

[N.J.A.C. 10:55](#)

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 55. PROSTHETIC AND ORTHOTIC SERVICES

Title 10, Chapter 55 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

[N.J.S.A. 30:4D-1](#) et seq., and [30:4J-8](#) et seq.

History

CHAPTER SOURCE AND EFFECTIVE DATE:

Effective: November 20, 2017.

See: [49 N.J.R. 4008\(b\)](#).

CHAPTER HISTORICAL NOTE:

Chapter 55, Prosthetic and Orthotic Services Manual, was adopted as R.1971 d.43, effective June 1, 1971. See: 3 N.J.R. 43(d), 3 N.J.R. 63(b).

Pursuant to Executive Order No. 66(1978), Chapter 55, Prosthetic and Orthotic Services Manual, was readopted as R.1990 d.194. See: 22 N.J.R. 4(b), 22 N.J.R. 1140(a).

Pursuant to Executive Order No. 66(1978), Subchapter 1, General Provisions, was readopted as R.1985 d.152. See: 17 N.J.R. 26(a), 17 N.J.R. 817(a).

Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was repealed and Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted as new rules by R.1986 d.52. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

Pursuant to Executive Order No. 66(1978), Chapter 55, Prosthetic and Orthotic Services Manual, expired on March 8, 1995.

Chapter 55, Prosthetic and Orthotic Services, was adopted as new rules by R.1995 d.185, effective April 3, 1995. See: 26 N.J.R. 4979(a), 27 N.J.R. 1446(a).

Pursuant to Executive Order No. 66(1978), Chapter 55, Prosthetic and Orthotic Services, was readopted as R.2000 d.134, effective February 29, 2000. See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

Chapter 55, Prosthetic and Orthotic Services, was readopted as R.2005 d.312, effective August 17, 2005. See: [37 N.J.R. 933\(a\)](#), [37 N.J.R. 3697\(a\)](#).

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Chapter 55, Prosthetic and Orthotic Services, was readopted as R.2011 d.080, effective February 8, 2011. See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 55, Prosthetic and Orthotic Services, was scheduled to expire on February 8, 2018. See: [43 N.J.R. 1203\(a\)](#).

Chapter 55, Prosthetic and Orthotic Services, was readopted, effective November 20, 2017. See: Source and Effective Date.

Annotations

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Research References & Practice Aids

CHAPTER EXPIRATION DATE:

Chapter 55, Prosthetic and Orthotic Services, expires on November 20, 2024.

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§ 10:55-1.1 Introduction

- (a) This chapter of the manual [N.J.A.C. 10:55](#) outlines the rules of the New Jersey Medicaid and NJ FamilyCare programs relevant to the provision of prosthetic and orthotic services to Medicaid and NJ FamilyCare fee-for-service beneficiaries. It also lists the specific requirements which must be followed in order to be approved and to participate as a New Jersey Medicaid and NJ FamilyCare provider of prosthetic and orthotic services.
- (b) The Prosthetic and Orthotic Services Manual, [N.J.A.C. 10:55](#), does not include rules for the provision to Medicaid and NJ FamilyCare beneficiaries of dentures, artificial eyes, or hearing aids. These services are covered in the New Jersey Medicaid programs' Dental Services Manual, [N.J.A.C. 10:56](#), Vision Care Services Manual, [N.J.A.C. 10:62](#), and the Hearing Aid Services Manual, [N.J.A.C. 10:64](#), respectively.
- (c) Unless otherwise stated, the rules of this chapter apply to Medicaid and NJ FamilyCare-Plan A fee-for service beneficiaries. Prosthetic and orthotic services provided to Medicaid and NJ FamilyCare beneficiaries enrolled in a managed care organization (MCO) are governed and administered by that MCO.
1. NJ FamilyCare-Plans B, C, and D beneficiaries are required to be enrolled in managed care organizations. (See [N.J.A.C. 10:79](#).)

History

HISTORY:

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 New Jersey Register 3964\(a\)](#), [32 New Jersey Register 1206\(a\)](#).

In (a), inserted a reference to NJ KidCare Programs and substituted a reference to Medicaid and NJ KidCare fee-for-service beneficiaries for a reference to Medicaid recipients in the first sentence, and substituted a reference to Medicaid and NJ KidCare providers for a reference to providers in the second sentence; in (b), substituted a reference to Medicaid and NJ KidCare beneficiaries for a reference to Medicaid recipients; and added (c).

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 New Jersey Register 4417\(a\)](#), [36 New Jersey Register 4963\(a\)](#).

Annotations

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Case Notes

[*In re Horst Oertel*, 167 N.J.Super. 557, 558](#), n. 1 (App.Div.1979). "Orthotic appliances" defined.

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[N.J.A.C. 10:55-1.2](#)

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§ 10:55-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Accredited" means those facilities that have met the standards of qualification as established by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated, 330 John Carlyle St., Suite 210, Alexandria, VA 22314.

"Certified" means those individuals that have met the standards of qualification and the requirements as established by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated (see address in definition of "accredited" above).

"Custom-made" means a device or appliance fabricated (constructed and/or assembled) in an approved facility (see [N.J.A.C. 10:55-1.3](#)) and designed to fit and perform a useful function solely for that individual for whom it was ordered.

"Facility" means the work area of operation of the prosthetist, orthotist or pedorthist.

"Orthotic appliances" means a device or brace prescribed by a physician or other practitioner, within the scope of his or her practice as defined by State law, for the purpose of providing support, increased function, and overcoming physical impairment or defects.

1. A brace includes rigid and semi-rigid devices used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.

"Orthotist" means one licensed by the State of New Jersey as an orthotist in accordance with [N.J.A.C. 13:44H](#) and certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated in the profession of measuring, designing, fabricating and fitting of orthotic devices.

"Pedorthist" means one certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated, in the profession of designing, manufacturing, fitting and modification of footwear and related appliances.

"Practitioner" means a physician or other medical care individual licensed or certified under State law to practice his or her profession.

"Prosthetic appliances" means functional replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner within the scope of his or her practice as defined by State law to:

1. Artificially replace a missing portion of the body; or
2. Prevent or correct physical deformity or malfunction; or
3. Support a weak or deformed portion of the body.

"Prosthetist" means one licensed by the State of New Jersey as a prosthetist in accordance with [N.J.A.C. 13:44H](#) and certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated, in the profession of making of artificial parts to replace a missing body part or to augment the performance of a natural function externally.

History

HISTORY:

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

Rewrote "Pedorthist".

Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

In definitions "Accredited", "Certified", "Orthotist", "Pedorthist" and "Prosthetist", substituted "for" for "of" following the first occurrence of "Board" and a comma for "and" following "Orthotics", and inserted "and Pedorthics"; in definition "Accredited", substituted "330 John Carlyle St., Suite 210," for "1650 King Street, Suite 500" and deleted "-2747" following "22314"; in definition "Certified", inserted "in definition of 'accredited' "; in definition "Orthotist", inserted "licensed by the State of New Jersey as an orthotist in accordance with [N.J.A.C. 13:44H](#) and"; in definitions "Pedorthist" and "Prosthetist", inserted a comma following "Incorporated"; and in definition "Pedorthist", deleted "or certified by the Board for Certification in Pedorthics, 7150 Columbia Gateway Drive, Suite G, Columbia, MD 21046-1151 if the practice is limited as described in [N.J.A.C. 10:55-1.3\(a\)2ii\(1\)](#)" following "appliances".

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[In re Horst Oertel, 167 N.J.Super. 557, 558](#), n. 1 (App.Div.1979). "Orthotic appliances" defined.

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§ 10:55-1.3 Requirements for approval as a provider of prosthetic and orthotic services

(a) In order to be a fully approved New Jersey Medicaid and NJ FamilyCare fee-for-service provider of prosthetic and orthotic services, the applicant shall:

1. Submit a completed application (see [N.J.A.C. 10:49-3.2](#)) together with a copy of the facility and personnel accreditation/certification by the American Board for Certification in Orthotics, Prosthetics and Pedorthics. (The applicant may be applying for either orthotics or prosthetics or both); and
2. Meet the following criteria:
 - i. Appliances shall be fabricated in the facility and not sent out to another facility;
 - ii. The facility shall employ personnel (owner and/or employee(s)) certified in the field of specialty of the appliance(s) being produced by that facility; and
 - iii. Facilities and their qualified personnel shall maintain current accreditation/certification by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated.

(b) In order to be granted "provisional" approval by the New Jersey Medicaid and NJ FamilyCare fee-for-service programs, facilities and/or personnel whose application for accreditation/certification is pending with the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated, the applicant shall:

1. Submit a letter requesting "provisional" provider status together with a copy of the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated accreditation/certification acceptance letter; and
2. Meet the following criteria:
 - i. Appliances shall be fabricated in the facility and not sent out to another facility;
 - ii. The facility may be noncertified and may employ certified or noncertified personnel (owner and/or employee(s)).

(c) "Provisional" status shall be approved for a period of one year commencing with the date of the letter of acceptance by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated, and shall expire, without further notification, if certification has not been obtained.

(d) If a certified facility loses its certified prosthetist(s), orthotist(s) and/or pedorthist(s), the fiscal agent shall be notified within five working days of the loss. A grace period of 180 days from the date of such loss shall be granted for demonstrating recertification before provider eligibility is terminated. In the interval between the loss and recertification of personnel, the minimum requirement for continuing acceptable Medicaid and NJ FamilyCare fee-for-service provider eligibility is that fabricated appliances must be fabricated by personnel whose board eligibility is established.

History

HISTORY:

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

Substituted references to Medicaid and NJ KidCare fee-for-service providers for references to providers and inserted references to the Board of Certification in Pedorthics throughout; and in (b), substituted a reference to Medicaid and NJ KidCare fee-for-service programs for a reference to programs in the introductory paragraph.

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 N.J.R. 4417\(a\)](#), [36 N.J.R. 4963\(a\)](#).

Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

In (a)1, (a)2iii, the introductory paragraph of (b) and in (b)1, substituted a comma for "and" following "Orthotics" and inserted "and Pedorthics"; in (a)1 and (b)1, substituted "; and" for "and."; in (a)2ii, inserted "and" at the end; deleted (a)2ii(1); in (a)2iii, deleted "or the Board for Certification in Pedorthics, as appropriate" following "Incorporated"; recodified former (b)3 and (c) as (c) as (d); and in (c), substituted a comma for "and" following "Orthotics", inserted "and Pedorthics", and deleted "or the Board for Certification in Pedorthics, as appropriate" following "Incorporated".

