



## Memorandum

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**To:** LDH, MCO Policies  
**From:** Lesli Boudreaux, Director Compliance and Regulatory Affairs  
**Date:** 6/20/23  
**Subject:** AmeriHealth Caritas Louisiana – Prior Authorization Services List

AmeriHealth Caritas Louisiana submits these proposed changes to the services requiring prior authorization for 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".

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Kyle Viator  
Market President

Procedure Code	Procedure Code Description	Authorization Rules
A4230	Infusion set for external insulin pump, non needle cannula type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A4353	Intermittent urinary catheter, with insertion supplies	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
A4575	Topical hyperbaric oxygen chamber, disposable	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

A4649	Surgical supply; miscellaneous	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
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	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
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	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
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	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
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	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer o	Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.

A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher), includes arch filler and other shaping	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7031	Face Mask Interface, Replacement For Full Face Mask, Each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7035	Headgear Used With Positive Airway Pressure Device	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7036	Chinstrap Used With Positive Airway Pressure Device	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7037	Tubing Used With Positive Airway Pressure Device	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7038	Filter, Disposable, Used With Positive Airway Pressure Device	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7044	Oral Interface Used With Positive Airway Pressure Device, Each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device,	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
A9275	Home glucose disposable monitor, includes test strips	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

A9282	Wig, any type, each	<del>No prior authorization required.</del> <b><u>Prior authorization required.</u></b>
A9900	Miscellaneous dme supply, accessory, and/or service component of another hcpcs code	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
A9999	Miscellaneous dme supply or accessory, not otherwise specified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E0170	Commode chair with integrated seat lift mechanism, electric, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0172	Seat lift mechanism placed over or on top of toilet, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0182	Pump for alternating pressure pad, for replacement only	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0184	Dry pressure mattress	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0186	Air pressure mattress	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0187	Water pressure mattress	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0193	Powered air flotation bed (low air loss therapy)	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0194	Air fluidized bed	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

E0196	Gel pressure mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0197	Air pressure pad for mattress, standard mattress length and width	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0198	Water pressure pad for mattress, standard mattress length and width	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0250	Hospital bed, fixed height, with any type side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0251	Hospital bed, fixed height, with any type side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0271	Mattress, innerspring	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0272	Mattress, foam rubber	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0273	Bed board (has to be requested with hospital bed code)	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0274	Over-bed table	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0277	Powered pressure-reducing air mattress	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0280	Bed cradle, any type	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0290	Hospital bed, fixed height, without side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0291	Hospital bed, fixed height, without side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>



E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0305	Bed side rails, half length	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0310	Bed side rails, full length	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E0315	Bed accessory: board, table, or support device, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0350	Control unit for electronic bowel irrigation/evacuation system	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0372	Powered air overlay for mattress, standard mattress length and width	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0373	Nonpowered advanced pressure reducing mattress	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>

E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0455	Oxygen tent, excluding croup or pediatric tents	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

E0457	Chest shell (cuirass)	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0462	Rocking bed with or without side rails	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0480	Percussor, electric or pneumatic, home model	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0481	Intrapulmonary percussive ventilation system and related accessories	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0482	Cough stimulating device, alternating positive and negative airway pressure	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0487	Spirometer, electronic, includes all accessories	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0500	Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0570	Nebulizer, with compressor	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0575	Nebulizer, ultrasonic, large volume	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0585	Nebulizer, with compressor and heater	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0601	Continuous Positive Airway Pressure (CPAP) Device	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0607	Home blood glucose monitor	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0617	External defibrillator with integrated electrocardiogram analysis	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0618	Apnea monitor, without recording feature	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0619	Apnea monitor, with recording feature	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0625	Patient lift, bathroom or toilet, not otherwise classified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0627	Seat lift mechanism, electric, any type	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

E0629	Seat lift mechanism, non-electric, any type	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0635	Patient lift, electric with seat or sling	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0640	Patient lift, fixed system, includes all components/accessories	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0650	Pneumatic compressor, non-segmental home model	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>



