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# Orthotic and Prosthetic Appliances and Services

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This section contains information about Orthotic and Prosthetic (O&P) appliances, services and program coverage (*California Code of Regulations*, [CCR], Title 22, Section 51315). For additional help, refer to the *Orthotic and Prosthetic Appliances and Services: Criteria for Authorization and Reimbursement – Orthotics*; *Orthotic and Prosthetic Appliances and Services: Criteria for Authorization and Reimbursement – Prosthetics*; and *Orthotic and Prosthetic Appliances: Billing Examples* sections of this manual.

**Note:** Per CCR, Title 22, Section 51315(c)(5): Authorization for orthotic and prosthetic appliances shall be limited to the lowest cost item that meets the patient's medical needs.

## Program Coverage

Medi-Cal covers O&P appliances and services when such appliances and services are necessary for the restoration of function or replacement of body parts, or to support a weakened or deformed body member when prescribed in writing by a physician, a podiatrist, a dentist or a non-physician medical practitioner within the scope of their license.

Authorization and reimbursement of O&P appliances and services shall be granted only when there is substantiation that all of the following criteria are met:

- The appliance or service is medically necessary for the restoration of bodily functions, for the replacement of a body part or to support a weakened or deformed body member and is reasonable and necessary to protect life, to prevent significant illness or disability or to alleviate severe pain.
- The appliance or service is essential to performing activities of daily living or instrumental activities of daily living.
- The appliance or service is consistent with the recipient's previous abilities and limitation as they relate to activities of daily living, prior to the onset of disability or injury, or is appropriate to the recipient's chronological and developmental age.
- The appliance or service is inconsistent with the recipient's overall medical condition.
- The appliance or service is the lowest cost appliance or service that meets the recipient's medical need(s).

## **Program Non-Coverage**

Authorization and reimbursement of orthotic and prosthetic appliances and services shall not be granted for any of the following:

- Backup appliances, except when the primary appliance must be worn by the recipient 24 hours per day or when the appliance must be cleaned on a regular basis and cannot be dried overnight.
- Appliances or services for the sole purpose of cosmetic restoration in absence of the medical necessity specified above under “Program Coverage.”
- Appliances or services prescribed for the sole purpose of restoring functions beyond activities of daily living or instrumental activities of daily living, such as athletic activities.
- Appliances or services when the appliance or service is a benefit that is included as part of the acute inpatient hospital stay and the date of service occurs during that stay.
- Repair of an appliance when the repair cost is equal to, or greater than the cost of purchasing a new appliance.
- Purchase or replacement of an appliance when the recipient’s existing appliance can be repaired at a cost less than the cost of purchasing a new appliance, unless the existing appliance does not meet the recipient’s medical need, as documented by the physician, podiatrist, dentist, or non-physician medical practitioner.
- Fitting, measuring, training or delivery of an appliance that has not been authorized by the Medi-Cal program.

## **Eligibility Requirements**

For providers to receive reimbursement, a recipient must be Medi-Cal or California Children’s Services (CCS) – eligible on the date of service.

For purposes of authorization and reimbursement of O&P appliances and services, recipient’s eligible for the following programs must access services available under these programs prior to receiving services under the Medi-Cal program. A letter of denial from the program(s) must accompany the authorization request submitted to Medi-Cal.

- The CCS program, which provides authorization of services and case management, pursuant to CCR, Title 22, section 51013 when a person under 21 years of age has a CCS-eligible condition, as specified in *Welfare and Institutions Code (W&I Code)*, Sections 41800-41876.
- The Genetically Handicapped Persons Program (GHPP), which provides authorization of services and case management when a person 21 years of age and older has a GHPP-eligible condition specified in CCR, Title 17, Section 2932.
- The Department of Rehabilitation, which provides evaluation, consultation, case management and authorization of services when the provision of O&P appliances and services is the basis for vocational rehabilitation or employment.

## **Provider Types Authorized to Bill for O&P Appliances**

The only provider types authorized to furnish and bill for O&P appliances are orthotists, as defined in CCR, Title 22, Section 51101; prosthetists, as defined in Section 51103; physicians, as defined in Section 51053; podiatrists, as defined in Section 51075, acting within the scope of their practice; mastectomy fitters acting within the scope of their practice; and California Children's Services providers. «Appliances listed in the *Orthotic and Prosthetic Appliances: Billing Codes – Orthotics* and *Orthotic and Prosthetic Appliances: Billing Codes – Prosthetics* sections of this manual and designated by double asterisks (\*\*) may be furnished and billed by Medi-Cal pharmacy providers.» HCPCS codes L8000 – L8035 may be furnished and billed by Medi-Cal enrolled certified mastectomy fitters.

