



STATE OF NEW JERSEY.

DEPARTMENT OF INSTITUTIONS AND AGENCIES.

DIVISION OF MEDICAL ASSISTANCE

AND

HEALTH SERVICES.

HEALTH SERVICES PROGRAM

PROSTHETIC AND ORTHOTIC

MANUAL

of the

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CHAPTER I

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## CHAPTER I

### GENERAL INFORMATION ABOUT THE PROGRAM

#### 100. WHO IS ELIGIBLE

In general, Medical Assistance will be available to the following individuals:

All individuals receiving financial assistance under the State programs of Old Age Assistance, Assistance for Dependent Children, Aid to the Blind and Assistance to the Permanently and Totally Disabled. (These are referred to as "categorical assistance" programs.)

Persons who would be eligible for financial assistance under one of the above programs except for a requirement that is specifically prohibited by Federal law or regulations, such as execution of a reimbursement agreement.

Persons who meet the standard of need applicable to their circumstances under one of the categorical assistance programs, but who are not receiving and do not apply for such assistance.

Children between 18 and 21 who, except for school attendance requirements, would be eligible for the State program of Assistance for Dependent Children.

Children under 21 years of age in foster placement under supervision of the Bureau of Children's Services for whom maintenance is being paid in whole or in part from public funds.

The spouse of a recipient of old age assistance, assistance for the permanently and totally disabled, or assistance for the blind who is living with such recipient and whose needs are taken into account in determining the amount of financial assistance for the recipient.

GENERAL INFORMATION

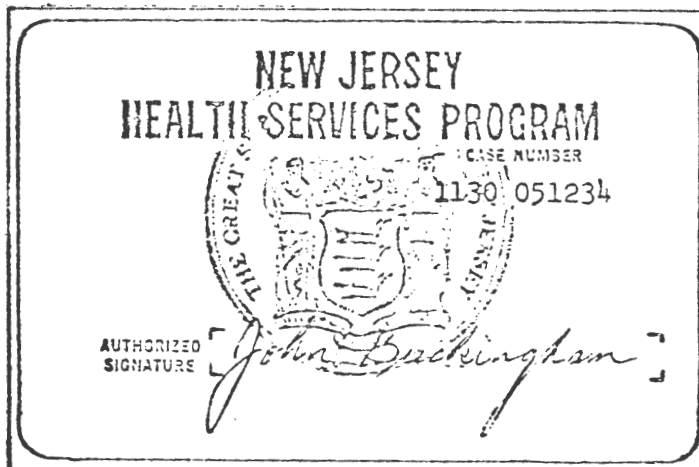
101. HOW TO IDENTIFY A COVERED PERSON

101.1 Plastic Identification Card (Exhibit I)

This card identifies an individual or head of a family group found eligible for payment for authorized health services under the New Jersey Health Services Program administered by the Division of Medical Assistance and Health Services, Department of Institutions and Agencies. It will contain the name of the individual or head of the household and the Health Services Program Case Number. This card is issued by the Division of Medical Assistance and Health Services. It will serve as an identification card only.

NOTE: THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, BUT MUST BE ACCOMPANIED BY A CURRENT MONTH VALIDATION FORM ISSUED BY A COUNTY WELFARE BOARD OR THE STATE OF NEW JERSEY (SEE SECTION 101.2).

Exhibit I



101.2 Validation Form (Exhibit II)

This validation for health services form is issued by the appropriate County or State Agency monthly and indicates the individual is currently eligible for coverage.

NOTE: THIS FORM IS THE SOLE INDICATOR OF ELIGIBILITY. THE PLASTIC IDENTIFICATION CARD ALONE IS NOT SUFFICIENT.

The sample shown contains all of the required information. However, the form itself may vary from county to county.

IMPORTANT: Be sure to enter name, H.S.P. Case Number, and Person Number, EXACTLY as it appears on the Validation form on all Requests for Authorization and claim forms.



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102. AUTHORIZED SERVICES FOR COVERED PERSONS

The items and services provided to covered persons will not normally be limited in duration or amount. Any limitations imposed will be consistent with the medical necessity of the patient's condition, as determined by the attending physician or other practitioner, in accordance with standards generally recognized by health professionals and promulgated through the Division of Medical Assistance and Health Services. The following items and services, more specifically defined in subsequent sections of the appropriate manual, are authorized under the Program:

- (a) Inpatient hospital services, other than services in an institution for tuberculosis or mental diseases;
- (b) Inpatient hospital services for persons 65 and older in a public institution for tuberculosis or mental diseases;
- (c) Outpatient hospital services;
- (d) Clinic services, i.e., health services provided by an outpatient facility not administered or operated by a hospital;
- (e) Laboratory and x-ray services;
- (f) Skilled nursing home services;
- (g) Physicians' services, whether furnished in the office, patient's home, hospital, skilled nursing home or elsewhere;
- (h) Other practitioners' services, limited by State law to podiatrists and optometrists;
- (i) Dental services, including dentures;
- (j) Home health care services;
- (k) Pharmaceutical services - prescribed drugs (legend and non-legend)
- (l) Prosthetic devices and appliances, medical supplies and equipment; eyeglasses and hearing aids;
- (m) Rehabilitation services;
- (n) Transportation, i.e., ambulance service to and from a medical facility when the patient's condition precludes the use of other means of transportation.

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### 103. ELIGIBLE PROVIDERS

Providers of services means any individual, partnership, association, corporation, institution, or public agency designated below, meeting applicable requirements and standards for participation in the Program:

Medical and Surgical Supply Dealers;  
Certified Independent Clinical laboratories;  
Dentists;  
Hearing Aid Dealers;  
Home Health Agencies;  
Hospitals;  
Skilled Nursing Homes;  
Opticians;  
Optometrists;  
Approved Clinics (Independent Outpatient Health Facilities);  
Certified Orthotists;  
Pharmacies;  
Physicians;  
Podiatrists;  
Certified Prosthetists; (excluding dental)  
Providers of Medical Transportation.

### 104. FREE CHOICE BY COVERED PERSONS

A covered person is free to choose qualified facilities, practitioners and providers of service which meet the Program standards. In the event that the patient has no personal practitioner, or none is available, the Local Medical Assistance Unit may assist in obtaining an appropriate practitioner or health resource.

