

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5100	BELOW KNEE, MOLDED, SOCKET, SHIN, SACH FOOT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT,	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED		
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE, AXIS KNEE	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CASE CHANGE, BELOW KNEE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 Per lifetime	
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	PROSTHETICS	REQUIRED	No restriction	PRICED	1 Per lifetime	
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE "AK" OR KNEE DISARTICULATION	PROSTHETICS	REQUIRED	No restriction	PRICED	1 Per lifetime	
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, "AK" OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	PROSTHETICS	REQUIRED	No restriction	PRICED	1 Per lifetime	
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	1 Per lifetime	
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	1 Per lifetime	
L5510	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT; PLASTER SOCKET, MOLDED TO MODEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	
L5520	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT THERMOPLASTIC OR EQUAL, DIRECT FORMED	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	
L5530	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	
L5535	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	
L5540	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	
L5560	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT; PLASTER SOCKET, MOLDED TO MODEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT; THERMOPLASTIC OR EQUAL, DIRECT FORMED	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT; THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT; PREFABRICATED ADJUSTABLE OPEN END SOCKET	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT; LAMINATED SOCKET, MOLDED TO MODEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 Per lifetime	
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM; ABOVE KNEE, HYDRACADENCE SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM; ABOVE KNEE, ABOVE KNEE - KNEE DISARTICULATION, 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM; ABOVE KNEE - KNEE DISARTICULATION, 4-BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5614	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL ABOVE KNEE - KNEE DISARTICULATION, 4-BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL ABOVE KNEE - UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	PROSTHETICS	REQUIRED	No restriction	PRICED	4 PER YEAR	
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN SOCKET)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE; TOTAL CONTACT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	4 PER YEAR	
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR CUSHION SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR CUSHION SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5650	ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5658	ADDITION TO LOWER EXTREMITY; SOCKET INSERT, KNEE ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5661	ADDITION TO LOWER EXTREMITY; SOCKET INSERT, MULTI-DUROMATER, SYMES	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5665	ADDITION TO LOWER EXTREMITY; SOCKET INSERT, MULTI-DUROMATER, BELOW KNEE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5666	ADDITION TO LOWER EXTREMITY; BELOW KNEE, CUFF SUSPENSION	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5668	ADDITION TO LOWER EXTREMITY; BELOW KNEE, MOLDED DISTAL CUSHION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5670	ADDITION TO LOWER EXTREMITY; BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ("PTS" OR SIMILAR)	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5671	ADDITION TO LOWER EXTREMITY; BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5672	ADDITIONAL TO LOWER EXTREMITY BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5673	ADDITIONAL TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5676	ADDITIONAL TO LOWER EXTREMITY BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PAIR PER YEAR	
L5677	ADDITIONAL TO LOWER EXTREMITY BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PAIR PER YEAR	
L5678	ADDITIONAL TO LOWER EXTREMITY BELOW KNEE, JOINT COVERS, PAIR	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PAIR PER YEAR	
L5679	ADDITIONAL TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5680	ADDITIONAL TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-MOLDED	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5681	ADDITIONAL TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CO	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5682	ADDITIONAL TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
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 INITIA	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL BELT, LIGHT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5694	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL BELT, PADDED AND LINED	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5695	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5697	ADDITION TO LOWER EXTREMITY, PELVIC BAND	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE; SILESIA BANDAGE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5700	REPLACEMENT, SOCKET; BELOW KNEE, MOLDED TO PATIENT MODEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5701	REPLACEMENT, SOCKET; ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5702	REPLACEMENT, SOCKET; HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	PROSTHETICS	REQUIRED	No restriction	PRICED	4 PER YEAR	
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	PROSTHETICS	REQUIRED	No restriction	PRICED	4 PER YEAR	
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	4 PER YEAR	
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	4 PER YEAR	