## **Prescription Requirements**

A written prescription or the electronic equivalent, by a licensed practitioner is required for all O&P appliances billed to Medi-Cal (CCR, Section 51315[a]). The prescription must be specific to the item(s) billed.

The practitioner prescribing the items must supply the O&P provider with information required to document the medical necessity for the prescribed appliance(s) or service(s), according to the criteria listed in "Program Coverage."

**Note:** The original written prescription should not be attached to the *Treatment Authorization Request (TAR)* or claim but must be kept in the O&P provider's files, along with supporting clinical notes/medical professional notes from the orthotist or prosthetist that document the medial necessity of the provided appliance(s) or service(s).

## **Modifier Requirements**

Claims for O&P appliances require modifier LT (left side) and/or RT (right side), with the exception of the following HCPCS codes that can be billed without modifiers:

A6501 thru A6503	L0450 thru L0492 L0621 thru L0651	L2040 thru L2060 L2300	L4002 * L4205 *
A6509 thru A6513	L0700 thru L0710 L0810 thru L0859	L2310 L2580	L4210 * L7360 thru L7368
A6544 «A6529»	L0861 L0970 thru L0976	L2627 L2628	L7510 * L7520 *
«A6559 thru AA6564»	L0980 thru L0984 L1000 thru L1005	L2640 thru L2680 L3140	L8000 L8002
«A6567» «A6569»	L1085 L1200 thru L1230	L3150 L3212 thru L3214	L8310 L8320
«A6571» A8000 thru A8004	L1300 thru L1310 L1600 thru L1680	L3257 L3650	S1040
L0113 thru L0200 L0220	L1690 L1700 thru L1730	L3660 L4000	

## **Authorization**

Authorization is required for O&P appliances services when the cost exceeds specified TAR thresholds (limits).

A TAR is required each time the cumulative costs of purchase, replacement and repair exceed the amounts listed below per recipient, per provider, per 90-day period:

- Orthotics exceed \$250
- Prosthetics exceed \$500

Pursuant to section 51315 of Title 22, the 90-day period begins on the date of the first service after the close of the previous 90-day period of time during which service, if any, was provided. Any service provided within the 90-day period after the TAR threshold has been reached will require a TAR for reimbursement.

A TAR is always required when an item is billed by a podiatrist.

All TARs for O&P appliances and services must be submitted to the TAR Processing Center. Refer to the *TAR Field Office Addresses* section in this manual for more information.

Authorization is required for all “unlisted,” “not otherwise specified,” “By Report” and “By Invoice” appliances or services, regardless of the dollar amount involved.

## **TAR Requirements**

A copy of the written prescription signed by a licensed practitioner functioning within the scope of his/her practice or the electronic equivalent must be submitted with the TAR to the TAR Processing Center. Refer to the *TAR Field Office Addresses* section in this manual for more information.

All of the following information must be provided on the prescription form:

- Practitioner’s signature if the prescription is not electronic
- Name, address and telephone number of the prescribing practitioner
- Date of prescription
- Item being prescribed
- California state license number of the prescribing practitioner

The licensed practitioner must also provide the orthotist or prosthetist with the information listed below and indicate the number of items needed, especially those that require laundering. Adequate documentation must be submitted with the TAR to justify the prescription, including:

- Medical diagnosis(es)
- Explanation of need and the purpose for the appliance
- Duration of medical necessity

- Relevant history and physical documenting prior functional level and future anticipated functional level
- Date and type of surgery or injury, if applicable
- Identify item requested with associated HCPCS code
- Statement that the patient is ready, willing and able to use the appliance as described.

For repair, maintenance or replacement, include clinical documentation with reference to age of the appliance, physical condition of the appliance and the anticipated functional level of the recipient.

A specific length of time should be indicated, including “permanent” or “lifetime,” when the diagnosis supports such use. For short-term use, the specific number of weeks or months should be stated.

### **Billing Authorized Items**

When billing for items that require authorization, the claim line procedure code and modifier must match the corresponding TAR procedure code and modifier.