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§ 10:55-1.4 Requirements for program participation as prosthetic and orthotic services provider

(a) An approved Medicaid and NJ FamilyCare fee-for-service provider of prosthetic and orthotic services shall be responsible for the following:

1. Assuring that an appliance furnished by the approved facility conforms to the prescriber's prescription and the description of the appliance as set forth in the accepted nomenclature by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated; fitting the appliance properly to the extent that the beneficiary's condition(s) permits; and providing maximum efficiency and comfort consistent with the condition(s) of the beneficiary for whom the appliance is prescribed;
2. Assuming liability for defective materials over which the provider has (or should have had) control;
3. Agreeing to accept return of an appliance when the prescribing physician, after appropriate evaluation of the appliance(s), determines that the appliance(s) does not conform to the prescription and description of the appliance set forth in the accepted nomenclature by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated; and/or does not fit properly, and/or is not of acceptable quality, and/or does not provide maximum efficiency and comfort consistent with the condition of the beneficiary for whom it is prescribed, and refabricating the appliance; and
4. Warranting against defective material and workmanship (except for parts normally worn from natural use) for a period of one year from date of delivery to and acceptance by the beneficiary. If it is found that either the material or the workmanship is defective, the provider shall be allowed a reasonable opportunity to make such adjustment and/or corrections or replacement without additional charge to the Medicaid and NJ FamilyCare program, or the beneficiary.
 - i. The warranty shall not apply to an appliance corrected/altered as a result of a change in the beneficiary's physical condition (anatomical change).
 - ii. The warranty shall not apply to a misused appliance or an appliance altered by other than the original provider.

History

HISTORY:

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

In (a), substituted references to beneficiaries for references to recipients throughout, substituted a reference to Medicaid and NJ KidCare fee-for-service providers for a reference to providers in the introductory paragraph, and

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substituted a reference to Medicaid and NJ KidCare programs for a reference to programs in the introductory paragraph of 4.

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 N.J.R. 4417\(a\)](#), [36 N.J.R. 4963\(a\)](#).

Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

In (a)1 and (a)3, substituted a comma for "and" following "Orthotics" and inserted "and Pedorthics".

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§ 10:55-1.5 Prior authorization for prosthetic and orthotic appliances

(a) This section specifies the services that require prior authorization and the procedures to follow. Prior authorization shall be required for:

1. Any prosthetic appliance (except for preparatory (temporary) upper and lower prostheses) for which the provider's charge is \$ 1,000.00 or more;
2. Any orthotic appliance for which the provider's charge is \$ 500.00 or more; or
3. Replacement of parts of an appliance when the cost exceeds \$ 250, except in an emergency (see (d) below);
 - i. Prior authorization shall not be required for replacement of parts which involve solely the mechanical aspects of an appliance and for which the charge is \$ 250.00 or less.
4. Labor (hourly rate) charges for repair of items or appliances totaling more than \$ 250.00 shall be prior authorized by the Medical Assistance Customer Center. (See codes L4200 and L7500 (Repair), at N.J.A.C. 10:55-2.)
 - i. Total labor (hourly rate) charges for repair of items or appliances, not under warranty, are reimbursable for up to \$ 250.00.
5. Any foot and ankle orthotic appliance;
6. Any orthopedic footwear; or
7. Custom molded shoes.

(b) HCPCS procedure codes L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3215 through L3222, and L3201 through L3207 shall not require prior authorization when these services are provided for the following diagnosis codes: 343.0 to 343.9; 707.0 to 707.9; 711.0 to 712.9; 715.0 to 722.9; 724.0 to 728.9; 730.0 to 737.9; 754.2 to 754.79; 755.0 to 755.39; 755.6 to 755.69; 756.1 to 756.19; 756.8 to 756.89 or 892.0 to 897.7.

1. All claims for orthotics and shoes shall be subject to a post-payment review process to ensure the appropriate reporting of these diagnosis codes on claims and the validity of the claims. As part of this process, medical record documentation may be requested from providers to validate the claims.

(c) For procedure codes L3001 through L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, and L3090, up to four units of orthotics may be provided by the same provider to the same beneficiary during a 12-month period.

(d) For procedure codes L3201 through L3207, L3215 through L3217, L3219, L3221, and L3222, up to two units may be provided by the same provider to the same beneficiary during a 12-month period.

(e) Exceptions to (b) through (d) above shall be made on a case-by-case basis. Determinations will be made by the Division based on the need for the additional service and the specific emergency situations, which shall be documented by the provider and submitted with form FD-357 to the address in (g) below.

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(f) If prior authorization is required, the provider shall not provide those items or services until the authorization is received.

(g) To request prior authorization for prosthetic and orthotic services, the provider shall submit form FD-357 (Request for Prior Authorization for Prosthetic and Orthotic Services), together with a prescription, as specified in [N.J.A.C. 10:55-1.6](#), to the appropriate Medical Assistance Customer Center (MACC) (see [N.J.A.C. 10:49](#), Appendix-Form #13 for address) or to the Central Office of Medicaid, Office of Provider Relations, Division of Medical Assistance and Health Services, Mail Code #15, PO Box 712, Trenton, New Jersey 08625-0712.

1. Prior authorization for all orthopedic footwear and foot orthotics shall be obtained from the Central Office of Medicaid, Office of Utilization Management, except for all components of orthopedic footwear attached to a bar or brace (including the bar, brace, and/or shoe), which must be obtained from the appropriate MACC.

i. When requesting prior authorization for custom molded shoes, the provider shall submit a FD-357 form together with a copy of the prescription and a cost estimate which shall include a detailed cost breakdown of the basic shoe plus any additional charges for materials and/or services.

2. The fiscal agent will inform the provider that the authorization request approved, denied, or suspended. If approved, the letter to the provider will indicate the authorization number that must be recorded at Item 23B on the CMS-1500 claim form.

(h) The Medical Assistance Customer Center shall grant authorization by telephone when an emergency condition exists, as defined in (h)1 below, and [N.J.A.C. 10:49-6.1](#).

1. When an orthotic or prosthetic appliance or device becomes non-functional due to mechanical failure and must be repaired immediately for the beneficiary to continue normal functional behavior, the situation shall be considered an emergency. Emergencies include, but are not limited to, mechanical breakdown, fitting problems due to anatomical change, skin breakdown, irritation and/or ulcer, pressure pain, or an ill fitting socket.

History

HISTORY:

Amended by R.1998 d.410, effective August 3, 1998.

See: [30 N.J.R. 512\(a\)](#), [30 N.J.R. 2919\(a\)](#).

In (c), updated the address.

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

In (c)2, changed claim form reference; and in (d)1, substituted a reference to beneficiaries for a reference to recipients.

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 N.J.R. 4417\(a\)](#), [36 N.J.R. 4963\(a\)](#).

Substituted references to Medical Assistance Customer Center (MACC) for references to Medicaid District Office (MDO) throughout; in (c), substituted "Office of Utilization Management" for "Office of Medical Affairs and Provider Relations" in the introductory paragraph of 1 and substituted "CMS" for "NCFA" following "Item 23B on the" in 2.

Amended by R.2005 d.312, effective September 19, 2005.

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See: [37 N.J.R. 933\(a\)](#), [37 N.J.R. 3697\(a\)](#).

Added (b)-(e); recodified former (b)-(c) as (f)-(g); recodified former (d) as (h) and amended introductory paragraph. Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

In (g), deleted ", see Appendix A" following the first occurrence of "Services" and "Medical Affairs and" preceding "Provider", and substituted "13" for "17".

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§ 10:55-1.6 Prescription policies

- (a) A personally signed and dated order (prescription) by the prescriber shall be required for the following:
1. Prosthetic and orthotic appliances;
 2. Repair and replacement of parts for custom-made prosthetic and orthotic appliances; and
 3. Orthopedic footwear.
- (b) The prescription shall include the following:
1. Beneficiary's name, age, address and Health Benefits Identification (HBID) Number;
 2. Relevant diagnosis supporting need for custom-made prosthetic and orthotic appliances, including a statement of medical necessity signed by the physician or the advanced practice nurse providing the diagnosis;
 3. A detailed breakdown of the appliance ordered, written according to the accepted New Jersey prosthetic and orthotic nomenclature as set forth in the accepted nomenclature by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Incorporated. A prescription written: "leg brace," "artificial limb" or "orthopedic shoes," for example, shall not be acceptable; and
 4. If an individual other than a physician or advanced practice nurse completes the detailed description of the item, the treating physician or advanced practice nurse must review and personally sign and date the detailed description of the order to indicate agreement with the description. The physician's or advanced practice nurse's signature and date must be an original; the use of date and/or signature stamps is not acceptable.

History

HISTORY:

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

Rewrote (b)1.

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 N.J.R. 4417\(a\)](#), [36 N.J.R. 4963\(a\)](#).

In (b), deleted "Patient" preceding "Person" in 1.

Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

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In (b)1, substituted "and Health Benefits Identification (HBID)" for ", Medicaid or NJ FamilyCare Identification Number and Person"; in (b)2, inserted ", including a statement of medical necessity signed by the physician or the advanced practice nurse providing the diagnosis", and deleted "and" from the end; in (b)3, substituted a comma for "and" following "Orthotics" and "; and" for a period at the end, inserted "and Pedorthics", and deleted a comma following "limb"; and added (b)4.

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§ 10:55-1.7 Policy on footwear

(a) For purposes of the New Jersey Medicaid and NJ FamilyCare programs policies, an "orthopedic shoe" means footwear, with or without accompanying appliances, used to prevent or correct gross deformities of the feet, which is properly fitted as to length and width, and consists of the following basic parts:

1. Correct straight last line;
2. Heels with sufficient bearing surface;
3. Toe with ample room for function;
4. Sole of sufficient weight for foot protection;
5. Rigid shank;
6. Properly fitting upper;
7. Smooth and protective lining; and
8. Snug fitting heel counter.

(b) Orthopedic footwear shall be reimbursable under the following conditions:

1. When attached to a brace or bar; and/or
2. When part of the normal (customary, usual) postoperative or postfracture treatment program; and/or
3. When used to correct or adapt to gross foot deformities.

(c) All footwear shall be consistent with the styles of footwear provided by manufacturers approved by the Federal Centers for Medicare and Medicaid Services (CMS)-approved Pricing Data Analysis and Contract Center.

History

HISTORY:

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

In (a), substituted a reference to Medicaid and NJ KidCare program policies for a reference to program policies in the introductory paragraph.

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 N.J.R. 4417\(a\)](#), [36 N.J.R. 4963\(a\)](#).

Amended by R.2011 d.080, effective March 7, 2011.

§ 10:55-1.7 Policy on footwear

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

Added (c).

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NEW JERSEY ADMINISTRATIVE CODE

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[N.J.A.C. 10:55-1.8](#)

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 55. PROSTHETIC AND ORTHOTIC SERVICES > SUBCHAPTER 1. GENERAL PROVISIONS

§ 10:55-1.8 Reimbursement for prosthetic and orthotic appliances

(a) This section outlines the Program's policy of reimbursement for prosthetic and orthotic services and specifies the procedure for submitting a claim to request payment.

