

471-000-519 Nebraska Medicaid Practitioner Fee Schedule for Podiatry Services

To Determine the Medicaid Allowable:

1. IDENTIFY THE CODE. First, identify the correct code for the Podiatry item. Refer to the latest HCPCS Level II Expert book for code descriptions. Every provider should have this guide. In addition, the following website is a useful tool for identifying the HPCPS code for a particular item: <http://www3.palmettogba.com/dmecs/do/hcpcssearch>  
If a type of item has a HCPCS code assigned, the provider must use that code when billing, and not any "miscellaneous" code.
2. IDENTIFY AND FIND THE CODE/MODIFIER COMBINATION. Review the Procedure Code Modifiers (next page) and select the modifier that is correct for the item being billed. Click on the  binoculars located in the left chimney and search for the code.
3. LOCATE THE MEDICAID ALLOWABLE FOR THE PROCEDURE CODE.  
If "BR" or "RNE" is listed, see Step #5 for special pricing.
4. PAYMENT IS THE LOWER OF THE FEE SCHEDULE MEDICAID ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect your charge to the general public. Provider must not bill Medicaid more than it charges the general public.
5. SPECIAL PRICING. Certain procedure codes will not have a MEDICAID ALLOWABLE:
  - § "BR" (By report) – Paid at "reasonable rate" based on the service and circumstances. A complete description of the service is required for review.
  - § "RNE" (Rate Not Established) - Paid at "reasonable rate" based on the service
  - § "IC" (Invoice cost) - Paid at "invoice cost". An invoice must be attached to the claim. Some services may also have an associated maximum allowable.

Provider must not bill Medicaid more than it charges the general public, must maintain documentation of usual and customary charges, and provide it to the Department upon demand. If the service requires Prior Authorization (indicated by an "\*\*") submit Manufacturer's Suggested Retail Price (MSRP) with the Prior Authorization request. Claims for services Prior Authorized by Primary Care Plus (for Medicaid Managed Care Clients in the Primary Care Case Management Plan) must include an MSRP.

6. PRIOR AUTHORIZATION. Some Podiatry services may require Medicaid approval of a prior authorization request. Provider must submit a Form MS-77, found in the Title 471 Appendix <http://www.dhhs.ne.gov/reg/appx/atc471.htm>, Form Number 471-000-206. Submit Manufacturer's Suggested Retail Price (MSRP) or your actual cost invoice with the Prior Authorization Request.
7. Quantities supplied must be based on medical necessity and are supplies used in the office. There is no billing for take home supplies.

Questions regarding status of Medicaid claims should be directed to the Client Payments and Claims Processing Unit – Medicaid Inquiry at (877) 255-3092 or 471-9128 in Lincoln.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT), Copyright 2009, by the American Medical Association. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule include CPT numeric identifying codes for reporting medical services and procedures, which are copyrighted by the American Medical Association.

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RNE = Rate Not Established      BR = By Report      IC = Invoice Cost      (I) = Interim Value

\* Requires Prior Authorization

For procedure codes 10000-69999.

See the Nebraska Medicaid Practitioner Fee Schedule for Physician Services found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable.

For procedure codes 70000-79999.

See the Nebraska Medicaid Practitioner Fee Schedule under Radiology found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable.

For procedure codes 80000-89999.

See the Nebraska Medicaid Practitioner Fee Schedule under Pathology found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable.

For procedure codes 90000-99999.

See the Nebraska Medicaid Practitioner Fee Schedule for Physician Services found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable.

**COMMENTS BOX**

The Comments box is intended to provide billing tips and information on a particular code, and will be updated throughout the year in response to input from Claims Processing and questions from providers.

Code	Modifier	Medicaid Allowable	Descriptions	Comments
A4550	~	IC	SURGICAL TRAYS / PAYABLE TO PODIATRISTS ONLY.	1 per visit
A5500	~	\$64.84	FOR DIABETICS ONLY, FITTING (INCL FOLLOW UP) CUSTOM PREP AND SUPPLY OFF-THE-SHELF DEPTH-INLAY SHOE MANU TO ACCOM MULTI-DENSITY INSERT(S) EACH	2 Max
A5501	~	\$194.49	CUSTOM PREP AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE) PER SHOE-FOR DIABETICS ONLY (INCLUDING FOLLOW UP)	2 Max
A5503	~	\$28.84	MODIFICATION (INC. FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOW OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM PER SHOE.	2 Max
A5504	~	\$28.84	MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOW WITH WEDGE (S), PER SHOE, FOR DIABETICS ONLY	2 Max
A5505	~	\$28.84	MODIFICATION (INC. FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE, FOR DIABETICS ONLY	2 Max
A5506	~	\$28.84	MODIFICATION (INC. FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE FOR DIABETICS ONLY	2 Max
A5507	~	\$28.84	FOR DIABETICS ONLY, NOS MODIFICATION (INCLUDING FITTING ) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE (REVIEW SERVICE)	2 Max
A5508	~	RNE/IC	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE	
A5510	~	RNE/IC	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED,	2 Max per visit
A5512	~	\$26.45	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER,	2 Max per visit

