



To: Prosthetic Providers

Re: Prosthetic Preauthorization and Coverage changes

DATE: November 4, 2016

This notification contains information regarding prosthetics no longer requiring preauthorization, new items requiring preauthorization and coverage changes. All coverage is subject to medical necessity.

Independent Health will no longer require preauthorization for the following prosthetics effective January 1, 2017 as indicated below:

Code	Description	Commercial	Medicare	State Products
K0901	Knee Orthosis single upright, thigh and calf	Covered	Covered	Not Covered
K0902	Knee Orthosis double upright, thigh and calf	Covered	Covered	Not covered
L0980	Peroneal straps	Covered	Covered	Covered
L0982	Stocking support grips	Covered	Covered	Covered
L0984	Protective Body Sock	Covered	Covered	Covered
L2750	Addition to lower extremity orthosis	Covered	Covered	Covered
L2755	Addition to lower extremity orthosis	Covered	Covered	Covered

The following codes will require preauthorization effective January 1, 2017:

*indicates already on preauthorization.

Code	Description	Commercial	Medicare	State Products
L0112	Cranial Cervical Orthotic	Covered	Covered	Covered
L0482	TLSO, Triplanar Control Rigid	Covered	Covered	Covered
L0484	TLSO, Triplanar, Two Piece Rigid	Covered	Covered	Covered
L0486	TLSO, Triplanar, Two Piece Rigid	Covered	Covered	Covered
L0636	Lumbar sacral orthosis, sagittal coronal	Covered	Covered	Covered
L0637	Lumbar sacral orthosis, sagittal coronal control	Covered	Covered	Covered
L0638	Lumbar sacral orthosis, sagittal coronal	Covered	Covered	Covered
L0700	Cervical-Thoracic-lumbar sacral orthosis	Covered	Covered	Covered
L0710	CTLSO, anterior posterior lateral control	Covered	Covered	Covered
L0810	Halo Procedure, Cervical Halo	Covered	Covered	Covered
L0820	Halo Procedure, Cervical Halo	Covered	Covered	Covered
L0830	Halo Procedure, Cervical Halo	Covered	Covered	Covered
L1000	Cervical thoracic lumbar sacral Orthosis	Covered	Covered	Covered
L1005	Tension Based Scoliosis Orthosis	Covered	Covered	Covered
L1200	Thoracic lumbar sacral orthosis	Covered	Covered	Covered
L1300	Other Scoliosis Procedure, Body Jacket	Covered	Covered	Covered
L1310	Other Scoliosis Procedure, Post-Operative	Covered	Covered	Covered
L1690	Combination bilateral lumbo-sacral	Covered	Covered	Covered
L1844	Knee Orthosis, single upright	Covered	Covered	Covered
L1970	Ankle-foot orthotic (AFO), plastic with ankle joint, custom fabricated	Covered	Covered	Covered
L2005	Knee Ankle Foot Orthosis, any Material	Covered	Covered	Covered

Code	Description	Commercial	Medicare	State Products
L2034	Knee Ankle Foot Orthosis, Full Plastic	Covered	Covered	Covered
L2035	Knee Ankle Foot Orthosis, Full Plastic (pediatric)	Covered	Covered	Covered
L2036	Knee Ankle Foot Orthosis, Full Plastic	Covered	Covered	Covered
L2037	Knee Ankle Foot Orthosis, Full Plastic	Covered	Covered	Covered
L2038	Knee Ankle Foot Orthosis, Full Plastic	Covered	Covered	Covered
L2128	Knee Ankle Foot Orthosis, Fracture Ortho	Covered	Covered	Covered
L2525	Addition to lower extremity, thigh/weigh	Covered	Covered	Covered
L2627	Addition to lower extremity, pelvic	Covered	Covered	Covered
L2628	Addition to lower extremity, pelvic	Covered	Covered	Covered
L2999*	Lower extremity orthotic, not otherwise classified	Covered	Covered	Covered
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Not Covered except for NYSHIP and Citigroup	Not Covered	Covered
L3001	Foot, insert, removable, molded to patient model, Spenco, each	Not Covered except for NYSHIP and Citigroup	Not Covered	Covered
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	Not Covered except for NYSHIP and Citigroup	Not Covered	Covered
L3003	Foot insert, removable, molded to patient model, silicone gel, each	Not Covered except for NYSHIP and Citigroup	Not Covered	Covered
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	Not Covered except for NYSHIP and Citigroup	Not Covered	Covered

