

KMAP PROSTHETIC & ORTHOTIC BULLETIN 12114E

HCPCS 2013 Updates

Effective with dates of service on and after January 1, 2013, code L5859 will be covered. An itemized retail invoice is to be maintained in the provider's files and provided upon request. Code L8605 will be covered with prior authorization.

Additional manual updates have been made in keeping with current policies and procedures. Unless otherwise noted, they are effective upon publication.

Note: Refer to the *CPT*[®] codebook for complete descriptions.

Use the following resources to determine coverage and pricing information. For accuracy, use your provider type and specialty as well as the beneficiary ID number or benefit plan.

- Information is available on the [public website](#).
- Information is available on the [secure website](#) under Pricing and Limitations.

A chart has been developed to assist providers in understanding how KMAP will handle specific modifiers. The [Coding Modifiers Table](#) is under Reference Codes on the Provider tab of the public website and Pricing and Limitations on the secure portion.

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For the changes resulting from this provider bulletin, view the updated *Prosthetic & Orthotic Provider Manual*, Appendix, pages A-15 and A-20.

KMAP

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Customer Service

- 1-800-933-6593 (in-state)
- 785-274-5990
8:00 a.m. - 5:00 p.m.
Monday - Friday