Orthotic and Prosthetic Appliances: Billing Codes – Orthotics

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

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

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

Codes and Rates

‹‹HCPCS codes for orthotic appliances are described as listed below. For reimbursement rates, providers should refer to the Medi-Cal Rates page on the Medi-Cal Providers website.››

Shoe Supplies for Diabetics

HCPCS Code	Description
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
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
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
A5504*	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
A5505*	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe

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

Shoe Supplies for Diabetics (continued)

HCPCS Code	Description
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
A5507*	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5512*	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degree Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513*	For diabetics only, multi-density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each

Spinal Orthoses

Cranial

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

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

Cervical

HCPCS Code	Description
L0113	Cranial orthotic, torticolllis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment
‹‹L0120	Flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)››
L0130	Flexible, thermoplastic collar, molded to patient
L0140	Semi-rigid, adjustable (plastic collar)
L0150	Semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)
L0160	Semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf
L0170	Collar, molded to patient model
L0172	Collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf
L0174	Collar, semi-rigid thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf
L0180	Multiple post collar, occipital/mandibular supports, adjustable
L0190	Multiple post collar, occipital/mandibular supports, adjustable cervical bars (somi, guilford, taylor types)
L0200	Multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension

Thoracic

HCPCS Code	Description
L0220	Rib belt, custom fabricated

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

Thoracic-Lumbar-Sacral

HCPCS Code	Description
L0450	Flexible, provides trunk support, upper thoracic region, includes shoulder straps and closures, prefabricated, off-the-shelf
L0452*	Flexible, provides trunk support upper thoracic region, includes shoulder straps and closures, custom fabricated
L0454	Flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, includes shoulder straps and closures, prefabricated, customized to fit a specific patient by an individual with expertise
L0455	Flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, includes shoulder straps and closures, prefabricated, off-the-shelf
L0456	Flexible, provides trunk support , rigid posterior panel and soft anterior apron, includes straps and closures, prefabricated, customized to fit a specific patient by an individual with expertise
L0457	Flexible, provides trunk support , rigid posterior panel and soft anterior apron, includes straps and closures, prefabricated, off-the-shelf

Triplanar Control – Modular Segmented Spinal System (Prefabricated)

HCPCS Code	Description
L0458	Two rigid plastic shells, soft liner, includes straps and closures, includes fitting and adjustment
L0460	Two rigid plastic shells, soft liner, includes straps and closures, prefabricated, customized to fit a specific patient by an individual with expertise
L0462	Three rigid plastic shells, soft liner, includes straps and closures, includes fitting and adjustment
L0464	Four rigid plastic shells, soft liner, includes straps and closures, includes fitting and adjustment

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

Sagittal or Sagittal-Coronal Control

HCPCS Code	Description
L0466	Saggital control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, customized to fit a specific patient by an individual with expertise
L0467	Saggital control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, off-the shelf
L0468	Saggital-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, customized to fit a specific patient by an individual with expertise
L0469	Saggital-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, off-the-shelf
L0490	One piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, prefabricated, includes fitting and adjustment
L0491	Modular segmented spinal system, two rigid plastic shells, includes straps and closures, prefabricated, includes fitting and adjustment
L0492	Modular segmented spinal system, three rigid plastic shells, includes straps and closures, prefabricated, includes fitting and adjustment

Triplanar Control – Rigid Frame

HCPCS Code	Description
L0470	Rigid posterior frame and flexible soft anterior apron with straps, closures and padding, includes fitting and adjustment
L0472	Hyperextension, rigid anterior and lateral frame, posterior and lateral pads with straps and closures, includes fitting and adjustment