Code	Description	Commercial	Medicare	State Products
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Not Covered except for NYSHIP and Citigroup	Not Covered	Covered
L3031	Foot, insert/plate, removable, addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Not Covered except for NYSHIP and Citigroup	Not Covered	Not Covered
L3208*	Surgical boot, each infant	Covered	Covered	Covered
L3209*	Surgical boot, each child	Covered	Covered	Covered
L3211*	Surgical boot, each junior	Covered	Covered	Covered
L3212*	Benesch boot, pair, infant	Covered	Covered	Covered
L3213*	Benesch boot, pair, child	Covered	Covered	Covered
L3214*	Benesch boot, pair, junior	Covered	Covered	Covered
L3224*	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace	Covered	Covered	Covered
L3225*	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace	Covered	Covered	Covered
L3967*	Shoulder-elbow-wrist hand orthotic	Covered	Covered	Covered
L3971*	Shoulder-elbow-wrist-hand orthotic, shoulder cap design	Covered	Covered	Covered
L3973*	Shoulder-elbow-wrist-hand orthotic abduction positioning	Covered	Covered	Covered
L3975*	Shoulder-elbow-wrist-hand-finger orthotic shoulder cap design	Covered	Covered	Covered

Code	Description	Commercial	Medicare	State Products
L3976*	Shoulder-elbow-wrist-hand finger orthotic, abduction positioning	Covered	Covered	Covered
L3977*	Shoulder-elbow-wrist-hand-finger orthotic, should cap design	Covered	Covered	Covered
L3978*	Shoulder-elbow-wrist-hand-finger orthotic	Covered	Covered	Covered
L3999*	Upper limb orthotic, not otherwise classified	Covered	Covered	Covered
L5000*	Partial Foot, shoe insert	Covered	Covered	Covered
L5010*	Partial Foot, molded socket, ankle height	Covered	Covered	Covered
L5020*	Partial Foot, molded socket, tibial tubercle height	Covered	Covered	Covered
L5050	Ankle, Symes, molded Socket, sach foot	Covered	Covered	Covered
L5100	Below knee. Molded socket sach foot	Covered	Covered	Covered
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot	Covered	Covered	Covered
L5150	Knee Disarticulation or through knee	Covered	Covered	Covered
L5160	Knee Disarticulation or through knee	Covered	Covered	Covered
L5200	Above knee, molded socket, single axis	Covered	Covered	Covered
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Covered	Covered	Covered
L5220	Above knee, short prosthesis, no knee	Covered	Covered	Covered

Code	Description	Commercial	Medicare	State Products
L5230	Above knee, for proximal femoral focal	Covered	Covered	Covered
L5250	Hip Disarticulation, Canadian Type Molded	Covered	Covered	Covered
L5270	Hip Disarticulation tilt table	Covered	Covered	Covered
L5280	Hemipelvectomy, Canadian Type; Molded	Covered	Covered	Covered
L5301	Below knee, molded socket, shin, SACH foot, endoskeleton system	Covered	Covered	Covered
L5312	Knee Disarticulation of through the knee	Covered	Covered	Covered
L5321	Above knee, molded socket, open end sach	Covered	Covered	Covered
L5331	Hip Articulation, Canadian Type, Mold	Covered	Covered	Covered
L5341	Hemipelvectomy, Canadian Type, Molded	Covered	Covered	Covered
L5510	Preparatory, below knee PTB type Socket	Covered	Covered	Covered
L5520	Preparatory, below knee PTB type Socket	Covered	Covered	Covered
L5530	Preparatory, below knee PTB type Socket	Covered	Covered	Covered
L5535	Preparatory, below knee PTB type Socket	Covered	Covered	Covered
L5540	Preparatory, below knee PTB type Socket	Covered	Covered	Covered
L5560	Preparatory, above knee -knee disarticulation	Covered	Covered	Covered
L5570	Preparatory, above knee -knee disarticulation	Covered	Covered	Covered
L5580	Preparatory, above knee -knee disarticulation	Covered	Covered	Covered
L5585	Preparatory, above knee -knee disarticulation	Covered	Covered	Covered
L5590	Preparatory above knee- knee disarticulation	Covered	Covered	Covered
L5595	Preparatory, hip articulation – hemi	Covered	Covered	Covered
L5600	Preparatory, hip articulation – hemi	Covered	Covered	Covered
L5610	Add to lower ext above knee	Covered	Covered	Covered
L5611	Addition to lower extremity, endoskeleton system, above knee,	Covered	Covered	Covered