### **Reimbursement of O&P Appliances and Services**

Reimbursement shall not exceed 80 percent of the lowest maximum allowance for California established by the federal Medicare program for the same or similar appliances and services. When there is no comparable Medicare-reimbursed appliance or service, reimbursement shall not exceed an amount that is the lowest of:

- The amount billed to the general public for the provision of the same or similar appliance or service; or
- The maximum reimbursement rate as described in this manual

The maximum reimbursement rates apply to the basic appliance and to any component part(s) that may be added to the appliance. When applicable, claims must include both the basic appliance and the component part(s) necessary to complete the prescribed appliance.

Charges for shipping and handling are not reimbursable.

«For reimbursement rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

O&P appliances and services that do not require authorization (see the “Authorization” heading in this section regarding TAR thresholds) shall meet the requirements specified in this provider manual. Refer to *Orthotic and Prosthetic Appliances and Services: Criteria for Authorization and Reimbursement – Orthotics and Orthotic and Prosthetic Appliances and Services: Criteria for Authorization and Reimbursement – Prosthetics* sections for specific criteria.

## **Repair or Maintenance of O&P**

Repair or maintenance of orthotic and prosthetic appliances is billed with the following HCPCS codes:

- Orthotics: L4205 (labor), L4210 (parts)
- Prosthetics: L7520 (labor), L7510 (parts)

## **Undeliverable Items**

Items that are not custom made will only be reimbursed if they are delivered to the recipient.

For custom-made items, claims submitted without a date of delivery are reviewed for documentation that shows diligent attempts to make the delivery or evidence of the impossibility of delivery.

If adequate documentation is presented, the claim is processed for reimbursement at 80 percent of the authorized maximum benefit.

Providers must retain undeliverable custom-made appliances for one year from the date of service if reimbursement has been made according to the conditions described above. These appliances must be ready on demand for delivery to the recipient or a representative of the Department of Health Care Services (DHCS). (If delivery can be made, submit a *Claims Inquiry Form* [CIF] for compensation of the 20 percent reduction made to the original maximum reimbursable amount.)

## **Bilateral Appliances**

Claims billed for bilateral appliances are reimbursable using modifiers LT (left side) and RT (right side). Appliances billed as left and right with the same procedure code must include LT and RT on separate claim lines and a quantity of “1” on each claim line.

## **Additional Quantities**

Claims for a quantity in excess of the stated frequency limitations, require a TAR. Examples of acceptable medical justification for authorization include, but are not limited to the following:

- Changes in the recipient’s physical condition, such as size, shape or weight
- Unusual physical activities
- Documented loss or damage
- Change in medical necessity

## **Reimbursement for “By Report” Codes**

In compliance with W&I Code, Section 14105.21, reimbursement for all O&P codes (“By Report”) is the least of the following:

- The amount billed pursuant to CCR, Title 22, Section 51008.1.
- Eighty (80) percent of the manufacturer’s suggested retail price (MSRP). The MSRP catalog published by the manufacturer on or prior to the date of service.
- The manufacturer’s purchase invoice (dated on or prior to the date of service) amount, plus a 67 percent markup.

## **“By Report” Documentation Requirements**

O&P appliances reimbursed through “Unlisted,” “Not Otherwise Specified,” “By Invoice” and “By Report” billing require the following information:

- Manufacturer’s purchase invoice and the MSRP (a catalog page)
- Item description
- Manufacturer name



- Model number
- Catalog number

**Note:** In lieu of the above items, claims for custom-made appliances may include a copy of the original purchase invoice for materials and parts used in preparing the device.

- Cost of part(s)
- Cost of labor per hour and total cost/hours
- Description of the justification for any special features (custom modifications or special accessories)
- Medical condition necessitating the particular orthotic or prosthetic item

### **By Report Billing Attachment**

The “By Report” billing attachment referred to in the following instructions is the billing provider’s summary sheet listing all of the parts and/or labor that together make up the “By Report” orthotic and prosthetic claim. Labor and parts must be listed and sub-totaled separately, and then totaled to give the amount charged on the claim form.

### **“By Report” Prefabricated**

If the unlisted or “By Report” orthotic or prosthetic device provided is prefabricated, a copy of the invoice for that item must be submitted as an attachment with the claim form. The invoice must be from the supplier of the item, showing the billing provider as the recipient, and contain all of the information common to a commercial invoice such as bill to, ship to, date, date ordered, date shipped and pricing.

