

APPENDIX A

MEDICAL SUPPLIES

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ALL ADDITIONS, DELETIONS AND CHANGES EFFECTIVE 1/1/05

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--|---|--------------|-----------|------------|-----------|------------------|-------|
| DRESSINGS/TAPE/GAUZE/BANDAGES | | | | | | | |
| A4450 | TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES | per 18 sq in | H | N | H | 60/MO- 200/MO | PP |
| A4452 | TAPE, WATERPROOF, PER 18 SQUARE INCHES | per 18 sq in | H | N | H | 60/MO- 200/MO | PP |
| NOTE: * AN AU, AV, AW OR BA MODIFIER IS REQUIRED WITH TAPE CODES A4450 AND A4452. | | | | | | | |
| A6020 | COLLAGEN BASED WOUND DRESSING, WOUND COVER | EACH (1) | H | Y | Y | | PP |
| A6021 | COLLAGEN DRESSING, LESS THAN 16 SQ IN | EACH (1) | H | Y | Y | | PP |
| A6022 | COLLAGEN DRESSING, LESS THAN 16 SQ IN, GREATER THAN OR EQUAL TO 48 SQ IN | EACH (1) | H | Y | Y | | PP |
| A6023 | COLLAGEN DRESSING, MORE THAN 48 SQ IN | EACH (1) | H | Y | Y | | PP |
| A6154* | WOUND POUCH, FOR SURGICAL WOUND DRAINAGE | EACH (1) | H | N | Y | 15/MO | PP |
| NOTE: * MAX UNITS INDICATES THE MAXIMUM NUMBER OF UNITS (DRESSINGS) COVERED PER WOUND | | | | | | | |
| A6196* | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS | EACH (1) | H | N | Y | 30/MO | PP |
| A6197* | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN. | EACH (1) | H | N | Y | 30/MO | PP |
| A6198* | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN. | EACH (1) | H | Y | Y | 30/MO | PP |
| NOTE: * FOR ALGINATE DRESSING CODES A6196 AND A6197, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH. | | | | | | | |
| A6200 | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER | EACH (1) | H | Y | Y | 12/MO | PP |
| A6201 | COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/O ADHESIVE BORDER | EACH (1) | H | Y | Y | 12/MO | PP |
| A6202 | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN. WITHOUT ADHESIVE BORDER | EACH (1) | H | Y | Y | 12/MO | PP |
| A6203* | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6204* | COMPOSITE DRESSING, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6205* | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | Y | Y | 12/MO | PP |
| NOTE: * FOR COMPOSITE DRESSING CODES A6203 AND A6204, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH. | | | | | | | |
| A6206* | CONTACT LAYER, 16 SQ. IN. OR LESS | EACH (1) | H | Y | Y | 4/MO | PP |
| A6207* | CONTACT LAYER, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN. | EACH (1) | H | N | Y | 4/MO | PP |
| A6208* | CONTACT LAYER, MORE THAN 48 SQ. IN. | EACH (1) | H | Y | Y | 4/MO | PP |
| A6209* | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6210* | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6211* | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6212* | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN., OR LESS, WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6213* | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | Y | Y | 12/MO | PP |
| A6214* | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| NOTE: * FOR FOAM DRESSING CODES A6209, A6210, A6211, A6212 AND A6214, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH. | | | | | | | |

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| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|---|-----------|-----------|------------|-----------|-----------|-------|
| A6216* | GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER | ONE MONTH | H | N | Y | \$50/MO | PP |
| A6217* | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER | ONE MONTH | H | N | Y | \$50/MO | PP |
| A6218* | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER | ONE MONTH | H | N | Y | \$50/MO | PP |
| A6219* | GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER | ONE MONTH | H | N | Y | \$50/MO | PP |
| A6220* | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | ONE MONTH | H | N | Y | \$50/MO | PP |
| A6221* | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | ONE MONTH | H | N | Y | \$50/MO | PP |