(b) Providers of prosthetic and orthotic appliances shall be reimbursed on a fee-for-service basis not to exceed the maximum fee schedule allowance in N.J.A.C. 10:55-2. Generally, the reimbursement policy for the purchase or repair of any appliance or footwear is in accordance with the lower of the Medicaid and NJ FamilyCare maximum fee allowance or the provider's usual and customary charge. In certain instances, a maximum fee allowance cannot easily be established because of the variety of items that can be provided under the same HCPCS. In those instances, the notation "B.R.," by report, is listed in the fee schedule. In those cases, Medicaid and NJ FamilyCare fee-for-service reimbursement will be established by the Division after a review of the additional material submitted by the provider.

1. An additional labor charge shall only be paid for repair-related activities after warranty or prescription change. Such a charge shall not be reimbursed for a new item or appliance.
2. If it is necessary for the provider to visit the beneficiary at home or another setting to measure, fit or deliver an appliance, the following conditions shall apply:
 - i. The provider shall be reimbursed for travel time when the distance exceeds five miles one way. If more than one beneficiary is seen during the visit, travel time allowance shall only be billed for the initial beneficiary, in accordance with procedure code X3680, Travel time, N.J.A.C. 10:55-2;
 - ii. A maximum of three "home visits" shall be allowed, unless there is adequate documentation, including a prescription, justifying the need for additional visits; and
 - iii. No reimbursement for travel shall be provided if the provider is rendering a service that is not reimbursable by the NJ Medicaid/NJ FamilyCare programs.

(c) To request reimbursement for a service provided, the provider shall submit a CMS-1500 claim form using HCPCS procedure code(s) to identify the item or service provided. Instructions for submitting claims for payment are provided in the Fiscal Agent Billing Supplement following this chapter, [N.J.A.C. 10:55](#).

1. HCPCS procedure codes are listed in N.J.A.C. 10:55-2, HCPCS, the CMS (Centers for Medicare and Medicaid Services).
2. Instructions for the completion of claim forms and other forms are provided in the Fiscal Agent Billing Supplement following N.J.A.C. 10:55-2.
 - i. Requirements for the timely submission of claims are listed in the Administration Chapter of this manual ([N.J.A.C. 10:49-7.2](#)).
3. A provider shall submit a copy of the prescription along with the claim form to the fiscal agent, when the charge for repair and/or replacement of parts is less than \$ 250.00.

§ 10:55-1.8 Reimbursement for prosthetic and orthotic appliances

(d) The provider shall verify beneficiary eligibility in accordance with N.J.A.C. 10:49-2. Payment shall not be made for services provided to an ineligible individual, even if the service was prior authorized, except under the following circumstances:

1. If fabrication of an appliance (including repair or replacement of parts on existing appliance) has commenced following authorization but has not been completed during the beneficiary's period of eligibility, reimbursement to the provider shall be allowed.
2. In circumstances involving the beneficiary over which no one may have control, such as moving out-of-State, or in case of death of the beneficiary, reimbursement will be made in an amount consistent with the stage of completion of the appliance consistent with the Program's Maximum Fee Allowance schedule.
 - i. The provider shall use the date fabrication of the appliance was begun as the date of service when the above situation(s) occur(s).

(e) For any Medicaid or NJ FamilyCare beneficiary who is covered under Medicare, responsibility for payments by the New Jersey Medicaid or NJ FamilyCare program for non-hospital based, Medicare Part B services shall be limited to the unsatisfied deductible and/or coinsurance amount to the extent that the combined total of these payments does not exceed the maximum fee allowance for the same or similar service provided by the Medicaid or NJ FamilyCare program in the absence of other coverage. This limitation shall apply for claims with dates of service on or after July 20, 1998.

History

HISTORY:

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

Rewrote the section.

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 N.J.R. 4417\(a\)](#), [36 N.J.R. 4963\(a\)](#).

In (c), substituted "CMS" for "HCFA" in the introductory paragraph and substituted "CMS (Centers for Medicare and Medicaid Services)" for "HCFA (Health Care Financing Administration's) Common Procedure Coding System)" in 1.

Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

In the introductory paragraph of (b), substituted "provider's" for the first occurrence of "provider"; in (b)2i, substituted a semicolon for a period at the end; in (b)2ii, substituted "; and" for a period at the end; and added (b)2iii.

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§ 10:55-1.8 Reimbursement for prosthetic and orthotic appliances

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[N.J.A.C. 10:55-2.1](#)

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 55. PROSTHETIC AND ORTHOTIC SERVICES > SUBCHAPTER 2. CENTERS FOR MEDICARE AND MEDICAID SERVICES HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:55-2.1 Introduction

(a) The New Jersey Medicaid NJ FamilyCare fee-for-service programs have adopted the Centers for Medicare and Medicaid's Healthcare Common Procedure Coding System (HCPCS). The HCPCS procedure codes listed in this subchapter shall be used when filing a claim for prosthetic and/or orthotic services.

1. The responsibility of the prosthetic and orthotic services provider when rendering services and requesting reimbursement is listed in N.J.A.C. 10:55-1 of the Prosthetic and Orthotic Services chapter.

(b) The New Jersey Medicaid and NJ FamilyCare fee-for-service programs utilize the Centers for Medicare and Medicaid Services' (CMS) Healthcare Common Procedure Code System (HCPCS) for 2009, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act of 1996, Pub.L. 104-191, and incorporated herein by reference, as amended and supplemented, and as published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. Revisions to the Healthcare Common Procedure Coding System made by CMS (code additions, code deletions and replacement codes) will be reflected in this subchapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing reimbursement amounts specified by the Department and specification of new reimbursement amounts for new codes will be made by rulemaking in accordance with the Administrative Procedure Act, [N.J.S.A. 52:14B-1](#) et seq. HCPCS follows the American Medical Association's Physicians' Current Procedure Terminology (CPT) architecture, employing a five-position code and as many as two two-position modifiers. Unlike the CPT numeric design, the CMS-assigned codes and modifiers contain alphabetic characters.

1. Level I codes (narratives found in CPT): These codes are adapted from CPT for utilization primarily by physicians, podiatrists, optometrists, certified nurse-midwives, independent clinics and independent laboratories. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. Copyright restrictions make it impossible to print excerpts from CPT procedure narratives for Level I codes. In order to determine those narratives it is necessary to refer to CPT, which is incorporated herein by reference, as amended and supplemented. An updated copy of the CPT (Level I) codes may be obtained from the American Medical Association, P.O. Box 10950, Chicago, IL 60610, or by accessing www.ama-assn.org.

2. Level II codes: These codes are assigned by CMS for physician and non-physician services that are not in CPT. An updated copy of the HCPCS (Level II) codes may be obtained by accessing the HCPCS website at www.cms.hhs.gov/TransactionCodeSetsStands or by contacting PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010.

History

HISTORY:

§ 10:55-2.1 Introduction

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

In (a), substituted a reference to Medicaid and NJ KidCare fee-for-service programs for a reference to programs in the introductory paragraph.

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 N.J.R. 4417\(a\)](#), [36 N.J.R. 4963\(a\)](#).

In (a), substituted "Centers for Medicare and Medicaid's Healthcare" for "Health Care Financing Administration's (NCFA)" in the introductory paragraph.

Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

Added (b).

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[N.J.A.C. 10:55-2.2](#)

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§ 10:55-2.2 Elements of HCPCS Coding System

- (a) The list of HCPCS procedure codes in [N.J.A.C. 10:55-2.3](#) and [2.4](#) is arranged in tabular form with specific information for each code given under columns with the titles "HCPCS Code," "Description," and "Maximum Fee Allowance."
- (b) The column titled "MAXIMUM FEE ALLOWANCE" indicates the maximum amount of reimbursement or the following symbol:
1. Where "B.R." (By Report) is listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. In such instances, the provider shall attach a copy of the report to the claim form.
- (c) Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of alphabetic and/or numeric characters at the end of the HCPCS procedure code. The New Jersey Medicaid NJ FamilyCare fee-for-service program's recognized modifier codes for prosthetic and orthotic services are as follows:
1. "RP" (Repair and/or Replacement) is used to indicate repair and/or replacement of prosthetic and orthotic devices. The claim shows the HCPCS procedure code for the repairs and/or parts, followed by the "RP" modifier and the charge for the repairs and/or parts.
 2. "XE" (Non-Medicare covered service) is used to indicate that a service provided to a Medicare/Medicaid beneficiary is not reimbursable by Medicare.

History

HISTORY:

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 New Jersey Register 3964\(a\)](#), [32 New Jersey Register 1206\(a\)](#).

In (c), substituted a reference to Medicaid and NJ KidCare fee-for-service programs for a reference to programs in the introductory paragraph, and substituted a reference to beneficiaries for a reference to providers in 2.

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 New Jersey Register 4417\(a\)](#), [36 New Jersey Register 4963\(a\)](#).

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§ 10:55-2.2 Elements of HCPCS Coding System

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§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
(a) ORTHOTIC DEVICES (L0100-L0999)		
	1. SPINAL: CERVICAL	
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	879.82
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	B.R.
L0120	Cervical, flexible, nonadjustable (foam collar)	13.04
L0130	Cervical, flexible, thermoplastic collar, molded to patient	54.40
L0140	Cervical, semi-rigid, adjustable (plastic collar)	24.40
L0150	Cervical, semi-rigid, adjustable molded chin up (plastic collar with mandibular/occipital piece)	75.20
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	100.00
L0170	Cervical collar, molded to patient model	300.00
L0172	Cervical collar, semi-rigid, thermoplastic foam, two piece	68.34
L0174	Cervical collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	113.90

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	2. MULTIPLE POST COLLAR	
L0180	Cervical, multiple post collar occipital/mandibular supports, adjustable	163.80
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	240.00
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	175.00
	3. SPINAL: THORACIC	
L0210	Thoracic rib belt, custom fitted	13.20
L0220	Thoracic rib belt, custom fabricated	24.40
	4. SPINAL: THORACIC-LUMBAR-SACRAL ORTHOSIS (TLSO)	
L0430	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (Dewall posture protector only)	880.92
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	122.58
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	264.68
L0454	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated,	220.09

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L0456	includes fitting and adjustment TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	220.96
L0458	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	440.57
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	440.57
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from	440.57

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L0464	the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	437.70
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavity pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	224.99
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	276.04
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and	447.64

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L0472	padding, extends from sacrococcygeal junction to scapular, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	291.60
L0474	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one public and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment.	499.65
L0480	TLSO, triplanar control, rigid posterior frame with flexible soft apron anterior with multiple straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in the sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	1,035.33

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HCPCS Code	Description	Maximum Fee Allowance \$
L0482	<p>sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated</p> <p>TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated</p>	1,153.79
L0484	<p>TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated</p>	1,146.26
L0486	<p>TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated</p>	1,218.72
L0488	<p>TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and</p>	895.12

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L0490	<p>closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment</p> <p>TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment</p> <p>5. SPINAL: LUMBAR--SACRAL--ORTHOSIS (LSO)--FLEXIBLE</p>	677.26
L0491	<p>TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the Xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	475.12
L0492	<p>TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by</p>	312.11

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	overlapping plastic and stabilizing closures, prefabricated, includes fitting and adjustment	
	6. SPINAL: SACROILIAC/FLEXIBLE	
L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	40.72
L0610	Sacroiliac, flexible (sacroiliac surgical support), custom fabricated	89.28
	7. SEMI-RIGID	
L0620	Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front	192.00
	8. SPINAL: CERVICAL-THORACIC-LUMBAR-SACRAL-HALO PROCEDURE ANTERIOR-POSTERIOR-LATERAL CONTROL	
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, may be prefabricated, includes fitting and adjustment	57.33
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	153.10
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	B.R.
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	B.R.
L0625	Lumbar orthosis, flexible provides lumbar support,	34.07

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L0626	<p>posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays prefabricated, includes fitting and adjustments</p> <p>Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment</p>	48.22
L0627	<p>Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment</p>	254.29
L0628	<p>Lumbar-sacral, flexible provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment</p>	51.90
L0629	<p>Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment</p>	B.R.