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

Triplanar Control – Rigid Plastic Shell

HCPCS Code	Description
L0480	One piece, without interface liner, with multiple straps and closures, includes a carved plaster or CAD-CAM model, custom fabricated
L0482	One piece, with interface liner, with multiple straps and closures, includes a carved plaster or CAD-CAM model, custom fabricated
L0484	Two piece, without interface liner, with multiple straps and closures, includes a carved plaster or CAD-CAM model, custom fabricated
L0486	Two piece, with interface liner, with multiple straps and closures, includes a carved plaster or CAD-CAM model, custom fabricated
L0488	One piece, with interface liner, with multiple straps and closures, prefabricated, includes fitting and adjustment

Sacroillac

HCPCS Code	Description
L0621	Flexible, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf
L0622	Flexible, includes straps, closures, may include pendulous abdomen design, custom fabricated
L0623	Rigid or semi-rigid panels, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the shelf
L0624	Rigid or semi-rigid panels, includes straps, closures, may include pendulous abdomen design, custom fabricated

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

Lumbar Orthoses

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

Lumbar-Sacral Orthoses (LSO)

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

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

Lumbar-Sacral Orthoses (LSO) (continued)

HCPCS Code	Description
L0631	Sagittal control, with rigid anterior and posterior panel(s), includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise
L0632	Sagittal control, with rigid anterior and posterior panel(s), includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0633	Sagittal-coronal control, with rigid posterior frame/panel(s), includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise
L0634	Sagittal-coronal control, with rigid posterior frame/panel(s), includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated
L0635	Sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0636	Sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated
L0637	Sagittal-coronal control, with rigid anterior and posterior frame/panel(s), includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, customized to fit a specific patient by an individual with expertise
L0638	Sagittal-coronal control, with rigid anterior and posterior frame/panel(s), includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated

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

Lumbar-Sacral Orthoses (LSO) (continued)

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

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

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

HCPCS Code	Description
L0700	Minerva type, molded to patient model
L0710	Minerva type, molded to patient model, with interface material
L0810	Cervical halo incorporated into jacket vest
L0820	Cervical halo incorporated into plaster body jacket
L0830	Cervical halo incorporated into Milwaukee type orthosis
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
L0861	Addition to halo procedure, replacement liner/interface material

Additions to Spinal Orthoses

HCPCS Code	Description
L0970	TLSO, corset front
L0972	LSO, corset front
L0974	TLSO, full corset
L0976	LSO, full corset
L0978	Axillary crutch extension
L0980	Peroneal straps, prefabricated, off-the-shelf, pair
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)
L0984	Protective body sock, prefabricated, off-the-shelf each

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

Orthotic Devices – Scoliosis Procedures

Cervical-Thoracic-Lumbar-Sacral Orthoses (CTLSO)

HCPCS Code	Description
L1000	Milwaukee, inclusive of furnishing initial orthosis, including model
L1001*	Immobilizer, infant size, prefabricated, includes fitting and adjustment
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment

Additions to CTLSO or Scoliosis Orthosis

HCPCS Code	Description
L1010	Axilla sling
L1020	Kyphosis
L1025	Kyphosis, floating
L1030	Lumbar bolster
L1040	Lumbar or lumbar rib
L1050	Sternal
L1060	Thoracic
L1070	Trapezius sling
L1080	Outrigger
L1085	Outrigger, bilateral with vertical extensions
L1090	Lumbar sling
L1100	Ring flange, plastic or leather
L1110	Ring flange, plastic or leather, molded to patient model
L1120	Cover for upright, each

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

Thoracic-Lumbar-Sacral Orthoses (TLSO) Low Profile

HCPCS Code	Description
L1200	Inclusive of furnishing initial orthosis only
L1210	Lateral thoracic extension
L1220	Anterior thoracic extension
L1230	Milwaukee type superstructure
L1240	Lumbar derotation pad
L1250	Anterior asis pad
L1260	Anterior thoracic derotation pad
L1270	Abdominal pad
L1280	Rib gusset (elastic), each
L1290	Lateral trochanteric pad

Other Scoliosis Procedures

HCPCS Code	Description
L1300	Body jacket molded to patient model
L1310	Post-operative body jacket

