition, rotation wrist unit with cable lock
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
L6630	Upper extremity addition, stainless steel, any wrist
L6632	Upper extremity addition, latex suspension sleeve, each
L6635	Upper extremity addition, lift assist for elbow
L6637	Upper extremity addition, nudge control elbow lock
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
L6640	Upper extremity additions, shoulder abduction joint, pair
L6641	Upper extremity addition, excursion amplifier, pulley type
L6642	Upper extremity addition, excursion amplifier, lever type
L6645	Upper extremity addition, shoulder flexion-abduction joint, each
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator
L6650	Upper extremity addition, shoulder universal joint, each
L6655	Upper extremity addition, standard control cable, extra
L6660	Upper extremity addition, heavy-duty control cable
L6665	Upper extremity addition, Teflon, or equal, cable lining
L6670	Upper extremity addition, hook to hand, cable adapter
L6672	Upper extremity addition, harness, chest or shoulder, saddle type
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
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
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, WITH OR WITHOUT LOCKING MECHANISM, EACH
L6693	Upper extremity addition, locking elbow, forearm counterbalance
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, LOCK MECHANISM, EXCLUDES SOCKET INSERT
L6703	Terminal device, passive hand/mitt, any material, any size
L6704	Terminal device, sport/recreational/work attachment, any material, any size

L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined
L6805	Addition to terminal device, modifier wrist unit
L6810	Addition to terminal device, precision pinch device
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
L7259	Electronic wrist rotator, any type

HCPCS code	**Myoelectric Prosthesis for upper extremity prosthesis by MCG A-0701**
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s) *There are 5 external powered terminal devices which are available to be used with **L6026**: L6715, L6880, L7007, L7008, and L7009 Do not bill L7499 with L6026. See L7499 below for explanation
*L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) HCPCS code L6880 describes a complete terminal device that can only be used with HCPCS code L6026 when a partial hand residual limb contains no digits. HCPCS code L6880 describes a complete hand prosthesis, which consists of the terminal device, all articulating digits and motors. This base procedure code includes all necessary components. This base procedure code does not include a custom fabricated socket. Do not use L6715 with L6880 on initial issue, will be denied as unbundling. HCPCS code L6880 has all the following characteristics: • Includes all necessary components. This L code describes a product that is all-inclusive. Billing of any additional features or functions used to describe a manufacturer's terminal device is considered unbundling. • Comprised of five (5) articulating digits and the necessary motors. • All grasp patterns are included in the L6880 HCPCS code language. The use of HCPCS code L6881 (Automatic grasp feature, addition to upper limb electric prosthetic terminal device) with L6880 would be considered unbundling. • Use of HCPCS code L6880 is only appropriate with externally powered custom fabricated sockets such as HCPCS codes L6026, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, and L6975.

	• The use of HCPCS code L6715 on initial issue will be denied as unbundling. However, the articulating digit(s) can also be used as a "replacement digit(s)" with the use of the RB modifier as part of a prosthesis repair. • If L6880 is under manufacturer's warranty, HCPCS code L6715 as a replacement should not be billed. • Do not bill L7499 with L6880. See L7499 below for explanation • I-Limb Hand should be ONLY be coded as L6880
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Block or equal electrodes, cables, 2 batteries and one charger, myoelectronic 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, 2 batteries and one charger, myoelectronic 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, 2 batteries and one charger, myoelectronic 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, 2 batteries and one charger, myoelectronic 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, 2 batteries and one charger, myoelectronic control of terminal device
*L7007	Electric hand, switch or myoelectric controlled, adult • See HCPCS L6026 for coding tip. • Do not bill L7499 with L7007. See L7499 below for explanation.
*L7008	Electric hand, switch or myoelectric controlled, pediatric • See HCPCS L6026 for coding tip. • Do not bill L7499 with L7008. See L7499 below for explanation.
*L7009	Electric hook, switch or myoelectric controlled, adult • See HCPCS L6026 for coding tip. • Do not bill L7499 with L7009. See L7499 below for explanation.
L7045	Electric hook, switch or myoelectric controlled, pediatric
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each

HCPCS CODES	Myoelectric Prosthetic and Components for Upper limb. Not an all-inclusive list. (These codes are not part of MCG)
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, **custom fabricated socket insert** for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, **initial only** (for other than initial, use code L6694 or L6695)
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, **custom fabricated socket insert** for other than congenital or atypical traumatic