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HCPCS Code	Description	Maximum Fee Allowance \$
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	100.19
L0631	Lumbar-sacral orthosis sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated includes fitting and adjustment	635.08
L0632	Lumbar-sacral orthosis sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated includes fitting and adjustment custom fabricated	B.R.
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, penduloud abdomen design, prefabricated, includes fitting and adjustment	177.39
L0634	Lumbar-sacral orthosis, sagittal-coronal, with	

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	rigid posterior frame/panel(s), posterior extends from sacroccygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	B.R.
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction T-9 vertebra, lateral strength provided by rigid lateral frames/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	603.06
L0636	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frames/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	894.38
L0637	Lumbar-sacral orthosis, sagittal-coronal, control, lumbarflexion, rigid posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral sacrococcygeal junction to T-9 vertebra, lateral, shoulder straps, pendulous abdomen design, prefabricated includes fitting and adjustment	664.58
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frames/panels,	815.91

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L0639	<p>posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frames/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding shoulder straps, pendulous abdomen design, prefabricated includes fitting and adjustment</p> <p>Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom prefabricated includes fitting and adjustment</p>	664.58
L0640	<p>Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated</p>	647.33
L0700	<p>Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral-control, molded to patient model (Minerva type)</p>	1,160.00
L0710	<p>CTLSO, anterior-posterior-lateral-control, molded to patient model, with interface material (Minerva type)</p>	1,280.00

9. HALO PROCEDURE

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L0810	Halo procedure, cervical halo incorporated into jacket vest	1,677.11
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	1,200.00
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	2,053.61
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	721.98
L0861	Addition to halo procedure, replacement liner, interface material	135.48
10. ADDITIONS TO SPINAL ORTHOSES		
L0970	TLSO, corset front	33.60
L0972	LSO, corset front	69.20
L0974	TLSO, full corset	88.20
L0976	LSO, full corset	103.88
L0978	Axillary crutch extension	35.00
L0980	Peroneal straps, pair	11.33
L0982	Stocking supporter grips, set of four (4)	9.60
L0984	Protective body sock, each	34.12
L0999	Addition to spinal orthosis, not otherwise specified	B.R.

**(b) ORTHOTIC
DEVICES--
SCOLIOSIS
PROCEDURE
S (L1000-
L1499)**

The orthotic care of scoliosis differs from other care in that the

treatment is more dynamic in nature and uses ongoing continual modification of the orthosis to

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS	Description	Maximum
Code		Fee
		Allowance \$
	<p>the patient's changing condition. This coding structure uses the proper names or eponyms of the procedures because they have historic and universal acceptance in the profession. It should be recognized that variations to the basic procedures described by the founders/developers are accepted in various medical and orthotic practices throughout the country. All procedures include model of patient when indicated.</p> <p>1. SCOLIOSIS: CERVICAL--THORACIC--LUMBAR--SACRAL ORTHOSIS (CTL SO) (MILWAUKEE)</p>	
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTL SO), inclusive of furnishing initial orthoses including model	1,134.00
L1001	Cervical-thoracic-lumbar-sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	B.R.
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	1,990.05

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L1010	Additions to (CTLSO) or scoliosis orthosis, axilla sling	44.88
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	25.00
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	77.29
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	40.83
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	39.00
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	39.00
L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad	39.00
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	51.00
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	35.42
L1085	Addition to CTLSO or scoliosis orthosis, outrigger bilateral with vertical extensions	108.45
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	51.00
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	66.00
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	90.00
L1120	Addition to CTLSO or scoliosis orthosis, cover for upright, each	26.05
	2. SCOLIOSIS: THORACIC--LUMBAR--SACRAL ORTHOSIS (TLSO) (LOW PROFILE)	
L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	1,037.53
L1210	Additions to TLSO, (low profile), lateral thoracic extension	175.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L1220	Additions to TLSO, (low profile), anterior thoracic extension	175.00
L1230	Additions to TLSO, (low profile), Milwaukee type superstructure	340.00
L1240	Additions to TLSO, (low profile), lumbar derotation pad	44.75
L1250	Addition to TLSO, (low profile), anterior asis pad	44.75
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad	44.75
L1270	Addition to TLSO, (low profile), abdominal pad	44.75
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	61.02
L1290	Addition to TLSO, (low profile), lateral trochanteric pad	40.68
3. OTHER SCOLIOSIS PROCEDURES		
L1300	Other scoliosis procedure, body jacket molded to patient model	1,200.00
L1310	Other scoliosis procedure, post-operative body jacket	1,200.00
L1499	Unlisted procedure for spinal orthosis	B.R.
4. THORACIC--HIP--KNEE--ANKLE ORTHOSIS (THKAO)		
L1500	Thoracic-hip-knee-ankle orthoses (THKAO), mobility frame (Newington, Parapodium types)	1,243.33
L1510	THKAO, standing frame	877.67
L1520	THKAO, swivel walker	1,487.44

(c) ORTHOTIC
DEVICES--
LOWER LIMB
(L1600-L2699)

The
procedures in
L1600-L2999
are considered
as "base" or
"basic

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
procedures" and may be modified by listing procedures from the "additions"	sections and adding them to the base procedures.	
	1. LOWER LIMB: HIP--FLEXIBLE	
L1600	Hip orthoses (HO), abduction control of hip joints, flexible, Frejka type with cover	40.32
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only)	25.00
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness)	75.00
L1630	HO, abduction control of hip joints, semi-flexible (Von Rosen type)	111.31
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs	250.00
L1650	HO, abduction control of hip joints, static, adjustable, custom fitted (Ilfeld type)	150.00
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	224.08
L1660	HO, abduction control of hip joints, static, plastic, custom fitted	109.07
L1680	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type)	802.72
L1685	HO, abduction control of hip joints, postoperative hip adduction type, custom fabricated	610.20
L1686	HO, abduction control of hip joint, postoperative hip abduction type, custom fitted	600.00
L1690	Combination, bilateral, lumbo-sacral, hip, femur	1,040.29

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	orthosis providing adduction and internal rotation control	
	2. LOWER LIMB--LEGG PERTHES	
L1700	Legg Perthes orthosis, (Toronto type)	996.07
L1710	Legg Perthes orthosis, (Newington type)	1,159.26
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type)	852.85
L1730	Legg Perthes orthosis, (Scottish Rite type)	739.21
L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown)	80.00
L1755	Legg Perthes orthosis, (Patten Bottom type)	854.40
	3. LOWER LIMB: KNEE	
L1810	KO, elastic with joints	61.04
L1820	KO, elastic with condyle pads and joints	72.40
L1830	KO, immobilizer; canvas longitudinal	52.88
L1831	KO, Locking knee joint(s), positional orthosis, prefabricated includes fitting and adjustment	185.00
L1832	KO, adjustable knee joints, positional orthosis, rigid support, custom fitted	320.00
L1834	KO, without knee joint, rigid, molded to patient model	388.00
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	83.87
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model	520.00
L1843	Knee orthosis (KO); single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted	392.81
L1844	KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model	852.38
L1845	KO, double upright, thigh and calf, with adjustable	468.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	flexion and extension joint, medial-lateral and rotation control, custom fitted	
L1846	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model	528.80
L1847	Knee orthosis (KO); double upright with adjustable joint, with inflatable air support chamber(s)	309.42
L1850	KO, Swedish type	148.00
L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI)	610.20
L1860	KO, modification of supracondylar prosthetic socket, molded to patient model (SK)	555.68
	4. LOWER LIMB: ANKLE-FOOT	
L1900	Ankle-foot orthoses (AFO), spring wire, dorsiflexion assist calf band	158.64
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (for example, neoprene, lycra)	11.13
L1902	AFO, ankle gauntlet, custom fitted	48.81
L1904	AFO, molded ankle gauntlet, molded to patient model	284.76
L1906	AFO, multiligamentous ankle support	75.00
L1907	AFO, Supramalleolar with straps, with or without interface/pads, custom fabricated	353.71
L1910	AFO, posterior, single bar, clasp attachment to shoe counter	192.99
L1920	AFO, single upright with static or adjustable stop (Phelps or Perlstein type)	200.00
L1930	AFO, custom fitted, plastic	156.80
L1932	AFO, rigid anterior tibial section, total carbon fiber equal material, prefabricated, includes fitting and adjustment	552.04
L1940	AFO, molded to patient model, plastic	387.94
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction)	540.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L1950	AFO, spiral, molded to patient model (Irm type), plastic	593.22
L1951	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	527.61
L1960	AFO, posterior solid ankle, molded to patient model, plastic	421.60
L1970	AFO, plastic molded to patient model, with ankle joint	513.35
L1971	AFO, plastic or other material, with ankle joint, prefabricated, includes fitting and adjustment	294.64
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis)	229.60
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis)	287.20
X4005	Tone reducing orthoses knee high, custom molded, supply by orthotist, each	1,121.00
X4006	Tone reducing orthoses ankle high, custom molded, supply by orthotist, each	350.00
X4007	Swedo ankle orthoses, each	90.00
X4450	AFO, posterior leaf spring molded to patient model (Tirr, Rancho) includes casting	386.40
	5. LOWER LIMB: HIP-KNEE-ANKLE-FOOT ORTHOSIS (KAFO)--OR ANY COMBINATION	

L2000, L2020,
and L2036 are
base
procedures
which may be
used with any

knee joint;
L2010 and
L2030 shall
only be used
with no knee

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	joint.	
L2000	Knee-ankle-foot-orthoses (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis)	760.00
L2005	Knee-ankle-foot-orthosis (KAFO); single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	2,534.97
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint	568.68
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis)	786.13
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint	571.20
L2034	Full plastic single upright, with or without free motion knee, medial lateral, rotation control, with or without free motion ankle, custom fabricated	1,289.57
L2035	Knee-ankle-foot-orthosis (KAFO); full plastic, static, prefabricated (pediatric size)	B.R.
L2036	KAFO, full plastic, double upright, free knee, molded to patient model	1,000.00
L2037	KAFO, full plastic, single upright, free knee, molded to patient model	900.00
L2038	KAFO, full plastic, without knee joint, multiaxis molded to patient model (lively orthosis or equal)	900.00
	6. TORSION CONTROL	
L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt	131.05
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt	223.44