E0671	Segmental gradient pressure pneumatic appliance, full leg	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0672	Segmental gradient pressure pneumatic appliance, full arm	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0673	Segmental gradient pressure pneumatic appliance, half leg	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less (Outpatient procedure)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel (Outpatient therapy)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel (Outpatient Therapy)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0700	Safety equipment, device or accessory, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0710	Restraints, any type (body, chest, wrist or ankle)	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0740	Non-implanted pelvic floor electrical stimulator, complete system	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0744	Neuromuscular stimulator for scoliosis	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0745	Neuromuscular stimulator, electronic shock unit	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0746	Electromyography (emg), biofeedback device	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0748	Osteogenesis Stimulator; Electrical, Noninvasive, Spinal Applications	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0755	Electronic salivary reflex stimulator (intra-oral/non-invasive)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0765	Fda approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0776	Iv pole	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0784	External ambulatory infusion pump, insulin	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0791	Parenteral infusion pump, stationary, single or multi-channel	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0920	Fracture frame, attached to bed, includes weights	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0930	Fracture frame, free standing, includes weights	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0935	Continuous passive motion exercise device for use on knee only	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0936	Continuous passive motion exercise device for use other than knee	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E0941	Gravity assisted traction device, any type	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0947	Fracture frame, attachments for complex pelvic traction	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0948	Fracture frame, attachments for complex cervical traction	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0974	Manual wheelchair accessory, anti-rollback device, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0985	Wheelchair accessory, seat lift mechanism	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E0986	Manual wheelchair accessory, push-rim activated power assist system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

E1002	Wheelchair accessory, power seating system, tilt only	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating leg rests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1085	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1161	Manual adult size wheelchair, includes tilt in space	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1221	Wheelchair with fixed arm, footrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1222	Wheelchair with fixed arm, elevating legrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1223	Wheelchair with detachable arms, footrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1224	Wheelchair with detachable arms, elevating legrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1227	Special height arms for wheelchair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1229	Wheelchair, pediatric size, not otherwise specified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1239	Power wheelchair, pediatric size, not otherwise specified	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>

E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1296	Special wheelchair seat height from floor	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1298	Special wheelchair seat depth and/or width, by construction	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1300	Whirlpool, portable (overtub type)	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E1310	Whirlpool, non-portable (built-in type)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
E1355	Stand/rack	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E1358	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1372	Immersion external heater for nebulizer	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>



E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1392	Portable oxygen concentrator, rental	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1399	Durable medical equipment, miscellaneous	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1405	Oxygen and water vapor enriching system with heated delivery	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1406	Oxygen and water vapor enriching system without heated delivery	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1700	Jaw motion rehabilitation system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2000	Gastric suction pump, home model, portable or stationary, electric	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2100	Blood glucose monitor with integrated voice synthesizer	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2101	Blood glucose monitor with integrated lancing/blood sample	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2209	Accessory, arm trough, with or without hand support, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2230	Manual wheelchair accessory, manual standing system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2300	Wheelchair accessory, power seat elevation system, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E2301	Wheelchair accessory, power standing system, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2324	Power wheelchair accessory, chin cup for chin control interface	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2368	Power wheelchair component, drive wheel motor, replacement only	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2369	Power wheelchair component, drive wheel gear box, replacement only	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>

E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2378	Power wheelchair component, actuator, replacement only	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2397	Power wheelchair accessory, lithium-based battery, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2398	Wheelchair accessory, dynamic positioning hardware for back	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E2402	Negative pressure wound therapy electrical pump, stationary or portable	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2511	Speech generating software program, for personal computer or personal digital assistant	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
E2512	Accessory for speech generating device, mounting system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2599	Accessory for speech generating device, not otherwise classified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2609	Custom fabricated wheelchair seat cushion, any size	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2610	Wheelchair seat cushion, powered	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>