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### 105. CONTRACTORS

The Division of Medical Assistance and Health Services will process and make payment of claims for services by skilled nursing homes and eligible state and county mental and tuberculosis hospitals.

Contracts have been negotiated on behalf of the State of New Jersey with the Hospital Service Plan of New Jersey and the Prudential Insurance Company of America to function as its contractors.

The Hospital Service Plan of New Jersey will be responsible for the processing and payment of hospital inpatient, hospital outpatient, and home health agency claims for those providers who have selected the Plan as their intermediary under Title XVIII (MEDICARE). In addition, the Hospital Service Plan of New Jersey will process and pay all pharmaceutical services claims (i.e., legend and non-legend drugs), and claims for out of state hospitals and home health agencies. Hospitals who have not participated in Title XVIII are assigned to the Hospital Service Plan.

The Prudential Insurance Company of America will handle the processing and payment of hospital inpatient, outpatient and home health agency claims for those providers who have selected Prudential as their intermediary under Title XVIII (MEDICARE). In addition, the Prudential Insurance Company will process and make payment for all other health services covered by the program.

### 106. PRIOR AUTHORIZATION

Under the Program, payment for certain services will require prior authorization from the Local Medical Assistance Unit, except in an emergency. It is the responsibility of the specified person or institution providing such service to obtain prior authorization before furnishing or rendering service. Specific instructions are detailed in the appropriate manual sections.

### 107. POLICY ON OUT OF STATE MEDICAL CARE AND SERVICES

Prior approval of the Local Medical Assistance Unit shall be required for medical care and services which are to be provided outside New Jersey, except in the following situations:

1. Where necessary medical care is provided to a patient who is temporarily absent from the state.

## GENERAL INFORMATION

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2. When it is customary for persons in the area generally to use medical care resources and facilities outside the State of New Jersey.
3. When out of state care was provided in an emergency.

### 108. GENERAL EXCLUSIONS

The items listed here are general exclusions. There are certain additional specific exclusions and limitations which are detailed in the appropriate manual sections.

Payment is not made for:

1. Any service, admission or item which is not medically required for diagnosis or treatment of a disease, injury or condition;
2. Any services or items furnished in connection with elective cosmetic procedures;

Note: There are certain exceptions to this rule.

A written certification of medical necessity and a treatment plan must be submitted by the practitioner to the Local Medical Assistance Unit for consideration, and Prior Authorization is required.

3. Private duty nursing service;
4. Services or items furnished for any sickness or injury occurring while the Covered Person is on active duty in the military;
5. Services or items furnished for any condition or accidental injury arising out of and in the course of employment, for which any benefits are available under the provisions of any Workmen's Compensation Law, Temporary Disability Benefits Law, Occupational Disease Law or similar legislation, whether or not the Covered Person claims or receives benefits thereunder, and whether or not any recovery is had against a third party for resulting damages;
6. That part of any benefits which are covered or payable under any health, accident, or other insurance policy, any other private or governmental health benefit system, or through any similar third party liability;
7. Services or items furnished prior to January 1, 1970, or prior to the period for which the patient presents evidence of eligibility for coverage;

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8. Services or items furnished after the last day of the month in which the patient ceases to be eligible for coverage;
9. Any services or items furnished for which the Provider does not normally charge;
10. Any admission, service or item requiring Prior Authorization, where authorization has not been obtained or has been denied;
11. Services furnished by an immediate relative or member of the covered person's household.

109. CONFIDENTIALITY OF RECORDS

All individual medical records of covered persons acquired under this Program shall be confidential and shall not be released without the written consent of the covered person or his personal representative. This shall not preclude the release of statistical or summary data or information in which covered persons are not, and cannot be, identified, nor shall it preclude exchange of information between individuals or institutions providing care, Contractors and State or local official agencies.

110. UTILIZATION OF INSURANCE BENEFITS

Health, hospital, workmen's compensation, or accident insurance benefits shall be used to the fullest in meeting the medical needs of the covered person. Supplementation of available benefits shall be as follows:

1. Title XVIII

The Program, in most instances, shall cover the amount of any deductible or co-insurance liability under Title XVIII of the Social Security Act for all covered persons 65 years of age or older.

2. Workmen's Compensation

No Program payments shall be made for a patient covered by workmen's compensation.

3. Other Health Insurance

When a covered person has other health insurance, the Program requires that such benefits be used. Supplementation shall be made by the Program when necessary, but the combined total shall not exceed the amount payable under the Program in the absence of other coverage.

## GENERAL INFORMATION

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### 111. MEDICAL REVIEW AND EVALUATION (by Local Medical Assistance Units)

Under the provisions of Federal and State Law, the Division of Medical Assistance and Health Services must provide for continuing review and evaluation of the care and services provided in the Program. This will include review of utilization of services of practitioners and other providers.

### 112. PROVISION FOR APPEALS - FAIR HEARING

All providers of service or covered persons will be given the opportunity for a fair hearing concerning grievances arising from the claims payment process.

### 113. FRAUD

The State Agency will establish and maintain methods for identifying situations in which a question of fraud in the program may exist, and referring to law enforcement officials situations in which there is valid reason to suspect that fraud has been practiced.

### 114. CIVIL RIGHTS

Federal regulations require that services provided to covered persons are given without discrimination on the basis of race, color, religious belief, or national origin. Therefore, payments are limited to providers of service who are in compliance with the non-discrimination requirements of Title VI of the Civil Rights Act.

### 115. OBSERVANCE OF RELIGIOUS BELIEF

Nothing in the Program shall be construed to require any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under the Program for any purpose (other than for the purpose of discovering and preventing the spread of infection or contagious disease or for the purpose of protecting environmental health) if such person or his parent or guardian objects thereto on religious grounds.

CHAPTER II

PROSTHETIC AND ORTHOTIC APPLIANCES

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CHAPTER II

PROSTHETIC AND ORTHOTIC APPLIANCES

200. PROSTHETIC AND ORTHOTIC APPLIANCES

This chapter is concerned only with those prosthetic and custom-made orthotic appliances listed in Chapter IV of this Manual.

It is not concerned with medical supplies and equipment, dentures, eye aids, including eyeglasses and artificial eyes and prosthetic devices used in conjunction with a surgical procedure, i.e., heart valves (et al).