HCPCS CODES	Myoelectric Prosthetic and Components for Upper limb. Not an all-inclusive list. (These codes are not part of MCG)
	amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, **initial only** (for other than initial, use code L6694 or L6695)
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
*L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement – CGS Articulating Digit(s) and Prosthetic Hands, Correct Coding • HCPCS L6715 describes one complete multiple articulating digit (finger or thumb) and the necessary motors. If more than one digit is billed, use the appropriate unit of service (UOS) for code L6715. With initial issue, L6715 is only to be paired with L6026; however, the articulating digit(s) can also be used as a "replacement digit(s) with the use of the RB modifier as part of a prosthesis repair. • Do not bill L6715 as a replacement, if L6880 is under manufacturer's warranty. • Do not bill L7499 with L6715. See L7499 below for explanation
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device. All grasp patterns are included in the L6880 HCPCS code language. The use of HCPCS code L6881 (AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE) would be considered unbundling.
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment
L6895	Addition to upper extremity prosthesis, glove for terminal device, **any material**, custom fabricated.
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
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
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
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
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
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
L7040	Prehensile actuator, switch controlled
L7170	Electronic elbow, Hosmer or equal, switch controlled
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled

HCPCS CODES	Myoelectric Prosthetic and Components for Upper limb. Not an all-inclusive list. (These codes are not part of MCG)
L7186	Electronic elbow, child, Variety Village or equal, switch controlled
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system
L7499	Upper extremity prosthesis not otherwise specified. L7499 must not be used for the billing of any additional features or components, programming, adjustment, etc. such as with HCPCS codes L6026, L6715, L6880, or L7007-L7009, as these codes are considered all inclusive. The use of HCPCS code L7499 on initial issue, with any of the above HCPCS codes, is considered unbundling.
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

Reviewed by / Approval Signatures

Population Health and Clinical Quality Committee (PHCQC): Clinton White MD
Senior Medical Director: Jim Romero MD
Medical Director: Kresta Antillon
Date Approved: 05-28-2025

Myoelectric Prosthesis for Upper Limb was reviewed by: John Phillips MD, Pediatric Neurologist, University of New Mexico Hospital, 5-28-2025.

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   Medicaid: For NM HSD Program rule on DME for covered and non-covered Durable Medical Equipment:
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   - New Mexico, Non-covered Durable Medical Equipment, NMAC Number 8.301.3.15
2. CGS. Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C. Coverage policies may be accessed on the Internet at: CGS DME LCDs. [Cited 04-07-2025]
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4. LCD (L33318), Knee Orthoses, Revision date: 01/01/2025, Revision number 15. Related Article A52465, Revision date: 01/01/2025, R20. [Cited 04/18/2025]
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Publication History

05-27-09: Original effective date. MPM 3.2 Cranial Orthotic Devices and MPM 6.0 Foot Splints for Clubfoot integrated into new Medical Policy.
08-26-09: Revision to orthopedic footwear, L3310.
05-26-10: Annual Review and Revision
05-25-11: Annual Review and Revision
02-22-12: Review and update (Added language re: Breast Prosthesis for Prophylactic Mastectomy and Poland Procedure).
02-27-13: Review and Revision
08-17-16: Review and Update language re: Cranial Orthotic Devices.
01-23-19: Review and update with codes and references for all.
03-25-20: Annual review. Reviewed by PHP Medical Policy Committee on 03/04/20. Listed LCDs in this policy do not have substance change. Only changes to this policy are: Added HCPCS: L2006, L8033, & L6882; Revised HCPCS description: L8032; Removed HCPCS: L7180, L7181, L8702; and MCG replaced reference to Hayes, Cranial Orthotic Devices, for the Treatment of Positional Cranial Deformity, Archived June 25, 2018. Added list of HCPCS codes for Orthopedic shoes, inserts and modification which are only billed when attached to a brace. Addendum: also added L6696, L6697, L6715, L6881, L6895 AND L7499.
05-26-21: Annual review. The following were reviewed by PHP Medial Policy Committee on: 03-31-2021 and 04/02/2021.

