

Orthotic and Prosthetic Appliances: Billing Codes and Reimbursement Rates – Orthotics

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This section lists the HCPCS codes and maximum allowances for orthotic appliances. Refer to the *Orthotic and Prosthetic Appliances and Services* section in the appropriate Part 2 manual for policy information.

In compliance with *Welfare and Institutions Code* 14105.21, reimbursement for orthotic appliances may not exceed 80 percent of the lowest maximum allowance for California, established by the federal Medicare program for the same or similar services.

Note: Per Title 22, *California Code of Regulations*, Section 51321(g): Authorization for durable medical equipment shall be limited to the lowest cost item that meets the patient's medical needs.

Codes and Rates

Orthotic appliances are reimbursed as listed below.

Shoe Supplies for Diabetics

HCPCS Code	Description	Maximum Allowance «(in dollars)»
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	47.49
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	142.43
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	21.12
A5504*	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	21.12
A5505*	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	21.12

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Shoe Supplies for Diabetics (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
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	21.12
A5507*	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	21.12
A5512*	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degree Fahrenheit 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	19.38
A5513*	For diabetics only, multi-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	28.91

Spinal Orthoses

Cranial

HCPCS Code	Description	Maximum Allowance «(in dollars)»
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	122.68
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	122.68
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	By Report
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	By Report
A8004	Helmet, soft interface, replacement only	By Report
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	By Report

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Cervical

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0113	Cranial orthotic, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	201.62
L0130	Flexible, thermoplastic collar, molded to patient	74.10
L0140	Semi-rigid, adjustable (plastic collar)	38.55
L0150	Semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	68.26
L0160	Semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	76.48
L0170	Collar, molded to patient model	357.73
L0172	Collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf	90.81
L0174	Collar, semi-rigid thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	182.93
L0180	Multiple post collar, occipital/mandibular supports, adjustable	177.53
L0190	Multiple post collar, occipital/mandibular supports, adjustable cervical bars (somi, guilford, taylor types)	259.73
L0200	Multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	349.54

Thoracic

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0220	Rib belt, custom fabricated	34.48

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Thoracic-Lumbar-Sacral

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0450	Flexible, provides trunk support, upper thoracic region, includes shoulder straps and closures, prefabricated, off-the-shelf	139.55
L0452*	Flexible, provides trunk support upper thoracic region, includes shoulder straps and closures, custom fabricated	By Report
L0454	Flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, includes shoulder straps and closures, prefabricated, customized to fit a specific patient by an individual with expertise	218.02
L0455	Flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, includes shoulder straps and closures, prefabricated, off-the-shelf	255.37
L0456	Flexible, provides trunk support , rigid posterior panel and soft anterior apron, includes straps and closures, prefabricated, customized to fit a specific patient by an individual with expertise	625.21
L0457	Flexible, provides trunk support , rigid posterior panel and soft anterior apron, includes straps and closures, prefabricated, off-the-shelf	732.33

Triplanar Control – Modular Segmented Spinal System (Prefabricated)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0458	Two rigid plastic shells, soft liner, includes straps and closures, includes fitting and adjustment	561.62
L0460	Two rigid plastic shells, soft liner, includes straps and closures, prefabricated, customized to fit a specific patient by an individual with expertise	631.00
L0462	Three rigid plastic shells, soft liner, includes straps and closures, includes fitting and adjustment	784.86
L0464	Four rigid plastic shells, soft liner, includes straps and closures, includes fitting and adjustment	934.38

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Sagittal or Sagittal-Coronal Control

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0466	Sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, customized to fit a specific patient by an individual with expertise	299.99
L0467	Sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, off-the-shelf	351.40
L0468	Sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, customized to fit a specific patient by an individual with expertise	363.60
L0469	Sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, off-the-shelf	425.90
L0490	One piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, prefabricated, includes fitting and adjustment	177.82
L0491	Modular segmented spinal system, two rigid plastic shells, includes straps and closures, prefabricated, includes fitting and adjustment	482.78
L0492	Modular segmented spinal system, three rigid plastic shells, includes straps and closures, prefabricated, includes fitting and adjustment	333.14