E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0001	Standard wheelchair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0002	Standard hemi (low seat) wheelchair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0003	Lightweight wheelchair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0004	High strength, lightweight wheelchair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0005	Ultralightweight wheelchair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0006	Heavy duty wheelchair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0007	Extra heavy duty wheelchair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

K0008	Custom manual wheelchair/base	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
K0009	Other manual wheelchair/base	<del>Prior authorization required. Prior authorization required (Evicore).</del>
K0010	Standard - weight frame motorized/power wheelchair	<del>Prior authorization required. Prior authorization required (Evicore).</del>
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	<del>Prior authorization required. Prior authorization required (Evicore).</del>
K0012	Lightweight portable motorized/power wheelchair	<del>Prior authorization required. Prior authorization required (Evicore).</del>
K0013	Custom motorized/power wheelchair base	<del>Prior authorization required. Prior authorization required (Evicore).</del>
K0014	Other motorized/power wheelchair base	<del>Prior authorization required. Prior authorization required (Evicore).</del>
K0017	Detachable, adjustable height armrest, base, replacement only, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported. Prior authorization is required.</del>
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported. Prior authorization is required.</del>
K0051	Cam release assembly, footrest or legrest, replacement only, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported. Prior authorization is required.</del>
K0052	Swingaway, detachable footrests, replacement only, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported. Prior authorization is required.</del>
K0053	Elevating footrests, articulating (telescoping), each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported. Prior authorization is required.</del>
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported. Prior authorization is required.</del>
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported. Prior authorization is required.</del>

K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
K0108	Wheelchair component or accessory, not otherwise specified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0607	Replacement battery for automated external defibrillator, garment type only, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K0608	Replacement garment for use with automated external defibrillator, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K0730	Controlled dose inhalation drug delivery system	<del>Prior authorization is required when this code is reported &amp; when the RR modifier is reported.</del> <b>Prior authorization is required.</b>
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0812	Power operated vehicle, not otherwise classified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0898	Power wheelchair, not otherwise classified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0899	Power mobility device, not coded by dme pdac or does not meet criteria	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K0900	Customized durable medical equipment, other than wheelchair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K1002	Cranial electrotherapy stimulation (ces) system, any type	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K1003	Whirlpool tub, walk-in, portable	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K1015	Foot, adductus positioning device, adjustable	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
K1021	Exsufflation belt, includes all supplies and accessories	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>



K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1025	Non-pneumatic sequential compression garment, full arm	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1031	Non-pneumatic compression controller without calibrated gradient pressure	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1032	Non-pneumatic sequential compression garment, full leg	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
K1033	Non-pneumatic sequential compression garment, half leg	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L0454	Tlso flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s),	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0455	Tlso, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s)	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0456	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produc	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0457	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produc	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0458	Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0460	Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0462	Tlso, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, so	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L0464	Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, res	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0466	Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item th	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0467	Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-th	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0468	Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restrict	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0469	Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restrict	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0470	Tlso, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strengt	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L0472	Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, r	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0480	Tlso, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to ster	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0482	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 notc	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0484	Tlso, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to ster	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0486	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 notc	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0488	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notc	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L0490	Tlso, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the t-9 vertebra, anterior extends from symp	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L0491	Tlso, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, sof	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L0492	Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, s	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder str	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>

L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shou	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shou	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shou	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pad	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce loa	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid late	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0636	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid latera	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to r	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to r	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebr	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebr	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shou	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pad	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>



L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebr	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1200	Thoracic-lumbar-sacral-orthosis (tlso), inclusive of furnishing initial orthosis only	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1300	Other scoliosis procedure, body jacket molded to patient model	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1310	Other scoliosis procedure, post-operative body jacket	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1499	Spinal orthosis, not otherwise specified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization is required for items <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Prior authorization is required for items <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1834	Knee orthosis, without knee joint, rigid, custom fabricated	Prior authorization is required for items <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	Prior authorization is required for items <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Prior authorization is required for items <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, a	Prior authorization is required for items <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Prior authorization is required for items <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, a	Prior authorization is required for items <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Prior authorization is required for items <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1851	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1852	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (sk)	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>