1. Ankle-Foot (AFO) and Knee-Ankle-Foot Orthosis (KAFO):
   - Continue to follow LCD (L33686/A52457) for all LOB
   - Continue PA for all LOB
   - Add language: Codes L4392, L4394, L4396, L4397, L4398 noncovered when they are used solely for the prevention or treatment of a pressure ulcer
2. Breast prosthesis (external):
   - Continue to follow LCD (L33317/A52478) for LOB
   - Removed PA requirement for: L8032, L8035, L8039 for all LOB
   - Configure L8032, L8035, L8039 to pay for the ICD-10 codes listed in group 3 of Cosmetic and Reconstructive (A56587); and the ICD-10 codes listed in LCA (A52478).
3. Cranial Orthotic Devices (CODs):
   - Continue to follow MCG A-0407 for Commercial and Medicaid
   - Continue PA
   - Added HCPCS code: K1002.
4. Eye Prosthesis:
   - Continue to follow LCD (L33737/A52462) (L33737/A52462) Commercial and Medicare and (NMAC 8.324.5.12.D) for Medicaid
   - Continue no PA for all LOB
5. Facial Prosthesis:
   - Continue to follow LCD (L33738/A52463) for all LOB
   - Continue no PA for all LOB
6. Foot Splints for Club Foot, i.e. Dennis-Browne Splint:
   - Removed statement about the Leadership team will approve coverage for treatment of club foot using a splint called the Dennis Brown Splint (L3640). Currently NMAC is following CMS.

- Now the policy will only say to See Durable Medical Equipment: Rehabilitation and Mobility Devices, MPM 4.2

7. Hip Orthoses (HO):
   - Continue no PA for all LOB
8. Knee Orthoses:
   - Continue to follow (L33318/A52465) for Commercial and Medicare and (NMAC) for Medicaid
   - Continue PA with existing codes for all LOB
9. Lower Limb Prosthesis:
   - Continue to follow LCD (L33787/A52496) for Commercial and Medicare and (NMAC) for Medicaid
   - Continue PA with existing codes for all LOB
10. Myoelectric Prosthesis for the Upper Limb:
    - Continue to follow MCG A-0701 for all LOB
    - Add codes to policy that are currently on the PA grid: L6883, L6884, L6885, L6890, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L7170, L7180, L7181, L7185, L7186, (not listed on MCG)
    - New code added: L8702 and will require PA
    - Continue PA for: L6881, L6882, L6895, L6925, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7190, L7191, L7499 for all LOB.
    - Add to documentation the following language: recommend at least 10 y/o or older and address risk of abandonment.
11. Orthopedic Shoes and Modification:
    - Removed LCD/LCA and state to see DME: Rehabilitation and Mobility MPM 4.2, under Orthopedic Footwear section
    - No HCPCS will be listed in this policy
12. Spinal Orthoses (TLSO and LSO):
    - Continue to follow LCD (L33790/A52500) for all LOB
    - Remove codes off the PA grid: L0452, L0480, L0482, L0484, L0486, L0629, L0632, L0634, L0636, L0638, L0640. Utilization is low and stable
    - Will no longer have PA for all LOB
13. Therapeutic Shoes and inserts for Persons with Diabetes:
    - Removed LCD/LCA and state to see Durable Medical Equipment: Diabetic Equipment (MPM 4.4).
    - No HCPCS will be listed in this policy
14. Prosthetic Shoe:
    - Removed NCD 280. 10 and state to see DME: Rehabilitation and Mobility MPM 4.2, under Prosthetic shoe or Orthopedic Footwear section
    - No HCPCS will be listed in this policy

05-25-22 Annual review. The following were reviewed by PHP Medial Policy Committee on: 03-25; 03-22; 03-30; 04-01; 04-07; 04-13-2022

1. Ankle-Foot (AFO) and Knee-Ankle-Foot Orthosis (KAFO):
   - Continue to follow LCD (L33686/A52457) for all LOB.
   - Continue PA for all LOB: L1904, L1907, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2020, L2030, L2034, L2036, L2038, and L4631.
   - Change: Removed PA requirement for: L1900, L1920, L2010 and L2106, L2108, L2126 and L2128, there is no utilization.
2. Breast prosthesis (external): (no change)
   - Continue to follow LCD (L33317/A52478) for LOB
   - PA removed CY 2021 for: L8032 (very low utilization); L8035 and L8039 (no utilization) and configured L8032, L8035, L8039 to link to ICD-10 codes listed in group 3 of Cosmetic and Reconstructive (A56587); and the ICD-10 codes listed in LCA (A52478). Continue configuration and no PA requirement.
   - Continue no PA A4280, L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8033, L8035 and L8039.
   - Section about coding guidelines removed
3. Cranial Orthotic Devices (CODs):
   - Continue to follow MCG A-0407 for Commercial and Medicaid
   - Change: PA removed CY 2022 for (L0112 & S1040). No utilization, or the denial rate is low.
   - PA will no longer be required for COD.
4. Eye Prosthesis:
   - Continue to follow LCD (L33737/A52462) (L33737/A52462) Commercial and Medicare and (NMAC 8.324.5.12.D) for Medicaid. Continue no PA for all LOB for CY 2022
5. Facial Prosthesis:
   - Continue to follow LCD (L33738/A52463) for all LOB. Continue no PA for all LOB for CY 2022
6. Foot Splints for Club Foot, i.e. Dennis-Browne Splint (code L3640):
   - Continue to state, see Durable Medical Equipment: Rehabilitation and Mobility Devices, MPM 4.2
7. Hip Orthoses (HO):
   - Continue to follow internal criteria and continue no PA for all LOB for CY 2022
8. Knee Orthoses:

- Continue to follow (L33318/A52465) for Commercial and Medicare and (NMAC) for Medicaid
- Continue PA for custom fabricated knee orthoses: L1834, L1840 (no util.), L1844, L1846, L1860 for all LOB for CY 2022
- Configure "reasonable useful lifetime" for L1832, L1843 and L1845. Use the chart in LCA (A52465) that reflects the time period of reasonable useful lifetime. For example: code L1832 should not be dispense again within 2 years unless it was lost, or irreparable damage has occurred.

9. Lower Limb Prosthesis:
   - Continue to follow LCD (L33787/A52496) for Commercial and Medicare and (NMAC) for Medicaid.
   - Format change: The coverage determination guideline language removed from policy and reformatted to only include CMS Local Coverage Determination (LCD) and National Coverage Determination (NCD) weblinks.
   - Correction: An error in policy that PA is required for all custom fabricated lower limb prosthesis, has been removed.
   - Continue PA for L5848, L5856, L5858, L5973 for all LOB
   - Removed PA requirement for L5857 (no utilization), L7367, L7368 (Lithium Battery with very low utilization)
   - Add codes K1014 and K1022, which will require PA for ALOB
10. Myoelectric Prosthesis for the Upper Limb:
    - Change: Remove to follow MCG A-0701 for all LOB.
    - New: Developed internal criteria for all LOB.
      - Change: Age requirement changed from age 2 years or older to age 10 years and older
      - The remaining criteria did not change.
      - The documentation section was also updated.
    - Continue PA for: L6883, L6884, L6885, L6890, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L7170, L7180, L7181, L7185, L7186, (not listed on MCG); Continue PA for: L6881, L6882, L6895, L6925, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7190, L7191, L7499 for all LOB.
11. Orthopedic Shoes and Modification:
    - Continue to state, see DME: Rehabilitation and Mobility MPM 4.2 and no related HCPCS will be listed in this policy.
12. Spinal Orthoses (TLSO and LSO):
    - Continue to follow LCD (L33790/A52500) for all LOB.
    - Format change: The coverage determination guideline language was removed from policy and reformatted to only include (LCD) and LCA) weblinks.
    - Continue no PA requirement for all TLSO/LSO codes.
    - Codes removed from PA grid CY 2021: L0452, L0480, L0482, L0484, L0486, L0629, L0632, L0634, L0636, L0638, L0640 will continue no PA since utilization is low and stable
13. Therapeutic Shoes and inserts for Persons with Diabetes:
    - Continue to state, see Durable Medical Equipment: Diabetic Equipment (MPM 4.4); and no related HCPCS will be listed in this policy
14. Prosthetic Shoe:
    - Continue to state to see DME: Rehabilitation and Mobility MPM 4.2 and no related HCPCS codes will be listed in this policy.

Update on 03-22-2023:

- Reviewed by Medical Policy Committee on 01/27/2023. Code L2006 will now require PA for ALOB.
- Reviewed by Medical Policy Committee on 02-24-2023. Code K1014 and K1022 were announced in CMS, Medicare Benefit Policy Manual, Ch.15, 110.8 DMEPOS Benefit Category Determination for Part B. These codes were added to policy and will require PA for ALOB. It was concluded these codes can apply under #9, Lower Limb Prosthesis.

05-24-23 Annual review:

1. Ankle-Foot (AFO) and Knee-Ankle-Foot Orthosis (KAFO):
   - Continue to follow LCD (L33686/A52457) for all LOB. (LCA has updates on coding guidelines).
   - Continue PA for all LOB for AFO: L1904, L1907, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990; KAFO: L2000, L2005, L2006, L2020, L2030, L2034, L2036, L2038, L4631L1904, L1907, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2020, L2030, L2034, L2036, L2038, and L4631.
2. Cranial Orthotic Devices (CODs):
   - Continue to follow MCG A-0407 for Commercial and Medicaid. Continue no PA.
3. Eye Prosthesis:
   - Continue to follow LCD (L33737/A52462) for ALOB; and for Medicaid see also (NMAC 8.324.5.12.D). Continue no PA.
4. Facial Prosthesis:
   - Continue to follow LCD (L33738/A52463) for all LOB. Continue no PA.
5. Hip Orthoses (HO):
   - Continue to follow internal criteria and continue no PA.