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt	250.00
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt	90.76
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt	200.00
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt	200.00
7. FRACTURE ORTHOSES		
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, molded to patient	284.76
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, molded to patient model	569.60
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft custom fitted	244.08
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid custom fitted	321.37
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid custom fitted	366.40
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient	651.20
L2128	KAFO, fracture orthosis, femoral fracture cast, molded to patient model	895.20
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft custom fitted	488.16
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid custom fitted	528.81
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid custom fitted	630.40
8. ADDITIONS TO FRACTURE ORTHOSIS		
L2180	Addition to lower extremity fracture orthosis,	53.69

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	plastic shoe insert with ankle joints	
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	48.80
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	69.16
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	101.70
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	203.40
L2190	Addition to lower extremity fracture orthosis, waist belt	48.81
L2192	Addition to lower extremity fracture orthosis, hip joint pelvic band, thigh flange, and pelvic belt	203.40
	9. ADDITIONS TO LOWER EXTREMITY ORTHOSIS; SHOE--ANKLE--SHIN--KNEE	
L2200	Addition to lower extremity, limited ankle motion, each joint	30.80
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	48.00
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	59.65
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	49.95
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	61.57
L2240	Addition to lower extremity, round caliper and plate attachment	54.10
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	234.08
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	169.83
L2265	Addition to lower extremity, long tongue stirrup	32.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	35.03
L2275	Addition to lower extremity, varus/vulgus corrections, plastic modification, padded/lined	65.71
L2280	Addition to lower extremity, molded inner boot	105.76
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	175.00
L2310	Addition to lower extremity, abduction bar, straight	80.01
L2320	Addition to lower extremity, nonmolded lacer	96.00
L2330	Addition to lower extremity, lacer molded to patient model	190.00
L2335	Addition to lower extremity, anterior swing band	122.04
L2340	Addition to lower extremity, pretibial shell, molded to patient model	284.80
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model (used for "PTB" "AFO" orthoses)	447.52
L2360	Addition to lower extremity, extended steel shank	41.16
L2370	Addition to lower extremity, patten bottom	164.00
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	75.80
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	32.00
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	52.88
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	98.08
L2390	Addition to lower extremity, offset knee joint, each joint	52.88
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	73.60

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HCPCS Code	Description	Maximum Fee Allowance \$
L2397	Addition to lower extremity orthosis, suspension sleeve	61.53
	10. ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS	
L2405	Addition to knee joint, drop lock, each joint	24.80
L2415	Addition to knee joint, cam lock (Swiss, French Bail types), each joint	101.60
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	142.00
L2435	Addition to knee joint, polycentric joint, each joint	97.63
L2492	Addition to knee joint, lift loop for drop lock ring	68.80
	11. ADDITIONS--THIGH/WEIGHT BEARING--GLUTEAL/ISCHIAL WEIGHT BEARING	
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	117.60
L2510	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	508.81
L2520	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	336.00
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	660.00
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	380.00
L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	146.48
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	196.00
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	61.04
	12. ADDITIONS: PELVIC AND THORACIC CONTROL	
L2570	Addition to lower extremity, pelvic control, hip	280.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	joint, clevis type two position joint, each	
L2580	Addition to lower extremity, pelvic control, pelvic sling	240.00
L2600	Addition to lower extremity, pelvic control, hip joint, clevis type, or thrust bearing, free, each	108.00
L2610	Addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each	132.00
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	160.00
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	170.85
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	102.40
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	840.00
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	840.00
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	166.88
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	201.60
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	86.80
L2660	Addition to lower extremity, thoracic control, thoracic band	18.00
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	32.00
L2680	Addition to lower extremity, thoracic control, lateral support uprights	32.00

(d)
ADDITIONS--
GENERAL

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
(L2750-L2999)		
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	52.00
L2755	High strength, lightweight material, all hybrid lamination/prepeg composite, per segment, for custom fabricated orthosis only	82.12
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	32.00
L2768	Orthotic side bar disconnect device, per bar	81.01
L2795	Addition to lower extremity orthosis, knee control, full kneecap	62.21
L2800	Addition to lower extremity orthosis, knee control, kneecap, medical or lateral pull	64.80
L2810	Addition to lower extremity orthosis, knee control, condylar pad	54.57
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	40.68
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	40.68
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	28.00
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	33.60
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	B.R.
L2999	Unlisted procedures for lower extremity orthoses	B.R.
(e) FOOT, ORTHOPEDIC SHOES MODIFICATIO NS, TRANSFERS		

1. FOOT, INSERTS, REMOVABLE, MOLDED TO PATIENT MODEL

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L3000	Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	140.00
L3001	Foot insert, removable, molded to patient model; Spenco, each Qualifier: Custom Spenco device	76.00
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	76.00
L3003	Foot insert, removable, molded to patient model, silicone gel, each	76.00
L3010	Foot insert, removable, molded to patient model; longitudinal arch support, each Qualifier: Any custom leather/metal device (Example: Schaeffer, Whitman)	76.00
L3020	Foot insert, removable, molded to patient model; longitudinal/metatarsal support, each Qualifier: Any custom leather/plastic device, full foot only	88.00
L3030	Foot insert, removable, formed to patient foot, each Qualifier: Only off-the-shelf Spenco	48.00
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each 2. ARCH SUPPORTS, REMOVABLE, PREMOLDED	B.R.
L3040	Foot, arch support, removable, premolded; longitudinal, each Qualifier: Only off-the-shelf plastazote	29.60
L3050	Foot, arch support, removable, premolded metatarsal, each Qualifier: Only off-the-shelf with metatarsal or heel pad with no longitudinal control	32.00
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each Qualifier: Only off-the-shelf with longitudinal control 3. ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE	48.00
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	16.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	20.00
L3090	Foot, arch support, nonremovable, attached to shoe longitudinal/metatarsal, each	24.00
L3100	Hallus-Valgus night dynamic splint	20.00
	4. ABDUCTION AND ROTATION BARS	
L3140	Foot, rotation positioning device, including shoe(s)	56.00
L3150	Foot, rotation positioning device, without shoe(s)	60.00
L3160	Foot, adjustable shoe-style positioning device	B.R.
L3170	Foot, plastic heel stabilizer	112.00
	5. ORTHOPEDIC FOOTWEAR	
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	48.00
L3202	Orthopedic shoe, oxford with supinator or pronator, child	48.00
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	48.00
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	48.00
L3206	Orthopedic shoe, hightop with supinator or pronator, child	48.00
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	48.00
L3208	Surgical boot, each infant	24.00
L3209	Surgical boot, each child	24.00
L3211	Surgical boot, each junior	24.00
L3212	Benesch boot, pair, infant	48.00
L3213	Benesch boot, pair, child	48.00
L3214	Benesch boot, pair, junior	48.00
L3215	Orthopedic footwear, ladies shoes, oxford	76.00
L3216	Orthopedic footwear, ladies shoes, depth inlay	100.00
L3217	Orthopedic footwear, ladies shoes, hightop, depth	116.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	inlay	
L3219	Orthopedic footwear, men's shoes, oxford	76.00
L3221	Orthopedic footwear, men's shoes, depth inlay	100.00
L3222	Orthopedic footwear, men's shoes, hightop, depth inlay	116.00
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	B.R.
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	B.R.
L3230	Orthopedic footwear, custom shoes, depth inlay	380.00
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	250.00
L3251	Foot, shoe molded to patient model, silicone shoe, each	280.00
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	256.00
L3253	Foot, molded shoe Plastazote (or similar), custom fitted, each	112.00
L3254	Nonstandard size or width	20.00
L3255	Nonstandard size or length	20.00
L3257	Orthopedic footwear, additional charge for split size	50.00
L3260	Ambulatory surgical boot, each	88.00
L3265	Plastazote sandal, each	56.00
	6. SHOE MODIFICATION--LIFTS	
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	64.00
L3310	Lift, elevation, heel and sole, neoprene, per inch	64.00
L3320	Lift, elevation, heel and sole, cork, per inch	100.00
L3330	Lift, elevation, metal extension (skate)	316.00
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	44.00
L3334	Lift, elevation, heel, per inch	36.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	7. WEDGES	
L3340	Heel wedge, Sach	10.40
L3350	Heel wedge	12.00
L3360	Sole wedge, outside sole	12.00
L3370	Sole wedge, between sole	14.40
L3380	Clubfoot wedge	12.00
L3390	Outflare wedge	16.00
L3400	Metatarsal bar wedge, rocker	16.00
L3410	Metatarsal bar wedge, between sole	16.00
L3420	Full sole and heel wedge, between sole	24.00
L3430	Heel, counter, plastic reinforced	24.00
L3440	Heel, counter, leather reinforced	24.00
L3450	Heel, Sach cushion type	64.00
L3455	Heel, new leather, standard	8.00
L3460	Heel, new rubber, standard	8.00
L3465	Heel, Thomas with wedge	20.00
L3470	Heel, Thomas extended to ball	24.00
L3480	Heel, pad and depression for spur	16.00
L3485	Heel, pad, removable for spur	32.00
	8. MISCELLANEOUS SHOE ADDITIONS	
L3500	Miscellaneous shoe addition, insole, leather	4.00
L3510	Miscellaneous shoe addition, insole, rubber	8.00
L3520	Miscellaneous shoe additions, insole, felt covered with leather	8.00
L3530	Miscellaneous shoe addition, sole, half	12.00
L3540	Miscellaneous shoe addition, sole, full	36.00
L3550	Miscellaneous shoe addition, toe tap, standard	4.00
L3560	Miscellaneous shoe addition, toe tap, horseshoe	6.40
L3570	Miscellaneous shoe addition, special extension to instep (leather with eyelets)	152.00
L3580	Miscellaneous shoe addition, convert instep to Velcro closure	13.60
L3590	Miscellaneous shoe addition, convert firm shoe	28.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	counter to soft counter	
L3595	Miscellaneous shoe addition, March bar	12.00
	9. TRANSFER OR REPLACEMENT	
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	48.00
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	76.00
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	39.04
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	76.00
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	28.00
L3649	Unlisted procedures for foot orthopedic shoes, shoe modifications and transfers	B.R.
(f) ORTHOTIC DEVICES--UPPER LIMB (L3650-L3999)		
Note: The procedures in this section are considered as "base" or "basic procedures" and may be modified by listing procedures from the "additions" sections and adding them to the base procedure.		
	1. UPPER LIMB: SHOULDER	
L3650	Shoulder orthosis, (SO), figure of "8" design abduction restrainer	32.00
L3660	SO, figure of "8" design abduction restrainer,	60.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	canvas and webbing	
L3670	SO, acromion/clavicular (canvas and webbing type)	88.62
L3671	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	507.32
L3672	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	630.88
L3673	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes non torsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	687.58
L3675	Shoulder orthosis, (SO); vest type abduction restrainer, canvas webbing type, or equal	85.92
L3677	Hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	B.R.
	2. UPPER LIMB: ELBOW	
L3702	Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	162.57
L3710	EO, elastic with metal joints	60.00
L3720	EO, double upright with forearm/arm cuffs, free motion	520.00
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist	617.71
L3740	EO, double upright with forearm/arm cuffs, adjustable position with lock with active control	692.08
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, includes fitting and adjustment	272.89
L3762	Elbow orthosis, rigid, without joints, includes	61.51

