



TO: Providers of Prosthetic and Orthotic Services - **For Action**
HMOs - **For Information Only**

SUBJECT: Updates to the Healthcare Common Procedure Coding System (HCPCS) for Prosthetic and Orthotic Services

EFFECTIVE:

1. Additions Effective for Claims with Dates of Service on or after January 1, 2002
2. Deletions Effective for Claims with Dates of Service on or after June 1, 2002

PURPOSE: To notify providers of prosthetic and orthotic services of additions and deletions to the 2002 Healthcare Common Procedure Coding System (HCPCS) and reimbursement for Medicaid and NJ FamilyCare fee-for-service covered medical services.

ACTION: The New Jersey Division of Medical Assistance and Health Services (DMAHS) has added new HCPCS procedure codes and their applicable maximum fee allowances. These procedure codes reflect prosthetics and orthotics services and maximum fee allowances, which are reimbursable to providers of prosthetic and orthotic services by the New Jersey Medicaid and NJ FamilyCare programs. Providers should use these HCPCS procedure codes when submitting claims for processing.

Attachments to this Newsletter include:

Additions to N.J.A.C. 10:55-2.3, HCPCS procedure codes and maximum fee allowances for orthotic services;

Additions and deletions to N.J.A.C. 10:55-2.4, HCPCS procedure codes and maximum fee allowances for prosthetic services;

Providers of prosthetic and orthotic services, please add this attachment to Subchapter 2 (dated 04/03/00) in your Prosthetic and Orthotic Services Manual (N.J.A.C. 10:55).

If there are any questions regarding this Newsletter, please contact the Office of Utilization Management at (609) 588-2739.

**RETAIN THIS NEWSLETTER BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

10:55-2.3 HCPCS procedure codes and maximum fee allowance schedule for orthotic services

Additions, effective for claims with dates of service on or after January 1, 2002

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u> \$
L0321	TLSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated (included fitting and adjustment)	254.24
L0331	TLSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated (included fitting and adjustment)	296.41
L0391	TLSO, anterior-posterior-lateral-rotary control, with rigid or semi-rigid posterior panel, prefabricated (included fitting and adjustment)	386.36
L0561	LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated	214.63
L0986	Addition to spinal orthosis, rigid or semi-rigid abdominal panel, fabricated	86.34
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	1,990.05
L2768	Orthotic side bar disconnect device, per bar	81.01
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	BR

10:55-2.4 HCPCS procedure codes and maximum fee allowance schedule for prosthetic services

Additions, effective for claims with dates of service on or after January 1, 2002

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u> \$
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	1,379.04
L5311	Knee disarticulation (or through knee), molded Socket, external knee joints, shin, sach foot, endoskeletal system	2,129.46
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	2,085.72
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	2,951.37
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	3,231.24
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	315.64
L5847	Addition, endoskeletal knee-shin system, microprocessor control feature, stance phase	9,648.51
L5989	Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors	1,929.69
L5990	Addition to lower extremity prosthesis, user adjustable heel height	1,130.21
L6881	Automatic grasp feature, addition to upper limb prosthetic terminal device	2,546.90
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	1,931.94
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	78.13

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u> \$
L8002	Breast prosthesis, mastectomy bra with integrated breast prosthesis form bilateral	102.72

Deletions, effective for claims with dates of service on or after June 1, 2002

CODES DELETED

L5300
L5310
L5320
L5330
L5340
L5667
L5669