6. Knee Orthoses:
    - Continue to follow (L33318/A52465) for Commercial and Medicare and (NMAC) for Medicaid
    - Continue PA for custom fabricated knee orthoses: L1834, L1840 (no util.), L1844, L1846, L1860 for all LOB for CY 2022
    - Configured “reasonable useful lifetime” for L1832, L1843 and L1845. Use the chart in LCA (A52465) that reflects the time period of reasonable useful lifetime. For example: code L1832 should not be dispense again within 2 years unless it was lost, or irreparable damage has occurred.
7. Lower Limb Prosthesis:
    - Continue to follow LCD (L33787/A52496) for Commercial and Medicare and (NMAC) for Medicaid.
    - Continue PA for L5848, L5856, L5858, L5973, K1014 and K1022 for all LOB
    - Continue no PA for codes L5857, L7367, and L7368 (removed in CY 2022).
    - Remove deleted codes L7260 and L7261 from PA grid
    - Removed L7360, L7362, L7364, L7366 from PA grid due to low or no utilization.
8. Myoelectric Prosthesis for the Upper Limb:
    - Continue to follow internal criteria and documentation requirement for all LOB.
    - Continue PA for codes on MCG A-0701: L6882, L6925, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7190, L7191, L8702. Continue PA for those not listed in MCG A-0701: L6881, L6883, L6884, L6885, L6890, L6895, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L7170, L7180, L7181, L7185, L7186 and L7499 for all LOB.
    - Removed PA requirement for L7400, L7401, L7402, L7403, L7404, and L7405 - low or no utilization and these codes are not part of MPM.
9. Spinal Orthoses (TLSO and LSO):
    - Removed item, since utilization is stable and no spike in utilization seen since the removal of PA requirement in 2022 for codes (A4467, A9270, L0450, L0452, L0454, L0455, L0456, L0457, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0622, L0623, L0624, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0641, L0642, L0643, L0648, L0649, L0650, L0651, L0980, L0982, L0984, L4002) also show no or low utilization.
10. Removed the following items:
    - Breast prosthesis (external) – managed in MPM 27.0. Continue no PA for: A4280, L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8033, L8035 and L8039.
    - Foot Splints for Club Foot, (Dennis-Browne Splint-code L3640) – managed in MPM 4.2.
    - Orthopedic Shoes and Modification – managed in MPM 4.2.
    - Therapeutic Shoes and Inserts for Persons with Diabetes – managed in MPM 4.4
    - Prosthetic Shoe – managed in MPM 4.2.

Update on 09-27-2023:

1. Policy updated to correspond with the required standardized language from HB 131 regarding medical necessity and nondiscriminatory standards for coverage of prosthetics or orthotics of the upper limb as imposed by State of NM OSI. The following update includes medical coverage for ALOB:
    - The covered prosthetics and custom orthotics must be at least equivalent to the coverage provided by Medicare.
    - Must be determined to be medically necessary by the member’s treating physician to restore or maintain the ability to complete activities of daily living or essential job-related activities; and that is not solely for the comfort or convenience of the member; and receive services under a plan of care established and reviewed by a physician; and a face-to-face encounter; and require that a treating practitioner have a face-to-face encounter with a member within the six months prior to prescribing items justified by documentation.
    - Documentation should include services and supplies necessary to effectively use the prosthetic or custom orthotic, such as rehabilitative therapy services that addressed recovery or improvement in function using the prosthetic and orthotic devices; indicated a service is reasonable and necessary; and include any complexities that impact that condition. Factors that contribute to need such as: the patient’s diagnoses, complicating factors, age, severity, time since onset/acuity, self-efficacy/motivation, cognitive ability, prognosis, and/or medical, psychological, and social stability.
    - A description of objective measurements which, when compared, show improvements in function such as: decrease in severity or rationalization for an optimistic outlook to justify continued use of the prosthetic or orthotic device(s); and improvement is evidenced by the extent and duration of trail phase that shows the member has achieved the potential, rehabilitative therapy when using the prosthesis.
    - Coverage includes all services and supplies necessary for the effective use of a prosthetic or custom orthotic device, including formulation of its design, fabrication, material and component selection, measurements, fittings and static and dynamic alignments; and all materials and components necessary to use it; and instruction to the member in the use of prosthetic and orthotic; and the repair and replacement of it.
    - Submission of most recent version of evidence-based treatment recognized by relevant clinical specialists or organizations is encouraged to support the potential for continued improvement that may justify the patients need for prosthetic and orthotic so to help establish subjective measures of improvement, and sequential measurements of the patient’s condition during the use of the most appropriate prosthetic components.