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HCPCS Code	Description	Maximum Fee Allowance \$
	soft interface material prefabricated, includes fitting and adjustment	
	3. UPPER LIMB: WRIST-HAND-FINGER	
L3763	Elbow wrist hand orthosis; rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	433.83
L3764	Elbow wrist hand orthosis; includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	545.99
L3765	Elbow wrist hand finger orthosis, rigid without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	721.91
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	764.45
L3806	Wrist-hand-finger-orthoses (WHFO); includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	255.75
L3807	WHFO, extension assist, with inflatable Palmer Air support, with or without thumb extension	135.08
L3808	Wrist-hand-finger-orthoses (WHFO); rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	228.44
	4. ADDITIONS	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	B.R.
	5. DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION	

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L3900	WHFO, dynamic flexor hinge; reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven	800.00
L3901	WHFO, dynamic flexor hinge; reciprocal wrist extension/flexion, finger flexion/extension, cable driven 6. EXTERNAL POWER	884.00
L3904	WHFO, external powered, electric	369.00
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment 7. OTHER WRIST-HAND-FINGER ORTHOSES--CUSTOM FITTED	558.35
L3906	WHFO, wrist gauntlet, molded to patient model	267.41
L3908	WHFO, wrist extension control cock-up, non-molded	50.13
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (for example, neoprene, lycra)	B.R.
L3912	WHFO, flexion glove with elastic finger control	67.25
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	152.49
L3915	Wrist-hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface straps, prefabricated, includes fitting and adjustment	299.27
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment 8. UPPER LIMB: SHOULDER-ELBOW-WRIST-HAND ABDUCTION POSITIONING--CUSTOM FITTED	22.26
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design	460.00
L3961	SEWHO, shoulder cap design, without joints, may	945.92

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HCPCS Code	Description	Maximum Fee Allowance \$
	include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3962	SEWHO, abduction positioning, Erbs Palsey design	420.00
L3963	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint	847.70
L3964	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, adjustable	520.00
L3965	SEWHO, radial arm support attached to wheelchair, balanced and fitted to patient, adjustable rancho type	759.66
L3966	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, reclining	488.00
L3967	SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1,116.82
L3968	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, friction arm support (friction dampening to proximal and distal joints)	680.00
L3969	SEWHO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support 9. ADDITIONS TO MOBILE ARM SUPPORTS	417.06
L3970	SEWHO, addition to mobile arm support, elevating proximal arm	200.00
L3971	SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1,060.12
L3972	SEWHO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	112.00
L3973	SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles,	1,116.82

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HCPCS Code	Description	Maximum Fee Allowance \$
	may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3974	SEWHO, addition to mobile arm support, supinator	112.00
L3975	SEWHO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	945.92
L3976	SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	945.92
L3977	SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1,060.12
L3978	SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1,116.82
	10. UPPER LIMB--FRACTURE ORTHOSIS	
L3980	Upper extremity fracture orthosis, humeral	163.17
L3982	Upper extremity fracture orthosis, radius/ulnar	172.00
L3984	Upper extremity fracture orthosis, wrist	122.40
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	14.80
L3999	Unlisted procedures for upper limb orthosis	B.R.
(g) SPECIFIC REPAIR (L4000-L4199)		
L4000	Replace girdle for Milwaukee orthosis	696.00
L4002	Replacement strap, any orthosis, includes all components, any length, any type	18.00
L4010	Replace trilateral socket brim	444.59
L4020	Replace quadrilateral socket brim, molded to	532.00

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	patient model	
L4030	Replace quadrilateral socket brim, custom fitted	373.06
L4040	Replace molded thigh lacer	272.53
L4045	Replace nonmolded thigh lacer	140.00
L4050	Replace molded calf lacer	331.80
L4055	Replace nonmolded calf lacer	61.02
L4060	Replace high roll cuff	136.00
L4070	Replace proximal and distal upright for KAFO	168.00
L4080	Replace metal bands KAFO, proximal thigh	72.00
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	60.00
L4100	Replace leather cuff KAFO, proximal thigh	80.00
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	52.00
L4130	Replace pretibial shell	331.45
(h) REPAIRS (L4200-L4299)		
L4205	Repair of orthotic device, quarter-hour rate	10.60
L4210	Repair of orthotic device, repair or replace minor parts	69.00
(i) ANCILLARY ORTHOTIC SERVICES (L4300-L4399 AND X3680)		
L4350	Pneumatic ankle control splint (for example, aircast)	52.00
L4360	Pneumatic walking splint (for example, aircast)	160.00
L4370	Pneumatic full leg splint (for example, aircast)	88.00
L4380	Pneumatic knee splint (for example, aircast)	56.00
L4386	Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustment	99.66
L4392	Replace soft interface material, ankle contracture splint	13.56
L4394	Replace soft interface material, foot drop splint	9.90
L4396	Ankle contracture splint	96.67
L4398	Foot drop splint, recumbent positioning device	44.52

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

HCPCS Code	Description	Maximum Fee Allowance \$
X3680	Travel time per round trip, per day	40.72

History

HISTORY:

Amended by R.1998 d.410, effective August 3, 1998.

See: [30 N.J.R. 512\(a\)](#), [30 N.J.R. 2919\(a\)](#).

In (c) and (i), inserted new Codes.

Amended by R.1999 d.40, effective February 1, 1999.

See: [30 N.J.R. 3897\(a\)](#), [31 N.J.R. 439\(a\)](#).

In (a), added L0999; in (c), inserted L1843 and L2035; and in (e), added Qualifiers in L3001, L3010, L3020, L3030, L3040, L3050 and L3060, and deleted X4800, X4801, X4802, X4803, X4804 and X4805.

Amended by R.1999 d.391, effective November 15, 1999.

See: [31 N.J.R. 2291\(b\)](#), [31 N.J.R. 3635\(a\)](#).

In (c), inserted L1690 and L1847; in (f), inserted L3675; and in (i), deleted L4310 and L4320.

Amended by R.2000 d.134, effective April 3, 2000.

See: [31 N.J.R. 3964\(a\)](#), [32 N.J.R. 1206\(a\)](#).

In (d), inserted a reference to L2860; in (e), inserted references to L3160, L3224 and L3225; and in (f), inserted a reference to L3890.

Amended by R.2000 d.463, effective November 20, 2000.

See: [32 N.J.R. 2974\(a\)](#), [32 N.J.R. 4108\(a\)](#).

In (f), inserted a reference to L3807.

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 N.J.R. 4417\(a\)](#), [36 N.J.R. 4963\(a\)](#).

Rewrote the section.

Amended by R.2005 d.312, effective September 19, 2005.

See: [37 N.J.R. 933\(a\)](#), [37 N.J.R. 3697\(a\)](#).

Rewrote (a)-(c), (e), (f), and (h).

Amended by R.2009 d.93, effective March 16, 2009.

See: [40 N.J.R. 3912\(a\)](#), [41 N.J.R. 1245\(a\)](#).

§ 10:55-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Orthotic Services

In the introductory language of (i), inserted "AND X3680"; and in the "Description" column of entry "X3680" in the table in (i), substituted "round trip, per day" for "hour (specify time involved)".

Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

Rewrote (a) through (g).

Annotations

Notes

[Chapter Notes](#)

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[N.J.A.C. 10:55-2.4](#)

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 55. PROSTHETIC AND ORTHOTIC SERVICES > SUBCHAPTER 2. CENTERS FOR MEDICARE AND MEDICAID SERVICES HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
(a) PROSTHETIC PROCEDURES- -LOWER LIMB (L5000-L5999)		
	The procedures in this section are considered as "base" or "basic procedures" and may be modified by listing items/procedure s or special material from the "additions" section and adding them to the base procedure.	
	1. PARTIAL FOOT	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	339.53
L5010	Partial foot, molded socket, ankle height, with toe filler	680.00
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	1,040.00
	2. ANKLE	
L5050	Ankle, Syme, molded socket, Sach foot	1,360.00

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L5060	Ankle, Syme, metal frame, molded leather socket, articulated ankle/foot 3. BELOW KNEE	2,000.00
L5100	Below knee, molded socket, shin, Sach foot	1,036.56
L5105	Below knee, plastic socket, joints and thigh lacer, Sach foot 4. KNEE DISARTICULATION	2,000.00
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, Sach foot	2,500.00
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, Sach foot 5. ABOVE KNEE	2,683.30
L5200	Above knee, molded socket, single axis constant friction knee, shin, Sach foot	1,301.76
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	1,360.00
L5220	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each	1,680.00
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, Sach foot 6. HIP DISARTICULATION	1,607.20
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin Sach foot	3,040.00
L5270	Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, Sach foot 7. HEMIPELVECTOMY	3,040.00
L5280	Hemipelvectomy, Canadian type; molded socket, hip	3,440.00

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	joint, single axis constant friction knee, shin, Sach foot	
	8. ENDOSKELETAL: BELOW KNEE	
L5301	Below knee, molded socket, shin, each foot endoskeletal system	1,379.04
	9. ENDOSKELETAL: KNEE DISARTICULATION	
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, Sach foot, endoskeletal system	2,129.46
	10. ENDOSKELETAL: ABOVE KNEE	
L5321	Above knee, molded socket, open end, Sach foot, endoskeletal system, single axis knee	2,085.72
	11. ENDOSKELETAL: HIP DISARTICULATION	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, each foot	2,951.37
	12. ENDOSKELETAL: HEMIPELVECTOMY	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, each foot	3,231.24
	13. IMMEDIATE POSTSURGICAL OR EARLY FITTING PROCEDURES	
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	844.78
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	328.42
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation	1,070.47

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment	461.40
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	200.00
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	240.00
14. INITIAL PROSTHESIS		
L5500	Initial, below knee "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, direct formed	726.60
L5505	Initial, above knee--knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot plaster socket, direct formed	980.00
15. PREPARATORY PROSTHESIS		
L5510	Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, molded to model	726.60
L5520	Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, direct formed	960.00
L5530	Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, molded to model	1,120.00
L5535	Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, prefabricated, adjustable open end socket	1,000.00
L5540	Preparatory, below knee "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, laminated	1,146.60