A5513	~	\$39.48	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARC	2 Max per visit
A6000	~	RNE	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND WARMING CARD	
A6010	~	\$31.57	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	
A6011	~	\$2.33	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	
A6021	~	\$21.44	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH	
A6022	~	\$21.44	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	
A6023	~	\$194.07	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH	
A6024	~	\$6.31	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	
A6025	~	RNE/IC	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH	
A6154	~	\$14.69	WOUND POUCH EACH	
A6212	~	IC	FOAM DRESS., WOUND CO., 16 SQ IN/LESS W/ ANY SZ. ADH. BORDER, EA. DRESS.	
A6213	~	IC*	FOAM DRESS., WND. COV., 16 SQ IN TO 48 SQ IN, W/ ANY SZ BORD., EA. DRESS	
A6214	~	IC	FORM DRESS., WND. COV., MORE THAN 48 SQ IN, W/ ANY SZ ADH. BORD. EA. DRE	
A6215	~	IC*	FOAM DRESSING, WOUND FILLER, PER GRAM	
A6216	~	\$0.97	GZE, NON-IMPREGNATED, NON-STER., 16 SQ IN W/O ADH. BORDER, EA. DRESSING	
A6217	~	\$0.52	GZE., NON-IMPREGNATED, NON-STER., 16 SQ IN TO 48 SQ IN, W/O ADH. BORDER EACH DRESSING	
A6219	~	\$0.97	GZE, NON-IMPREGNATED, 16 SQ IN OR LESS, W/ ANY SZ ADH. BORDER, EA. DRESS	
A6220	~	\$2.63	GZE.,NON-IMPREGNATED, 16 SQ IN TO 48 SQ IN, W/ ANY SZ ADH. BORDER, EACH DRESSING	
A6248	~	IC	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	
A6442	~	IC	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	

A6443	~	IC	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	
A6453	~	IC	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	
A6454	~	IC	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	
A6455	~	IC	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	
A6531	~	IC	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	
A6532	~	IC	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	
G0127	~	\$8.28	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	
L1900	~	IC	ANKLE – FOOT ORTHOTIC (AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	
L1902	~	IC	ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
L1904	~	IC	ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED	
L1906	~	IC	ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
L1910		IC	ANKLE – FOOT ORTHOTIC (AFO), POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDING FITTING AND ADJUSTMENT	
L1920		IC	ANKLE FOOT ORTHOTIC (AFO), SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	
L1930	52	IC	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES*FITTING AND ADJUSTMENT	
L1930	~	IC	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
L1960	52	IC	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	
L1960	~	IC	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	
L1970	52	\$349.70	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	
L1970	~	\$699.39	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	

L3000	~	\$274.91	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	
L3000	52	\$137.45	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL	
L3001	~	\$115.74	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	
L3002	~	\$141.35	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	
L3003	~	\$152.51	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	
L3010	~	\$149.54	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	
L3020	~	\$173.64	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	
L3030	52	\$33.39	FOOT INSERT, REMOVEABLE, FORMED TO PATIENT FOOT, EACH	
L3030	~	\$66.79	FOOT INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	
L3031	~	RNE/IC	FOOT INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG CO	
L3040	~	\$41.19	FOOT ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	
L3050	~	\$41.19	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	
L3060	52	\$32.27	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDID, LONGITUDINAL/METATARSAL, EACH	
L3060	~	\$64.54	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	
L3070	~	\$27.83	FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	
L3080	~	\$27.83	FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	
L3090	~	\$35.61	FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	
L3100	~	\$37.85	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, EACH	
L3140	~	\$77.92	FOOT, ROTATION POSITIONING DEVICE, INCLUDING SHOE(S)	
L3150	~	\$70.90	FOOT, ROTATION POSITIONING DEVICE, WITHOUT SHOE(S)	

L3160	~	RNE/IC	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	
L3170	~	\$44.52	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	
L3201	~	\$29.82	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	
L3202	~	\$33.55	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	
L3203	~	\$35.78	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	
L3204	~	\$29.82	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	
L3206	~	\$33.55	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	
L3207	~	\$35.78	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	
L3208	~	\$33.55	SURGICAL BOOT, EACH, INFANT	
L3209	~	\$37.85	SURGICAL BOOT, EACH, CHILD	
L3211	~	\$41.00	SURGICAL BOOT, EACH, JUNIOR	
L3212	~	\$59.64	BENESCH BOOT, PAIR, INFANT	
L3213	~	\$59.64	BENESCH BOOT, PAIR, CHILD	
L3214	~	\$59.64	BENESCH BOOT, PAIR, JUNIOR	
L3215	52	\$119.28	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	
L3215	~	\$119.28	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	
L3216	~	\$119.28	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	
L3217	~	\$119.28	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	
L3219	~	\$119.28	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	
L3221	~	\$141.55	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	
L3222	~	\$141.55	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	