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; EXTERNAL JOINTS FLUID SWING PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING AND STANCE PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK, ULTRA-LIGHT MATERIAL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; MECHANICAL STANCE PHASE LOCK	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; FRICTION SWING AND STANCE PHASE CONTROL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS FLUID SWING PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS FLUID SWING AND STANCE PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS PNEUMATIC SWING PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5840	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC/SWING PHASE CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM; STANCE FLEXION FEATURE, ADJUSTABLE	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5850	ADDITION, ENDOSKELETAL SYSTEM; ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5855	ADDITION, ENDOSKELETAL SYSTEM; HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5930	ADDITION, ENDOSKELETAL SYSTEM; HIGH ACTIVITY KNEE CONTROL FRAME	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5940	ADDITION, ENDOSKELETAL SYSTEM; BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5950	ADDITION, ENDOSKELETAL SYSTEM; ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5960	ADDITION, ENDOSKELETAL SYSTEM; HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	PROSTHETICS	REQUIRED	No restriction	PRICED		
L5962	ADDITION, ENDOSKELETAL SYSTEM; BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5964	ADDITION, ENDOSKELETAL SYSTEM; ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5966	ADDITION, ENDOSKELETAL SYSTEM; HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5970	ALL LOWER EXTREMITY PROSTHESIS, FOOT, EXTERNAL KEEL, SACH FOOTREPLACEMENT ONLY	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5972	ALL LOWER EXTREMITY PROSTHESIS, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5974	ALL LOWER EXTREMITY PROSTHESIS; FOOT, SINGLE AXIS ANKLE/ FOOT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5975	ALL LOWER EXTREMITY PROSTHESIS; COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5979	ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR EQUAL)	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5987	ALL LOWER EXTREMITY PROSTHESES, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	PROSTHETICS	REQUIRED	No restriction	NOT PRICED		COST INVOICE REQUIRED
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE, EXCLUDES TERMINAL DEVICE(S)	PROSTHETICS	REQUIRED	No restriction	PRICED		
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6100	BELOW ELBOW, MOLDED SOCKET; FLEXIBLE ELBOW HINGE, TRICEPS PAD	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6110	BELOW ELBOW, (MUENSTER, OR NORTHWESTERN SUSPENSION TYPES)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET; SET-UP HINGES, HALF CUFF	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET; STUMP ACTIVATED LOCKING HINGE, HALF CUFF	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION; (COMPLETE PROSTHESIS)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION; (SHOULDER CAP ONLY)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6350	INTERSCAPULAR THORACIC; MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6360	INTERSCAPULAR THORACIC; MOLDED SOCKET, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6370	INTERSCAPULAR THORACIC; MOLDED SOCKET, PASSIVE RESTORATION (SHOULDER CAP ONLY)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6400	BELOW ELBOW, MOLDED SOCKET ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	1 PER YEAR	
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	1 PER YEAR	
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	1 PER YEAR	
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	1 PER YEAR	
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	1 PER YEAR	
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	1 PER YEAR	
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L6615	UPPER EXTREMITY ADDITIONS, DISCONNECT LOCKING WRIST UNIT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6616	UPPER EXTREMITY ADDITIONS, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6620	UPPER EXTREMITY ADDITIONS, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6623	UPPER EXTREMITY ADDITIONS, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6625	UPPER EXTREMITY ADDITIONS, ROTATION WRIST UNIT WITH CABLE LOCK	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6628	UPPER EXTREMITY ADDITIONS, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6629	UPPER EXTREMITY ADDITIONS, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6630	UPPER EXTREMITY ADDITIONS, STAINLESS STEEL, ANY WRIST	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6632	UPPER EXTREMITY ADDITIONS, LATEX SUSPENSION SLEEVE, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6635	UPPER EXTREMITY ADDITIONS, LIFT ASSIST FOR ELBOW	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6637	UPPER EXTREMITY ADDITIONS, NUDGE CONTROL ELBOW LOCK	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6640	UPPER EXTREMITY ADDITION TO PROSTHESIS, SHOULDER ABDUCTION JOINT, PAIR	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L6641	UPPER EXTREMITY ADDITION TO PROSTHESIS, EXCURSION AMPLIFIER, PULLEY TYPE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6642	UPPER EXTREMITY ADDITION TO PROSTHESIS, EXCURSION AMPLIFIER, LEVER TYPE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6645	UPPER EXTREMITY ADDITION TO PROSTHESIS, SHOULDER FLEXION - ABDUCTION JOINT, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), FOR DUAL CABLE DESIGN	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULD DISARTICULATION OR INTERSCAPULAR THORACIC	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULD DISARTICULATION	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR THORACIC	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, WITH OR WITHOUT LOCKING MECHANIS, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6695	ADDITIONAL TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INIT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, 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 OTHE	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, LOCK MECHANISM, EXCLUDES, SOCKET INSERT	PROSTHETICS	REQUIRED	No restriction	PRICED		
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	PROSTHETICS	REQUIRED	Age <=16 years old	PRICED		
L6712	TERMIANL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	PROSTHETICS	REQUIRED	Age <=16 years old	PRICED		
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	PROSTHETICS	REQUIRED	Age <=16 years old	PRICED		
L6714	TERMIANL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	PROSTHETICS	REQUIRED	Age <=16 years old	PRICED		
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	PROSTHETICS	REQUIRED	No restriction	PRICED		
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	PROSTHETICS	REQUIRED	No restriction	PRICED		
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6810	TERMINAL DEVICE; PINCHER TOOL, OTTO BOCK OR EQUAL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	PROSTHETICS	REQUIRED	No restriction	PRICED		