Orthotic Devices – Lower Extremity

Hip Orthoses – Abduction Control of Hip Joints

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

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

Hip Orthoses – Abduction Control of Hip Joints (continued)

HCPCS Code	Description
L1650	Static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment
L1652	Bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type
L1660	Static, plastic, prefabricated, includes fitting and adjustment
L1680	Dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated
L1685	Post-operative hip abduction type, custom fabricated
L1686	Post-operative hip abduction type, prefabricated, includes fitting and adjustment
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment

Legg Perthes Orthoses

HCPCS Code	Description
L1700	(Toronto type), custom fabricated
L1710	(Newington type), custom fabricated
L1720	Trilateral, (Tachdijan type), custom fabricated
L1730	(Scottish Rite type), custom fabricated
L1755	(Patten bottom type), custom fabricated

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

Knee Orthoses (KO)

HCPCS Code	Description
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material
L1810	Elastic with joints, prefabricated, customized to fit a specific patient by an individual with expertise
L1812	Elastic with joints, prefabricated, off-the-shelf
L1820	Elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1830	Immobilizer, canvas longitudinal, prefabricated, off-the-shelf
L1831	Locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment
L1832	Adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, customized to fit a specific patient by an individual with expertise
L1833	Adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf
L1834	Without knee joint, rigid, custom fabricated
L1836	Rigid, without joint(s), includes soft interface material, prefabricated off-the-shelf
L1840	Derotation, medial-lateral, anterior cruciate ligament, custom fabricated
L1843	Single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, customized to fit a specific patient by an individual with expertise
L1844	Single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated

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

Knee Orthoses (KO) (continued)

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

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

Ankle Foot Orthoses (AFO)

HCPCS Code	Description
L1900	Spring wire, dorsiflexion assist calf band, custom fabricated
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated
L1906	Multiligamentous ankle support, prefabricated, off-the-shelf
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated
L1910	Posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
L1920	Single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated
L1930	Plastic or other material, prefabricated, includes fitting and adjustment
L1932	Rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
L1940	Plastic or other material, custom fabricated
L1945	Plastic, rigid anterior tibial section (floor reaction), custom fabricated
L1950	Spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated
L1951	Spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment
L1960	Posterior solid ankle, plastic, custom fabricated
L1970	Plastic, with ankle joint, custom fabricated
L1971	Plastic or other material with ankle joint, prefabricated, includes fitting and adjustment
L1980	Single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar “BK” orthosis), custom fabricated
L1990	Double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar “BK” orthosis), custom fabricated

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

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

HCPCS Code	Description
L2000	Single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar “AK” orthosis), custom fabricated
L2005*	Single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated
L2010	Single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar “AK” orthosis), without knee joint, custom fabricated
L2020	Double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar “AK” orthosis), custom fabricated
L2030	Double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar “AK” orthosis), without knee joint, custom fabricated
L2034	Full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated
L2035	Full plastic, static, (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
L2036	Full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2037	Full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2038	Full plastic, double upright, with or without free motion knee, multi-axis ankle, custom fabricated

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

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

HCPCS Code	Description
L2006	Any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components, any type activation, with or without ankle joint(s), custom fabricated
L2040	Bilateral rotation straps, pelvic band/belt, custom fabricated
L2050	Bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated
L2060	Bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated
L2070	Unilateral rotation straps, pelvic band/belt, custom fabricated
L2080	Unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated
L2090	Unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated

Tibial Fracture Cast Orthoses

HCPCS Code	Description
L2106	Thermoplastic type casting material, custom fabricated
L2108	Custom fabricated
L2112	Soft, prefabricated, includes fitting and adjustment
L2114	Semi-rigid, prefabricated, includes fitting and adjustment
L2116	Rigid, prefabricated, includes fitting and adjustment