L1920	Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1932	Afo, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1940	Ankle foot orthosis, plastic or other material, custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1950	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>

L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom f	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), without knee joint, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'ak' orthosis), without knee joint, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2050	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2080	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2090	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2126	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2132	Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2134	Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2136	Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2280	Addition to lower extremity, molded inner boot	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2350	Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for 'ptb' 'afo' orthoses)	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ ischial weight bearing, ring	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2510	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, molded to patient model	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2520	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, custom fitted	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2570	Addition to lower extremity, pelvic control, hip joint, clevis type two position joint, each	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L2580	Addition to lower extremity, pelvic control, pelvic sling	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>

L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2768	Orthotic side bar disconnect device, per bar	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L2999	Lower extremity orthoses, not otherwise specified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L3000	Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3001	Foot, insert, removable, molded to patient model, spenco, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3002	Foot, insert, removable, molded to patient model, plastazote or equal, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3003	Foot, insert, removable, molded to patient model, silicone gel, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3020	Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3030	Foot, insert, removable, formed to patient foot, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>



L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3040	Foot, arch support, removable, premolded, longitudinal, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3050	Foot, arch support, removable, premolded, metatarsal, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3215	Orthopedic footwear, ladies shoe, oxford, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3219	Orthopedic footwear, mens shoe, oxford, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3221	Orthopedic footwear, mens shoe, depth inlay, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3251	Foot, shoe molded to patient model, silicone shoe, each	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3253	Foot, molded shoe plastazote (or similar) custom fitted, each	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3254	Non-standard size or width	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3255	Non-standard size or length	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3257	Orthopedic footwear, additional charge for split size	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3330	Lift, elevation, metal extension (skate)	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization is required for items- <del>with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3761	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	Prior authorization is required for items with billed charges greater than or equal to \$750. <b>Prior authorization required.</b>

L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3912	Hand finger orthosis (hfo), flexion glove with elastic finger control, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3915	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an indiv	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3960	Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3962	Shoulder elbow wrist hand orthosis, abduction positioning, erb's palsey design, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting an	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fit	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
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	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L3999	Upper limb orthosis, not otherwise specified	<del>Prior authorization required. Prior authorization required (Evicore).</del>
L4002	Replacement strap, any orthosis, includes all components, any length, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L4010	Replace trilateral socket brim	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L4020	Replace quadrilateral socket brim, molded to patient model	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L4030	Replace quadrilateral socket brim, custom fitted	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	<del>Prior authorization is required for items with billed charges greater than or equal to \$750. Prior authorization required.</del>

L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
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	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
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	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L5050	Ankle, symes, molded socket, sach foot	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5100	Below knee, molded socket, shin, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>



L5430	Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and suspension, 'ak' or knee disarticulation, each additional cast change and realignment	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5535	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5618	Addition to lower extremity, test socket, symes	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5620	Addition to lower extremity, test socket, below knee	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

L5622	Addition to lower extremity, test socket, knee disarticulation	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5624	Addition to lower extremity, test socket, above knee	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5626	Addition to lower extremity, test socket, hip disarticulation	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5628	Addition to lower extremity, test socket, hemipelvectomy	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5629	Addition to lower extremity, below knee, acrylic socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5630	Addition to lower extremity, symes type, expandable wall socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5632	Addition to lower extremity, symes type, 'ptb' brim design socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5634	Addition to lower extremity, symes type, posterior opening (canadian) socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5636	Addition to lower extremity, symes type, medial opening socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5637	Addition to lower extremity, below knee, total contact	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5638	Addition to lower extremity, below knee, leather socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5639	Addition to lower extremity, below knee, wood socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5640	Addition to lower extremity, knee disarticulation, leather socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5642	Addition to lower extremity, above knee, leather socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5644	Addition to lower extremity, above knee, wood socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5647	Addition to lower extremity, below knee suction socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket	Prior authorization required. <b>Prior authorization required (Evicore).</b>