When the invoice contains multiple line items, the line(s) pertaining to the claim must be clearly indicated.

**Example:** Write the number “1” next to the first invoice line and write number “1” on the respective billing attachment line. Write the number “2” next to the second invoice line and write number “2” next to the respective billing attachment line, etc. Other than to indicate the pertinent items, the invoice must not be altered.

If the units on the invoice do not correspond to the unit billed, the provider will show the conversion necessary for the claim on the billing attachment.

**Example:** An invoice shows a \$15.00 price for a box that contains five items, one of which has been provided to the recipient. The attachment should show the \$15.00 cost divided by the five-unit box to arrive at a unit cost of \$3.00.

If the prefabricated device requires modification, a description of the labor provided and time spent on the modification must also be shown on the billing attachment. Modification labor is reimbursed in 15-minute increments at the current orthotic and prosthetic labor rate. Time for evaluation, measuring, fitting and other clinical purposes is not separately reimbursable on a prefabricated device.

### **“By Report” Custom, Outside Lab**

If the unlisted or “By Report” orthotic or prosthetic device provided is custom fabricated and has been made by an entity other than the billing provider, the billing procedure is essentially the same as that shown above for a prefabricated device. The invoice from the outside lab or manufacturer is used, with the additional requirement that the invoice must show the name of the recipient

### **“By Report” Custom, In-House**

If the unlisted or “By Report” orthotic or prosthetic device provided is custom and has been made by the billing provider, the billing procedure is similar to that shown above for prefabricated device.

The provider must list and total material costs, referencing attached copies of invoices from the supplier of each claimed material or part. If the quantity of a material used is different than the quantity shown on the invoice, the billed amount will have to be calculated.

**Example:** If an invoice shows 10 sheets of 24-inch by 48-inch plastic for a total cost of \$300, and the custom device required one 12 inch by 12 inch piece, the calculation on the billing attachment would show: \$300 divided by 10 sheets = \$30 per sheet, 1/8 of a sheet used = material cost of \$3.75.

This is done for each material or part billed that is \$2 or more. If the billed amount (cost markup) for a part or material is under \$2, that item does not require a support invoice.

Materials and parts will be reimbursed at either a markup not to exceed \$1.67 over invoice cost or the amount billed, whichever is less.

**Example:** The \$3.75 piece of plastic in the example above would be reimbursed at a maximum \$6.26.

Any labor cost claimed for measuring or casting, fabrication and fitting must be listed on the billing attachment with a description of the time spent on each activity. Labor must be listed in 15-minute increments.

Fabrication labor charges will only be reimbursed for actual time spent fabricating, not for the time in between processes.

**Example:** Time spent pouring or modifying a mold, vacuum forming plastic and gluing material is reimbursable, but time claimed while plaster was hardening, plastic cooling and glue drying is not reimbursable.

Labor time claimed on a device must be reasonable and not excessive.

**Example:** If the time claimed on a single custom device is such that only a few of those devices could be built in a day's work, that labor claim may be rejected or reduced.

## Definitions

For purposes of authorization and reimbursement of O&P appliances and services, the following definitions shall apply:

- "Abduction and Rotation Bar" means a rigid bar that is attached to the feet to maintain appropriate positioning of one or both feet.
- "Abduction Position, Custom Fitted Orthosis" means a custom-fitted shoulder-elbow-wrist-hand orthosis designed specifically to control abduction of these areas.
- "Above Elbow" means trans-humeral as it relates to prostheses or levels of amputation across the long axis of the humerus.
- "Above Knee" means trans-femoral as it relates to prostheses or levels of amputation across the long axis of the femur.
- "Activities of Daily Living" or "ADLs" means those activities performed by an individual for essential living purposes, such as bathing, eating, toileting, ambulation, dressing and transferring.

