NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
	DIABETIC FOOT CODES	
A5500*	**FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S), PER SHOE**	**58.82**
A5501*	**FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT, (CUSTOM MOLDED SHOE), PER SHOE**	**176.43**
A5503*	**FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE**	**26.16**
A5504*	**FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH WEDGE(S), PER SHOE**	**26.16**
A5505*	**FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH METATARSAL BAR, PER SHOE**	**26.16**
A5506*	**FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE**	**26.16**
A5507*	**FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE**	**26.16**
A5512*	**FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FARENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED, EACH**	**24.00**
A5513*	**FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER OR HIGHER, INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH**	**35.81**
	ELASTIC SUPPORTS	
A6530	GRADIENT COMPRESSIONS STOCKING, BELOW KNEE, 18-30 mmHg, EACH	37.33
A6531	GRADIENT COMPRESSIONS STOCKING, BELOW KNEE, 30-40 mmHg, EACH	40.03
A6532	GRADIENT COMPRESSIONS STOCKING, BELOW KNEE, 40-50 mmHg, EACH	56.40
A6533	GRADIENT COMPRESSIONS STOCKING, THIGH LENGTH, 18-30 mmHg, EACH	59.57
A6534	GRADIENT COMPRESSIONS STOCKING, THIGH LENGTH, 30-40 mmHg, EACH	70.66
A6535	GRADIENT COMPRESSIONS STOCKING, THIGH LENGTH, 40-50 mmHg, EACH	72.78
A6536	GRADIENT COMPRESSIONS STOCKING, FULL LENGTH/CHAP STYLE, 18-30 mmHg, EACH	90.16
A6537	GRADIENT COMPRESSIONS STOCKING, FULL LENGTH/CHAP STYLE, 30-40 mmHg, EACH	100.74
A6538	GRADIENT COMPRESSIONS STOCKING, FULL LENGTH/CHAP STYLE, 40-50 mmHg, EACH	108.81
A6539	GRADIENT COMPRESSIONS STOCKING, WAIST LENGTH, 18-30 mmHg, EACH	124.36
A6540	GRADIENT COMPRESSIONS STOCKING, WAIST LENGTH, 30-40 mmHg, EACH	128.81
A6541	GRADIENT COMPRESSIONS STOCKING, WAIST LENGTH, 40-50 mmHg, EACH	138.77
A6544	GRADIENT COMPRESSIONS STOCKING, GARTER BELT, EACH	27.69

* indicates prior approval is required for HCPCS code

\+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
A6545*	**GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 mmHg, EACH**	**MANUALLY PRICED**
A6549*	GRADIENT COMPRESSIONS STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED, EACH	MANUALLY PRICED
	HELMETS	
A8000	**HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES**	**144.71**
A8001	**HELMET PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES**	**144.71**
A8002*	**HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES**	**MANUALLY PRICED**
A8003*	**HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES**	**MANUALLY PRICED**
A8004*	**SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY**	**MANUALLY PRICED**
S1040*	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE, MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S).	2,722.44
	LOWER EXTREMITY ORTHOSIS	
K0672	**ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH**	**71.42**
	CERVICAL	
L1001*	**CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT**	**MANUALLY PRICED**
L0112*	**CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED**	**1,122.65**
L0113*	**CRANIAL CERVICAL ORTHOSIS, WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT**	**MANUALLY PRICED**
L0120	**CERVICAL, FLEXIBLE, NONADJUSTABLE (FOAM COLLAR)**	**22.44**
L0130	**CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT**	**162.27**
L0140	**CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)**	**55.99**
L0150	**CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)**	**93.37**
L0160	**CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT**	**132.94**
L0170*	**CERVICAL, COLLAR, MOLDED TO PATIENT MODEL**	**562.59**
L0172	**CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE**	**114.07**
L0174	**CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION**	**204.92**
L0180	**CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE**	**278.70**
L0190	**CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)**	**419.52**
L0200	**CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION**	**385.22**
L0220	**THORACIC, RIB BELT, CUSTOM FABRICATED**	**91.36**
L0430*	**SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL, CUSTOM FITTED (DEWALL POSTURE PROTECTOR ONLY)**	**1,115.72**