Triplanar Control – Rigid Frame

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0470	Rigid posterior frame and flexible soft anterior apron with straps, closures and padding, includes fitting and adjustment	511.92
L0472	Hyperextension, rigid anterior and lateral frame, posterior and lateral pads with straps and closures, includes fitting and adjustment	324.66

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Triplanar Control – Rigid Plastic Shell

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0480	One piece, without interface liner, with multiple straps and closures, includes a carved plaster or CAD-CAM model, custom fabricated	974.23
L0482	One piece, with interface liner, with multiple straps and closures, includes a carved plaster or CAD-CAM model, custom fabricated	1,111.01
L0484	Two piece, without interface liner, with multiple straps and closures, includes a carved plaster or CAD-CAM model, custom fabricated	250.29
L0486	Two piece, with interface liner, with multiple straps and closures, includes a carved plaster or CAD-CAM model, custom fabricated	1,354.09
L0488	One piece, with interface liner, with multiple straps and closures, prefabricated, includes fitting and adjustment	631.00

Sacroillac

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0621	Flexible, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	74.04
L0622	Flexible, includes straps, closures, may include pendulous abdomen design, custom fabricated	207.43
L0623	Rigid or semi-rigid panels, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	By Report
L0624	Rigid or semi-rigid panels, includes straps, closures, may include pendulous abdomen design, custom fabricated	By Report

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Lumbar Orthoses

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0625	Flexible, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	34.62
L0626	Sagittal control, with rigid posterior panel(s) includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise	49.00
L0627	Sagittal control, with rigid anterior and posterior panels, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise	258.38
L0641	Sagittal control, with rigid posterior panel(s), includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricate, off-the-shelf	57.38
L0642	Sagittal control, with rigid anterior and posterior panels, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	302.67

Lumbar-Sacral Orthoses (LSO)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0628	Flexible, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	52.74
L0629	Flexible, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	By Report
L0630	Sagittal control, with rigid posterior panel(s), includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise	101.81

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Lumbar-Sacral Orthoses (LSO) (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0631	Sagittal control, with rigid anterior and posterior panel(s), includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise	645.31
L0632	Sagittal control, with rigid anterior and posterior panel(s), includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	By Report
L0633	Sagittal-coronal control, with rigid posterior frame/panel(s), includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise	180.25
L0634	Sagittal-coronal control, with rigid posterior frame/panel(s), includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	By Report
L0635	Sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	768.58
L0636	Sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	1,137.77
L0637	Sagittal-coronal control, with rigid anterior and posterior frame/panel(s), includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise	760.51
L0638	Sagittal-coronal control, with rigid anterior and posterior frame/panel(s), includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	829.08

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast)

Lumbar-Sacral Orthoses (LSO) (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0639	Sagittal-coronal control, rigid shell(s)/panel(s), includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise	760.51
L0640	Sagittal-coronal control, rigid shell(s)/panel(s), includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	657.77
L0643	Sagittal control, rigid posterior panel(s), includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	119.25
L0648	Sagittal control, rigid anterior and posterior panels, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	755.89
L0649	Sagittal-coronal control, rigid posterior frame/panel(s), includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	211.14
L0650	Sagittal-coronal control, rigid anterior and posterior frame/panel(s), includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	890.84
L0651	Sagittal-coronal control, rigid shell(s)/panel(s), includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	890.84

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast)

Cervical-Thoracic-Lumbar-Sacral-Halo Orthoses (CTLSO) Procedures

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0700	Minerva type, molded to patient model	917.54
L0710	Minerva type, molded to patient model, with interface material	1,036.20
L0810	Cervical halo incorporated into jacket vest	1,861.11
L0820	Cervical halo incorporated into plaster body jacket	1,109.32
L0830	Cervical halo incorporated into Milwaukee type orthosis	2,517.85
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	733.62
L0861	Addition to halo procedure, replacement liner/interface material	135.49

Torso Supports

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0960	Pads for post surgical support	30.42

Additions to Spinal Orthoses

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L0970	TLSO, corset front	74.83
L0972	LSO, corset front	74.83
L0974	TLSO, full corset	114.88
L0976	LSO, full corset	82.00
L0978	Axillary crutch extension	154.56
L0980	Peroneal straps, prefabricated, off-the-shelf, pair	5.99
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	7.12
L0984	Protective body sock, prefabricated, off-the-shelf each	38.10