- “Addition” means any provision that is different from or not included in the base appliance that enhance or facilitates the intended function of the base appliance.
- “Ancillary Orthotic Device” means an orthosis that is not otherwise included under any other orthotic grouping.
- “Ankle-Foot Orthosis” means an orthosis that traverses the ankle and foot.
- “Anterior-Posterior-Lateral Control Orthosis” means an orthosis that traverses the cervical, thoracic, lumbar or sacral areas to provide control of anterior, posterior and lateral motion to these areas of the spine.
- “Appliance” means an orthosis or prosthesis that is applied to the appropriate body part to modify or replace the structural and functional characteristic of the neuromuscular and skeletal systems.
- “Attachment” means any provision that is different from or not included in the base appliance that changes the base appliance’s function beyond its originally intended function.
- “Backup Appliance” means another of the same prosthetic or orthotic appliance for the purpose of being used in the event the recipient’s primary appliance is unable to be used.
- “Base Appliance” means an appliance that provides the essential or fundamental function designed for the appliance.
- “Below Elbow” means trans-radial as it relates to prostheses or levels of amputation across the long axis of the radius or ulna.
- “Below Knee” means trans-tibial as it relates to prostheses or levels of amputation across the long axis of the tibia or fibula.
- “Bilateral” means being of, or pertaining to both sides of the body.
- “Body Jacket” means a rigid or semi-rigid orthosis that encompasses the torso to limit spinal motion

- “Cervical and Multiple Post Collar Orthosis” means a collar that fits around the neck to provide support and protection to the cervical spine.
- “Cervical Orthosis” means an orthosis that traverses the cervical vertebrae.
- “Cervical-Thoracic-Lumbar-Sacral Orthosis” means an orthotic grouping that includes sacroiliac orthoses, lumbar orthoses, lumbar-sacral orthoses, and anterior-posterior-lateral control orthoses; each individual orthosis traverses the cervical, thoracic, lumbar or sacral vertebrae.
- “Cervical-Thoracic Orthosis” means an orthosis that traverses the cervical and thoracic vertebrae.
- “Compression Burn Garment” means a stocking worn over a burned area(s) of the body that provides pressure as an aid to healing and reduction of scar tissue.
- “Computer Aided Design/Computer Aided Manufacture Model” or “CAD/CAM Model” means an appliance fabricated with the aid of a three-dimensional positive or negative image or digital scanning of the recipient’s limb(s).
- “Conventional Shoes” means non-orthopedic shoes.
- “Cranial Orthosis” means a helmet that fits over the head of the patient for the primary purpose of molding the skull, and may provide some protection.
- “Custom Fabricated Appliance” or “Custom Fabrication” means an appliance constructed for a specific patient by obtaining individual measurements, fashioning a pattern or creating a mold, using either a plaster cast, or with a positive or negative impression or using a scanning device.
- “Custom Fitted Appliance” means a prefabricated appliance that requires individual adjustment, alteration or assembly for safe and optimal application to a patient.
- “Custom Made” means the same as custom fabricated.
- “Date of Service” means the date the appliance was received by the patient.

- “Definitive Prosthetic Appliance” or “Definitive Prosthesis” means a prosthesis intended for long-term use containing components suitable for the full range of functional activities the amputee may be able to perform.
- “Device” means the same as appliance.
- “Direct Formed Appliance” means an appliance in which material is molded over the involved portion of the recipient’s body and ultimately becomes the appliance or an essential part of the appliance for that specific patient.
- “Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion/Extension Orthosis” means a custom-made orthosis that traverses the wrist, hand and fingers to control extension and flexion of these areas.
- “Elbow Orthosis” means an orthosis that traverses the elbow.
- “Endoskeletal Prosthesis” means a prosthesis that is composed of an internal pylon system that provides structural integrity to the appliance and provides the prosthesis’ main support by accepting the stress of the body’s weight or functional activity.
- “Exoskeletal Prosthesis” means a prosthesis that is composed of a rigid external shell that provides structural integrity to the appliance and provides the prosthesis’ main support by accepting the stress of the body’s weight or functional activity.
- “External Power” means an orthosis or prosthesis that relies on a force other than that from the user’s body to operate, such as from a battery powered motor.
- “Finger Orthosis” means an orthosis that traverses the finger.
- “Foot Orthosis” means an orthosis that traverses the foot.
- “Foot Prosthesis” means a prosthesis that replaces all or part of an amputated or deformed foot.
- “Fracture Orthosis” means an orthosis that traverses the upper extremity to stabilize and support an extremity fracture.
- “Gradient Compression Stocking” means a garment with variable degrees of pressure, typically from highest pressure in the distal parts of the garment with a lower pressure in the proximal parts of the garment.
- “Grouping,” when used with “orthotic” or “prosthetic” means more than one appliance or service that has been placed together in the same procedural code classification.