NOTE: * FOR NON-IMPREGNATED GAUZE CODES A6216 - A6221 AND A6402 - A6404, THE COMBINED MAXIMUM ALLOWABLE PAYMENT IS \$50 PER MONTH AND CHARGES ARE NOT TO EXCEED MANUFACTURER'S SUGGESTED LIST PRICE.

| | | | | | | | |
|--------|--|----------|---|---|---|-------|----|
| A6222* | GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |
| A6223* | GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |
| A6224* | GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |

NOTE: * FOR IMPREGNATED GAUZE CODES A6222 - A6224, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.

| | | | | | | | |
|--------|---|----------|---|---|---|-------|----|
| A6228 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER | NC | N | | N | NC | NC |
| A6229 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, MORE THAN 16, GREATER THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER | NC | N | | N | NC | NC |
| A6230 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER | NC | N | | N | NC | NC |
| A6231* | GAUZE, IMPREGNATED, HYDROGEL, 16 SQ IN OR LESS | EACH (1) | H | N | Y | 12/MO | PP |
| A6232* | GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ IN | EACH (1) | H | N | Y | 12/MO | PP |
| A6233* | GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 48 SQ IN | EACH (1) | H | N | Y | 12/MO | PP |
| A6234* | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6235* | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6236* | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6237* | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6238* | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6239* | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | Y | Y | 12/MO | PP |

NOTE: * FOR HYDROCOLLOID CODES A6231- A6238, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.

| | | | | | | | |
|--------|---|----------|---|---|---|-------|----|
| A6242* | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |
| A6243* | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |
| A6244* | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |

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| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--|---|------------------|-----------|------------|-----------|---------------|-----------|
| A6245* | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6246* | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| A6247* | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 12/MO | PP |
| NOTE: * FOR HYDROGEL CODES A6242, A6243 AND A6244 THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH. FOR HYDROGEL CODES A6245, A6246 AND A6247 THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH. | | | | | | | |
| A6250 | SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, ANY TYPE, ANY SIZE | NC | N | | N | NC | NC |
| A6251* | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |
| A6252* | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |
| A6253* | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |
| A6254* | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |
| A6255* | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | N | Y | 30/MO | PP |
| A6256* | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER | EACH (1) | H | Y | Y | 30/MO | PP |
| NOTE: * FOR ABSORPTIVE DRESSING CODES A6251 - A6255, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH. | | | | | | | |
| A6257* | TRANSPARENT FILM, 16 SQ. IN. OR LESS | EACH (1) | H | N | Y | 12/MO | PP |
| A6258* | TRANSPARENT FILM, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN. | EACH (1) | H | N | Y | 12/MO | PP |
| A6259* | TRANSPARENT FILM, MORE THAN 48 SQ. IN. | EACH (1) | H | N | Y | 12/MO | PP |
| NOTE: * FOR TRANSPARENT FILM CODES A6257 - A6259, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH. | | | | | | | |
| A6260 | WOUND CLEANSERS, ANY TYPE, ANY SIZE | NC | N | | N | NC | NC |
| A6263 | GAUZE, ELASTIC, NON-STERILE, ALL TYPES, PER ROLL | EACH ROLL | H | N | N | 30/MO | PP |
| A6266 | GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH | LINEAR YD. | H | N | H | 100 YD /MO | PP |
| A6402* | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER | ONE MONTH | H | N | Y | \$50/MO | PP |
| A6403* | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN. WITHOUT ADHESIVE BORDER | ONE MONTH | H | N | Y | \$50/MO | PP |
| A6404* | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER | ONE MONTH | H | N | Y | \$50/MO | PP |
| NOTE: * FOR NON-IMPREGNATED GAUZE CODES A6216 - A6221 AND A6402 - A6404, THE COMBINED MAXIMUM ALLOWABLE PAYMENT IS \$50 PER MONTH AND CHARGES ARE NOT TO EXCEED MANUFACTURER'S SUGGESTED LIST PRICE. | | | | | | | |
| A6441 | <u>PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD</u> | <u>EACH YARD</u> | H | N | Y | <u>100/MO</u> | <u>PP</u> |
| A6442* | <u>CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD</u> | <u>EACH YARD</u> | H | N | Y | <u>150/MO</u> | <u>PP</u> |
| A6443* | <u>CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD</u> | <u>EACH YARD</u> | H | N | Y | <u>150/MO</u> | <u>PP</u> |
| A6444* | <u>CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD</u> | <u>EACH YARD</u> | H | N | Y | <u>150/MO</u> | <u>PP</u> |