Code	Description	Commercial	Medicare	State Products
	knee disarticulation, 4-bar linkage, with friction swing phase control			
L5613	Addition to lower extremity, endoskeletal	Covered	Covered	Covered
L5614	Addition to lower extremity, exoskeletal	Covered	Covered	Covered
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Covered	Covered	Covered
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Covered	Covered	Covered
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	Covered	Covered	Covered
L5700	Replacement, socket, below knee, molded to patient model	Covered	Covered	Covered
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Covered	Covered	Covered
L5702	Replacement Socket, Hip Disarticulation	Covered	Covered	Covered
L5703	Ankle, Symes, molded to patient model	Covered	Covered	Covered
L5724	Addition, Exoskeletal knee-shin system	Covered	Covered	Covered
L5726	Addition, Exoskeletal knee-shin system	Covered	Covered	Covered
L5728	Addition, Exoskeletal knee-shin system	Covered	Covered	Covered
L5780	Addition, Exoskeletal knee-shin system	Covered	Covered	Covered
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Covered	Covered	Covered
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system heavy duty	Covered	Covered	Not Covered

Code	Description	Commercial	Medicare	State Products
L5814	Addition, endoskeleton knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Covered	Covered	Covered
L5822	Addition, Endoskeleton knee-shin system	Covered	Covered	Covered
L5824	Addition, Endoskeleton knee-shin system	Covered	Covered	Covered
L5826	Addition, Endoskeleton knee-shin system	Covered	Covered	Covered
L5828	Addition, endoskeleton knee-shin system, single axis, fluid swing and stance phase control	Covered	Covered	Covered
L5830	Addition, Endoskeleton Knee-shin System	Covered	Covered	Covered
L5840	Addition, Endoskeleton Knee-shin System	Covered	Covered	Not Covered
L5845	Addition, endoskeleton knee-shin system, stance flexion feature, adjustable	Covered	Covered	Covered
L5848	Addition, endoskeleton knee-shin system, stance flexion feature	Covered	Covered	Not Covered
L5850	Addition, endoskeletal system	Covered	Covered	Covered
L5855	Addition, endoskeletal system above knee	Covered	Covered	Covered
L5856	Addition to lower extremity prosthesis, endoskeleton knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	Covered	Covered	Covered
L5857	Addition to lower extremity prosthesis, endoskeleton knee-shin system, microprocessor control feature, swing phase only, include electronic sensors, any type	Covered	Covered	Covered
L5858	Addition to lower extremity prosthesis, endoskeleton knee shin system, microprocessor control feature, stance phase only include electronic sensors any type	Covered	Covered	Covered

Code	Description	Commercial	Medicare	State Products
L5859	Addition to lower extremity prosthesis, endoskeleton knee-shin system, powered and programmable flexion/extension assist control, includes any type motor	Covered	Covered	Not Covered
L5930	Addition, endoskeleton system, high activity knee control frame	Covered	Covered	Covered
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Covered	Covered	Covered
L5973*	Endoskeletal ankle foot system	Covered	Covered	Covered
L5979	All lower extremity prosthesis multi-ax	Covered	Covered	Covered
L5980	All lower extremity Prostheses, flex	Covered	Covered	Covered
L5981	All lower extremity Prostheses, flex	Covered	Covered	Covered
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	Covered	Covered	Covered
L5988	Addition to lower limb prosthesis	Covered	Covered	Covered
L5999*	Lower extremity prosthesis, not otherwise specified	Covered	Covered	Covered
L6000	Partial hand, Robin-aids, Thumb remaining	Covered	Covered	Covered
L6010	Partial hand, Robin aids, little and/or	Covered	Covered	Covered
L6020	Partial hand, Robin aids, no fingers remaining	Covered	Covered	Covered
L6026	Trans carpal/metacarpal or partial hand	Not Covered	Not Covered	Covered
L6050	Wrist disarticulation molded socket	Covered	Covered	Covered
L6055	Wrist disarticulation molded socket with	Covered	Covered	Covered
L6100	Below elbow, molded socket, flexible elbow	Covered	Covered	Covered
L6110	Below elbow, molded socket, Muenster	Covered	Covered	Covered
L6120	Below elbow, molded double wall split	Covered	Covered	Covered
L6130	Below elbow, molded double wall split	Covered	Covered	Covered
L6200	Elbow disarticulation, molded socket	Covered	Covered	Covered
L6205	Elbow disarticulation, molded socket	Covered	Covered	Covered