L3224	~	\$59.10	ORTHOPEdic FOOTWEAR, WOMAN'S SHOE, OXFORD, INTEGRAL PART OF A BRACE 1 UNIT = 1 SHOE	
L3225	~	\$68.75	ORTHOPEdic FOOTWEAR, MAN'S SHOE, OXFORD, INTEGRAL PART OF A BRACE	
L3230	~	BR/IC	ORTHOPEdic FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	SEND INVOICE.
L3250	~	\$372.75	ORTHOPEdic FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	
L3251	~	\$144.635	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	
L3252	~	\$144.63	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	
L3253	~	\$144.63	FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	
L3254	~	\$20.44	NON-STANDARD SIZE OR WIDTH	
L3255	~	\$20.44	NON-STANDARD SIZE OR LENGTH	
L3257	~	\$54.57	ORTHOPEdic FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	
L3260	~	\$37.28	SURGICAL BOOT/SHOE, EACH	
L3265	~	\$59.64	PLASTAZOTE SANDAL, EACH	
L3300	~	\$45.65	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	
L3310	~	\$71.24	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	
L3320	~	\$119.28	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	
L3330	~	\$495.26	LIFTS, ELEVATION, METAL EXTENSION, (SKATE)	
L3332	~	\$64.54	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	
L3334	~	\$33.38	LIFT, ELEVATION, HEEL, PER INCH	
L3340	~	\$74.58	HEEL WEDGE, SACH	
L3350	~	\$20.04	HEEL WEDGE	
L3360	~	\$31.16	SOLE WEDGE, OUTSIDE SOLE	

L3370	~	\$43.39	SOLE WEDGE, BETWEEN SOLE	
L3380	~	\$43.39	CLUBFOOT WEDGE	
L3390	~	\$43.39	OUTFLARE WEDGE	
L3400	~	\$35.61	METATARSAL BAR WEDGE, ROCKER	
L3410	~	\$81.25	METATARSAL BAR WEDGE, BETWEEN SOLE	
L3420	~	\$47.86	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	
L3430	~	\$140.25	HEEL, COUNTER, PLASTIC REINFORCED	
L3440	~	\$66.79	HEEL, COUNTER, LEATHER REINFORCED	
L3450	~	\$92.38	HEEL, SACH CUSHION TYPE	
L3455	~	\$35.61	HEEL, NEW LEATHER, STANDARD	
L3460	~	\$30.04	HEEL, NEW RUBBER, STANDARD	
L3465	~	\$51.22	HEEL, THOMAS WITH WEDGE	
L3470	~	\$54.55	HEEL, THOMAS EXTENDED TO BALL	
L3480	~	\$54.55	HEEL, PAD AND DEPRESSION FOR SPUR	
L3485	~	\$22.36	HEEL, PAD, REMOVABLE FOR SPUR	
L3500	~	\$25.59	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	
L3510	~	\$25.59	ORTHOPEDIC SOLE ADDITION, INSOLE, RUBBER	
L3520	~	\$27.83	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	
L3530	~	\$27.83	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	
L3540	~	\$44.52	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	
L3550	~	\$7.82	ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD	

L3560	~	\$20.04	ORTHOPEdic SHOE ADDITION, TOE TAP, HORSESHOE	
L3570	~	\$74.58	ORTHOPEdic SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	
L3580	~	\$56.78	ORTHOPEdic SHOE ADDITION, CONVERT INSTEP TO VELCO CLOSURE	
L3590	~	\$46.76	ORTHOPEdic SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	
L3595	~	\$36.70	ORTHOPEdic SHOE ADDITION, MARCH BAR	
L3600	~	\$66.79	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE EXISTING	
L3610	~	\$87.93	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE NEW	
L3620	~	\$66.79	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP EXISTING	
L3630	~	\$87.93	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP NEW	
L3640	~	\$37.85	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	
L3649	~	BR/IC	ORTHOPEdic SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS	SEND INVOICE/DESCRIPTION.
L4360	~	BR/IC	WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	BR/SEND INVOICE
L4370	~	\$155.24	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
L4380	~	\$88.33	PNEUMATIC KNEE SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
L4386	~	BR/IC	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	BR/SEND INVOICE
L4392	~	\$19.87	REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO	
L4394	~	\$14.47	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	
L4396	~	\$141.55	STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
L4398	~	\$65.21	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	

FOR HCPS LEVEL 11 CODES

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