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast)

Orthotic Devices – Scoliosis Procedures**Cervical-Thoracic-Lumbar-Sacral Orthoses (CTLSSO)**

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L1000	Milwaukee, inclusive of furnishing initial orthosis, including model	1,260.07
L1001*	Immobilizer, infant size, prefabricated, includes fitting and adjustment	By Report
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	2,011.94

Additions to CTLSSO or Scoliosis Orthosis

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L1010	Axilla sling	31.31
L1020	Kyphosis	62.06
L1025	Kyphosis, floating	68.69
L1030	Lumbar bolster	23.75
L1040	Lumbar or lumbar rib	54.85
L1050	Sternal	58.02
L1060	Thoracic	57.78
L1070	Trapezius sling	53.75
L1080	Outrigger	29.15
L1085	Outrigger, bilateral with vertical extensions	102.92
L1090	Lumbar sling	57.13
L1100	Ring flange, plastic or leather	118.66
L1110	Ring flange, plastic or leather, molded to patient model	167.60
L1120	Cover for upright, each	31.89

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Thoracic-Lumbar-Sacral Orthoses (TLSO) Low Profile

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L1200	Inclusive of furnishing initial orthosis only	1,237.87
L1210	Lateral thoracic extension	139.61
L1220	Anterior thoracic extension	139.61
L1230	Milwaukee type superstructure	139.61
L1240	Lumbar derotation pad	50.40
L1250	Anterior asis pad	38.06
L1260	Anterior thoracic derotation pad	41.96
L1270	Abdominal pad	56.61
L1280	Rib gusset (elastic), each	64.40
L1290	Lateral trochanteric pad	63.11

Other Scoliosis Procedures

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L1300	Body jacket molded to patient model	1,026.38
L1310	Post-operative body jacket	811.44

Orthotic Devices – Lower Extremity**Hip Orthoses – Abduction Control of Hip Joints**

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L1600	Flexible, Frejka type with cover, prefabricated, customized to fit a specific patient by an individual with expertise	74.47
L1610	Flexible, (Frejka cover only), prefabricated, customized to fit a specific patient by an individual with expertise	18.63
L1620	Flexible, (Pavlik harness), prefabricated, customized to fit a specific patient by an individual with expertise	100.03
L1630	Semi-flexible (Von Rosen type), custom fabricated	77.60
L1640	Static, pelvic band or spreader bar, thigh cuffs, custom fabricated	167.12

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Hip Orthoses – Abduction Control of Hip Joints (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L1650	Static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment	154.60
L1652	Bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	224.08
L1660	Static, plastic, prefabricated, includes fitting and adjustment	73.10
L1680	Dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	780.18
L1685	Post-operative hip abduction type, custom fabricated	955.08
L1686	Post-operative hip abduction type, prefabricated, includes fitting and adjustment	654.94
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	977.03

Legg Perthes Orthoses

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L1700	(Toronto type), custom fabricated	850.78
L1710	(Newington type), custom fabricated	1,263.72
L1720	Trilateral, (Tachdijan type), custom fabricated	827.65
L1730	(Scottish Rite type), custom fabricated	820.70
L1755	(Patten bottom type), custom fabricated	565.86

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Knee Orthoses (KO)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	1,195.97
L1810	Elastic with joints, prefabricated, customized to fit a specific patient by an individual with expertise	72.69
L1812	Elastic with joints, prefabricated, off-the-shelf	91.64
L1820	Elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	80.69
L1830	Immobilizer, canvas longitudinal, prefabricated, off-the-shelf	70.24
L1831	Locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	185.01
L1832	Adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, customized to fit a specific patient by an individual with expertise	384.13
L1833	Adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf	512.10
L1834	Without knee joint, rigid, custom fabricated	400.40
L1836	Rigid, without joint(s), includes soft interface material, prefabricated off-the-shelf	83.87
L1840	Derotation, medial-lateral, anterior cruciate ligament, custom fabricated	655.72
L1843	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, customized to fit a specific patient by an individual with expertise	259.70
L1844	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	980.95

