



**AmeriHealth Caritas**<sup>™</sup>

## New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers  
**Date:** February 22, 2021  
**Subject:** Change of Prior Authorization Requirements for Certain Procedures

**Summary: Effective October 1, 2020, AmeriHealth Caritas New Hampshire has removed the prior authorization requirements for a select set of procedure codes and changed the requirements for others. A full list of the procedure codes affected is available at <https://www.amerihealthcaritasnh.com/provider/newsletters-and-updates/index.aspx>.**

AmeriHealth Caritas New Hampshire is aware of the time spent on administrative tasks and the growing industry need to reduce costs and save time. By removing what doesn't add value to make room for what does, we hope to enable you to spend less time on administrative duties.

**The full list of procedures requiring prior authorization is attached to this notice on our website (located under Newsletters and Updates).** To help ensure members receive the most appropriate level of care, **please continue to follow current prior authorization guidelines for all other procedure codes not listed on our website.** Prior authorization is not a guarantee of payment for the service authorized. AmeriHealth Caritas New Hampshire reserves the right to adjust any payment made following a review of the medical records or other documentation and/or determination of the medical necessity of the services provided. Additionally, payment may also be adjusted if the member's eligibility has changed from the time the authorization was issued to the time the service was provided.

### Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Network Management Account Executive or the Provider Services department at **1-888-599-1479**. If you have questions related to a procedure code or prior authorization, please call **1-833-472-2264**.

<b>Procedure Code</b>	<b>Description</b>	<b>Current Rule</b>	<b>Change</b>
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Authorization Required	No Authorization Required
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Authorization Required	No Authorization Required
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	Authorization Required	No Authorization Required
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Authorization Required	No Authorization Required
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Authorization Required	No Authorization Required
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Authorization Required	No Authorization Required
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Authorization Required	No Authorization Required
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Authorization Required	No Authorization Required
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or	Authorization Required	No Authorization Required

	subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)		
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Authorization Required	No Authorization Required
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Authorization Required	No Authorization Required
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Authorization Required	No Authorization Required
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Authorization Required	No Authorization Required
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Authorization Required	No Authorization Required
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Authorization Required	No Authorization Required
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Authorization Required	No Authorization Required

64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	Authorization Required	No Authorization Required
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	Authorization Required	No Authorization Required
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Authorization Required	No Authorization Required
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	Authorization Required	No Authorization Required
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	Authorization Required	No Authorization Required
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Authorization Required	No Authorization Required
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Authorization Required	No Authorization Required
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Authorization Required	No Authorization Required
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Authorization Required	No Authorization Required
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Authorization Required	No Authorization Required
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Authorization Required	No Authorization Required

64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Authorization Required	No Authorization Required
64644	Chemodenervation of one extremity; 5 or more muscles	Authorization Required	No Authorization Required
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	Authorization Required	No Authorization Required
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Authorization Required	No Authorization Required
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	Authorization Required	No Authorization Required
64650	Chemodenervation of eccrine glands; both axillae	Authorization Required	No Authorization Required
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	Authorization Required	No Authorization Required
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	Authorization Required	No Authorization Required
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	Authorization Required	No Authorization Required
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0951	Heel loop/holder, any type, with or without ankle strap, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0952	Toe loop/holder, any type, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

E0959	Manual wheelchair accessory, adapter for amputee, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0966	Manual wheelchair accessory, headrest extension, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0970	No. 2 footplates, except for elevating leg rest	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0971	Manual wheelchair accessory, anti-tipping device, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0980	Safety vest, wheelchair	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0994	Arm rest, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
E0995	Wheelchair accessory, calf rest/pad, each	Authorization Required	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Authorization Required	Authorization after 18 visits
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Authorization Required	Authorization after 18 visits
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Authorization Required	Authorization after 18 visits

G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Authorization Required	Authorization after 18 visits
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Authorization Required	Authorization after 18 visits
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Authorization Required	Authorization after 18 visits
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Authorization Required	Authorization after 18 visits
K0015	Detachable, non-adjustable height armrest, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0017	Detachable, adjustable height armrest, base, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0019	Arm pad, replacement only each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0020	Fixed, adjustable height armrest, pair	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