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	150.83
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	250.19
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 PRESSUE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	278.19
L0456*	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCYGEAL 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	797.77
L0458*	TLSO, TRIPLANAR CONTROL, MODULAR SEGEMENTED 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 FITTING AND ADJUSTMENT	715.35
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 FITTING AND ADJUSTMENT	805.18
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 THE SYMPHSIS PUBIS TO THE STERNAL NOTCH, SOFT	1,001.52
L0464*	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, RES	1,192.29

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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 INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVEREBRAL DISCS, INCLUDES FITTING AND S	306.58
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, RESTRIC	384.38
L0470*	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENG	547.26
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RE	343.50
L0480*	TLSO, TRIPLANAR CONTROL, ONE 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 STER	1,062.20
L0482*	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH 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	1,217.67
L0484*	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 STER	1,419.78
L0486*	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH 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	1,406.46
L0488*	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 NOT	805.18
L0490	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 SYMP	226.90
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	71.51

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC -SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	193.94
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACRILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AN	194.08
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC -SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANESL OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	246.08
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, 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 STR	44.20
L0626	LUMBAR ORTHOSIS,SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), 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, STAYS, SHOULDER	62.53
L0627	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, SHOU	329.72
L0628	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, SHOU	67.28
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOU	202.03
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, ANY INCLUDE PAD	129.89
L0631*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY	823.42
L0632*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY	275.54

* indicates prior approval is required for HCPCS code

\+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	230.01
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORRONAL 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	292.45
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 TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERA	852.94
L0636*	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 TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERA	1,258.56
L0637*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO R	1,091.97
L0638*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO R	1,057.90
L0639*	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 INTERVERTEBRA	1,091.97
L0640*	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 XIPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBR	839.33
L0641*	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), 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, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	MANUALLY PRICED
L0642*	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, OFF-THE-SHELF	MANUALLY PRICED

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L0643*	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, OFF-THE-SHELF	MANUALLY PRICED
L0648*	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	MANUALLY PRICED
L0651*	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, PREFABRICATED, OFF-THE-SHELF	MANUALLY PRICED
L0700*	CTLSO, ANTERIOR-POSTERIOR LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)	1,726.96
L0710*	CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL (MINERVA TYPE)	1,885.10
L0810*	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	2,002.63
L0820*	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	1,620.05
L0830*	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	2,339.17
L0859*	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	908.75
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	172.89
L0970	TLSO, CORSET FRONT	85.25
L0972	LSO, CORSET FRONT	87.15
L0974	TLSO, FULL CORSET	178.07
L0976	LSO, FULL CORSET	159.03
L0978	AXILLARY CRUTCH EXTENSION	143.59
L0980	PERONEAL STRAPS, PAIR	13.03
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	14.19
L0984	PROTECTIVE BODY SOCK, EACH	45.29
L0999*	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	SCOLIOSIS ORTHOSES	
L1000*	CTLSO, (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	1,514.48
L1005 *	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	2,567.28
L1010	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, AXILLA SLING	60.99

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	83.33
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	94.71
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	63.27
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	76.16
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	65.94
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	74.38
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	76.04
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	52.70
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	146.38
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	68.38
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	120.71
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	204.45
L1120	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	32.57
L1200*	TLSO, INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	1,296.39
L1210	ADDITION TO TLSO (LOW PROFILE), LATERAL THORACIC EXTENSION	195.19
L1220	ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC EXTENSION	165.26
L1230	ADDITION TO TLSO (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	424.04
L1240	ADDITION TO TLSO (LOW PROFILE), LUMBAR DEROTATION PAD	72.97
L1250	ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD	71.86
L1260	ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	73.84
L1270	ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	73.74
L1280	ADDITION TO TLSO (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	65.74
L1290	ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PAD	74.54
L1300*	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	1,246.08
L1310*	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	1,282.21
L1499*	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	LOWER LIMB - HIP	
L1600	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA TYPE WITH COVER), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	96.12
L1610	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	32.75
L1620	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	107.84
L1630	HO, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE, (VON ROSEN TYPE), CUSTOM FABRICATED	128.69
L1640	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	344.21
L1650	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	182.53
L1652	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	285.93
L1660	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	127.66