- “Hallux-Valgus Splint” means a device that fits over the big toe to maintain proper anatomical position of the toe.
- “Halo Procedure” means a metal structure connected to a skull ring with pins inserted into the skull and attached to a body jacket or other orthosis to hold the metal structure in place in order to immobilize the cervical spine.
- “Hand-Finger Orthosis” means an orthosis that traverses the hand and finger areas.
- “Hand Orthosis” means an orthosis that encompasses the whole or any part of the hand.
- “Hemi-Pelvectomy Prosthesis” means a prosthesis for an amputation that is performed through a portion of the pelvis.
- “Hip Disarticulation Prosthesis” means a prosthesis for an amputation through the hip joint.
- “Hip-Knee-Ankle-Foot Orthosis” means an orthosis that traverses the hip, knee, ankle and foot areas.
- “Hip Orthosis” means an orthosis that traverses the hip area.
- “Immediate and Early Post-Surgical Procedure” means amputation and prosthetic appliance management that begins immediately or very soon following surgical closure of the original amputation wound or a residual limb revision wound.
- “Infant Immobilizer” means a device that restricts movement of the infant in order to stabilize the infant’s cervical and upper thoracic spine and airway.
- “Initial Prosthesis” means a direct formed temporary appliance provided as part of the immediate and early post-surgical and prosthetic appliance management.
- “Insert” means the same as foot orthosis.
- “Instrumental Activities of Daily Living” or “IADLs” means those activities that support activities of daily living and the capacity for normal activity, including employment, such as outside mobility, shopping, transportation, housework, hygiene, laundry, meal preparation and medication management.
- “Knee-Ankle-Foot Orthosis” means an orthosis that traverses the knee, ankle and foot areas.

- “Knee Disarticulation Prosthesis” means a prosthesis for an amputation through the knee joint.
- “Knee Orthosis” means an orthosis that traverses the knee area.
- “Legg-Perthes Orthosis” means a hip orthosis that is designed especially for the patient with Legg-Perthes deformity.
- “Lumbar Orthosis” means an orthosis that traverses the lumbar area.
- “Lumbar-Sacral Orthosis” means an orthosis that traverses the lumbar and sacral areas.
- “Mobile Arm Support” means an abduction position, custom fitted orthosis that is designed specifically for a recipient who requires support attached to a wheelchair, chair or table.
- “Molded to the Patient” means a custom fabricated appliance.
- “Off-the-Shelf Appliance” means an orthotic or prosthetic appliance that fits a patient without assembly or structural modification.
- “Orthopedic Footwear” means an orthotic grouping that includes stock orthopedic shoes, stock conventional shoes and custom-made orthopedic shoes.
- “Orthopedic Shoes” means an orthotic grouping that includes Hallux-Valgus splint, abduction and rotation bars, orthopedic footwear and shoe modifications of stock orthopedic shoes and stock conventional shoes; or shoes that have features that are designed for a medical condition(s) of the foot or ankle, such as extra room or depth, support, or ability to be modified.
- “Orthosis” means an externally applied appliance used to modify the structural and functional characteristics of the neuromuscular and skeletal systems.
- “Orthotic Devices – Lower Limb (Extremity)” means an orthotic grouping that includes hip orthoses, Legg-Perthes orthoses, knee orthoses, ankle-foot orthoses, knee-ankle-foot orthoses – or any combination, torsion control: hip-knee-ankle-foot orthoses, torsion control: hip-knee-ankle-foot orthoses (tibial fracture casts), torsion control: hip-knee-ankle-foot orthoses (femoral fracture casts), reciprocating gait orthoses, and orthotic devices – lower limb (extremity) (additions to lower extremity orthoses).