- Amputees should be evaluated by an independent trained prosthetic clinician to determine the most appropriate prosthetic components and control mechanism (e.g., body-powered, myoelectric, or combination of body-powered and myoelectric). A trial period may be indicated to evaluate the tolerability of the prosthesis in a real-life setting.
- Updated the policy to include additional information for repairs, maintenance, and replacement as indicated from CMS Publication 100-02, Benefit Policy Manual, Ch 15 – Covered Medical and Other Health Services, 110.2 or CGS Supplier Manual.

2. For Commercial and ASO (depending on the members benefit): Expanded coverage to correspond with the required standardized language from HB 131 for upper and lower limb. For prosthetics used for activities other than normal daily living, including, but may not be limited to, those utilized for leisure or sporting activities such as skiing or swimming. To qualify for this benefit, documentation must be provided by a provider with expertise or a rehabilitation specialist (e.g., rehabilitation expertise, prosthetist) that documents why a standard prosthetic device will not be appropriate to meet member's essential health benefits for sporting activities.
3. Criteria changed for Myoelectric prosthesis for the Upper limb for ALOB: Removed the age requirement. Added: The patient should be evaluated by an independent trained prosthetic clinician to determine the most appropriate prosthetic components and control mechanism (e.g., body-powered, myoelectric, or combination of body-powered and myoelectric). A trial period may be indicated to evaluate the tolerability of the prosthesis in a real-life setting. Removed "No underlying neuromuscular disease" and replaced with "The patient is free of comorbidities that could interfere with function of the prosthesis (neuromuscular disease, etc.)." Removed "Provider or team of experts (such as prosthetist and/or occupational therapist) with appropriate expertise in patient's condition has evaluated patient and recommended prosthesis" and replaced with "Functional evaluation indicates that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the individual (e.g., gripping, releasing, holding, and coordinating movement of the prosthesis) when performing activities of daily living. This evaluation should consider the patient's needs for control, durability (maintenance), function (speed, work capability), and usability." Added the following criteria to be reviewed on a case-by-case bases by the Medical Director.
    - Upper-limb prosthetic components with both sensor and myoelectric control.
    - A prosthesis with individually powered digits, including but not limited to a partial hand prosthesis.
    - Myoelectric prosthetic components for the upper limb are considered not medically necessary in individuals who do not meet the criteria listed above.

   Added upper limb codes which will not require PA: L2861, L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6721, L6722, L6805, L6810, , L7259, L6915, L7259, L7367, L7368, L7400, L7401, L7402, L7403, L7404, and L7405.

   Added codes: L6900, L6905, L6910, L6915 which will continue to require PA.

   Exclusion: Added Myoelectric controlled upper-limb orthoses are considered investigational.
4. Other updates: Removed all information regarding Foot Splints for Club Foot, (Dennis-Browne Splint-code L3640), which was erroneously left under the Exclusion section on last review. Added the following newly updated language in the Description section "*Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years*;" found in Durable Medical Equipment Reference List, National Coverage Determination 280.1.

Update 03-29-2024- Policy updated to correspond with the required standardized language from NM Letter of Direction# 115, effective 01/01/2024, regarding coverage of prosthetics or orthotics of the limb.

05-22-2024 Annual review. Medical Policy Committee reviewed items on 04/05/2024 and 04/10/2024.

1. Ankle-Foot (AFO) and Knee-Ankle-Foot Orthosis (KAFO):
    - Continue to follow LCD (L33686/A52457) for ALOB.
    - Continue PA for ALOB for AFO: L1904, L1907, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990.
    - Continue PA for ALOB for KAFO: L2000, L2005, L2006, L2020, L2030, L2034, L2036, L2038, L4631
2. Cranial Orthotic Devices (CODs):
    - Continue to follow MCG A-0407 for Commercial and Medicaid. Continue no PA.
3. Eye Prosthesis:
    - Continue to follow LCD (L33737/A52462) for ALOB; and for Medicaid see also (NMAC 8.324.5.12.D). Continue no PA.
4. Facial Prosthesis:
    - Continue to follow LCD (L33738/A52463) for ALOB. Continue no PA.
5. Hip Orthoses (HO):
    - Continue to follow internal criteria for ALOB, and continue no PA.
6. Knee Orthoses:
    - Continue to follow (L33318/A52465) for Commercial and Medicare and (NMAC) for Medicaid.
    - For ALOB, the following HCPCS codes will be config to map to diagnoses per LCA (A52465) guidance: A4467, A9270, K0672, L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1851, L1852, L1860, L2275, L2320,

L2330, L2385, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2750, L2755, L2780, L2785, L2795, L2800, L2810, L2820, L2830, L2999, L4002, L4205, L4210, L9900. Continue PA for custom fabricated knee orthoses: L1834, L1840 (no util.), L1844, L1846, L1860 for all LOB. Continue no PA for all other codes.