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| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|--|-----------|-----------|------------|-----------|-----------|-------|
| A6445* | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD | EACH YARD | H | N | Y | 150/MO | PP |
| A6446* | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | EACH YARD | H | N | Y | 150/MO | PP |
| A6447* | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | EACH YARD | H | N | Y | 150/MO | PP |

NOTE: * FOR CONFORMING BANDAGE CODES A6442 THROUGH A6447, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 150 YARDS PER MONTH.

| | | | | | | | |
|---------|---|-----------|---|---|---|----------|----|
| A6448 * | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD | EACH YARD | H | N | N | 18/3 MOS | PP |
| A6449 * | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | EACH YARD | H | N | N | 18/3 MOS | PP |
| A6450* | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | EACH YARD | H | N | N | 18/3 MOS | PP |
| A6451* | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50 PERCENT MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | EACH YARD | H | N | N | 18/3 MOS | PP |
| A6452 * | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | EACH YARD | H | N | N | 18/3 MOS | PP |
| A6453 * | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD | EACH YARD | H | N | N | 18/3 MOS | PP |
| A6454 * | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | EACH YARD | H | N | N | 18/3 MOS | PP |
| A6455 * | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | EACH YARD | H | N | N | 18/3 MOS | PP |

NOTE: * FOR COMPRESSION BANDAGE CODES A6448 THROUGH A6455, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 18 YARDS PER 3 MONTHS.

WOUND FILLERS

| | | | | | | | |
|---------|--|--------------------|---|---|---|----------|----|
| A6010 * | COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN | ONE MONTH PER GRAM | H | N | Y | \$100/MO | PP |
| A6011 * | COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN | PER GRAM | H | N | Y | \$100/MO | PP |
| A6199 * | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER | ONE MONTH | H | N | Y | \$100/MO | PP |
| A6215 * | FOAM DRESSING, WOUND FILLER | ONE MONTH | H | N | Y | \$100/MO | PP |
| A6240 * | HYDROCOLLOID DRESSING, WOUND FILLER, PASTE | ONE MONTH | H | N | Y | \$100/MO | PP |
| A6241 * | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM | ONE MONTH | H | N | Y | \$100/MO | PP |
| A6248 * | HYDROGEL DRESSING, WOUND FILLER, GEL | ONE MONTH | H | N | Y | \$100/MO | PP |
| A6249 * | HYDROGEL DRESSING, WOUND FILLER, DRY FORM | ONE MONTH | H | N | Y | \$100/MO | PP |
| A6261 * | WOUND FILLER, NOT ELSEWHERE CLASSIFIED, GEL/PASTE | ONE MONTH | H | N | Y | \$100/MO | PP |
| A6262 * | WOUND FILLER, NOT ELSEWHERE CLASSIFIED, DRY FORM | ONE MONTH | H | N | Y | \$100/MO | PP |

NOTE: * CHARGES FOR FILLER CODES ARE NOT TO EXCEED MFG. SUGGESTED LIST PRICE. COMBINED MAXIMUM ALLOWABLE PAYMENT FOR FILLER CODES IS \$100 PER MONTH.