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L1680*	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	1,049.56
L1685*	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	1,107.45
L1686*	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	742.96
L1690*	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,551.09
L1700*	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	1,290.40
L1710*	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	1,516.79
L1720*	LEGG PERTHES ORTHOSIS, TRILATERIAL (TACHDIJAN TYPE), CUSTOM FABRICATED	1,120.45
L1730*	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	845.36
L1755*	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	1,230.43
L1810	KO, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	97.11
L1820	KO, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	96.72
L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	80.91
L1831	KO, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	236.07
L1832*	KO, ADJUSTABLE KNEE JOINTS, (UNICENTRIC OR POLYCENTRICE), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	604.69
L1834*	KO, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	711.40
L1836	KO, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	107.02
L1840*	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	747.81
L1843*	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	719.70
L1844*	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	1,247.08
L1845*	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	751.30
L1846*	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	953.27

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L1847	KO, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	461.36
L1850	KO, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	214.72
L1860*	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	832.81
L1900	AFO, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED	225.62
L1902	AFO, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	61.27
L1904	AFO, MOLDED ANKLE GAUNTLET, CUSTOM FABRICATED	350.78
L1906	AFO, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	102.51
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	451.35
L1910	AFO, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	199.49
L1920	AFO, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	260.79
L1930	AFO, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	176.47
L1932*	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	715.76
L1940	AFO, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	398.79
L1945*	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	732.35
L1950*	AFO, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED	555.63
L1951*	AFO, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	673.63
L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PATIENT MODEL, PLASTIC, CUSTOM FABRICATED	413.48
L1970*	AFO, PLASTIC, WITH ANKLE JOINT, CUSTOM FABRICATED	611.55
L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	375.97
L1980	AFO, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS), CUSTOM FABRICATED	273.78
L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS), CUSTOM FABRICATED	351.76
L2000*	KAFO, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), CUSTOM FABRICATED	756.61
L2005*	KAFO, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	3,286.83
L2010*	KAFO, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	689.73
L2020*	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOSIS), CUSTOM FABRICATED	871.02

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2030*	KAFO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	755.69
L2034*	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIALLATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1,646.98
L2035	KAFO, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	138.96
L2036*	KAFO, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1,384.00
L2037*	KAFO, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1,275.43
L2038*	KAFO, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	1,066.53
L2040	HKAFO, TORSION CONTROL, BILATERAL ROATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	136.23
L2050	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	362.80
L2060	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	465.63
L2070	HKAFO, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	133.76
L2080	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	285.25
L2090	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	351.61
L2106*	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	507.19
L2108*	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	797.02
L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	378.44
L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	432.98
L2116*	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	570.47
L2126*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	1,014.99
L2128*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	1,279.12
L2132*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	601.75
L2134*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	721.48
L2136*	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	882.17
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	87.36

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2182	ADDITION TO LOWER EXTERMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	68.37
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	123.21
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	136.52
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	297.88
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	77.37
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	265.98
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	35.47
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	57.56
L2220	ADDITION TO LOWER EXTREMITY , DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	66.08
L2230	ADDITION TO LOWER EXTREMITY, SPLIT CALIPER STIRRUPS AND PLATE ATTACHMENT	57.24
L2232	ADDITION TO LOWER EXTERMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	77.49
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	62.38
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	265.06
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	149.54
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	87.84
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD	40.06
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION PADDED/LINED	97.47
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	362.13
L2300	ADDITION TO LOWER EXTREMITY , ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	204.41
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR, STRAIGHT	91.76
L2320	ADDITION TO LOWER EXTREMITY, NONMOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	153.48
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	292.91
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	172.32
L2340	ADDITION TO LOWER EXTREMITY, PRETIBIAL SHELL, MOLDED TO PATIENT MODEL	406.61
L2350*	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR PTB, AFO ORTHOSES)	664.68
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	38.60
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	191.49
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	84.29
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	91.84

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	99.91
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	135.60
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	81.65
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	124.67
L2397	ADDITION TO LOWER EXTREMITY, ORTHOSIS, SUSPENSION SLEEVE	87.43
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	69.94
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	97.44
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	114.97
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	114.97
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	76.06
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ISCHIAL WEIGHT BEARING, RING	235.33
L2510*	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDED TO PATIENT MODEL	630.08
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, CUSTOM FITTED	343.64
L2525*	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	1,178.99
L2526*	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	635.48
L2530	ADDITION TO LOWER EXTREMITY, TIGHT/WEIGHT BEARING, LACER, NON-MOLDED	175.27
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	315.38
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	214.24
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, TWO POSITION JOINT, EACH	473.74
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	449.08
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	153.20
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE OR THRUST BEARING, LOCK, EACH	181.16
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	199.45
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	228.76
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ADBUCTION CONTROL, EACH	310.99
L2627*	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	1,281.24
L2628*	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	1,505.06