L6884	REPLACEMENT SOCKET, ABOVE ELBOW, DISARTICULATION, MOLDED TO PATIENT MODEL FOR USE WITH OR WITHOUT EXTERNAL POWER	PROSTHETICS	REQUIRED	No restriction	PRICED		
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	PROSTHETICS	REQUIRED	No restriction	PRICED		

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	4 PER YEAR	
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM GLOVE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND; WITH GLOVE, THUMB OR ONE FINGER REMAINING	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND; WITH GLOVE, MULTIPLE FINGERS REMAINING	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND; WITH GLOVE, NO FINGERS REMAINING	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L6915	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL; SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL; ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL; OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL; OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM; OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM; OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM; OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6955	OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM; OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM; OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINA	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6970	INTERSCAPULAR THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM; OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L6975	INTERSCAPULAR THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM; OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL D	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	PROSTHETICS	REQUIRED	No restriction	PRICED	2 per year	
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	PROSTHETICS	REQUIRED	No restriction	PRICED		
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	PROSTHETICS	REQUIRED	No restriction	PRICED		
L7040	PREHENSILE ACTUATOR; HOSMER OR EQUAL, SWITCH CONTROLLED	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L7170	ELECTRONIC ELBOW; HOSMER OR EQUAL, SWITCH CONTROLLED	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 3 calendar years	
L7360	SIX-VOLT BATTERY, OTTO BOCK, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 2 calendar years	
L7362	BATTERY CHARGER, SIX-VOLT, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 2 calendar years	
L7364	TWELVE-VOLT BATTERY, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 2 calendar years	
L7366	BATTERY CHARGER, TWELVE-VOLT, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	1 per 2 calendar years	
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS; BELOW ELBOW WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS; ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS; SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS; BELOW ELBOW WRIST DISARTICULATION, ACRYLIC MATERIAL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS; ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS; SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	PROSTHETICS	REQUIRED	No restriction	NOT PRICED		COST INVOICE REQUIRED
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	1 UNIT PER YEAR	
L7520	REPAIR OF PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	24 PER 6 MONTHS	
L7600	PROSTHETIC DORNING SLEEVE, ANY MATERIAL, EACH	PROSTHETICS	REQUIRED	No restriction	NOT PRICED		COST INVOICE REQUIRED
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED		Not billable with L5671: POS 12 ony
L8000	BREAST PROSTHESIS; MASTECTOMY BRA	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	4 PER YEAR	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L8001	BREAST PROsthESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROsthESIS FORM, UNILATERAL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L8002	BREAST PROsthESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROsthESIS FORM, BILATERAL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L8010	BREAST PROsthESIS MASTECTOMY SLEEVE	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	3 PER YEAR	
L8015	EXTERNAL BREAST PROsthESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L8020	BREAST PROsthESIS; MASTECTOMY FORM	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L8030	BREAST PROsthESIS SILICONE OR EQUAL	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	2 PER YEAR	
L8031	BREAST PROsthESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	PROSTHETICS	REQUIRED	No restriction	PRICED		
L8035	CUSTOM BREAST PROsthESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	PROSTHETICS	REQUIRED	No restriction	PRICED	2 PER YEAR	
L8039	BREAST PROsthESIS, NOT OTHERWISE SPECIFIED	PROSTHETICS	REQUIRED	No restriction	NOT PRICED		COST INVOICE REQUIRED
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	12 per year	
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	6 PER YEAR	
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	10 per year	
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	4 PER YEAR	
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	12 per year	
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	12 per year	
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	6 PER YEAR	
L8440	PROSTHETIC SHRINKER; BELOW KNEE, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	4 PER YEAR	
L8460	PROSTHETIC SHRINKER; ABOVE KNEE, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	4 PER YEAR	
L8465	PROSTHETIC SHRINKER; UPPER LIMB, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	4 PER YEAR	
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING; BELOW KNEE, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	24 per year	
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING; ABOVE KNEE, EACH	PROSTHETICS	REQUIRED	No restriction	PRICED	12 per year	

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PROSTHETIC SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING; UPPER LIMB, EACH	PROSTHETICS	Required - Beyond Service Limits	No restriction	PRICED	10 per year	
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	PROSTHETICS	REQUIRED	No restriction	NOT PRICED		COST INVOICE REQUIRED
EPSDT	EPSDT SERVICE	PROSTHETICS	REQUIRED	Age <= 20 years old	NOT PRICED		For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx
OONService	OUT-OF-NETWORK SERVICE	PROSTHETICS	REQUIRED	No Restriction	NOT PRICED		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.