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Knee Orthoses (KO) (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L1845	Double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, prefabricated, customized to fit a specific patient by an individual with expertise	349.56
L1846	Double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, custom fabricated	644.44
L1847	Double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, customized to fit a specific patient by an individual with expertise	290.60
L1848	Double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	423.51
L1850	Swedish type, prefabricated, off-the-shelf	174.42
L1851	Single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	672.58
L1852	Double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	586.95
L1860	Modification of supracondylar prosthetic socket, custom fabricated (SK)	518.05

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Ankle Foot Orthoses (AFO)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L1900	Spring wire, dorsiflexion assist calf band, custom fabricated	132.35
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	337.31
L1906	Multiligamentous ankle support, prefabricated, off-the-shelf	96.56
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	353.71
L1910	Posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	147.95
L1920	Single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	219.54
L1930	Plastic or other material, prefabricated, includes fitting and adjustment	132.43
L1932	Rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	560.94
L1940	Plastic or other material, custom fabricated	347.88
L1945	Plastic, rigid anterior tibial section (floor reaction), custom fabricated	554.40
L1950	Spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	437.48
L1951	Spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	527.93
L1960	Posterior solid ankle, plastic, custom fabricated	332.00
L1970	Plastic, with ankle joint, custom fabricated	449.28
L1971	Plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	294.64
L1980	Single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	235.66
L1990	Double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	274.89

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Knee-Ankle-Foot Orthoses (KAFO) Or Any Combination

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2000	Single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	814.41
L2005*	Single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	2,575.86
L2010	Single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	742.41
L2020	Double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	925.91
L2030	Double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	753.20
L2034	Full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	1,259.40
L2035	Full plastic, static, (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	83.31
L2036	Full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	943.12
L2037	Full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	943.12
L2038	Full plastic, double upright, with or without free motion knee, multi-axis ankle, custom fabricated	811.87

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Hip-Knee-Ankle-Foot Orthoses (HKAFO) – Torsion Control

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2006	Any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components, any type activation, with or without ankle joint(s), custom fabricated	By Report
L2040	Bilateral rotation straps, pelvic band/belt, custom fabricated	68.52
L2050	Bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	249.84
L2060	Bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	427.86
L2070	Unilateral rotation straps, pelvic band/belt, custom fabricated	61.09
L2080	Unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	173.82
L2090	Unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	264.25

Tibial Fracture Cast Orthoses

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2106	Thermoplastic type casting material, custom fabricated	162.40
L2108	Custom fabricated	565.16
L2112	Soft, prefabricated, includes fitting and adjustment	237.44
L2114	Semi-rigid, prefabricated, includes fitting and adjustment	434.00
L2116	Rigid, prefabricated, includes fitting and adjustment	477.58

Femoral Fracture Cast Orthoses

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2126	Thermoplastic type casting material, custom fabricated	660.98
L2128	Custom fabricated	991.29
L2132	Soft, prefabricated, includes fitting and adjustment	500.63
L2134	Semi rigid, prefabricated, includes fitting and adjustment	644.00
L2136	Rigid, prefabricated, includes fitting and adjustment	820.93

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Additions to Fracture Orthoses

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2180	Plastic shoe insert with ankle joints	94.02
L2182	Drop lock knee joint	44.63
L2184	Limited motion knee joint	40.08
L2186	Adjustable motion knee joint, Lerman type	61.32
L2188	Quadrilateral brim	38.99
L2190	Waist belt	44.24
L2192	Hip joint, pelvic band, thigh flange, and pelvic belt	250.24

Additions – Shoe-Ankle-Shin-Knee

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2200	Limited ankle motion, each joint	28.64
L2210	Dorsiflexion assist (plantar flexion resist), each joint	30.80
L2220	Dorsiflexion and plantar flexion assist/resist, each joint	50.55
L2230	Split flat caliper stirrups and plate attachment	54.08
L2232*	Rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	62.56
L2240	Round caliper and plate attachment	50.85
L2250	Foot plate, molded to patient model, stirrup attachment	285.31
L2260	Reinforced solid stirrup (Scott-Craig type)	160.96
L2265	Long tongue stirrup	52.64
L2270	Varus/valgus correction (“T”) strap, padded/lined or malleolus pad	43.12
L2275	Varus/valgus correction, plastic modification, padded/lined	72.37
L2280	Molded inner boot	258.15
L2300	Abduction bar (bilateral hip involvement), jointed, adjustable	216.18
L2310	Abduction bar-straight	98.78
L2320	Non-molded lacer, for custom fabricated orthosis only	93.10
L2330	Lacer molded to patient model, for custom fabricated orthosis only	206.53
L2335	Anterior swing band	147.53