Code	Description	Commercial	Medicare	State Products
L6300	Shoulder Disarticulation, molded socket	Covered	Covered	Covered
L6310	Shoulder Disarticulation, passive restore	Covered	Covered	Covered
L6320	Shoulder disarticulation	Covered	Covered	Covered
L6350	Interscapular Thoracic, Molded Socket	Covered	Covered	Covered
L6360	Interscapular Thoracic, Passive Restorative	Covered	Covered	Covered
L6370	Interscapular Thoracic, Passive Restorative	Covered	Covered	Covered
L6384	Immediate Post-Surgical or Early Fitting	Covered	Covered	Covered
L6400	Below elbow, molded socket, endoskeleton	Covered	Covered	Covered
L6450	Elbow Disarticulation, molded socket	Covered	Covered	Covered
L6500	Above elbow, molded socket endoskeleton	Covered	Covered	Covered
L6550	Shoulder Disarticulation, molded socket	Covered	Covered	Covered
L6570	Interscapular Thoracic, molded socket	Covered	Covered	Covered
L6580	Preparatory, Wrist Disarticulation	Covered	Covered	Covered
L6582	Preparatory, Wrist Disarticulation	Covered	Covered	Covered
L6584	Preparatory, Elbow Disarticulation	Covered	Covered	Covered
L6586	Preparatory, Elbow Disarticulation	Covered	Covered	Covered
L6588	Preparatory, Shoulder Disarticulation	Covered	Covered	Covered
L6590	Preparatory, Shoulder Disarticulation	Covered	Covered	Covered
L6624	Upper Extremity Addition, Flexion	Covered	Covered	Covered
L6638	Upper Extremity Addition to prosthesis	Covered	Covered	Covered
L6646	Upper Extremity Addition, Shoulder Joint	Covered	Covered	Covered
L6693	Upper Extremity Addition, Locking Elbow	Covered	Covered	Covered
L6704	Terminal device, sport/recreational/work attachment, any material, any size	Covered	Covered	Not Covered
L6715*	Terminal device	Covered	Covered	Not Covered
L6880*	Electric hand	Covered	Covered	Not Covered
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Covered	Covered	Covered
L6882	Automatic grasp feature, addition to upper limb electric prosthetic terminal	Covered	Covered	Covered

Code	Description	Commercial	Medicare	State Products
	device			
L6883	Replacement socket, below elbow	Covered	Covered	Covered
L6884	Replacement socket, above elbow	Covered	Covered	Covered
L6885	Replacement socket, shoulder disarticulation	Covered	Covered	Covered
L6900	Hand Restoration	Covered	Covered	Covered
L6905	Hand Restoration	Covered	Covered	Covered
L6910	Hand Restoration	Covered	Covered	Covered
L6920	Wrist Articulation, external power	Covered	Covered	Covered
L6925	Wrist Articulation, external power	Covered	Covered	Covered
L6930	Below elbow, external power	Covered	Covered	Covered
L6935	Below elbow, external power	Covered	Covered	Covered
L6940	Elbow disarticulation, external power	Covered	Covered	Covered
L6945	Elbow disarticulation, external power	Covered	Covered	Covered
L6950	Above elbow, external power	Covered	Covered	Covered
L6955	Above elbow, external power	Covered	Covered	Covered
L6960	Should disarticulation, external power	Covered	Covered	Covered
L6965	Should Disarticulation, external power	Covered	Covered	Covered
L6970	Interscapular-thoracic, external power	Covered	Covered	Covered
L6975	Interscapular-thoracic, external power	Covered	Covered	Covered
L7007	Electric hand	Covered	Covered	Covered
L7008	Electric hand	Covered	Covered	Covered
L7170	Automatic grasp feature, additional to upper limb electric prosthetic terminal device	Covered	Covered	Covered
L7180*	Electronic elbow, microprocessor	Covered	Covered	Covered
L7181*	Electronic elbow, microprocessor	Covered	Covered	Covered
L7185	Electronic elbow, Adolescent, Variety village or equal, switch controlled	Covered	Covered	Covered
L7186	Electronic elbow, child, variety village or equal, switch controlled	Covered	Covered	Covered
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	Covered	Covered	Covered
L7191	Electronic elbow, child, variety village	Covered	Covered	Covered