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	socket, molded to model	
L5560	Preparatory, above knee--knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, molded to model	1,120.00
L5570	Preparatory, above knee--knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, direct formed	1,200.00
L5580	Preparatory, above knee--knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover Sach foot, thermoplastic or equal, molded to model	1,320.00
L5585	Preparatory, above knee--knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, prefabricated adjustable open end socket	1,248.88
L5590	Preparatory, above knee--knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, laminated socket, molded to model	1,499.40
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, Sach foot, thermoplastic or equal, molded to patient model	2,120.00
	16. ADDITIONS TO LOWER EXTREMITY	
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, Sach foot, laminated socket, molded to patient model	2,240.00
L5610	Addition to lower extremity, above knee, hydracadence system	1,454.31
L5611	Addition to lower extremity, above knee--knee disarticulation, 4-bar linkage, with friction swing phase control	768.00
L5613	Addition to lower extremity, above knee--knee disarticulation, 4-bar linkage, with hydraulic swing phase control	1,240.00

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L5614	Addition to lower extremity, above knee--knee disarticulation, 4-bar linkage, with pneumatic swing phase control	2,307.16
L5616	Additions to lower extremity, above knee, universal multiplex system, friction swing phase control	720.00
L5617	Addition to lower extremity, quick self-aligning unit, above knee or below knee, each 17. ADDITIONS: TEST SOCKETS	320.52
L5618	Addition to lower extremity, test socket, Symes	160.00
L5620	Addition to lower extremity, test socket, below knee	208.63
L5622	Addition to lower extremity, test socket, knee disarticulation	264.00
L5624	Addition to lower extremity, test socket, above knee	240.00
L5626	Addition to lower extremity, test socket, hip disarticulation	300.00
L5628	Addition to lower extremity, test socket, hemipelvectomy	340.00
L5629	Addition to lower extremity, below knee, acrylic socket 18. ADDITIONS: SOCKET VARIATIONS	289.07
L5630	Addition to lower extremity, Symes type, expandable wall socket	280.00
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	320.00
L5632	Addition to lower extremity, Symes type, "PTB" brim design socket	180.02
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	231.74
L5636	Addition to lower extremity, Symes type, medial opening socket	196.85

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L5637	Addition to lower extremity, below knee, total contact	160.00
L5638	Addition to lower extremity, below knee, leather socket	320.00
L5639	Addition to lower extremity, below knee, wood socket	600.00
L5640	Addition to lower extremity, knee disarticulation, leather socket	400.00
L5642	Addition to lower extremity, above knee, leather socket	400.00
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	691.20
L5644	Addition to lower extremity, above knee, wood socket	400.00
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	325.44
L5646	Addition to lower extremity, below knee, air cushion socket	260.00
L5647	Addition to lower extremity, below knee, suction socket	223.74
L5648	Addition to lower extremity, above knee, air cushion socket	300.00
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	1,354.99
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	354.91
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	528.84
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	310.53
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	408.96

19. ADDITIONS SOCKET INSERT AND SUSPENSION

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	231.71
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	184.80
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	273.00
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	259.38
L5661	Addition to lower extremity, socket insert, multi-durometer, Symes	438.84
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	223.74
L5666	Addition to lower extremity, below knee, cuff suspension	40.72
L5668	Addition to lower extremity, below knee, molded distal cushion	77.53
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	199.00
L5671	Addition to lower extremity: below knee, molded supracondylar suspension ("PTS" or similar)	315.64
L5672	Addition to lower extremity, below knee, removable medial brim suspension	220.00
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 mechanisms	506.15
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair	178.96
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	203.40
L5678	Addition to lower extremity, below knee joint covers, pair	20.00

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
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	421.77
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded	172.88
L5681	Addition to lower extremity, below knee/above knee, 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 L5673 or L5679)	828.47
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	420.00
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)	828.47
L5684	Addition to lower extremity, below knee, fork strap	32.56
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	79.39
L5686	Addition to lower extremity, below knee, back check (extension control)	32.00
L5688	Addition to lower extremity, below knee, waist belt, webbing	40.72
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	71.62
L5692	Addition to lower extremity, above knee, pelvic	69.20

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	control belt, light	
L5694	Addition to lower extremity, above knee, pelvic	125.53
	control belt, padded and lined	
L5695	Addition to lower extremity, below knee, pelvic	100.00
	control, sleeve suspension, neoprene or equal, Sach	
L5696	Addition to lower extremity, above knee or knee	140.00
	disarticulation, pelvic joint	
L5697	Addition to lower extremity, above knee or knee	32.56
	disarticulation, pelvic band	
L5698	Addition to lower extremity, above knee or knee	72.40
	disarticulation, silesian bandage	
L5699	All lower extremity prostheses, shoulder harness	113.40
	20. REPLACEMENTS/ADDITIONS: EXOSKELETAL KNEE-SHIN SYSTEM	
L5700	Replacement, socket, below knee, molded to patient	1,549.30
	model	
L5701	Replacement, socket, above knee-knee	1,922.04
	disarticulation, including attachment plate, molded	
	to patient model	
L5702	Replacement, socket, hip disarticulation,	2,422.44
	including hip joint, molded to patient model	
L5703	Ankle, symes, molded to patient model, socket	1,468.67
	without solid ankle cushion heel (Sach) foot,	
	replacement only	
L5704	Replacement, custom shaped protective cover, below	315.89
	knee	
L5705	Replacement, custom shaped protective cover, above	579.14
	knee	
L5706	Replacement, custom shaped protective cover, knee	564.88
	disarticulation	
L5707	Replacement, custom shaped protective cover, hip	758.92
	disarticulation	
L5710	Addition, exoskeletal knee-shin system, single	174.96
	axis, manual lock	

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	284.80
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	252.00
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control (safety knee)	280.00
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	420.00
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	420.00
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	633.19
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	880.00
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	1,000.00
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,540.00
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	600.00
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	2,520.06
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	B.R.
21. COMPONENT MODIFICATION		
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	203.40
L5790	Addition, exoskeletal system, above knee,	305.10

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L5795	ultra-light material (titanium, carbon fiber or equal) Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	406.80
L5810	22. ENDOSKELETAL Addition, endoskeletal knee-shin system, single axis, manual lock	264.62
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	325.44
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	284.80
L5814	Addition, endoskeletal knee-shin system, polycentric; hydraulic swing phase control, mechanical stance phase lock	400.00
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	386.46
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	552.00
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1,120.00
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	610.20
L5826	Addition, endoskeletal knee-shin system, single axis; hydraulic swing phase control, with miniature high activity frame.	B.R.
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,440.00
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	1,076.00
L5840	Addition, endoskeletal knee-shin system, multi-axial, pneumatic/swing phase control	1,262.80

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	2,211.66
L5848	Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable	677.28
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	64.80
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	171.52
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase includes electronic sensor(s), any type	15,188.22
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	5,347.34
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	11,519.80
L5910	Addition, endoskeletal system, below knee, alignable system	280.25
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	252.00
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	186.61
L5930	Addition, endoskeletal system, high activity knee control frame	1,928.18
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	224.00
L5950	Addition, endoskeletal system, above knee,	500.00

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L5960	ultra-light material (titanium, carbon fiber or equal) Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	467.82
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	326.45
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	566.20
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	729.36
L5968	All lower extremity prosthesis; ankle, multiaxial shock absorbing system	1,958.73
L5970	All lower extremity prostheses, foot, external keel, Sach foot	78.40
L5971	All lower extremity prosthesis, solid ankle cushion heel (Sach) foot, replacement only	128.23
L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	122.40
L5974	All lower extremity prostheses, foot, single axis ankle/foot	109.60
L5975	All lower extremity prosthesis; combination single axis ankle and flexible kneel foot	249.89
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	284.80
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	135.20
L5979	All lower extremity prostheses, multi-axial ankle/foot, dynamic response	1,267.27
L5980	All lower extremity prostheses, flex-foot system	2,033.60
L5981	All lower extremity prostheses, flex-walk system	1,723.48

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	or equal	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	406.40
L5984	All endoskeletal lower extremity prostheses, axial rotation unit	304.80
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	362.49
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	304.80
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	4,152.19
L5988	All lower extremity prosthesis, combination vertical shock and multiaxial rotation/torsional force reducing pylon	1,076.78
L5990	Addition to lower extremity prosthesis; user adjustable heel height	1,130.21
L5999	Unlisted procedures for lower extremity prosthesis	B.R.
(b) UPPER LIMB (L6000-L6699)		
	The procedures in L6000-L6699 are base procedures which may be modified by listing procedures from the "additions" sections. The base procedures include only standard friction wrist and control cable system, unless otherwise specified.	
	1. PARTIAL HAND	
L6000	Partial hand, Robin-aids, thumb remaining (or	924.32

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	equal)	
L6010	Partial hand, Robin-aids, little and/or ring finger remaining (or equal)	1,000.00
L6020	Partial hand, Robin-aids, no finger remaining (or equal)	953.27
L6025	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	5040.17
	2. WRIST DISARTICULATION	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1,120.00
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	1,287.00
	3. BELOW ELBOW	
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	1,120.00
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	1,420.00
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	1,520.00
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	1,975.33
	4. ELBOW DISARTICULATION	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	1,504.00
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	2,522.40
	5. ABOVE ELBOW	
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	1,760.00

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	6. SHOULDER DISARTICULATION	
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow forearm	2,120.00
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	1,840.00
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	1,200.00
	7. INTERSCAPULAR THORACIC	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	2,380.00
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	1,545.84
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	1,400.00
	8. IMMEDIATE AND EARLY POST SURGICAL PROCEDURES	
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	691.56
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	813.60
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	976.00
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	223.74
L6388	Immediate postsurgical or early fitting,	203.40

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	application of rigid dressing only	
	9. ENDOSKELETAL: BELOW ELBOW	
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1,204.00
	10. ENDOSKELETAL: ELBOW DISARTICULATION	
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1,301.60
	11. ENDOSKELETAL: ABOVE ELBOW	
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1,512.00
	12. ENDOSKELETAL: SHOULDER DISARTICULATION	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1,760.00
	13. ENDOSKELETAL: INTERSCAPULAR THORACIC	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,160.00
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowen cable control, "USMC" or equal pylon, no cover, molded to patient model	813.60
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowen cable control, "USMC" or equal pylon, no cover, direct formed	691.56
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	1,159.38

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L6586	Preparatory, elbow disarticulation or below elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, humeral cuff, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	996.66
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	1,732.80
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed 14. ADDITIONS: UPPER LIMB	1,586.40
	The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to base procedure, at the time of the original order.	
L6600	Upper extremity additions, polycentric hinge, pair	52.00
L6605	Upper extremity additions, single pivot hinge, pair	116.00
L6610	Upper extremity additions, flexible metal hinge,	46.00

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	pair	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	255.21
L6615	Upper extremity addition, disconnect locking wrist unit	60.00
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	59.89
L6620	Upper extremity addition, flexion-friction wrist unit	211.56
L6621	Flexion/extension wrist with or without friction, for use with external powered terminal device	2,334.37
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	386.40
L6624	Flexion/extension and rotation wrist unit	2,334.37
L6625	Upper extremity addition, rotation wrist unit with cable lock	160.00
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	284.76
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	73.22
L6630	Upper extremity addition, stainless steel, any wrist	68.00
L6632	Upper extremity addition, latex suspension sleeve, each	32.54
L6635	Upper extremity addition, lift assist for elbow	152.48
L6637	Upper extremity addition, nudge control elbow lock	251.68
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	1,575.48
L6640	Upper extremity additions, shoulder abduction joint, pair	130.40