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Additions – Shoe-Ankle-Shin-Knee (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2340	Pre-tibial shell, molded to patient model	262.19
L2350	Prosthetic type, (BK) socket, molded to patient model, (used for 'PTB' 'AFO' orthoses)	715.46
L2360	Extended steel shank	27.36
L2370	Patten bottom	206.12
L2375	Ankle joint and half solid stirrup	70.18
L2380	Straight knee joint, each joint	82.86
L2385	Straight knee joint, heavy duty, each	76.95
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis, each joint	132.88
L2390	Offset knee joint, each	62.06
L2395	Offset knee joint, heavy duty, each	85.54
L2397	Suspension sleeve	61.16

Additions – Knee Joints

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2405	Addition to knee joint, drop lock, each	37.82
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	73.41
L2425	Disc or dial lock for adjustable knee flexion, each	70.12
L2430	Ratchet lock for active and progressive knee extension, each joint	46.55
L2492	Lift loop for drop lock ring	57.20

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Thigh – Weight Bearing

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2500	Gluteal/ischial weight bearing, ring	158.01
L2510	Quadri-lateral brim, molded to patient model	401.20
L2520	Quadri-lateral brim, custom fitted	307.56
L2525	Ischial containment/narrow M-L brim molded to patient model	415.52
L2526	Ischial containment/narrow M-L brim, custom fitted	200.48
L2530	Lacer, non-molded	151.25
L2540	Lacer, molded to patient model	242.50
L2550	High roll cuff	171.62

Additions – Pelvic Control

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2570	Hip joint, Clevis type two position joint, each	257.60
L2580	Pelvic sling	308.61
L2600	Hip joint, Clevis type, or thrust bearing, free, each	122.42
L2610	Hip joint, Clevis or thrust bearing, lock, each	194.99
L2620	Hip joint, heavy duty, each	190.07
L2622	Hip joint, adjustable flexion, each	238.26
L2624	Hip joint, adjustable flexion, extension, abduction control, each	265.89
L2627	Plastic, molded to patient model, reciprocating hip joint and cables	874.72
L2628	Metal frame, reciprocating hip joint and cables	666.32
L2630	Band and belt, unilateral	116.70
L2640	Band and belt, bilateral	165.93

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Additions – Thoracic Control

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L2650	Gluteal pad, each	48.18
L2660	Thoracic band	104.65
L2670	Paraspinal uprights	89.17
L2680	Lateral support uprights	78.31

Additions – General

HCPCS Code	Description	Maximum Allowance «(in dollars)»
K0672*	Lower extremity orthosis, removable soft interface, all components, replacement only	By Report
L2750	Plating, chrome or nickel, per bar	31.68
L2755	High-strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	61.87
L2760	Extension, per bar (for lineal adjustment for growth)	37.59
L2768	Orthotic side bar disconnect device, per bar	81.90
L2780	Non-corrosive finish, per bar	40.07
L2785	Drop lock retainer, each	11.15
L2795	Knee control, full kneecap	59.71
L2800	Knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	73.36
L2810	Knee control, condylar pad	59.15
L2820	Soft interface for molded plastic, below knee section	69.73
L2830	Soft interface for molded plastic, above knee section	75.44
L2840	Tibial length sock, fracture or equal, each	18.48
L2850	Femoral length sock, fracture or equal, each	24.64
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	By Report

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Foot – Arch Support

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3100	Hallus-Valgus night dynamic splint, prefabricated, off-the-shelf	16.73

Foot – Abduction and Rotation Bars

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3140	Rotation positioning device, including shoe(s)	55.97
L3150	Rotation positioning device, without shoe(s)	51.17
L3160*	Adjustable shoe-styled positioning device	By Report

Foot – Insert, Removable, Molded to Patient

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3000	UCB type, Berkeley Shell, each	277.19