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	184.71
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	250.68
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	89.52
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	139.03
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	127.24
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	116.73
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	62.35
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	104.83
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	45.32
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	104.53
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	53.61
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	31.52
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	63.38
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	79.57
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	58.27
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	64.78
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	72.85
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	40.65
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	46.19
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	MANUALLY PRICED
L2999*	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	ORTHOPEDIC SHOES	
L3000+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	251.97
L3001+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	106.08
L3002+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	129.55
L3003+	FOOT INSERT, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	139.75
L3010+	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	139.75

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3020+	**FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH**	**159.14**
L3030+	**FOOT INSERT, REMOVALBE, FORMED TO PATIENT FOOT, EACH**	**61.21**
L3040+	**FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDIANL, EACH**	**37.75**
L3050+	**FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH**	**37.75**
L3060+	**FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH**	**59.16**
L3070+	**FOOT, ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE, LONGITUDINAL, EACH**	**25.51**
L3080+	**FOOT, ARCH SUPPORT, NON-REMOVALBE, ATTACHED TO SHOE, METATARSAL, EACH**	**25.51**
L3090+	**FOOT, ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH**	**32.66**
L3100+	**HALLUS-VALGUS NIGHT DYNAMIC SPLINT**	**34.67**
L3140+	**FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOE(S)**	**71.41**
L3150+	**FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOE(S)**	**65.29**
L3160+	**FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE**	**76.91**
L3170	**FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH**	**40.82**
L3201	**ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT**	**29.46**
L3202	**ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD**	**32.23**
L3203	**ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR**	**38.81**
L3204	**ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT**	**31.61**
L3206	**ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD**	**34.24**
L3207	**ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR**	**40.17**
L3208	**SURGICAL BOOT, EACH, INFANT**	**34.56**
L3209	**SURGICAL BOOT, EACH, CHILD**	**35.28**
L3211	**SURGICAL BOOT, EACH, JUNIOR**	**31.14**
L3212	**BENESCH BOOT, PAIR, INFANT**	**56.15**
L3213	**BENESCH BOOT, PAIR, CHILD**	**58.03**
L3214	**BENESCH BOOT, PAIR, JUNIOR**	**60.86**
L3215+	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	80.68
L3216+	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	136.97
L3217+	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	106.67
L3219+	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	81.62
L3221+	ORTHOPEDIC FOOTWEAR, MEN SHOE, DEPTH INLAY, EACH	175.17
L3222+	ORTHOPEDIC FOOTWEAR, MEN SHOE, HIGHTOP, DEPTH INLAY, EACH	129.12
L3224+	**ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)**	**43.86**
L3225+	**ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)**	**50.46**
L3250+	**ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOES, EACH**	**260.22**
L3251+	**FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH**	**323.35**
L3252+	**FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH**	**210.16**
L3253+	**FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR), CUSTOM FITTED, EACH**	**99.92**
L3254+	**NON-STANDARD SIZE OR WIDTH**	**26.89**
L3255+	**NON-STANDARD SIZE OR LENGTH**	**26.89**