201. DEFINITIONS

201.1 Prosthetic Appliances

"Prosthetic Appliances" means appliances prescribed by a physician within the scope of his practice as defined by State Law, for the purpose of artificially replacing a missing portion of the body.

201.2 Orthotic Appliances

"Orthotic Appliances" refers to custom-made braces prescribed by a physician within the scope of his practice as defined by State Law, for the purpose of providing support, increased function and overcoming physical impairments or defects.

201.3 Custom-Made

For purposes of Health Services Program policies as they relate to prosthetic and orthotic appliances (excluding hearing aids, dentures, and artificial eyes), this term means a device or appliance fabricated (constructed and/or assembled) in an approved facility and designed to fit and perform a useful function solely for that specific single individual for whom it was ordered.

201.4

Certification

For purposes of Health Services Program policies as they relate to prosthetic and orthotic appliances, the term "certification" means a prosthetist, orthotist and/or facility who (which) has met the standards of qualification as established by the American Board for Certification in Orthotics and Prosthetics, Inc.

202.

ELIGIBLE PROVIDERS

Reimbursement for custom-made prosthetic and orthotic appliances (excluding those in Sections 200, 204.2 and Shoes) shall be made only to providers who are eligible to participate in the New Jersey Health Services Program in accordance with the following criteria:

A. Approval for Program Participation

1. Appliances are fabricated in the facility and not jobbed out ("facility" means the area of operation of the prosthetist/orthotist).

2. Certified Facility

3. Certified Personnel (owner and/or employee[s]).

NOTE: If the facility restricts its appliances to prosthetics, then only a certified prosthetist is required; if orthotics, a certified orthotist; if prosthetic and orthotic, a certified prosthetist and orthotist is required.

B. Provisional Approval for Program Participation

1. Appliances are fabricated in the facility and not jobbed out.

2. Non-Certified Shop.

3. Certified Personnel (owner and/or employee[s]).

NOTE: See Part A.

C. Provisional Approval for Program Participation

1. Appliances are fabricated in the facility and not jobbed out.
2. Non-Certified Shop.
3. Non-Certified Personnel (Neither the owner nor any employee is certified.)

Related to categories B (Parts 2 and 3) and C (Parts 2 and 3) only, provisional approval may be granted by the Division of Medical Assistance and Health Services to those facilities and personnel whose application for facility and/or personnel certification is pending.

203. PRESCRIPTION POLICIES

203.1 Prosthetic and orthotic appliances require a personally signed and dated order (prescription) by the prescribing physician.

203.2 The prescription must include the following:

1. Patient's name, age, address, HSP Number, Patient Person Number, and
2. Relevant diagnosis supporting need for custom-made prosthetic and orthotic appliances, and
3. Detailed (meaningful) description of the prosthetic and orthotic appliances ordered. (i.e. "back brace", "leg brace", "artificial limb", "orthopedic shoe", etc., on a prescription is unacceptable.)

204. PRIOR AUTHORIZATION

204.1 Prosthetic and Orthotic Appliances

The provider, upon receipt of an acceptable prescription (See Section 201.1 and 203.2 - Prescription Policies), will submit, with the prescription attached, his detailed breakdown of the appliance ordered, according to the accepted New Jersey Prosthetic

and Orthotic nomenclature, to the appropriate Local Medical Assistance Unit, on Prosthetic and Orthotic Claim Form (MC-15). Upon receipt of this information at the Local Medical Assistance Unit, the local medical consultant will review the medical (prosthetic or orthotic) data and sign the MC-15 in the appropriate space, if approved. The Local Medical Assistance Unit will retain copy 3 for its files and forward the MC-15 to the provider. The provider, upon approval, fabrication and delivery of the appliance to the recipient, with recipient's signature, and certification as to quality and fit of the appliance by the prescribing physician, will forward the completed claim form (MC-15) to the contractor (See Chapter III - Billing Procedures).

In the event that a physician's prescription does not conform to the prosthetic and orthotic nomenclature accepted by this Division and the approved New Jersey prosthetic and orthotic facilities, it shall be incumbent upon the facility to transform the original prescription to conform to the accepted nomenclature. This does not imply that the physician's prescription will in any way be altered.

In the case of a claim submitted by an out-of-state facility which may be unfamiliar with New Jersey nomenclature, the Division's Prosthetic and Orthotic Consultant will assume the responsibility of clarifying the claim to conform to the accepted nomenclature.

204.2 Orthopedic Appliances Not Requiring Prosthetic and Orthotic Facility Approval

The following items customarily listed as orthotic appliances are reimbursable, under the conditions imposed in Section 204.1, paragraph 1,

from facilities other than those with Division approval or provisional approval (i.e. pharmacies, non-approved prosthetic and orthotic facilities, etc.) and require prior authorization:

1. Cervical Collars
  - a. Soft
  - b. Hard
  - c. Malleable Frame
2. Abdominal Belts (fashioned elastic type - not used for incisional hernia)
3. Abdominal Corsets (non-elastic type)
4. Abdominal Supports (low back - non-elastic type - size to fit patient)
5. Sacro-iliac and lumbo-sacral corsets, supports or belts (male or female)
6. Special corset, boned and reinforced with steel stays
7. Combination corset with inside abdominal belt
8. Elastic support stockings, etc.
9. Surgical weight hose
10. Trusses
11. Knee Cage (standard)
12. Hand Orthosis
  - a. Short Opponens
    - (1) C-Bar
    - (2) Lumbrical Bar
13. Denis Browne Splints and Fillauer Bar
14. Shoes

204.3 POLICY ON SHOES

Definition of Shoe - For the purposes of the New Jersey Health Services Program policies, an "orthopedic shoe" is defined as a shoe, with or without accompanying appliances, used to prevent or correct gross deformities of the feet and consisting of the following basic parts:

- a. Correct straight last line
- b. Heels with sufficient bearing surface
- c. Toe with ample room for function
- d. Sole with sufficient weight for foot protection
- e. Rigid Shank
- f. Properly fitting upper
- g. Smooth and protective lining
- h. Snug fitting heel counter
- i. Properly fitted as to length and width

Shoes are reimbursable under the following conditions:

- a. When attached to a brace or bar and/or
- b. When part of the normal (customary, usual) post-operative or post-fracture treatment program and/or
- c. When used to correct gross foot deformities and/or
- d. When the talo-crural (ankle) joint is included in the shoe.