Orthopedic Footwear

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3201	Oxford shoe with supinator or pronator, infant	40.44
L3202	Oxford shoe with supinator or pronator, child	42.68
L3203	Oxford shoe with supinator or pronator, junior	42.68
L3204	Hightop shoe with supinator or pronator, infant	40.44
L3206	Hightop shoe with supinator or pronator, child	42.68
L3207	Hightop shoe with supinator or pronator, junior	42.68
L3208	Surgical boot, each, infant	19.60
L3209	Surgical boot, each, child	21.84
L3211	Surgical boot, each, junior	23.52
L3212	Benesch boot, pair, infant	36.40
L3213	Benesch boot, pair, child	39.20
L3214	Benesch boot, pair, junior	44.24
L3215	Ladies shoe, oxford, each	42.12

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Orthopedic Footwear (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3216	Ladies shoe, depth inlay, each	73.92
L3217	Ladies shoe, hightop, depth inlay, each	58.80
L3219	Men's shoe, oxford, each	53.35
L3221	Men's shoes, depth inlay, each	73.92
L3222	Men's shoes, hightop, depth inlay, each	58.80
L3230	Custom shoes, depth inlay, each	171.02
L3250	Custom molded shoe, removable inner mold, prosthetic shoe, each	171.02
L3251	Silicone shoe, molded to patient model, each	255.36
L3252	Shoe molded to patient model, Plastazote (or similar), custom fabricated, each	157.92
L3253	Molded shoe, Plastazote (or similar) custom fitted, each	50.40
L3254	Non-standard size or width	21.28
L3255	Non-standard size or length	21.28
L3257	Additional charge for split size	39.20
L3260	Surgical boot/shoe, each	76.53
L3265	Plastazote sandal, each	50.40

Shoe Modifications

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	32.78
L3310	Lift, elevation, heel and sole, Neoprene, per inch	41.17
L3320	Lift, elevation, heel and sole, cork, per inch	100.78
L3330	Lift, elevation, metal extension (skate)	224.25
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	39.16
L3334	Lift, elevation, heel, per inch	4.93
L3340	Heel wedge, SACH	21.36
L3350	Heel wedge	6.57
L3360	Sole wedge, outside sole	7.96
L3370	Sole wedge, between sole	12.53
L3380	Clubfoot wedge	10.33
L3390	Outflare wedge	19.04
L3400	Metatarsal bar wedge, rocker	6.17

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Shoe Modifications (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3410	Metatarsal bar wedge, between sole	22.79
L3420	Full sole and heel wedge, between sole	17.36
L3430	Heel, counter, plastic reinforced	20.64
L3440	Heel, counter, leather reinforced	22.78
L3450	Heel, SACH cushion type	62.81
L3455	Heel, new leather, standard	9.25
L3460	Heel, new rubber, standard	4.10
L3465	Heel, Thomas with wedge	15.27
L3470	Heel, Thomas extended to ball	17.80
L3480	Heel, pad and depression for spur	15.66
L3485	Heel, pad, removable for spur	30.24

Orthopedic Shoe Additions

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3500	Insole, leather	6.16
L3510	Insole, rubber	6.16
L3520	Insole, felt covered with leather	8.40
L3530	Sole, half	19.97
L3540	Sole, full	31.99
L3550	Toe tap, standard	5.58
L3560	Toe tap, horseshoe	4.48
L3570	Special extension to instep (leather with eyelets)	53.57
L3580	Convert instep to velcro closure	18.17
L3590	Convert firm shoe counter to soft counter	20.64
L3595	March bar	9.60

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Transfer or Replacement

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3600	Transfer of caliper plate, existing	34.09
L3610	Transfer of caliper plate, new	63.15
L3620	Transfer of solid stirrup, existing	27.30
L3630	Transfer of solid stirrup, new	62.31
L3640	Transfer of Dennis Browne splint (Riveton), both shoes	13.82

Orthotic Devices – Upper Limb**Shoulder Orthoses (includes fitting and adjustment)**