7. Lower Limb Prosthesis:
   - Continue to follow LCD (L33787/A52496) for Commercial and Medicare and (NMAC) for Medicaid.
   - Continue PA for L5848, L5856, L5858, L5973, K1014 and K1022 for all LOB
   - Continue no PA for codes L5857, L7367, L7368, L7360, L7362, L7364, L7366 that were removed from PA grid due to low or no utilization in CY 2022 & 2023
   - Added codes to policy and will require PA: L5991, L5615, L5926, L5783, L5841 due to high-cost items.
8. Myoelectric Prosthesis for the Upper Limb:
   - Continue to follow internal criteria and documentation requirement for all LOB.
   - Continue PA for codes on MCG A-0701: L6882, L6925, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7190, L7191, L8702. Continue PA for those not listed in MCG A-0701: L6881, L6883, L6884, L6885, L6890, L6895, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L7170, L7180, L7181, L7185, L7186 and L7499 for all LOB.
   - Continue no PA requirement for L6026, L6880, L7700, L8701, L6696, L6697, L6715, L7400, L7401, L7402, L7403, L7404, and L7405, since utilization is stable and low.

Update 08-23-2024: PA will be required for code (L5999) for ALOB per MPC decision on 09-25-2024. The Genium®X3 by Ottobock does not have a specific HCPCS code, which is why the unlisted (NOC) code (L5999) is being used. Additionally, this item comes with a significant price tag. The Lower Limb Prostheses, LCD (L33787) and LCA (A52496) provide criteria appropriate for the microprocessor-controlled prosthetic knee (MPK) components/additions, based upon the functional needs for the technologic or design feature of Genium X3 device. Coverage for GeniumX3 will be for ALOB.

Update 10-23-2024: Per MPC decision on 09-27-2024, PA will be required for the codes related to endoskeletal/exoskeletal devices, the microprocessor-controlled prosthetic devices, suspension and sockets for knee, ankle, feet, for ALOB, since these items are costly.

Knee: L5614, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5610, L5611, L5613, L5615, L5616, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5925, L5930, L5845, L5848, L5850, L5856, L5857, L5858, & L5859.

Ankle and Lower Extremity motion units: L5968, L5982, L5984, L5985, L5986, L5988, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5987.

Feet: L5970, L5971, L5972, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5987, L5968, L5982, L5984, L5985, L5986, L5988, & L5990.

Partial foot and toe filler inserts: L5000, L5010, & L5020.

Other codes with the description endoskeletal: L5301, L5312, L5321, L5331, L5341, L5855, L5910, L5920, L5940, L5950, L5960, L5961, L5962, L5964, and L5966.

Other codes without the description exoskeletal: L5100, L5105, L5150, L5160, L5200, L5250, L5270, and L5280.

Suspension and Sockets: L5671, L5940, L5950, L5960, L5783, L5301, L5700, L5629, L5637, L5940, L5321, L5701, L5631, L5649, and L5950.

05-28-25 Annual review. The Medical Policy Committee reviewed items on 04-09-2025, 04-18-2025, & 05-09-2025.

1. Ankle-Foot (AFO) and Knee-Ankle-Foot Orthosis (KAFO): There are a few changes:
   - Continue to follow LCD (L33686/A52457) for ALOB.
   - Added criteria to support Microprocessor controlled knee-ankle-foot orthoses (HCPCS code L2006) in addition to LCD (L33686), since LCD is vague and does not provide solid criteria for this high dollar item.
   - Continue PA for L2999 and L2006 for ALOB.
   - PA removal for ALOB for AFO (L1904, L1907, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990); and for KAFO (L2000, L2005, L2020, L2030, L2034, L2036, L2038, L4631) for ALOB.
   - Continue PA for miscellaneous code (L2999) and for high-cost item (L2006) for ALOB.
   - Code narrative updated for: L1932, L1951, L1971
   - Added new codes L1933 and L1952 effective 04/01/2025, which will not require PA since these are considered prefabricated off-the-shelf type of orthotics and PA had only previously been required for orthotics that were custom-fabricated.
   - Added new codes, effective 04/01/2025: Concentric adjustable torsion style mechanisms used for the treatment of contractures, regardless of any co-existing condition(s), are coded as *E1810*, E1813, E1814, *E1815*, E1822, and/or E1823. No PA will be assigned.
2. Cranial Orthotic Devices (CODs):
   - Continue to follow MCG A-0407 for Commercial and Medicaid. Continue no PA requirement A8000, A8001, A8002, A8003, L0112, S1040. Removed deleted code K1002 and replaced with E0732. The replacement code E0732 is not related to the manipulation of growth of the cranium, so the code will not be added to policy
3. Eye Prosthesis:
   - Removed item since no PA is required and there is low abuse/risk with low and stable utilization