The provider, upon receipt of an acceptable prescription (See Section 203.1 and 203.2 - Prescription Policies), must submit a copy of the prescription along with a cost estimate of the shoe (with alterations, additions, accompanying appliances, etc., where applicable) to the recipient's Local Medical Assistance Unit. This cost estimate must include a detailed cost breakdown of the basic shoe plus any additional charges for materials and/or services.

204.4 Repairs and Replacement of Parts

All repair and replacement of parts for custom-made prosthetic and orthotic appliances require a personally signed and dated order by the prescribing physician (See Section 203.1 - Prescription Policies) and must include the necessary information required in Section 203.2.

204.5 Physician's Certification

Claims submitted for payment of prosthetic and orthotic appliances and for repair and replacement of parts over \$20.00, must be signed in Section 14 of Prosthetic and Orthotic Claim Form (MC-15) by the prescribing physician, certifying to the fit and quality of the appliance/services dispensed.

205. Guarantee/Warranty

Health Services Program

It is the responsibility of the provider to verify recipient eligibility. Payment cannot be made for ineligible recipients. Therefore, an authorization per se for any service(s) provided guarantees payment only if current eligibility is established (See Chapter I, Section 101, for instructions on identifying current eligibility.).

Exceptions:

1. If fabrication of an appliance (including repair or replacement of parts on existing appliance) has commenced following authorization, but has not been completed, during the period of recipient's eligibility, reimbursement to the provider will be allowed.
2. If death or other circumstances (i.e. moving out of state) involving the recipient over which no one may have control, reimbursement will be made in an amount consistent with the

stage of completion of the appliance or, if completed, reimbursement will be made for the completed appliance consistent with the Program's schedule of allowances.

Provider

For a new appliance, the provider shall submit a unit price for each complete item in the New Jersey Prosthetic and Orthotic nomenclature and shall include:

1. Cost of all labor required to prepare the appliance for final acceptance.
2. Cost of materials.
3. Cost for home visits beyond a 10-mile radius from the prosthetic and orthotic facility (maximum allowable home visits - 3).
4. Delivery of the appliance to the recipient within 45 calendar days of receipt of authorization by the facility from the Local Medical Assistance Unit.

If it is not possible to provide an appliance within the stated time, the facility shall notify the Local Medical Assistance Unit that such time limit cannot be met in a particular case and state the reason(s) why.

Liability for delinquency thereupon becomes a judgmental factor within the Local Medical Assistance Unit which will act accordingly.

5. Provision that all appliances furnished by the approved facility will conform to the prescriber's prescription and the description of appliances set forth in the accepted nomenclature, will fit properly to the extent that the recipient's condition(s) permit and will provide maximum efficiency and comfort consistent with the condition(s) of the recipient for whom the appliances are prescribed.
6. Assumption of liability for material defects over which they have (or should have) control.  
Exception: structural material defects over whose production, testing, inspection, etc., the facility has no control.
7. Agreement to accept rejection of all appliances when the prescribing physician, after appropriate evaluation of the appliance(s), determines that the appliance(s) does not conform to the prescription and description of the appliance set forth in the accepted nomenclature, do not fit properly, are not acceptable quality or do not provide maximum efficiency and comfort consistent with the conditions of the recipient(s) for whom they are prescribed.
8. Warranty against defective material and workmanship (except for parts normally worn from natural use) for a period of one year from date of delivery to and acceptance by the recipient(s). If it is found that either or both are defective then -



a. the provider shall be allowed a reasonable opportunity to make such adjustments and/or corrections or replacement that may be necessary to allow for acceptance of the appliance as indicated in item 7 without additional charge. Exception: This warranty does not apply to corrections and/or conditions incidental to alterations or changes in the recipient's physical condition or misuse, abuse or alteration in an appliance not made by the original provider.

9. Agreement that any controversies arising from the preceding 8 items shall be resolved by arbitration of a special committee appointed by the Director, Division of Medical Assistance and Health Services and consisting of personnel not involved in the case originally. The opinions of the committee shall be binding on all concerned (Division, provider, prescribing physician, recipient).

10. Acceptance of any action, punitive or otherwise, by the Division of Medical Assistance and Health Services resulting from recommendations of the special committee appointed to resolve controversies as indicated in item 9.

206. Standing Committee

The Director, Division of Medical Assistance and Health Services, shall appoint a standing committee to review, alter and update prosthetic and orthotic nomenclature and this committee shall meet, at least annually, to perform its assigned responsibility.



207.

Basis of Payment

Reimbursement shall be on the basis of the customary charge, not to exceed an allowance determined reasonable by the Commissioner of the Department of Institutions and Agencies, and further limited by federal policy relative to reimbursement of practitioners and other individual providers. In no event shall the allowance exceed the charge by the provider to other governmental agencies, or other groups or individuals in the community.

CHAPTER III

BILLING PROCEDURES - PROSTHETIC AND ORTHOTIC

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## CHAPTER III

### BILLING PROCEDURES - PROSTHETIC AND ORTHOTIC MANUAL

#### 300. BILLING PROCEDURES

This Chapter contains basic information necessary for the submission of a claim. Included is a sample claim form approved for use in submitting bills for covered items or services, and appropriate instructions for the proper completion of the form.

#### 301. GENERAL POLICY

##### A. New Appliances (including shoes)

Claims should be submitted for payment following

- (1) delivery and acceptance of the completed appliance(s) to the recipient and
- (2) physician's certification as to the quality and fit of the appliance.

##### B. Repair and/or Replacement of Parts

- (1) Claims of \$20 or less require no prior authorization and should be submitted for payment to the contractor with the physician's prescription attached.
- (2) Claims over \$20 require prior authorization and should be submitted for payment following completion of the authorized repairs and/or replacement of parts and
  - (a) delivery and acceptance of the repaired appliance(s) to the recipient and
  - (b) physician's certification of the quality and fit of the required appliance(s).

302. PATIENT IDENTIFICATION

Verify that the patient is a covered person on the first visit and each visit thereafter. This is done by viewing the patient's Validation Form (See Section 101) which is issued on the first day of each month. It is especially important to review a patient's Validation Form on each visit when extended plans of treatment have been authorized. Prior authorization is no guarantee that an individual is covered.