Femoral Fracture Cast Orthoses

HCPCS Code	Description
L2126	Thermoplastic type casting material, custom fabricated
L2128	Custom fabricated
L2132	Soft, prefabricated, includes fitting and adjustment
L2134	Semi rigid, prefabricated, includes fitting and adjustment
L2136	Rigid, prefabricated, includes fitting and adjustment

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

Additions to Fracture Orthoses

HCPCS Code	Description
L2180	Plastic shoe insert with ankle joints
L2182	Drop lock knee joint
L2184	Limited motion knee joint
L2186	Adjustable motion knee joint, Lerman type
L2188	Quadrilateral brim
L2190	Waist belt
L2192	Hip joint, pelvic band, thigh flange, and pelvic belt

Additions – Shoe-Ankle-Shin-Knee

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

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

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

HCPCS Code	Description
L2340	Pre-tibial shell, molded to patient model
L2350	Prosthetic type, (BK) socket, molded to patient model, (used for 'PTB' 'AFO' orthoses)
L2360	Extended steel shank
L2370	Patten bottom
L2375	Ankle joint and half solid stirrup
L2380	Straight knee joint, each joint
L2385	Straight knee joint, heavy duty, each
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis, each joint
L2390	Offset knee joint, each
L2395	Offset knee joint, heavy duty, each
L2397	Suspension sleeve

Additions – Knee Joints

HCPCS Code	Description
L2405	Addition to knee joint, drop lock, each
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint
L2425	Disc or dial lock for adjustable knee flexion, each
L2430	Ratchet lock for active and progressive knee extension, each joint
L2492	Lift loop for drop lock ring

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

Thigh – Weight Bearing

HCPCS Code	Description
L2500	Gluteal/ischial weight bearing, ring
L2510	Quadri-lateral brim, molded to patient model
L2520	Quadri-lateral brim, custom fitted
L2525	Ischial containment/narrow M-L brim molded to patient model
L2526	Ischial containment/narrow M-L brim, custom fitted
L2530	Lacer, non-molded
L2540	Lacer, molded to patient model
L2550	High roll cuff

Additions – Pelvic Control

HCPCS Code	Description
L2570	Hip joint, Clevis type two position joint, each
L2580	Pelvic sling
L2600	Hip joint, Clevis type, or thrust bearing, free, each
L2610	Hip joint, Clevis or thrust bearing, lock, each
L2620	Hip joint, heavy duty, each
L2622	Hip joint, adjustable flexion, each
L2624	Hip joint, adjustable flexion, extension, abduction control, each
L2627	Plastic, molded to patient model, reciprocating hip joint and cables
L2628	Metal frame, reciprocating hip joint and cables
L2630	Band and belt, unilateral
L2640	Band and belt, bilateral

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

Additions – Thoracic Control

HCPCS Code	Description
L2650	Gluteal pad, each
L2660	Thoracic band
L2670	Paraspinal uprights
L2680	Lateral support uprights

Additions – General

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

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

Foot – Arch Support

HCPCS Code	Description
L3100	Hallus-Valgus night dynamic splint, prefabricated, off-the-shelf

Foot – Abduction and Rotation Bars

HCPCS Code	Description
L3140	Rotation positioning device, including shoe(s)
L3150	Rotation positioning device, without shoe(s)
L3160*	Adjustable shoe-styled positioning device

Foot – Insert, Removable, Molded to Patient

HCPCS Code	Description
L3000	UCB type, Berkeley Shell, each

Orthopedic Footwear

HCPCS Code	Description
L3201	Oxford shoe with supinator or pronator, infant
L3202	Oxford shoe with supinator or pronator, child
L3203	Oxford shoe with supinator or pronator, junior
L3204	Hightop shoe with supinator or pronator, infant
L3206	Hightop shoe with supinator or pronator, child
L3207	Hightop shoe with supinator or pronator, junior
L3208	Surgical boot, each, infant
L3209	Surgical boot, each, child
L3211	Surgical boot, each, junior
L3212	Benesch boot, pair, infant
L3213	Benesch boot, pair, child
L3214	Benesch boot, pair, junior
L3215	Ladies shoe, oxford, each