Code	Description	Commercial	Medicare	State Products
	or equal, myoelectronically controlled			
L7259	Electronic wrist rotator	Covered	Covered	Covered
L7499	Upper extremity, not otherwise specified	Covered	Covered	Covered
L7900	Male Vacuum erection system	Covered	Not Covered	Covered
L8499	Unlisted procedure for miscellaneous prosthetic	Covered	Covered	Covered
L8614	Cochlear device, includes all internal and external components	Covered	Covered	Not Covered
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	Covered	Covered	Covered
L8627	Cochlear implant, external speech processor, component replacement	Covered	Covered	Covered
L8691	Auditory osseointegrated device, external sound processor, replacement	Covered	Covered	Covered
L8699	Prosthetic implant, not otherwise specified	Covered	Covered	Not Covered
L9900	Orthotic and prosthetic supply, accessory and/or service component of another HCPCS L code	Covered with preauthorization	Covered with preauthorization	Covered with preauthorization

Coverage has changed for the following codes:

Code	Description	Commercial	Medicare	State Products
L2861	Lower extremity orthotic, not otherwise specified	Not Covered	Not Covered	Covered, No preauthorization
L3160	Foot adjustable shoe styled positioning device	Covered with Preauthorization	Not Covered	Covered with Preauthorization
L3202	Orthopedic shoe, Oxford type with supinator, Child	Not Covered	Not covered	Covered with preauthorization
L3203	Orthopedic shoe, Oxford type with supinator, junior	Not Covered	Not Covered	Covered with preauthorization
L3204	Orthopedic shoe, Hightop with supinator, infant	Not Covered	Not Covered	Covered with preauthorization
L3206	Orthopedic shoe, Hightop with supinator, child	Not Covered	Not covered	Covered with preauthorization
L3207	Orthopedic shoe, Hightop with supinator, junior	Not covered	Not covered	Covered with preauthorization
L3215	Orthopedic footwear, ladies shoe, oxford, each	Not Covered	Not Covered	Covered with preauthorization
L3216	Orthopedic footwear, Ladies shoe, Depth inlay, each	Not Covered	Not Covered	Covered with preauthorization

Code	Description	Commercial	Medicare	State Products
L3217	Orthopedic footwear, ladies shoe, Hightop, depth inlay, each	Not Covered	Not Covered	Covered with preauthorization
L3219	Orthopedic footwear, mens shoe, oxford, each	Not Covered	Not Covered	Covered with preauthorization
L3221	Orthopedic footwear, mens shoe, depth inlay, each	Not Covered	Not Covered	Covered with preauthorization
L3222	Orthopedic footwear, mens shoe, high top, depth inlay each	Not Covered	Not Covered	Covered with preauthorization
L3230	Orthopedic footwear, custom shoe, depth inlay each	Not Covered	Not Covered	Covered with preauthorization
L3250	Orthopedic footwear, custom molded shoe	Not Covered	Not Covered	Covered with preauthorization
L3251	Foot, shoe molded to patient model	Not Covered	Not Covered	Not Covered
L3252	Foot, shoe molded to patient model, Plastazote	Not Covered	Not Covered	Covered with preauthorization
L3253	Foot, molded shoe Plastazote	Not Covered	Not Covered	Covered with preauthorization
L3254	Non-standard or length	Not Covered	Not Covered	Covered with preauthorization
L3255	Non-standard or length	Not Covered	Not Covered	Covered with preauthorization
L3257	Orthopedic footwear, additional charge for split size	Not Covered	Not Covered	Covered with preauthorization
L3265	Plastazote sandal	Not Covered	Not Covered	Covered with preauthorization
L3300	Lift, elevation, heel	Not Covered	Not Covered	Covered with preauthorization
L3310	Lift, elevation, heel and sole	Not Covered	Not Covered	Covered with preauthorization
L3320	Lift, elevation heel and sole	Not Covered	Not Covered	Covered with preauthorization