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3257+	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	38.37
L3260+	SURGICAL BOOT/SHOE, EACH	44.71
L3265+	PLASTAZOTE SANDAL, EACH	55.92
L3300+	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	41.82
L3310+	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	65.29
L3320+	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	67.37
L3330+	LIFT, ELEVATION, METAL EXTENSION (SKATE)	453.95
L3332+	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	59.16
L3334+	LIFT, ELEVATION, HEEL, PER INCH	30.60
L3340+	HEEL WEDGE, SACH	68.37
L3350+	HEEL WEDGE	18.35
L3360+	SOLE WEDGE, OUTSIDE SOLE	28.56
L3370+	SOLE WEDGE, BETWEEN SOLE	39.79
L3380+	CLUBFOOT WEDGE	39.79
L3390+	OUTFLARE WEDGE	39.79
L3400+	METATARSAL BAR WEDGE, ROCKER	32.66
L3410+	METATARSAL BAR WEDGE, BETWEEN SOLE	74.48
L3420+	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	43.85
L3430+	HEEL, COUNTER, PLASTIC REINFORCED	128.54
L3440+	HEEL, COUNTER, LEATHER REINFORCED	61.15
L3450+	HEEL, SACH CUSHION TYPE	84.65
L3455+	HEEL, NEW LEATHER, STANDARD	32.66
L3460+	HEEL, NEW RUBBER, STANDARD	27.52
L3465+	HEEL, THOMAS WITH WEDGE	46.91
L3470+	HEEL, THOMAS EXTENDED TO BALL	49.98
L3480+	HEEL, PAD AND DEPRESSION FOR SPUR	49.98
L3485+	HEEL, PAD, REMOVABLE FOR SPUR	21.33
L3500+	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	23.48
L3510+	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	23.48
L3520+	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	25.51
L3530+	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	25.51
L3540+	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	40.82
L3550+	ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD	7.15
L3560+	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	18.35
L3570+	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	68.37
L3580+	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	52.02
L3590+	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	42.84
L3595+	ORTHOPEDIC SHOE ADDITION, MARCH BAR	33.66
L3600+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	61.21
L3610+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	80.59
L3620+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	61.21
L3630+	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	80.59

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	34.67
L3649*	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS	MANUALLY PRICED
	UPPER LIMB ORTHOSES	
L3650	SO, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	43.69
L3660	SO, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	75.03
L3670	SO, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	104.58
L3671*	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	657.75
L3674*	SO, ABDUCTION POSITIONING (airplane design), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	958.79
L3675	SO, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	128.11
L3677*	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	189.44
L3702	EO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	210.78
L3710	EO, ELASTIC WITH METAL JOINTS, PREFABRICATED, INLCUDES FITTING AND ADJUSTMENT	105.84
L3720*	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	528.03
L3730*	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM FABRICATED	695.09
L3740*	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	781.17
L3760	EO, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	365.06
L3762	EO, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	78.50
L3763*	ELBOW, WRIST, HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED. INCLUDES FITTING AND ADJUSTMENT	579.58
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	578.01
L3765*	ELBOW, WRIST, HAND, FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	936.03

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	991.19
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NON-TORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	331.60
L3807	WHFO, WITHOUT JOINT(S), PERFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	182.53
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS; CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	243.83
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	MANUALLY PRICED
L3900*	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED	1,140.37
L3901*	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	1,278.66
L3904*	WHFO, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	2,603.00
L3905*	WHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	723.92
L3906	WHO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	307.95
L3908	WHO, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	43.74
L3912	HFO, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	70.16
L3913	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	197.71
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NON-TORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	388.05
L3917	HO, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	77.11
L3919	HO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	197.71
L3921	HFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	234.50
L3923	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	63.50
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	38.57

* indicates prior approval is required for HCPCS code

\+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3927*	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUALLY PRICED
L3929	HFO, INCLUDES ONE OR MORE NON TORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	61.46
L3931	WHFO, INCLUDES ONE OR MORE NON TORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	148.66
L3933	FO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	155.77
L3935	FO, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	161.28
L3956*	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	102.86
L3960*	SEWHO, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	601.72
L3961*	SEWHO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,226.47
L3962*	SEWHO, ABDUCTION POSITIONING, ERB'S PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	626.52
L3967*	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,448.04
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	1,374.51
L3973*	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	1,448.04
L3975*	SEWHFO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,226.47
L3976*	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,226.47
L3977*	SEWHRO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1,374.51
L3978*	SEWHFO, 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	1,448.04

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	225.67
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	278.81
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INLCUDES FITTING AND ADJUSTMENT	297.61
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	24.98
L3999*	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	REPLACE/REPAIR	
L4000*	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	973.13
L4002*	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	14.87
L4010*	REPLACE TRILATERAL SOCKET BRIM	547.62
L4020*	REPLACE QUADILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	684.03
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	376.62
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	304.50
L4045	REPLACE NON-MOLDED THIGH LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY	244.70
L4050	REPLACE MOLDED CALF LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY	307.97
L4055	REPLACE NON-MOLDED CALF LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY	199.41
L4060	REPLACE HIGH ROLL CUFF	237.06
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	226.18
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	79.74
L4090	REPLACE METAL BANDS AND KAFO-AFO, CALF OR DISTAL THIGH	70.58
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	79.60
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	63.26
L4130	REPLACE PRETIBIAL SHELL	435.38
L4205*	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONET, PER 15 MINUTES	14.54
L4210*	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	MANUALLY PRICED
	ANCILLARY ORTHOSES	
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	78.44
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUMN, WITH OR WITHOUT JOINTS, WITH OUR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	219.45
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	140.82
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	127.18
L4392	REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO	18.89
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	13.79