303. PRIOR AUTHORIZATION

Items or services requiring prior authorization should not be provided until prior authorization is received (See Section 204.1). When submitting claims for payment make certain the Prosthetic and Orthotic Claim Form (MC-15) has been properly signed in the following sections:

Section 10 - Signature of Local Medical Consultant

Section 13 - Patient certification

Section 14 - Physician's certification

Section 15 - Provider's signature

To assure prompt claim consideration, always furnish the prescribing physician's name and Social Security Number.

304. COMBINATION MEDICARE/MEDICAID CLAIMS

There will be many patients who also have Medicare Supplementary Medical Insurance benefits (Part B). In such cases, the Medicare Claim Form (SSA-1490) should be used in place of the Prosthetic and Orthotic Appliance Claim Form (MC-15). In this instance, it will be necessary to attach to the SSA-1490, a completed MC-15 Form (See Section 204.1 - Prior Authorizations):

NOTE: In cases where prior authorization is required for the Health Services Program, it must be obtained and submitted with the Medicare claim. Medicare Claim Form (SSA-1490) may be obtained on request from Prudential.

305. Requests for Authorization and other reports

305.1 Mailing Instructions

The first two digits of the recipient's Health Services Program Identification number indicate the Local Medical Assistance Unit having jurisdiction. Requests for authorization and any other reports required by the Local Medical Assistance Unit are to be sent to the Unit indicated.

N.B. Inquiries concerning eligibility and applications for eligibility are to be sent to the County Welfare Board of patient's residence.

305.2 Directory of Local Medical Assistance Units

<u>County Code</u>	<u>County</u>	<u>Street Address</u>	<u>Municipality</u>	<u>Zip Code</u>	<u>P.O. Box</u>	<u>Telephone</u>
01	Atlantic (					
05	Cape May (	1601 Atlantic Ave.	Atlantic City	08404	1970	609-344-2861
02	Bergen	90 Main Street	Hackensack	07601	813	201-488-5667
03	Burlington	50 Rancocas Rd.	Mt. Holly	08060	607	609-261-0448
04	Camden	709 Market St.	Camden	08101	19	609-365-3926
06	Cumberland	7 East Broad St.	Bridgeton	08302	440	609-451-6550
07	Essex	505 S. 15th St.	Newark	07103	1576	201-648-3700
08	Gloucester (					
17	Salem (	10 Harrison St.	Woodbury	08086	1900	609-845-7185
09	Hudson	100 Newkirk St.	Jersey City	07306	8216	201-792-6390
10	Hunterdon (					
18	Somerset (	79 Main St.	Flemington	08822	19	201-782-1130
21	Warren (					
11	Mercer	205 E. State St.	Trenton	08625	2465	609-292-7315
12	Middlesex	75 Paterson St.	New Brunswick	08903	1274	201-246-0653
13	Monmouth	320 Broad St.	Red Bank	07701	778	201-842-6440
14	Morris (					
19	Sussex (	6 Court St.	Morristown	07960	425M	201-267-1700
15	Ocean	952 President Ave. Apt. #1	Toms River	08753	1005	201-341-0804
16	Passaic	152 Market St.	Paterson	07509	2863	201-523-2800
20	Union	7 Bridge St.	Elizabeth	07201	776	201-355-8860

BILLING PROCEDURES

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306. PROSTHETIC AND ORTHOTIC APPLIANCE CLAIM (MC-15)

This form is to be used for the purpose of billing for Prosthetic and Orthotic appliances. IF THE CLAIM IS \$20.00 OR LESS, A COPY OF THE PRESCRIPTION MUST BE ATTACHED.

306.1 Instructions for Completion of Form MC-15 (See Exhibit)

- 1-4 NAME, ADDRESS, CASE NO. and PERSON NO. - Copy Patients Name, H.S.P. Case Number and Patient Person Number EXACTLY as it appears on the monthly Validation Form. (See Section 101).
- 5-6 Self Explanatory
- 7 Other Insurance Or Liability Coverage - If patient has other Health Insurance or Liability coverage, check appropriate block, provide the name and address of the carrier (s), and show amount paid.
- 8 Employment related - If patient's illness or injury is work related enter name and address of employer.
- 9 Name and Address of Provider - (This information may be pre-printed)
- 10
  - A. Enter date service was provided.
  - B. Enter appliance code number as listed in Chapter IV
  - C. If claim includes shoes, please check.
  - D. Enter description of appliances furnished, repaired, or parts replaced using nomenclature as listed in Chapter IV.
  - E. Enter quantity (if applicable)
  - F. Enter charges
- 11 AUTHORIZING SIGNATURE - When prior authorization is required, obtain signature from the Local Medical Assistance Unit.
- 12 PRESCRIBING PRACTITIONER - Give the Name and Social Security Number of the physician prescribing the prosthetic or orthotic appliance.
- 13 LONG TERM CARE - If the patient is confined to a long term facility such as an Extended Care Facility or a Skilled Nursing Home check the appropriate block and give the name and address of the facility in the space provided.

## BILLING PROCEDURES

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- 14 Under ordinary circumstances, the patient must sign the claim form when services have been received. The claim form to be signed should indicate services rendered, and the patient must not sign a blank claim form prior to receiving services or as a condition for receiving services.

However, when the patient's signature is unobtainable, the following procedures may be used:

A. Illiterate Patient

The patient may sign by mark (X), and the signature must be witnessed by another person including the provider of service who signs his name and address on the same line.

B. Other

If a patient is physically or mentally incapable of signing, a minor child, deceased, or for other reasons the patient's signature is not obtainable through reasonable effort, the form may be signed on his behalf by:

1. A parent, or
2. A legal guardian, or
3. A relative, or
4. A friend, or
5. An individual provider, or
6. A representative of an institution providing care or support, or
7. A representative of a governmental agency providing assistance.

Attached to the claim form should be a brief explanation of reason patient was not personally able to sign and relationship of signee to the patient-recipient.

- 15 PHYSICIAN'S CERTIFICATION OF FIT - This signature must be obtained after the appliance is dispensed indicating satisfactory fit and quality.
- 16 PROVIDER CERTIFICATION - The Provider must sign and date this certification before the claim for payment may be considered.

306.2 Mailing Instructions

Mail the Original Copy (Contractor's Copy) and prescriptions (where appropriate) to:

The Prudential Insurance Company of America  
P.O. Box 1900  
Millville, New Jersey 08332

Retain the Provider copy for your records.