- Removed codes: L9900, *V2623*, V2624, V2625, V2626, V2627, V2628 and *V2629*

4. Facial Prosthesis:
   - Removed item since no PA is required and there is low abuse/risk with low and stable utilization.
   - Removed codes: A4364, A4450, A4452, A4455, A4456, A5120, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048 and L8049
5. Hip Orthoses (HO):
   - Remove item since it does not require PA; the trend for utilization year after year is low and stable and no spike in cost except for code L1690 (w/average cost of $1400 each) for Medicaid has an increase from 2023 to 2024 from$31,478 to $44,237.
   - Removed codes: L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730 and L1755.
6. Knee Orthoses:
   - Continue to follow (L33318/A52465) for Commercial and Medicare and (NMAC) for Medicaid.
   - For ALOB, continue the previous config to map to diagnoses per LCA (A52465) guidance in CY 2024. No update needed for the following configuration.
     - Group 1: (2 ICD-10 Codes) to L1831 and L1836
     - Group 2: (4,779 ICD-10 Codes) to L1830, L1832, L1833, and L1834
     - Group 3: (26 ICD-10 codes) to L1840
     - Group 4: (4,795 ICD-10 codes) to- L1832, L1833, L1843, L1844, L1845, L1846, L1851 and L1852
     - Group 5: (3 ICD-10 codes) to L1850, L1860
   - Codes: A4467, A9270, K0672, L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1851, L1852, L1860, L2275, L2320, L2330, L2385, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2750, L2755, L2780, L2785, L2795, L2800, L2810, L2820, L2830, L2999, L4002, L4205, L4210, L9900.
   - Continue PA requirement for custom fabricated knee orthoses: L1834, L1840, L1844, L1846, L1860 for all LOB. Continue no PA for all other codes.
   - Added new code L1821 which will not require PA
7. Lower Limb Prosthesis:
   - Continue to follow LCD (L33787/A52496) for Commercial and Medicare and (NMAC) for Medicaid.
   - Of the codes listed in LCD (L33787), these codes are on the PA grid: L5000, L5010, L5020, L5100, L5105, L5150, L5160, L5200, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, , L5610, L5611, L5613, L5614, L5615, L5616, L5629, L5631, L5637, L5649, L5671, L5694, L5700, L5701, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, , L5783, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841 L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5999, K1014, K1022, L2861
   - Dashboard report from 2023 to 2025 with the “approval rate” set from 0 to 100%, says to consider removing: L2861, K1022, L5615, L5848, L5856, L5858, L5973, L5999
   - PA requirement will continue for ALOB for ALL codes due to the codes needing a comprehensive review usually Myoelectric devices are high-cost.
   - Added new code: L5827 ($6,869.77) which will require PA ALOB, due to high cost and will wait to see the pattern of utilization for this new code.
8. Myoelectric Prosthesis for the Upper Limb:
   - Continue to follow internal criteria for ALOB without age limitation. Updated criteria 5.B.1 – to include language update “*OR amputation through the wrist*” to now say “Amputation or missing limb, such as unilateral trans humeral or trans radial (forearm) deficiency, *OR an amputation through the wrist*"
   - Continue PA for codes: L6882, L6925, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7180, L7181, L7190, L7191 - L6881, L6883, L6884, L6885, L6890, L6895, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L7170, L7185, L7186, L7499 and L8702 for ALOB due to the codes needing a comprehensive review.
   - Continue no PA requirement L6026, L6880, L7700 - L6696, L6697, L6700, L6715, L7400, L7401, L7402, L7403, L7404, L7405, L7406 and L8701, since utilization is stable and low.
   - New codes (L6700 and L7406) added which will require PA for ALOB due to high cost and to monitor utilization.
   - Per 04/01/2025 NEW narrative for HCPCS update: L6692, L6698

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: ***Click here for Medical Policies***

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.