



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 9 No. 36

June 1999

**TO:** Providers of Prosthetic and Orthotic Services – **For Action**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** **1999 HCFA Common Procedure Coding System (HCPCS)**  
**Pertaining to Prosthetic and Orthotic Services**

**EFFECTIVE:** For claims with service dates on or after January 1, 1999

**PURPOSE:** To notify Medicaid providers of additions and deletions to the 1999 HCFA Common Procedure Coding System (HCPCS).

**ACTION:**

- (1) The New Jersey Medicaid and the NJ KidCare programs have **added** new HCPCS procedure codes and related maximum fee allowances for certain prosthetic and orthotic services, effective for claims with service dates on or after **January 1, 1999**.
- (2) Certain HCPCS procedure codes have been **deleted**, effective for claims with service dates on or after **June 30, 1999**.

Attached to this Newsletter are these additions and deletions to the HCFA Common Procedure Coding System (HCPCS) for prosthetic and orthotic services. Please **add** these attachments to your Prosthetics and Orthotic Services Manual, Subchapter 2 (HCPCS).

If you have any questions regarding this Newsletter, please contact the Medicaid Prosthetic and Orthotic Consultant, Office of Health Services Administration, at (609) 588-2739.

**Attachment:** Supplement to N.J.A.C. 10:55-2, the HCPCS subchapter for the Prosthetic and Orthotic Services Manual.

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

**HCPCS Procedure Codes and Maximum Fee Allowance  
Schedule for Orthotic Services**

**1999 ADDITIONS**

<b><u>HCPCS CODE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>MAXIMUM FEE ALLOWANCE</u></b>
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control	\$1,040.29
L1847	Knee orthosis (KO); double upright with adjustable joint, with inflatable air support chamber(s)	\$ 309.42
L3675	Shoulder orthosis, (SO); vest type abduction restrainer, canvas webbing type, or equal	\$ 85.92

**1999 DELETIONS**

L4310  
L4320

**HCPCS Procedure Codes and Maximum Fee Allowance  
Schedule for Prosthetic Services**

**1999 ADDITIONS**

<b><u>HCPCS CODE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>MAXIMUM FEE ALLOWANCE</u></b>
L5968	All lower extremity prosthesis; ankle, multiaxial shock absorbing system	\$1,958.73
L5975	All lower extremity prosthesis; combination single axis ankle and flexible keel foot	\$ 249.89
L5988	All lower extremity prosthesis, combination vertical shock and multiaxial rotation/torsional force reducing pylon	\$1,076.78
L6693	Upper extremity additions; external locking elbow, forearm counter balance	\$1,530.26
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	\$ 30.58
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	\$1,974.74