CHAPTER IV

PROCEDURE CODES AND DESCRIPTION

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Component Parts (Repairs and Replacement)(3778-3792).	31
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CHAPTER IV

ORTHOTICS - UPPER EXTREMITY

<u>NUMBER CODE</u>	<u>NARRATIVE DESCRIPTION</u>
	Shoulder
	Abduction
3700	Free Elbow
3701	Stiff Elbow
3702	Erb's Palsy
3705	Adduction
	Elbow
3710	Pronation
3711	Supination
3712	Lateral Motion
3713	Stiff Joint
3714	Free Joint
3715	Lock Joint
	Wrist
	Cock up
3720	Fixed
3721	Spring Assist (Klenzak)
3722	Spring Coil
3726	Reciprocal action extension with finger flexion
	Hand
3730	Short opponens
3731	Long opponens
3732	Plastic hand orthosis
	Fingers
3740	Flexor hinge splint, finger driven
3741	Flexor hinge splint, cable driven
3742	Flexor hinge splint, wrist driven
3743	Flexor hinge splint, artificial muscle driven
3744	Extensor assist
3745	Powered prehension with wrist friction joint
	Functional Assist Braces
	Shoulder control without attachments
3750	Straight
3751	Axillary
3752	By-pass (suspension loop)
3753	Cap
	Attachments (add to above)
3754	Rotation stabilizer and forearm, cuff type elbow, flexion assist
3755	Rotation stabilizer, both shoulder and elbow flexion assists
3756	Same as 3755 with locking elbow joint
3757	Same as 3755 with forearm rotation stabilizer or assist

ORTHOTICS - UPPER EXTREMITY (Continued)

NUMBER  
CODE

NARRATIVE DESCRIPTION

3758	Rotation stabilizer, leg reciprocator, shoulder and elbow flexion assist, forearm rotation stabilizer or assist, free elbow joint
3759	Shoulder - supported functional arm brace with locking elbow, shoulder rotation stabilizer and forearm rotation stabilizer or assist
3760	Shoulder-supported functional arm brace, artificial muscle-activated
	Arm
3765	Ball bearing arm balancer or feeder
3766	Ball bearing arm with
3767	1 artificial muscle
3768	2 artificial muscles
3770	3 artificial muscles
	HAND, including fingers (Weniger, Bunnell)
3771	Flexor (per finger)
3774	With wrist assist
3775	Extensor (per finger)
	With wrist assist

COMPONENT PARTS (Repair or replacement)

Hand

Short Opponents

3778	C-bar
3779	Dynamic finger flexion assist
3780	First dorsal interosseous assist
3781	Interphalangeal extension assist with metacarpophalangeal extension loop
3782	Lumbrical bar
3783	Metacarpophalangeal extension assist/finger
3784	Metacarpophalangeal spring extension assist/finger
3785	Spreader bar swivel thumb
3786	Spring swivel thumb

Long Opponents

3790	Action wrist with dorsal flexion assist
3791	Adjustable metacarpophalangeal flexion control
3792	Same as 3791 + interphalangeal flexion control

ORTHOTICS - SPINAL BRACES

<u>NUMBER CODE</u>	<u>NARRATIVE DESCRIPTION</u>
	Lumbo-sacral brace
3800	A - P Control
3801	A - P and Lateral Control
3802	Posterior and Lateral Control
	Dorso-Lumbar Brace
3805	A - P Control
3806	A - P and Lateral Control
3807	A - P Lateral and Rotary Control
3808	Anterior Control - Hyperextension
3810	Scoliosis Cervical Collars
	Anterior Control
3813	Soft
3814	Hard
3815	Malleable Frame
3816	Hard with Chin Support
3819	A - P Control (Hard with chin and occipital support)
	Posters
	A - P Control
3822	2 or 4 poster
3823	2 or 4 poster with rigid attachment between chin and occipital supports
	A - P Control and Unweighting
3826	2 or 4 poster with rigid attachment between chin and occipital support and slightly elongated uprights
	A - P, Lateral & Rotary Control
3827	Customized poster appliance with rigid attachment between chin and occipital support (Implies larger, more contoured chin and occipital support.)
3828	Same as 3827 with addition of thoracic band attached with rigid upright to thoracic plate
3830	A - P, Lateral and Rotary Control and Unweighting
3831	Customized poster appliance with rigid attachment between chin and occipital supports and slightly elongated uprights
3834	Moulded-Leather (reinforced when necessary) or plastic, moulded or laminated over modified positive cast
3835	A - P Lateral and Rotary Control

ORTHOTICS - SPINAL BRACES (Continued)

NUMBER  
CODE

NARRATIVE DESCRIPTION

COMPONENT PARTS (Replacement, repair, etc.)

Bands (Exclusive of leather work)

Pelvic

3840 Straight  
3841 Angular  
3842 Butterfly  
3843 Gluteal Extension  
3846 Thoracic  
3847 Interscapular

Uprights

3850 Posterior  
3851 Lateral  
3852 Oblique Lateral

Abdominal Support

3855 Full Front  
3856 Corset Front  
3857 Elastic Front  
3858 Full Corset  
3859 Apron  
3860 Maternity

Other

3864 Axillary Strap  
3865 Sternal Plate  
3866 Thoracic band extension and sub-clavicular pads  
3867 Anterior hyperextension frame and pad  
3868 Axillary Crutches  
3869 Perineal Straps

Collar

3875 Chin Cup  
3876 Occipital Extension

Poster

3879 Poster  
3880 Thoracic Band  
3881 Rigid connection between chin and occipital support

Scoliosis

Pelvic Girdle

3885 Leather  
3886 Plastic  
Girdle Reinforcements  
3889 Kytex  
3890 Monel  
3891 Fiberglass (Plastic)

Uprights

3895 Posterior  
3896 Anterior  
3897 Pubic Hinge  
3898 Crest Hoop

SPINAL BRACES - COMPONENT PARTS (Continued)

<u>NUMBER CODE</u>	<u>NARRATIVE DESCRIPTION</u>
3902	Occiput Standard
3903	Split
	Chin Piece
3906	Standard
3907	Throat
	Corrective Pads
	Lumbar
3910	Standard
3911	Mechanical (spring)
3915	Dorsal
3916	Axillary
3917	Neck
3918	Sternal
3919	Kyphosis
	Shoulder
3920	Ring
3921	Girdle