HCPCS Code	Description	Maximum Allowance «(in dollars)»
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	
L3650	Figure of eight design abduction restrainer, prefabricated, off-the-shelf	35.98
L3660	Figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	66.05
L3670	Acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	88.85
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	515.50
L3674	Abduction positioning (airplane design), with or without nontorsion joint/turnbuckle, custom fabricated	759.82
L3675	Vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	87.86
L3677*	Shoulder joint design, without joints, may include soft interface, prefabricated, customized to fit a specific patient by an individual with expertise	By Report
L3678	Shoulder joint design, without joints, may include soft interface, prefabricated, off-the-shelf	By Report

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Elbow Orthoses (includes fitting and adjustment)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3702	Without joints, may include soft interface, straps, custom fabricated	165.19
L3710	Elastic with metal joints, prefabricated, off-the-shelf	58.14
L3720	Double upright with forearm/arm cuffs, free motion, custom fabricated	513.92
L3730	Double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	560.26
L3740	Double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	842.23
L3761	With adjustable position locking joint(s), prefabricated, off-the-shelf	By Report
L3760	With adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	286.10
L3762	Rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	61.51
L3763	Rigid, without joints	733.55
L3764	Includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	776.78
L3765	Rigid, without joints, custom fabricated	733.55
L3766	Includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	776.78

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Wrist-Hand-Finger Orthoses

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3806	Includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	292.28
L3807*	Without joint(s), prefabricated, customized to fit a specific patient by an individual with expertise	By Report
L3808	Rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	168.41
L3809	Without joint(s), prefabricated, off-the-shelf, any type	167.56
L3900	Dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	612.56
L3901	Dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	815.48

Wrist-Hand-Finger – Additions

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	By Report

Wrist-Hand-Finger – External Power

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3904	Electric, custom fabricated	2,049.88

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Other Wrist-Hand-Finger (includes fitting and adjustment)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3905	Wrist hand orthosis, includes one or more nontorsion joints, custom fabricated	567.35
L3906	Wrist hand orthosis, without joints, custom fabricated	310.46
L3908‡	Wrist hand orthosis, wrist extension control cock-up, non-molded, prefabricated, off-the-shelf	47.08
L3912	Hand finger orthosis, flexion glove with elastic finger control, prefabricated, off-the-shelf	62.73
L3913	Wrist hand orthosis, without joints, custom fabricated	154.95
L3915	Wrist hand orthosis, includes one or more non torsion joints, elastic bands, turnbuckles, may include soft interface, straps, prefabricated, customized to fit a specific patient by an individual with expertise	317.18
L3916	Wrist hand orthosis, includes one or more non torsion joints, elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	356.20
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, customized to fit a specific patient by an individual with expertise	60.43
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	70.80
L3919	Hand orthosis, without joints, custom fabricated	154.95
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	183.77
L3923	Hand finger orthosis, without joints, prefabricated, may include soft interface, straps, prefabricated, customized to fit a specific patient by an individual with expertise	22.26
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	60.04
L3925	Finger orthosis, nontorsion joint/spring, extension/flexion, prefabricated, off-the-shelf	40.25
L3927	Finger orthosis, without joint/spring, extension/flexion, prefabricated, off-the-shelf	21.42
L3929	Hand finger orthosis, nontorsion joint(s), turnbuckle, elastic bands/springs, straps, prefabricated, customized to fit a specific patient by an individual with expertise	65.79

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Other Wrist-Hand-Finger (includes fitting and adjustment) (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, straps, may include soft interface material, prefabricated, off-the-shelf	71.94
L3931	Wrist hand finger orthosis, nontorsion joint(s), turnbuckle, elastic bands/springs, straps, prefabricated	146.94
L3933	Finger orthosis, without joints, custom fabricated	122.06
L3935	Finger orthosis, nontorsion joint, custom fabricated	126.38
L3956*	Addition of joint to upper extremity orthosis, any material; per joint	By Report

Shoulder-Elbow-Wrist-Hand Orthoses Abduction Positioning (includes fitting and adjustment)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3960	Airplane design, prefabricated	392.52
L3961	Shoulder cap design, without joints, custom fabricated	961.18
L3962	Erbs palsey design, prefabricated	396.89
L3967	Abduction positioning (airplane design), without joints, custom fabricated	1,134.82