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	134.63
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	61.95
L4631*	AFO, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	1,330.06
	LOWER LIMB PROSTHESES	-
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	420.59
L5010*	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	1,015.80
L5020*	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	1,725.09
L5050*	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	1,908.26
L5060*	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	2,195.05
L5100*	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	1,912.47
L5105*	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	2,760.84
L5150*	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	2,790.84
L5160*	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	3,035.54
L5200*	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	2,906.96
L5210*	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	1,928.47
L5220*	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	2,192.06
L5230*	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	3,023.29
L5250*	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	4,123.49
L5270*	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE,SHIN, SACH FOOT	4,105.19
L5280*	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	4,073.75
L5301*	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	2,186.06
L5312*	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	3,559.33
L5321*	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	3,168.76
L5331*	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	4,037.64
L5341*	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	4,203.20
L5400*	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	1,082.29

* indicates prior approval is required for HCPCS code

\+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5410	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	332.05
L5420*	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE AK OR KNEE DISARTICULATION	1,326.31
L5430	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDES FITTING, ALIGNMENT AND SUSPENSION, AK OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	399.92
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	325.35
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	433.45
L5500*	INITIAL, BELOW KNEE - "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	1,020.70
L5505*	INITIAL, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT PLASTER SOCKET, DIRECT FORMED	1,411.65
L5510*	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	1,157.02
L5520*	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	1,142.86
L5530*	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	1,372.68
L5535*	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	1,347.70
L5540*	PREPARATORY, BELOW KNEE-"PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	1,438.42
L5560*	PREPARATORY,ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	1,544.62
L5570*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	1,605.86
L5580*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	1,874.73
L5585*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	2,307.16
L5590*	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	1,910.47
L5595*	PREPARATORY, HIP DISARTICLATION - HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	3,375.12

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5600*	PREPARATORY, HIP DISARTICULATION - HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	3,628.09
L5610*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	1,645.40
L5611*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	1,280.45
L5613*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, HYDRAULIC SWING PHASE CONTROL	2,001.92
L5614*	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE WITH PNUEMATIC SWING PHASE CONTROL	1,356.17
L5616*	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICITION SWING PHASE CONTROL	1,081.83
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE OR BELOW KNEE, EACH	449.66
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	237.88
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	220.95
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	288.11
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	288.93
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	378.92
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	405.15
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	252.56
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	356.67
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	349.18
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, PTB BRIM DESIGN SOCKET	194.89
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	241.75
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	202.50
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	229.59
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	399.94
L5639*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	891.03
L5640*	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, WITH LEATHER SOCKET	508.18
L5642*	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	492.39
L5643*	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	1,236.95
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	469.40
L5645*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	634.11
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	435.43
L5647*	ADDITON TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET	632.17
L5648*	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FULID, GEL OR EQUAL, CUSHION SOCKET	523.23
L5649*	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	1,895.95
L5650	ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	387.98

* indicates prior approval is required for HCPCS code

\+ indicates prior approval is required for HCPCS code for adults only

BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5651*	ADDITON TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	954.40
L5652*	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	346.48
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	462.52
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	263.56
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	223.36
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	299.63
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	288.96
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, SYMES	483.63
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	406.92
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	55.63
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	89.73
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION (PTS OR SIMILAR)	215.65
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	456.98
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	236.97
L5673*	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXSISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	565.09
L5676	ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	287.99
L5677	ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	391.84
L5678	ADDITION TO LOWER EXTREMITY, BELOW KNEE JOINT COVERS, PAIR	31.56
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXSISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	470.90
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-MOLDED	263.41
L5681*	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENTIAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE	1,057.16
L5682*	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	497.01