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

Orthopedic Footwear (continued)

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

Shoe Modifications

HCPCS Code	Description
L3300	Lift, elevation, heel, tapered to metatarsals, per inch
L3310	Lift, elevation, heel and sole, Neoprene, per inch
L3320	Lift, elevation, heel and sole, cork, per inch
L3330	Lift, elevation, metal extension (skate)
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch
L3334	Lift, elevation, heel, per inch
L3340	Heel wedge, SACH
L3350	Heel wedge
L3360	Sole wedge, outside sole
L3370	Sole wedge, between sole
L3380	Clubfoot wedge
L3390	Outflare wedge
L3400	Metatarsal bar wedge, rocker

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

Shoe Modifications (continued)

HCPCS Code	Description
L3410	Metatarsal bar wedge, between sole
L3420	Full sole and heel wedge, between sole
L3430	Heel, counter, plastic reinforced
L3440	Heel, counter, leather reinforced
L3450	Heel, SACH cushion type
L3455	Heel, new leather, standard
L3460	Heel, new rubber, standard
L3465	Heel, Thomas with wedge
L3470	Heel, Thomas extended to ball
L3480	Heel, pad and depression for spur
L3485	Heel, pad, removable for spur

Orthopedic Shoe Additions

HCPCS Code	Description
L3500	Insole, leather
L3510	Insole, rubber
L3520	Insole, felt covered with leather
L3530	Sole, half
L3540	Sole, full
L3550	Toe tap, standard
L3560	Toe tap, horseshoe
L3570	Special extension to instep (leather with eyelets)
L3580	Convert instep to velcro closure
L3590	Convert firm shoe counter to soft counter
L3595	March bar

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

Transfer or Replacement

HCPCS Code	Description
L3600	Transfer of caliper plate, existing
L3610	Transfer of caliper plate, new
L3620	Transfer of solid stirrup, existing
L3630	Transfer of solid stirrup, new
L3640	Transfer of Dennis Browne splint (Riveton), both shoes

Orthotic Devices – Upper Limb

Shoulder Orthoses (includes fitting and adjustment)

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

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

Elbow Orthoses (includes fitting and adjustment)

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

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

Wrist-Hand-Finger Orthoses

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

Wrist-Hand-Finger – Additions

HCPCS Code	Description
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each

Wrist-Hand-Finger – External Power

HCPCS Code	Description
L3904	Electric, custom fabricated

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

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

HCPCS Code	Description
L3905	Wrist hand orthosis, includes one or more nontorsion joints, custom fabricated
L3906	Wrist hand orthosis, without joints, custom fabricated
L3908‡	Wrist hand orthosis, wrist extension control cock-up, non-molded, prefabricated, off-the-shelf
L3912	Hand finger orthosis, flexion glove with elastic finger control, prefabricated, off-the-shelf
L3913	Wrist hand orthosis, without joints, custom fabricated
L3915	Wrist hand orthosis, includes one or more non torsion joints, elastic bands, turnbuckles, may include soft interface, straps, prefabricated, customized to fit a specific patient by an individual with expertise
L3916	Wrist hand orthosis, includes one or more non torsion joints, elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, customized to fit a specific patient by an individual with expertise
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf
L3919	Hand orthosis, without joints, custom fabricated
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated
L3923	Hand finger orthosis, without joints, prefabricated, may include soft interface, straps, prefabricated, customized to fit a specific patient by an individual with expertise
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf
L3925	Finger orthosis, nontorsion joint/spring, extension/flexion, prefabricated, off-the-shelf
L3927	Finger orthosis, without joint/spring, extension/flexion, prefabricated, off-the-shelf
L3929	Hand finger orthosis, nontorsion joint(s), turnbuckle, elastic bands/springs, straps, prefabricated, customized to fit a specific patient by an individual with expertise