K0037	High mount flip-up footrest, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0038	Leg strap, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0039	Leg strap, H style, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0040	Adjustable angle footplate, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0041	Large size footplate, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0042	Standard size footplate, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0043	Footrest, lower extension tube, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0044	Footrest, upper hanger bracket, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0045	Footrest, complete assembly, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0047	Elevating legrest, upper hanger bracket, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0050	Ratchet assembly, replacement only	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0051	Cam release assembly, footrest or legrest, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
K0052	Swingaway, detachable footrests, replacement only, each	Authorization Required	Rental/Authorization should be Yes if $\geq$

			\$750.00 and No if <= \$749.99
K0065	Spoke protectors, each	Authorization Required	Rental/Authorization should be Yes if >= \$750.00 and No if <= \$749.99
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Authorization Required	Rental/Authorization should be Yes if >= \$750.00 and No if <= \$749.99
K0070	Rear wheel assembly, complete with pneumatic tire, spokes or molded, replacement only, each	Authorization Required	Rental/Authorization should be Yes if >= \$750.00 and No if <= \$749.99
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	Authorization Required	Rental/Authorization should be Yes if >= \$750.00 and No if <= \$749.99
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	Authorization Required	Rental/Authorization should be Yes if >= \$750.00 and No if <= \$749.99
K0073	Caster pin lock, each	Authorization Required	Rental/Authorization should be Yes if >= \$750.00 and No if <= \$749.99
K0077	Front caster assembly, complete, with solid tire, replacement only, each	Authorization Required	Rental/Authorization should be Yes if >= \$750.00 and No if <= \$749.99
K0098	Drive belt for power wheelchair, replacement only	Authorization Required	Rental/Authorization should be Yes if >= \$750.00 and No if <= \$749.99
K0105	Iv hanger, each	Authorization Required	Rental/Authorization should be Yes if >= \$750.00 and No if <= \$749.99
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if >= \$750.00 and No if <= \$749.99 (currently a rental)
L0220	Thoracic, rib belt, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if >= \$750.00 and No if <= \$749.99

L0452	Thoracic-lumbar-sacral orthotic (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L0480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L0482	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L0484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

L0486	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L0629	Lumbar-sacral orthotic, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L0632	Lumbar-sacral orthotic (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

L0636	Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L0640	Lumbar-sacral orthotic (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (Von Rosen type), custom-fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1640	Hip orthotic (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1730	Legg Perthes orthotic, (Scottish Rite type), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1834	Knee orthosis, without knee joint, rigid, custom-fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1844	Knee orthotic (KO), 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	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

L1846	Knee orthotic, 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, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom-fabricated (SK)	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1900	Ankle-foot orthotic (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1920	Ankle foot orthosis, single upright with static or adjustable stop (Phelps or Perlstein type), custom-fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1940	Ankle-foot orthotic (AFO), plastic or other material, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1945	Ankle-foot orthotic (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1960	Ankle-foot orthotic (AFO), posterior solid ankle, plastic, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1970	Ankle-foot orthotic (AFO), plastic with ankle joint, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

L1980	Ankle-foot orthotic (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthotic), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L1990	Ankle-foot orthotic (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthotic), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2000	Knee-ankle-foot orthotic (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2010	Knee-ankle-foot orthotic (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), without knee joint, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2020	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2034	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2036	Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2038	Knee-ankle-foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2040	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2050	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2060	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2070	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2080	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2090	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2106	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, thermoplastic type casting material, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2108	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2232	Addition to lower extremity orthotic, rocker bottom for total contact ankle-foot orthotic (AFO), for custom fabricated orthotic only	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated ort	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3671	SO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adj	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3674	Shoulder orthotic (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom-fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom-fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom-fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includ	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3891	"Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3901	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricate	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3904	Wrist hand finger orthosis, external powered, electric, custom-fabricated	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3905	WHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabr	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustm	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjust	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabr	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
L3975	SEWHFO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
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	Yes authorization required: Listed under Orthotic Procedures and Devices	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
T1030	Nursing care, in the home, by registered nurse, per diem	Authorization Required	Authorization after 18 visits