ORTHOTICS - LOWER EXTREMITY

(Aluminum or Steel)

NUMBER  
CODE

NARRATIVE DESCRIPTION

Short Leg Brace (Includes solid stirrup,  
free motion ankle joint, calf band,  
calf cuff)

3925 Single Bar (round)  
3926 Single Bar (steel or aluminum)  
3927 Double Bar (steel or aluminum)  
3928 Posterior Spring  
3929 Wire Frame

Short Leg Brace with Tibial Torsion

3933 Single Bar (round)  
3934 Single Bar (steel or aluminum)  
3935 Double Bar (steel or aluminum)  
3940 Long Leg Brace (Includes solid stirrup,  
free motion ankle joint, free motion  
knee joint, calf band, calf cuff,  
2 thigh bands, 2 thigh cuffs, knee pad optional)

Other Long Leg Braces

3944 Functional  
3945 Perthes  
Bow Legs  
3946 Single Bar  
3947 Double Bar

Knee Cage

3950 Standard (Elastic with medial and  
lateral supports)  
Custom Moulded

3951 Leather with knee joints  
3952 Plastic with knee joints

COMPONENT PARTS (Repair and replacement)

Shoe and Foot Attachment

Stirrup

3955 Solid  
3956 Split with attachment plate  
3957 Caliper (round)  
3958 Foot Plate (stainless contoured)  
3959 Foot Plate and Sandal (contoured)  
3960 Heel to toe shank

Ankle Joint

Spring Assist

3965 Dorsi-flexion  
3966 Dorsi- and plantar-flexion  
3969 Limited Motion  
3970 Free Motion  
3971 Solid  
3972 90° stop

ORTHOTICS - LOWER EXTREMITY (Continued)

NUMBER  
CODE

NARRATIVE DESCRIPTION

	Knee Joint
	Aluminum
3975	Free Motion
	Drop (ring) Lock
3976	Medial
3977	Lateral
3978	Bilateral
3979	Spring Loaded Drop Lock
3980	Cam Lock
3981	Adjustable Flexion
	Steel
3984	Free Motion
	Drop (ring) Lock
3985	Medial
3986	Lateral
3987	Bilateral
3988	Spring Loaded Drop Lock
3989	Cam Lock
3990	Adjustable Flexion
	Stainless Steel
3993	Free Motion
	Drop (ring) Lock
3994	Medial
3995	Lateral
3996	Bilateral
3997	Spring Loaded Drop Lock
3998	Cam Lock
3999	Adjustable Flexion
	Cuffs (to 4" width)
4002	Calf
4003	Thigh - Mid
4004	Thigh - Upper
4005	Split
4006	Long Tibial Cuff
4007	PTB Plastic Socket
4008	Shin Guard
	Bands
4011	Calf
4012	Thigh - Mid
4013	Thigh - Upper
	Side Bar
4016	Upper
4017	Lower
	Extension
4018	Upper
4019	Lower
4020	Both
	Knee Pad
4024	Standard
4025	Pull

ORTHOTICS - LOWER EXTREMITY (Continued)

NUMBER CODE	NARRATIVE DESCRIPTION
	Hip Joint
	Aluminum
4030	Free Motion
4031	Locked
4032	Limited Motion
4033	180° Stop
	Steel
4036	Free Motion
4037	Locked
4038	Limited Motion
4039	180° Stop
	Stainless Steel
4042	Free Motion
4043	Locked
4044	Limited Motion
4045	180° Stop
	Pelvic Band
	Unilateral
4048	Metal
4049	Leather
4050	Extra Padding
	Bilateral
4053	Metal
4054	Leather
4055	Extra Padding
	Twisters
	Cable (according to length and thickness)
4058	Unilateral
4059	Bilateral
4061	Ankle Joint
4062	Knee Joint
4063	Hip Joint
4064	Pelvic Band
4065	Calf Strap
4066	Calf Cuff
	Other
4069	"T" or "Y" Strap (Varus-Valgus)
4070	Moulded Calf Cuff (to 4")
4071	Moulded Calf Cuff (4" to 6")
4072	Moulded Thigh Cuff (to 4")
4073	Stirrup Transfer
4074	Gluteal Roll Top
	Ischial Seat
	Ring
4075	Metal
4076	Leather
	Band
4077	Metal
4078	Leather
4082	Quadrilateral Socket

ORTHOTICS - LOWER EXTREMITY (Continued)

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NUMBER  
CODE

NARRATIVE DESCRIPTION

	Shoe Build-up
	Rubber
4083	1st inch
4084	Each additional 1/2"
	Cork
4085	1st inch
4086	Each additional 1/2"

PROSTHETICS - LOWER EXTREMITY

<u>NUMBER CODE</u>	<u>NARRATIVE DESCRIPTION</u>
	<b>LEG PROSTHESIS</b>
4090	Trans Metatarsal (Includes moulded leather with steel plate, felt toe area made to cast, laced front)
4091	Laminated plastic, custom made foot Ankle (Symes)
4095	Standard (leather and metal frame, conventional foot)
4096	Plastic with SACH foot
4100	B/K (Includes SACH foot, wood socket, knee joint, corset)
4101	B/K (SACH foot, plastic socket, knee joint, corset)
4102	PTB (SACH foot, hard plastic socket, cuff suspension)
4103	PTB (SACH foot, soft insert, cuff suspension)
4104	PTB (SACH foot, soft insert, knee joint, corset)
4105	PTS (SACH foot, hard insert, wedge)
4106	PTS (SACH foot, soft insert, wedge)
	<b>Knee Bearing</b>
4110	Conventional (Includes SACH foot, wood or plastic shin, outside knee joints, plastic or leather socket, check strap, extension aid)
4111	With A/K (Includes SACH foot, single axis friction knee, plastic total contact socket)
4112	With A/K (Includes SACH foot, Lang knee, plastic total contact socket)
4117	A/K (Includes SACH foot, single axis friction knee, wood quadrilateral socket, pelvic belt and hip joint)
4118	A/K (SACH foot, single axis friction knee, wood suction socket, Silesian belt)
4119	A/K (SACH foot, single axis friction knee, plastic quadrilateral socket open end, pelvic belt and hip joint)
4120	A/K (SACH foot, single axis friction knee, plastic total contact socket, pelvic belt and hip joint)
4121	A/K (SACH foot, single axis friction knee, plastic total contact socket and Silesian belt)
4125	Hip Disarticulation (Includes SACH foot, single axis friction knee, wood thigh, plastic socket, anterior placed hip joint)