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

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

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

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

HCPCS Code	Description
L3960	Airplane design, prefabricated
L3961	Shoulder cap design, without joints, custom fabricated
L3962	Erbs palsey design, prefabricated
L3967	Abduction positioning (airplane design), without joints, custom fabricated

Additions to Mobile Arm Supports (includes fitting and adjustment)

HCPCS Code	Description
L3971	Molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated
L3973	Molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated, abduction positioning, thoracic component and support bar
L3975	Without joints, custom fabricated
L3976	Abduction positioning (airplane design), without joints, custom fabricated

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

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

HCPCS Code	Description
L3977	Shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated
L3978	Abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated

Fracture Orthoses

HCPCS Code	Description
L3980	Humeral, prefabricated, includes fitting and adjustment
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
L3982	Radius/ulnar, prefabricated, includes fitting and adjustment
L3984	Wrist, prefabricated, includes fitting and adjustment
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each

Repairs of Orthotic Devices

HCPCS Code	Description
L4205	Repair of orthotic device, labor component, per 15 minutes
L4210	Repair of orthotic device, repair or replace minor parts

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

Specific Repairs

HCPCS Code	Description
L4000	Replace girdle for spinal orthosis (CTLSO or SO)
L4002	Replacement strap, any orthosis, includes all components, any length any type
L4010	Replace trilateral socket brim
L4020	Replace quadrilateral socket brim; molded to patient model
L4030	Replace quadrilateral socket brim; custom fitted
L4040	Replace molded thigh lacer, for custom fabricated orthosis only
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only
L4050	Replace molded calf lacer, for custom fabricated orthosis only
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only
L4060	Replace high roll cuff
L4070	Replace proximal and distal upright for KAFO
L4080	Replace metal bands KAFO, proximal thigh
L4090	Replace metal bands KAFO-AFO, calf or distal thigh
L4100	Replace leather cuff KAFO, proximal thigh
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh
L4130	Replace pretibial shell

Ancillary Orthotic Services

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

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

Ancillary Orthotic Services (continued)

HCPCS Code	Description
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4370	Pneumatic full leg splint prefabricated, off-the-shelf
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, customized to fit a specific patient by an individual with expertise
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, customized to fit a specific patient by an individual with expertise
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
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf
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

Truss

HCPCS Code	Description
L8300‡	Single with standard pad
L8310‡	Double with standard pads
L8320‡	Water pad
L8330‡	Scrotal pad

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

General Items

Custom Fabricated Compression Burn Garments

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

‹‹Gradient Compression Garments and Stockings››

HCPCS Code	Description
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
A6529	Gradient compression garment, bra, for nighttime use, custom, each
A6544	Garter belt
A6545	Wrap, nonelastic, below knee, 30 - 50mm Hg, each
‹‹A6548	Accessory to custom gradient compression garment, silicone band, any size››
A6549*	Gradient compression stocking/sleeve, not otherwise specified

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

‹‹Gradient Compression Garments and Stockings (continued)››

HCPCS Code	Description
A6553	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each
A6555	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each
A6556	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each
A6557	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each
A6558	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each
A6559	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each
A6560	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each
A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each
A6565	Gradient compression gauntlet, custom, each
A6567	Gradient compression garment, neck/head, custom, each
A6569	Gradient compression garment, torso/shoulder, custom, each
A6571	Gradient compression garment, genital region, custom, each
A6573	Gradient compression garment, toe caps, custom, each
A6574	Gradient compression arm sleeve and glove combination, custom, each
A6576	Gradient compression arm sleeve, custom, medium weight, each
A6577	Gradient compression arm sleeve, custom, heavy weight, each
A6579	Gradient compression glove, custom, medium weight, each
A6580	Gradient compression glove, custom, heavy weight, each
A6610	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each

Legend

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

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