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5683*	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENTIAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIA	1,057.16
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	38.25
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	102.94
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	40.60
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAISTBELT, WEBBING	48.54
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAISTBELT, PADDED AND LINED	77.77
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	105.60
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	144.17
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	133.10
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	147.04
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	63.80
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESMAN BANDAGE	104.33
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	187.93
L5700 *	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	2,277.04
L5701*	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	2,734.56
L5702*	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	3,459.63
L5703*	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	1,790.39
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	425.98
L5705*	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	761.15
L5706*	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	746.13
L5707*	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	983.66
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	297.22
L5711	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	415.39
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	348.06
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	357.52
L5716*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	579.23
L5718*	ADDITION, EXOSKETETAL KNEE-SHIN SYSTEM, SINGLE AXIS, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	723.98

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5722*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	764.86
L5724*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	1,199.57
L5726*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS, FLUID SWING PHASE CONTROL	1,382.48
L5728*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	1,891.05
L5780*	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	909.89
L5781*	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	3,215.65
L5782*	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	3,390.03
L5785*	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	511.46
L5790*	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	571.43
L5795*	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1,137.73
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	386.92
L5811*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	579.61
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	449.26
L5814*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	2,984.75
L5816*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MECHANICAL STANCE PHASE LOCK	679.93
L5818*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	763.19
L5822*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	1,353.35
L5824*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	1,218.77
L5826*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	2,509.79
L5828*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	2,244.26
L5830*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/SWING PHASE CONTROL	1,508.02
L5840*	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	2,788.34
L5845*	ADDITION, ENDOSKELETAL KNEE SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	1,440.50
L5848*	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	864.19

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	101.66
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	273.18
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	287.83
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	421.67
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	356.04
L5930*	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	2,705.08
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	398.64
L5950*	ADDITION, ENDOSKETETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	623.31
L5960*	ADDITION, ENDOSKETETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	766.15
L5961*	ADDITION, ENDOSKETETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	MANUALLY PRICED
L5962*	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	504.21
L5964*	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	744.28
L5966*	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	948.40
L5968*	ADDITION TO LOWER LIMB PROTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORISFLEXION FEATURE	2,920.50
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	161.40
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	161.40
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	301.48
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	185.19
L5975	ALL LOWER EXTREMITY PROSTHESES, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	372.59
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE, CARBON COPY II OR EQUAL)	445.07
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTI-AXIAL ANKLE/FOOT	231.92
L5979*	ALL LOWER EXTREMITY PROTHESES, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	1,813.38
L5980*	ALL LOWER EXTREMITY PROTHESES, FLEX FOOT SYSTEM	2,946.62
L5981*	ALL LOWER EXTREMITY PROTHESES, FLEX-WALK SYSTEM OR EQUAL	2,380.46
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXAIL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	459.44
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	452.73
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	226.94

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L5986*	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT (MCP OR EQUAL)	503.61
L5987*	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	5,781.45
L5988*	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	1,605.49
L5999*	LOWER EXTREMITY PROTHESIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
	UPPER LIMB PROSTHESES	
L6000*	PARTIAL HAND, THUMB REMAINING	1,055.94
L6010*	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	1,175.09
L6020*	PARTIAL HAND, NO FINGER REMAINING	1,095.59
L6050*	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	1,509.68
L6055*	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	2,104.11
L6100*	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	1,529.54
L6110*	BELOW ELBOW, MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	1,622.33
L6120*	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	1,890.60
L6130*	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	2,057.32
L6200*	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	2,168.09
L6205*	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	2,894.05
L6250*	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	2,271.65
L6300*	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	2,960.86
L6310*	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	2,556.56
L6320*	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	1,396.61
L6350*	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	3,112.89
L6360*	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	2,799.56
L6370*	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	1,675.17
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	970.72
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	1,460.41

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
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	2,020.32
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	319.15
L6388*	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	349.38
L6400*	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	1,844.09
L6450*	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	2,463.65
L6500*	ABOVE ELBOW, MOLDED SOCKET, ENDOSKETETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	2,577.49
L6550*	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	3,098.19
L6570*	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	3,478.43
L6580*	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	1,327.99
L6582*	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	1,202.80
L6584*	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER , MOLDED TO PATIENT MODEL	1,886.29
L6586*	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PLYON, NO COVER, DIRECT FORMED	1,765.27
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	2,319.53
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	2,203.21
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	149.08
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	147.19
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	141.36
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	152.31
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	56.43