- “Orthotic Devices – Lower Limb (Extremity) (Additions to Lower Extremity Orthoses)” means an orthotic grouping that includes additions to fracture orthoses, additions to lower extremity orthoses: shoe-ankle-shin-knee, additions to straight knee or offset knee joints (knee joints), additions: thigh-weight bearing – gluteal/ischial weight bearing, additions: pelvic and thoracic control, additions: general, and custom foot orthoses.
- “Orthotic Devices – Scoliosis Procedures” means an orthotic grouping that includes cervical-thoracic-lumbar-sacral orthoses, thoracic-lumbar-sacral orthoses (low profile) and other scoliosis procedures (body jackets).
- “Orthotic Devices – Upper Limb” means an orthotic grouping that includes shoulder orthoses; elbow orthoses; wrist-hand-finger orthoses; additions to upper limb orthoses; dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension orthoses; external power orthoses and other wrist-hand-finger orthoses – custom fitted.
- “Prefabricated Appliance” means an appliance that has been manufactured from standard molds or patterns with no specific patient in mind.
- “Preparatory Prosthesis” means a temporary prosthetic appliance used to prepare the residual limb for eventual fitting and to evaluate the appropriateness of selected technology and the patient’s ability to use a definitive prosthesis.
- “Primary Appliance” means the principal appliance intended to be used by the recipient.
- “Procedure” or “Special Procedure” means an appliance, addition, attachment, adaptation or feature that is designed to meet a specific medical need.
- “Prosthesis” means an externally applied appliance used to replace wholly, or in part, an absent or deficient body part.
- “Reciprocating Gait Orthosis” means a bilateral hip-knee-ankle-foot orthosis that transfers motion energy from one leg to the other, aiding or enabling ambulation.
- “Replacement Glove” means a passive partial hand prosthesis that is made from an existing mold or a cosmetic cover for a passive or functional hand prosthetic.
- “Rigid” means not bending; inflexible during normal use and resistant to normal use forces.

- “Sacroiliac Orthosis” means an orthosis that traverses the pelvic and sacral areas.
- “Scoliosis Orthosis” means the same as scoliosis procedure.
- “Scoliosis Procedure” means a spinal orthosis that treats a curvature or other instability of the spine.
- “Semi-Rigid” means partially rigid; having some rigid elements.
- “Services” means activities, including medical examinations, that are related to the provision of prosthetic and orthotic appliances, such as repairs, laboratory work necessary for construction of the appliance, casting and cast changes, realignment or adjustment of appliances, application of dressings, measuring or fitting for appliances, training the patient on the use and care of the appliance and delivery of appliances.
- “Shoe Modification” means an addition, modification or service to an off-the-shelf or custom made shoe to improve its functionality.
- “Shoe Modifications of Stock Orthopedic Shoes and Stock Conventional Shoes” means an orthotic grouping that includes shoe modifications – lifts, shoe modifications – wedges, shoe modifications – heels, orthopedic shoe additions, and transfer or replacement.
- “Shoulder-Elbow-Wrist-Hand Orthosis” means an orthotic grouping that includes abduction position, custom fitted orthoses; mobile arm supports; additions to mobile arm supports and fracture orthoses; or an orthosis that traverses the shoulder, elbow, wrist and hand areas.
- “Shoulder Orthosis” means an orthosis that traverses the shoulder.
- “Spinal Orthosis” means an orthotic grouping where each individual orthosis traverses some part of the spine that includes cranial orthoses, cervical and multiple post collar orthoses, thoracic orthoses (rib belts), thoracic orthoses (anterior-posterior-lateral- rotary control), thoracic orthoses (triplanar control – modular segmented spinal system [prefabricated]), thoracic orthoses (triplanar control – rigid frame), and thoracic orthoses (triplanar control – rigid plastic shell).
- “Stock” when used with “orthopedic shoes” or “conventional shoes” means a shoe that fits a patient without assembly or structural modification.

- “Tension Based Scoliosis Orthosis” means an orthosis that utilizes elastic strapping linked to control pads intended for treatment of adolescent idiopathic scoliosis.
- “Thoracic-Hip-Knee-Ankle Orthosis” means an orthosis that traverses the thoracic, hip, knee and ankle areas.
- “Thoracic-Lumbar-Sacral Orthosis” means an orthosis that traverses the thoracic, lumbar and sacral areas
- “Torsion Control Orthosis” means an orthosis that controls rotation of the joint in which it traverses.
- “Truss” means an orthosis used to reduce a hernia via direct external abdominal pressure.
- “Wrist-Hand-Finger Orthosis” means an orthosis that traverses the wrist, hand and finger areas.
- “Wrist-Hand Orthosis” means an orthosis that traverses the wrist and hand areas.
- “Wrist Orthosis” means an orthosis that traverses the wrist.

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Billable with or without bilateral modifiers LT and/or RT