WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PODIATRY 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
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	**DIAGNOSTIC RESTRICTIONS APPLY**
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	6 per year	**DIAGNOSTIC RESTRICTIONS APPLY**
A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	6 per year	**DIAGNOSTIC RESTRICTIONS APPLY**
L1930	AFO, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L1970	AFO, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	8 requests per calendar year	
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	8 requests per calendar year	
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L2340	ADDITION TO LOWER EXTREMITY, PRETIBIAL SHELL, MOLDED TO PATIENT MODEL	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	8 requests per calendar year	

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L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	**NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES**
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	**NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES**
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	**NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES**
L3219	ORTHOPEDIC FOOTWEAR, MEN'S SHOES, OXFORD, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	**NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES**
L3221	ORTHOPEDIC FOOTWEAR, MEN'S SHOES, DEPTH INLAY, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	**NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES**
L3222	ORTHOPEDIC FOOTWEAR, MEN'S SHOES, SHOES, HIGHTOP, DEPTH INLAY, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	**NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES**
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	**NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES**
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year,	**NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES**
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	**NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES**
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	**PODIATRY**	***REQUIRED***	No Restriction	**NOT PRICED**	2 requests per calendar year	PRIOR AUTHORIZATION **COST INVOICE REQUIRED** NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES

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L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	**PODIATRY**	***REQUIRED***	No Restriction	**NOT PRICED**	2 requests per calendar year	PRIOR AUTHORIZATION **COST INVOICE REQUIRED** NON-COVERED FOR CERTAIN ICD-10 DIABETIC DIAGNOSTIC CODES
L3254	NON-STANDARD SIZE OR WIDTH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L3255	NON-STANDARD SIZE OR LENGTH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	1 request per calendar year	
L3260	SURGICAL BOOT/SHOE, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L3265	PLASTAZOTE SANDAL, EACH	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L3350	HEEL WEDGE	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED		
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	**PODIATRY**	***REQUIRED***	No Restriction	**NOT PRICED**		**COST INVOICE REQUIRED**
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	
L4360	WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	4 requests per calendar year	
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
L4396	STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, PRESSURE REDUCTION, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	

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L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	**PODIATRY**	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per calendar year	
EPSDT	EPSDT SERVICE	**PHYSICAL THERAPY**	***REQUIRED***	**Age <= 20 years old**	PRICED		**For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx**
OON Service	OUT-OF-NETWORK SERVICE	**PODIATRY**	***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.
HELPFUL INFO	Outpatient Podiatry Surgery procedures that require PA are included in SURGICAL PROCEDURES	**NOTE**	Outpatient Podiatry Surgery procedures that require PA are included in the OP Surgery review area			Providers should be sure that users have access to this review area if these services are routinely performed by the podiatric practitioner.	
HELPFUL INFO	DME and Orthotic/Prosthetic procedures not listed here that require PA are included in these review areas.	**NOTE**	DME and Orthotic/Prosthetic procedures not listed here that require PA are included in these review areas.			Providers should be sure that users have access to this review area if these services are routinely performed by the podiatric practitioner.	