Code	Description	Commercial	Medicare	State Products
L3332	Lift, elevation, inside shoe	Not Covered	Not Covered	Covered with preauthorization
L3334	Lift, elevation, heel	Not Covered	Not Covered	Covered with preauthorization
L3340	Heel wedge, SACH	Not Covered	Not Covered	Covered with preauthorization
L3350	Heel wedge	Not Covered	Not Covered	Covered with preauthorization
L3360	Sole wedge, outside sole	Not Covered	Not Covered	Covered with preauthorization
L3370	Sole wedge, between sole	Not Covered	Not Covered	Covered with preauthorization
L3380	Clubfoot wedge	Not Covered	Not Covered	Covered with preauthorization
L3390	Outflare wedge	Not Covered	Not Covered	Covered with preauthorization
L3400	Metatarsal bar wedge, rocker	Not Covered	Not Covered	Covered with preauthorization
L3410	Metatarsal bar wedge, between sole	Not Covered	Not Covered	Covered with preauthorization
L3420	Full sole and heel wedge	Not Covered	Not Covered	Covered with preauthorization
L3430	Heel, counter, plastic reinforced	Not Covered	Not Covered	Covered with preauthorization
L3440	Heel, counter, leather reinforced	Not Covered	Not Covered	Covered with preauthorization
L3450	Heel, SACH cushion type	Not Covered	Not Covered	Covered with preauthorization
L3455	Heel, new Leather, standard	Not Covered	Not Covered	Covered with preauthorization
L3460	Heel, new rubber, standard	Not Covered	Not Covered	Covered with preauthorization

Code	Description	Commercial	Medicare	State Products
L3465	Heel, Thomas with wedge	Not Covered	Not Covered	Covered with preauthorization
L3470	Heel, Thomas extended to ball	Not Covered	Not Covered	Covered with preauthorization
L3480	Heel, pad and depression for spur	Not Covered	Not Covered	Covered with preauthorization
L3485	Heel, pad, removable for spur	Not Covered	Not Covered	Covered with preauthorization
L3500	Orthopedic shoe addition, insole, leather	Not covered	Not Covered	Not Covered
L3510	Orthopedic shoe addition, insole, rubber	Not covered	Not Covered	Not Covered
L3520	Orthopedic shoe addition, insole felt covered	Not covered	Not Covered	Not Covered
L3530	Orthopedic shoe addition, sole, half	Not covered	Not Covered	Not Covered
L3540	Orthopedic shoe addition	Not Covered	Not Covered	Covered with preauthorization
L3550	Orthopedic shoe addition, toe tap, standard	Not covered	Not Covered	Not Covered
L3560	Orthopedic shoe addition, toe tap, horseshoe	Not covered	Not Covered	Not Covered
L3570	Orthopedic shoe addition, special extension to instep	Not Covered	Not Covered	Covered with preauthorization
L3580	Orthopedic shoe addition, convert instep to Velcro closure	Not covered	Not Covered	Covered
L3590	Orthopedic shoe addition, convert firm shoe count to soft counter	Not covered	Not Covered	Not Covered
L3595	Orthopedic shoe addition, March bar	Not covered	Not Covered	Not Covered
L3600	Transfer of an orthotic from one shoe to another, caliper plate, existing	Not Covered	Not Covered	Covered with preauthorization
L3610	Transfer of an orthotic from one shoe to another, caliper plate, new	Not covered	Not Covered	Covered
L3620	Transfer of an orthotic from one shoe to another, solid stirrup, existing	Not covered	Not Covered	Covered

Code	Description	Commercial	Medicare	State Products
L3630	Transfer of an orthotic from to one shoe to another, new	Not covered	Not Covered	Covered
L3640	Transfer of an orthotic from one shoe to another, Dennis Browne, splint, both shoes	Not covered	Not Covered	Covered
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	Not covered	Not Covered	Covered
L7902	Tension ring, vacuum erection device, any type, replace only each	Covered with preauthorization	Not Covered	Not covered
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Not covered for Plans that exclude Hearing Aid coverage	Not Covered	Covered with preauthorization

To access a list of preauthorized codes, please visit our Latest New section under News heading at www.independenthealth.com/providers.

All services may be subject to audit for medical necessity and frequency. Local Coverage Determinations (LCDs) should be used for guidelines. You can learn more about LCDs at: <https://www.cms.gov/medicare-coverage-database>.

For State products, please refer to EMEDNY at: <https://www.emedny.org/ProviderManuals/DME>.

If you have questions, contact our Provider Relations Department at providerservice@servicing.independenthealth.com (preferred method) or call (716) 631-3282 or 1-800-736-5771, Monday through Friday from 8 a.m. to 6 p.m.