L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5654	Addition to lower extremity, socket insert, symes, (kemblo, pelite, aliplast, plastazote or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5655	Addition to lower extremity, socket insert, below knee (kemblo, pelite, aliplast, plastazote or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5656	Addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, aliplast, plastazote or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5658	Addition to lower extremity, socket insert, above knee (kemblo, pelite, aliplast, plastazote or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5661	Addition to lower extremity, socket insert, multi-durometer symes	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5666	Addition to lower extremity, below knee, cuff suspension	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5668	Addition to lower extremity, below knee, molded distal cushion	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ('pts' or similar)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5672	Addition to lower extremity, below knee, removable medial brim suspension	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5678	Additions to lower extremity, below knee, joint covers, pair	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initia	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5686	Addition to lower extremity, below knee, back check (extension control)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5692	Addition to lower extremity, above knee, pelvic control belt, light	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5699	All lower extremity prostheses, shoulder harness	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5700	Replacement, socket, below knee, molded to patient model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5704	Custom shaped protective cover, below knee	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

L5705	Custom shaped protective cover, above knee	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5706	Custom shaped protective cover, knee disarticulation	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5707	Custom shaped protective cover, hip disarticulation	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5910	Addition, endoskeletal system, below knee, alignable system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5930	Addition, endoskeletal system, high activity knee control frame	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>



L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5970	All lower extremity prostheses, foot, external keel, sach foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5972	All lower extremity prostheses, foot, flexible keel	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5974	All lower extremity prostheses, foot, single axis ankle/foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5976	All lower extremity prostheses, energy storing foot (seattle carbon copy ii or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5980	All lower extremity prostheses, flex foot system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5981	All lower extremity prostheses, flex-walk system or equal	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

L5986	All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5990	Addition to lower extremity prosthesis, user adjustable heel height	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L5999	Lower extremity prosthesis, not otherwise specified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>

L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal d	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7007	Electric hand, switch or myoelectric controlled, adult	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7008	Electric hand, switch or myoelectric, controlled, pediatric	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7009	Electric hook, switch or myoelectric controlled, adult	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7040	Prehensile actuator, switch controlled	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7045	Electric hook, switch or myoelectric controlled, pediatric	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7170	Electronic elbow, hosmer or equal, switch controlled	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7186	Electronic elbow, child, variety village or equal, switch controlled	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7259	Electronic wrist rotator, any type	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L7360	Six volt battery, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>

L7364	Twelve volt battery, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L7366	Battery charger, twelve volt, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L7367	Lithium ion battery, rechargeable, replacement	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L7368	Lithium ion battery charger, replacement only	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L7499	Upper extremity prosthesis, not otherwise specified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L7900	Male vacuum erection system	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L8039	Breast prosthesis, not otherwise specified	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8040	Nasal prosthesis, provided by a non-physician	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8041	Midfacial prosthesis, provided by a non-physician	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8042	Orbital prosthesis, provided by a non-physician	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8043	Upper facial prosthesis, provided by a non-physician	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8044	Hemi-facial prosthesis, provided by a non-physician	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8045	Auricular prosthesis, provided by a non-physician	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8046	Partial facial prosthesis, provided by a non-physician	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>
L8047	Nasal septal prosthesis, provided by a non-physician	<del>Prior authorization required.</del> <b>Prior authorization required (Evicare).</b>

L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L8499	Unlisted procedure for miscellaneous prosthetic services	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L8500	Artificial larynx, any type	<del>Prior authorization is required for items with billed charges greater than or equal to \$750.</del> <b>Prior authorization required.</b>
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another hcpcs "I" code	<del>Prior authorization required.</del> <b>Prior authorization required (Evicore).</b>