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	243.68
L6623*	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	679.72
L6624*	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	3,026.71
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	482.96
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	380.71
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	116.27
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	171.28
L6632	UPPER EXTREMITY ADDITIONS, LATEX SUSPENSION SLEEVE, EACH	59.49
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	139.97
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	298.57
L6638*	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE ONLY FOR USE WITH MANUALLY POWERED ELBOW	2,009.78
L6640	UPPER EXTREMITY ADDITION, SHOULDER ABDUCTION JOINT, PAIR	265.24
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	127.49
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	172.82
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	318.98
L6646*	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM	2,534.79
L6647	UPPER EXTREMTIY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	417.29
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	331.18
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	65.09
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	72.95
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	36.60
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	40.47
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	160.59
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF 8 EIGHT TYPE), SINGLE CABLE DESIGN	95.44
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF 8 EIGHT TYPE), DUAL CABLE DESIGN	110.33
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	250.36
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	184.39
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR BELOW ELBOW	203.86
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	277.02
L6686*	UPPER EXTREMITY ADDITION, SUCTION SOCKET	625.58
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	458.41

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	455.65
L6689*	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	545.91
L6690*	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	594.89
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	275.35
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	444.44
L6693*	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	2,281.62
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	565.09
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	470.90
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 INIT	1,057.16
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 OTHE	1,057.16
L6698*	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	456.98
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	288.92
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	465.42
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	277.30
L6707*	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	1,022.07
L6708*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	668.16
L6709*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	962.84
L6711*	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	567.33
L6712*	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	1,044.59
L6713*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	1,318.36
L6714*	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE, PEDIATRIC	1,116.65
L6721*	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE	1,984.74

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L6722*	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINE	1,710.98
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	270.39
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCHER DEVICE	153.27
L6883*	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OUR WITHOUT EXTERNAL POWER	1,261.14
L6884*	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	1,871.79
L6885*	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	2,799.56
L6890	ADDITION TO UPPER EXTERMITY PROSTHESIS, GOLVE FOR TERMINAL DEVICE, ANY MATERIAL, PERFABRICATED, INCLUDES FITTING AND ADJUSTMENT	135.17
L6900*	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	1,419.07
L6905*	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULITPLE FINGERS REMAINING	1,411.00
L6910*	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	1,206.56
L6915*	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	608.32
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	246.32
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	275.76
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THOACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	297.77
L7403	ADDITION OTO UPPER EXTERMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	295.98
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	446.68
L7405*	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THOACIC, ACRYLIC MATERIAL	584.19
L7499*	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	MANUALLY PRICED
L7510*	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	MANUALLY PRICED
L7520*	REPAIR OF PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	21.73
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	70.65
	TRUSSES	-
L8300	TRUSS, SINGLE WITH STANDARD PAD	77.40
L8310	TRUSS, DOUBLE WITH STANDARD PADS	119.01
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	51.99
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	51.53
	PROSTHETIC SOCKS	-

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered

NC DIVISION OF MEDICAL ASSISTANCE

ORTHOTICS & PROSTHETICS

Fee Schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA website.

HCPCS CODE	ORTHOTIC & PROSTHETIC DEVICES DESCRIPTION	MAXIMUM RATE
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	15.06
L8410	PORSTHETIC SHEATH, ABOVE KNEE, EACH	17.13
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	17.03
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	60.43
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	19.92
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	21.90
L8435	PROSTHETIC SOCK, MULITPLE PLY, UPPER LIMB, EACH	19.66
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	41.67
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	57.99
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	51.69
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	5.31
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	7.31
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	8.84
L8499*	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	MANUALLY PRICED
	EXTERNAL BREAST PROSTHESES	
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	4.93
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE	34.96
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE	100.79
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY TYPE	132.60
L8010	BREAST PROSTHESIS, MASTECTOMY/SLEEVE	83.98
L8015	BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST-MASTECTOMY	48.17
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	181.19
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	262.08
	OCULAR PROSTHESES	
V2623*	PROSTHETIC EYE, PLASTIC, CUSTOM	713.38
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	48.38
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	313.37
V2626	REDUCTION OF OCULAR PROSTHESIS	198.81
V2627*	SCLERAL COVER SHELL	1,138.26
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	260.25

* indicates prior approval is required for HCPCS code
\+ indicates prior approval is required for HCPCS code for adults only
BOLD print indicates HCPCS code is Medicare covered