



Memorandum

To: LDH, MCO Policies
From: Lesli Boudreaux, Director Compliance and Regulatory Affairs
Date: 11/18/2020
Subject: AmeriHealth Caritas Louisiana – Prior Authorization Services List

AmeriHealth Caritas Louisiana submits these proposed changes to the services requiring prior authorization for consideration. These changes reduce administrative burden and reduce service authorizations and therefore meet the requirements contained in HPA 20-6 to allow for LDH consideration. This policy will become effective upon receipt of LDH's approval and will remain in effect until such time that revisions are submitted to LDH for review and approval.

This information was reviewed and approved by AmeriHealth Caritas Louisiana.

A handwritten signature in black ink, appearing to read "Kyle Viator".

Kyle Viator
Market President

Procedure Code	Procedure Code Description	Authorization Rules
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Prior authorization required <u>No Prior authorization required</u>
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Prior authorization required <u>No Prior authorization required</u>
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	Prior authorization required <u>No Prior authorization required</u>
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Prior authorization required <u>No Prior authorization required</u>
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Prior authorization required <u>No Prior authorization required</u>
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Prior authorization required <u>No Prior authorization required</u>
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Prior authorization required <u>No Prior authorization required</u>
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Prior authorization required <u>No Prior authorization required</u>
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Prior authorization required <u>No Prior authorization required</u>

62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Prior authorization required <u>No Prior authorization required</u>
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Prior authorization required <u>No Prior authorization required</u>
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Prior authorization required <u>No Prior authorization required</u>
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Prior authorization required <u>No Prior authorization required</u>
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Prior authorization required <u>No Prior authorization required</u>
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Prior authorization required <u>No Prior authorization required</u>
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Prior authorization required <u>No Prior authorization required</u>
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	Prior authorization required <u>No Prior authorization required</u>
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	Prior authorization required <u>No Prior authorization required</u>

64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Prior authorization required <u>No Prior authorization required</u>
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	Prior authorization required <u>No Prior authorization required</u>
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	Prior authorization required <u>No Prior authorization required</u>
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Prior authorization required <u>No Prior authorization required</u>
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Prior authorization required <u>No Prior authorization required</u>
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Prior authorization required <u>No Prior authorization required</u>
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Prior authorization required <u>No Prior authorization required</u>
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Prior authorization required <u>No Prior authorization required</u>
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Prior authorization required <u>No Prior authorization required</u>
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Prior authorization required <u>No Prior authorization required</u>

64644	Chemodenervation of one extremity; 5 or more muscles	Prior authorization required <u>No Prior authorization required</u>
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	Prior authorization required <u>No Prior authorization required</u>
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Prior authorization required <u>No Prior authorization required</u>
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	Prior authorization required <u>No Prior authorization required</u>
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	Prior authorization required <u>No Prior authorization required</u>
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	Prior authorization required <u>No Prior authorization required</u>
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Prior authorization required <u>No Prior authorization required for members aged 18 and older</u>
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Prior authorization required <u>No Prior authorization required for members aged 18 and older</u>
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	Prior authorization required <u>No Prior authorization required for members aged 18 and older</u>
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	Prior authorization required <u>No Prior authorization required for members aged 18 and older</u>
E0951	Heel loop/holder, any type, with or without ankle strap, each	Prior authorization required <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

E0952	Toe loop/holder, any type, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0959	Manual wheelchair accessory, adapter for amputee, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0966	Manual wheelchair accessory, headrest extension, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0971	Manual wheelchair accessory, antitipping device, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

E0974	Manual wheelchair accessory, antirollback device, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0980	Safety vest, wheelchair	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0994	Armrest, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E1015	Shock absorber for manual wheelchair, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
E1016	Shock absorber for power wheelchair, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Prior authorization required after the 6th visit <u>Prior authorization required after 18 visits per calendar year</u>
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Prior authorization required after the 6th visit <u>Prior authorization required after 18 visits per calendar year</u>
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Prior authorization required after the 6th visit <u>Prior authorization required after 18 visits per calendar year</u>

G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	Prior authorization required after the 6th visit <u>Prior authorization required after 18 visits per calendar year</u>
K0015	Detachable, nonadjustable height armrest, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0017	Detachable, adjustable height armrest, base, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0019	Arm pad, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0020	Fixed, adjustable height armrest, pair	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0037	High mount flip-up footrest, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0038	Leg strap, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0039	Leg strap, H style, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0040	Adjustable angle footplate, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

K0041	Large size footplate, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0042	Standard size footplate, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0043	Footrest, lower extension tube, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0044	Footrest, upper hanger bracket, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0045	Footrest, complete assembly, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0046	Elevating legrest, lower extension tube, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0047	Elevating legrest, upper hanger bracket, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0050	Ratchet assembly, replacement only	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0051	Cam release assembly, footrest or legrest, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0052	Swingaway, detachable footrests, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

K0053	Elevating footrests, articulating (telescoping), each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0065	Spoke protectors, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0073	Caster pin lock, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0077	Front caster assembly, complete, with solid tire, replacement only, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
K0098	Drive belt for power wheelchair, replacement only	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

K0105	Iv hanger, each	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L0220	Thoracic, rib belt, custom fabricated	Prior authorization required– <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1630	Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

L1710	Legg Perthes orthosis, (Newington type), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BKorthosis), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BKorthosis), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AKorthosis), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2005	Knee-ankle-foot orthosis (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	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AKorthosis), without knee joint, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AKorthosis), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AKorthosis), without knee joint, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

L2070	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2080	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>

L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier) <u>Prior authorization required with billed charges greater than or equal to \$750.</u>