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L6641	Upper extremity addition, excursion amplifier, pulley type	97.60
L6642	Upper extremity addition, excursion amplifier, lever type	138.40
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	65.00
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	1,986.49
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	327.03
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	2,048.78
L6650	Upper extremity addition, shoulder universal joint, each	200.00
L6655	Upper extremity addition, standard control cable, extra	35.00
L6660	Upper extremity addition, heavy duty control cable	56.00
L6665	Upper extremity addition, Teflon, or equal, cable lining	24.00
L6670	Upper extremity addition, hook to hand, cable adapter	43.40
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	108.00
L6675	Upper extremity addition, harness, figure of ("8") eight type, for single control	80.42
L6676	Upper extremity addition, harness, figure of ("8") eight type, for dual control	86.32
L6677	Harness, triple control, simultaneous operation of terminal device and elbow	183.87
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	160.00

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	180.00
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	148.00
L6686	Upper extremity addition, suction socket	406.80
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	244.08
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	284.76
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	325.60
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	366.40
L6691	Upper extremity addition, removable insert, each	244.08
L6692	Upper extremity addition, silicone gel insert or equal, each	240.00
L6693	Upper extremity additions; external locking elbow, forearm counter balance	1,530.26
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	421.90
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	351.58
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)	815.32

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, 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 L6694 or L6695)	815.32
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	314.06
(c) TERMINAL DEVICES (L6700-L6899)		
	1. HOOKS	
L6703	Terminal device, passive hand/mitt, any material, any size	273.68
L6704	Terminal device, sport/recreational/work attachment, any material, any size	370.47
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	220.31
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	865.54
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	580.03
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	776.50
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	416.72
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	767.27
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	968.38
L6714	Terminal device, hand, mechanical, voluntary	820.20

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	closing, any material, any size, pediatric	
L6721	Terminal device, hook or hand, heavy duty, size, mechanical, voluntary opening, any material, any lined or unlined	1,457.83
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	1,256.77
L6810	Terminal device, pincher tool, Otto Bock or equal 2. HANDS	104.24
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	2,546.90
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device (MCM:2133)	1,931.94
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	1,335.93
L6884	Replacement socket, above elbow/elbow with or disarticulation, molded to patient model, for use without external power	1,469.13
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power 3. GLOVES FOR ABOVE HANDS	2,011.10
L6890	Terminal device, glove for above hands, production, glove	84.00
L6895	Terminal device, glove for above hands, custom glove	296.00
(d) HAND RESTORATION (L6900-L6999)		
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1,000.00
L6905	Hand restoration (casts, shading and measurements	1,000.00

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	included), partial hand, with glove, multiple fingers remaining)	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	1,000.00
L6915	Hand restoration (shading and measurements included), replacement glove for above 1. EXTERNAL POWER--BASE DEVICES	320.00
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	3,789.90
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	4,350.58
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	3,807.50
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	4,384.65
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	5,210.69
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal,	5,780.01

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L6950	electrodes, cables, two batteries and one charger, myoelectronic control of terminal device 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	5,761.18
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	6,850.89
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	6,950.69
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger myoelectronic control of terminal device	7,934.50
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	8,475.55
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal	9,418.54

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
	device	
(e) EXTERNAL POWER-- TERMINAL DEVICES (L7000-L7499)		
L7008	Electric hand, switch or myoelectric controlled; pediatric	3,880.11
L7009	Electric hook, switch or myoelectric controlled; adult	2,348.40
L7040	Prehensile actuator, Hosmer or equal, switch controlled	1,616.36
L7045	Electronic hook, child, Michigan or equal, switch controlled	854.01
	1. EXTERNAL POWER--ELBOW	
L7170	Electronic elbow, Hosmer or equal, switch controlled	3,238.90
L7180	Electronic elbow, Utah or equal, myoelectronically controlled	19,382.46
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	B.R.
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	3,625.58
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	4,800.00
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	5,177.71
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	5,072.00
L7260	Electronic wrist rotator, Otto Bock or equal	1,342.44
L7261	Electronic wrist rotator, for Utah arm	2,000.62
L7266	Servo control, Steeper or equal	554.90
L7272	Analogue control, UNB or equal	1,216.24

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L7274	Proportional control, 12 volt, Utah or equal	3,666.11
	2. EXTERNAL POWER--BATTERY COMPONENTS	
L7360	Six volt battery, Otto Bock or equal, each	167.90
L7362	Battery charger, six volt, Otto Bock or equal	150.23
L7364	Twelve volt battery, Utah or equal, each	296.74
L7366	Battery charger, twelve volt, Utah or equal	398.67
L7367	Lithium ion battery, replacement	245.20
L7368	Lithium ion battery charger	317.88
L7400	Addition to upper extremity prosthesis; below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	189.97
L7401	Above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	212.67
L7402	Shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	212.67
L7403	Below elbow/wrist disarticulation, acrylic material	228.26
L7404	Above elbow disarticulation, acrylic material	344.51
L7405	Shoulder disarticulation/interscapular thoracic, acrylic material	450.58
L7499	Unlisted procedures for upper extremity prosthesis	B.R.
	(f) REPAIRS (L7500-L7599 AND X3680- 3690)	
L7500	Repair of prosthetic device, hourly rate	40.72
L7510	Repair prosthetic device, repair or replace minor parts	B.R.
X3680	Travel time per round trip, per day	40.72
	(g) GENERAL (L8000-L8399)	
	1. BREAST PROSTHESES	
L8000	Breast prosthesis, mastectomy bra	B.R.

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral (MCM: 2130.A)	B.R.
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral (MM:2130.A)	102.72
L8010	Breast prosthesis, mastectomy sleeve	40.56
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	30.58
L8020	Breast prosthesis, mastectomy form	132.00
L8030	Breast prosthesis, silicone or equal	B.R.
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	1,974.74
L8039	Breast prosthesis; not otherwise specified	B.R.
	2. TRUSSES	
L8300	Truss, single with standard pad	51.28
L8310	Truss, double with standard pads	101.68
L8320	Truss, addition to standard pad, water pad	24.00
L8330	Truss, addition to standard pad, scrotal pad	33.65
(h)		
	PROSTHETIC SOCKS (L8400-L8499)	
L8400	Prosthetic sheath, below knee, each	12.00
L8410	Prosthetic sheath, above knee, each	12.00
L8415	Prosthetic sheath, upper limb, each	11.20
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	59.09
L8420	Prosthetic sock, wool, below knee, each	14.94
L8430	Prosthetic sock, wool, above knee, each	18.40
L8435	Prosthetic sock, wool, upper limb, each	8.14
L8440	Prosthetic shrinker, below knee, each	33.60
L8460	Prosthetic shrinker, above knee, each	41.60
L8465	Prosthetic shrinker, upper limb, each	33.60
L8470	Stump sock, single ply, fitting, below knee, each	2.52
L8480	Stump sock, single ply, fitting, above knee, each	2.52

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

HCPCS Code	Description	Maximum Fee Allowance \$
L8485	Stump sock, single ply, fitting, upper limb, each	6.21
L8499	Unlisted procedure for miscellaneous prosthetic services	B.R.
	(i) HEAD (SKULL, FACIAL BONES AND TEMPEROMAN DIBULAR JOINT)	
L8619	Cochlear implant external speech processor, replacement	B.R.
	(j) MISCELLANEO US	
L7600	Prosthetic donning sleeve, any material, each	B.R.
L8470	Orthotic and prosthetic supply, accessory and/or service component of another HCPCS "L" Code	B.R.

History

HISTORY:

Amended by R.1998 d.410, effective August 3, 1998.

See: [30 N.J.R. 512\(a\)](#), [30 N.J.R. 2919\(a\)](#).

In (a), added new Codes; and a new (i).

Amended by R.1999 d.40, effective February 1, 1999.

See: [30 N.J.R. 3897\(a\)](#), [31 N.J.R. 439\(a\)](#).

In (a), inserted L5826; and in (g), inserted L8039 and L8239.

Amended by R.1999 d.391, effective November 15, 1999.

See: [31 N.J.R. 2291\(b\)](#), [31 N.J.R. 3635\(a\)](#).

In (a), inserted L5968, L5975 and L5988; in (b), inserted L6693; and in (g), changed fee allowances in L8000 and L8030, and inserted L8015 and L8035.

Amended by R.2000 d.463, effective November 20, 2000.

See: [32 N.J.R. 2974\(a\)](#), [32 N.J.R. 4108\(a\)](#).

In (a), deleted a reference to X3540; and added (j).

§ 10:55-2.4 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Prosthetic Services

Amended by R.2004 d.406, effective November 1, 2004.

See: [35 N.J.R. 4417\(a\)](#), [36 N.J.R. 4963\(a\)](#).

Rewrote the section.

Amended by R.2005 d.312, effective September 19, 2005.

See: [37 N.J.R. 933\(a\)](#), [37 N.J.R. 3697\(a\)](#).

Rewrote (a)-(e) and (g).

Amended by R.2009 d.93, effective March 16, 2009.

See: [40 N.J.R. 3912\(a\)](#), [41 N.J.R. 1245\(a\)](#).

In the introductory language of (f), inserted "AND X3680-3690"; and in the "Description" column of entry "X3680" in the table in (f), substituted "round trip, per day" for "hour (specify time involved)".

Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

Rewrote (a)8 through (a)12, (a)18 through (a)20, (a)22, (b)14, (c)1, (c)2, (e) through (h), and (j).

Annotations

Notes

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APPENDIX A

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, an updated copy will be posted on www.njmmis.com and a copy will be filed with the Office of Administrative Law. If you do not have access to the internet and would like to request a copy of the Fiscal Agent Billing Supplement, write to:

Molina Medicaid Solutions
PO Box 4801
Trenton, New Jersey 08619-4801

or contact:

Office of Administrative Law
Quakerbridge Plaza, Building 9
PO Box 049
Trenton, New Jersey 08625-0049

History

HISTORY:

Amended by R.1998 d.410, effective August 3, 1998.

See: [30 N.J.R. 512\(a\)](#), [30 N.J.R. 2919\(a\)](#).

Updated the address.

Amended by R.2011 d.080, effective March 7, 2011.

See: [42 N.J.R. 2179\(a\)](#), [43 N.J.R. 622\(a\)](#).

In the "AGENCY NOTE", substituted "an updated copy will be posted on www.njmmis.com and a copy" for "replacement pages will be distributed to providers and copies" and "If you do not have access to the internet and would like to request" for "For", and in the first address, substituted "Molina Medicaid Solutions" for "UNISYS".

Annotations

Notes

APPENDIX A

[Chapter Notes](#)

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