Additions to Mobile Arm Supports (includes fitting and adjustment)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3971	Molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated	1,077.21
L3973	Molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated, abduction positioning, thoracic component and support bar	1,134.82
L3975	Without joints, custom fabricated	961.18
L3976	Abduction positioning (airplane design), without joints, custom fabricated	961.18

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Additions to Mobile Arm Supports (includes fitting and adjustment) (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3977	Shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	1,077.21
L3978	Abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	1,134.82

Fracture Orthoses

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L3980	Humeral, prefabricated, includes fitting and adjustment	242.90
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	By Report
L3982	Radius/ulnar, prefabricated, includes fitting and adjustment	293.32
L3984	Wrist, prefabricated, includes fitting and adjustment	168.89
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	18.48

Repairs of Orthotic Devices

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L4205	Repair of orthotic device, labor component, per 15 minutes	16.47
L4210	Repair of orthotic device, repair or replace minor parts	By Report

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast).

Specific Repairs

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	394.20
L4002	Replacement strap, any orthosis, includes all components, any length any type	7.50
L4010	Replace trilateral socket brim	439.24
L4020	Replace quadrilateral socket brim; molded to patient model	488.05
L4030	Replace quadrilateral socket brim; custom fitted	313.41
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	327.76
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	251.30
L4050	Replace molded calf lacer, for custom fabricated orthosis only	331.49
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	214.65
L4060	Replace high roll cuff	234.96
L4070	Replace proximal and distal upright for KAFO	225.97
L4080	Replace metal bands KAFO, proximal thigh	46.92
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	44.60
L4100	Replace leather cuff KAFO, proximal thigh	58.02
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	57.29
L4130	Replace pretibial shell	325.36

Ancillary Orthotic Services

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	71.78
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, customized to fit a specific patient by an individual with expertise	168.00

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast)

Ancillary Orthotic Services (continued)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	227.88
L4370	Pneumatic full leg splint prefabricated, off-the-shelf	106.40
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, customized to fit a specific patient by an individual with expertise	99.66
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	116.74
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, customized to fit a specific patient by an individual with expertise	99.32
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	121.49
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	45.72
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	1,329.32

Truss

HCPCS Code	Description	Maximum Allowance «(in dollars)»
L8300‡	Single with standard pad	72.16
L8310‡	Double with standard pads	113.93
L8320‡	Water pad	26.96
L8330‡	Scrotal pad	26.07

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast)

General Items

Custom Fabricated Compression Burn Garments

HCPCS Code	Description	Maximum Allowance «(in dollars)»
A6501*	Bodysuit (head to foot)	By Report
A6502*	Chin strap	By Report
A6503*	Facial hood	By Report
A6504*	Glove to wrist	By Report
A6505*	Glove to elbow	By Report
A6506*	Glove to axilla	By Report
A6507*	Foot to knee length	By Report
A6508*	Foot to thigh length	By Report
A6509*	Upper trunk to waist including arm openings (vest)	By Report
A6510*	Trunk, including arms down to leg openings (leotard)	By Report
A6511*	Lower trunk including leg openings (panty)	By Report
A6512*	Not otherwise classified	By Report
A6513*	Mask, face and/or neck, plastic or equal	By Report

Gradient Compression Stockings

HCPCS Code	Description	Maximum Allowance «(in dollars)»
A6544	Garter belt	11.50
A6545	Wrap, nonelastic, below knee, 30 - 50mm Hg, each	71.56
A6549*	Gradient compression stocking/sleeve, not otherwise specified	By Report

Note: Reimbursement for Casting Procedures Orthotic is limited to those appliances which are followed by (cast)

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Authorization is always required for this procedure code. Authorization is additionally required for <u>all</u> orthotic codes when the cumulative costs for purchase, replacement or repair of orthotics exceeds \$250 within a 90-day period. This policy also applies to daily amounts that exceed \$250 for an individual item or combination of items.
‡	Items designated by «the double dagger symbol (‡)» may be reimbursed by the Medi-Cal program as defined in CCR, Title 22, Section 51315, only if the pharmacy/pharmacist is licensed and enrolled in the Medi-Cal program as a provider. The only provider types that may bill for and furnish items not designated with «the double dagger (‡)» symbol are orthotists, prosthetists, podiatrists and physicians, as specified in CCR, Title 22, Section 51315, and CCS providers.