PROSTHETICS -- LOWER EXTREMITY

NUMBER CODE	NARRATIVE DESCRIPTION
4121	Hemi-pelvectomy (Includes SACH-foot, single axis friction knee, wood thigh, plastic socket with ischial seat to opposite side or thoracic support, anterior placed hip joint) Preparatory Prosthesis (temporary pylon)
4130	A/K
4131	Plaster
	Plastic
4134	B/K
4135	Plaster
	Plastic
	COMPONENT PARTS
	Foot
4138	SACH
4139	Single axis ankle motion
4140	Universal motion
	Ankle Joint and Block
4143	Single Axis
4144	Universal
4145	Ankle block including lamination
	Knee Joints
	Initial
	Steel
4148	Unilateral
4149	Bilateral
	Stainless Steel
4151	Unilateral
4152	Bilateral
	Replacement
	Steel
4155	Unilateral
4156	Bilateral
	Stainless Steel
4158	Unilateral
4159	Bilateral
	Knee
4162	Single axis friction knee
4163	Single axis friction knee with built-in extension
4164	Single axis friction knee, safety type
4165	Single axis friction knee, manual lock
4166	Single axis, manual lock
4167	Multi (polycentric) axis - Lang or comparable
	Hip Joint
	A/K only
4170	Standard
4171	Spracklin
4174	Drop Lock (Hip Disarticulation)
4175	Anterior placed (Canadian-Hip Disarticulation)
4176	Stride Control
4177	Adjustable, anterior (ball and socket)

PROSTHETICS - LOWER EXTREMITY

NUMBER  
CODE

NARRATIVE DESCRIPTION

	Suspensions, Belts and Bands
4180	Cuff suspension
	Pelvic Belt (A/K)
4181	Standard
4182	Padded
4185	Pelvic Band
4186	Silesian Belt (standard)
4187	Shoulder suspender
	Waist Belt (B/K)
4188	Standard
4189	Padded
	Thigh Corset
4192	Standard
4193	Gluteal
4194	Ischial
4200	Check Strap
4201	Fork Strap
	Sockets
4205	Wood (A/K)
4206	Suction (A/K - wood)
4207	Plastic, open end
4208	Plastic total contact
	Hip Disarticulation
4209	Plastic
4210	Moulded Leather
	Hemi-pelvectomy
4213	Plastic
4214	Moulded Leather
	B/K Soft Insert
4217	PTB
4218	PTS with wedge
	OTHER
4222	Cosmetic laminated shell for thigh (Hip Disarticulation)
	Extension Aids
4223	External
4224	Internal
4227	Realistic leg cover (B/K)
4228	Stump Socks

LABOR

MINIMUM CHARGE

PROSTHETICS - UPPER EXTREMITY

NUMBER  
CODE

NARRATIVE DESCRIPTION

ARM PROSTHESIS

Partial Hand (Details by report)

B/E

4240

Wrist Disarticulation (Includes leather or plastic double wall socket, friction wrist, harness and control assembly)

4241

Long B/E or Standard (Includes double wall socket, friction wrist, biceps cuff, elbow joints, harness and control assembly)

4242

Short B/E (Includes double wall socket, friction wrist, biceps cuff, elbow joint, harness and control assembly )

4243

Very Short B/E (Includes split socket, friction wrist, biceps cuff, elbow joint, harness and control assembly)

4247

Muenster

4250

Elbow Disarticulation (Plastic double wall socket, forearm outside locking joints, manual friction wrist, harness and control assembly)

A/E

4255

Standard A/E (Includes double wall socket with locking elbow, manual friction wrist, harness and control assembly)

4256

Short A/E (Includes double wall socket with locking elbow, manual friction wrist, harness and control assembly, forearm spring assist)

Shoulder Disarticulation (Includes plastic with shoulder abduction joint, locking elbow, manual friction wrist, harness and control assembly, forearm spring assist)

4260

Flexion and Abduction

4261

Monolith

4265

Forequarter (Includes double wall shoulder build-up, plastic with shoulder abduction joint, locking elbow, manual friction wrist, harness and control assembly, forearm spring assist)

Terminal Devices

Hands

4263

Voluntary Closing

Sierra

4269

APRL VC

Voluntary Opening

PROSTHETICS - UPPER EXTREMITY (Continued)

NUMBER CODE	NARRATIVE DESCRIPTION
4273	Sierra
4274	Dorrance
4275	Becker Lock Grip
4276	Becker Plylite
4277	Robin Aids
4278	APRL - VO
4283	Cosmetic
	Hooks
	Dorrance
4290	3
4291	5
4292	5X
4293	5XA
4294	555
4295	6
4296	7
4297	7LO
4298	8
4299	10X
4300	88X
4301	99X
4310	Sierra APRL
4311	Sierra 2-load
4312	Troutman
	Congenital (Details by report)
	Cineplasty (Details by report)
	COMPONENT PARTS (Replacement)
	Sockets
	Double Wall
4320	Elbow Disarticulation
4321	Standard A/E
4322	Short A/E
4323	Humeral Neck
4324	Shoulder Disarticulation
4325	Forequarter
	Split
4330	Very Short B/E
	Arm Component
4335	Half Cuff
4336	Full Cuff
4337	Triceps Pad
	A/E Forearm Component
4340	Standard Forearm Shell
	Wrist and Terminal Device
	Interchangeable Forearm Plan
	Elbow Device
4345	Flexible Hinges
4346	Rigid (or semi-rigid) Hinges
4347	Step-up Hinge
4348	Outside Locking Hinge
4349	Locking Elbow (Hosmer)
4350	Forearm Lift Assist

PROSTHETICS - UPPER EXTREMITY (Continued)

NUMBER  
CODE

NARRATIVE DESCRIPTION

Harness and Controls

4355	B/E Figure 8 ("O" Ring)
4356	A/E Figure 8 ("O" Ring)
4357	Basic chest strap with dual control (shoulder extension, shoulder elevation, manual or nudge control of elbow lock)
4358	Saddle Type
4359	B/E Single Control
4360	A/E Dual Control

Gloves

4365	Custom (Realastic)
4366	Standard