SYRINGES/NEEDLES

| | | | | | | | |
|---------|--|----------|---|---|---|------------------|----|
| A4206 + | SYRINGE WITH NEEDLE, STERILE LESS THAN OR EQUAL TO 1CC, EACH | EACH (1) | H | N | N | 400/MO 200/MO | PP |
| A4207 | SYRINGE WITH NEEDLE, STERILE 2 CC | EACH (1) | H | N | N | 100/MO | PP |
| A4208 | SYRINGE WITH NEEDLE, STERILE 3 CC | EACH (1) | H | N | N | 100/MO | PP |
| A4209 | SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER | EACH (1) | H | N | N | 100/MO | PP |
| A4210 | NEEDLE FREE INJECTION DEVICE | NC | N | | N | NC | NC |
| A4212 | NON-CORING (HUBER-TYPE) NEEDLE | EACH (1) | H | N | N | 30/MO | PP |
| A4213 | SYRINGE W/O NEEDLE, STERILE 20 CC OR GREATER | EACH (1) | H | N | N | 50/YR | PP |
| A4215 + | NEEDLES ONLY, STERILE, ANY SIZE, INCLUDING PEN NEEDLES | EACH (1) | H | N | N | 100/MO | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|---|---|--------------------|-----------|------------|-----------|-------------------|-------|
| DIABETIC SUPPLIES/BLOOD GLUCOSE MONITOR SUPPLIES | | | | | | | |
| A4244 | PEROXIDE/ALCOHOL, PER PINT | EACH (16 OZ) | H | N | N | 15/MO | PP |
| A4245 + | ALCOHOL WIPES OR SWABS, PER WIPE OR SWAB BOX | EACH (+) BOX | H | N | N | 200/MO- 2/MO | PP |
| A4246 | BETADINE, POVIDONE IODINE, OR PHISOHEX SOLUTION, PER PINT | EACH (16 OZ) | H | N | N | 6/MO | PP |
| A4247 | BETADINE/POVIDONE IODINE WIPE/SWAB, PER PIECE BOX | EACH (+) BOX | H | N | N | 100/MO- 1/MO | PP |
| A4250 + | URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS) | EACH PC PER 100 | H | N | N | 150/MO- 3/2 MO | PP |
| A4253 + | BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 | BOX OF 50 | H | N | H | 4/MO | PP |
| A4254 | REPLACEMENT BATTERY, ANY TYPE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH | NC | N | | H | NC | NC |
| A4256 + | NORMAL, LOW HIGH CALIBRATION SOLUTION/CHIPS (PKG) | EACH (1) | H | N | N | 1/3 MO | PP |
| A4258 | SPRING POWERED DEVICE FOR LANCET | EACH (1) | Y | N | H | 1/YR | PP |
| A4259 + | LANCETS, PER BOX OF 100 | BOX OF 100 | H | N | H | 2/MO | PP |
| E0607 + | HOME BLOOD GLUCOSE MONITOR COMPLETE (BILL USUAL AND CUSTOMARY CHARGE LESS ANY REBATE) | EACH (1) | H | N | H | 1/4 YRS | PP |
| E2100 + | BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E2101 + | BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| S5560 + | INSULIN DELIVERY DEVICE, REUSABLE PEN; 1.5 ML SIZE | EACH (1) | H | N | N | 1/YR | PP |
| S5561 + | INSULIN DELIVERY DEVICE, REUSABLE PEN; 3 ML SIZE | EACH (1) | H | N | N | 1/YR | PP |

DISTILLED WATER/STERILE SALINE/DISINFECTANT SOLUTION

| | | | | | | | |
|-------|---|-------------|---|---|---|-----------------|----|
| A4216 | STERILE WATER/SALINE, 10 ML | EACH VIAL | H | N | Y | 30/MO- 90/MO | PP |
| A4217 | STERILE WATER/SALINE, 500 ML | EACH BTL | H | N | Y | 12/MO- 36/MO | PP |
| A7018 | WATER, DISTILLED, 1000 ML | EACH LTR | H | N | N | 16/MO | PP |
| Y9113 | DISINFECTION SOLUTION FOR RESPIRATORY EQUIPMENT | EACH GALLON | H | N | N | 1/MO | PP |

NOTE: BRONCHO SALINE SHOULD BE BILLED AS A DRUG UNDER THE PHARMACY BENEFIT AS DESCRIBED IN CHAPTER 5101:3-9 OF THE ADMINISTRATIVE CODE

INCONTINENCE GARMENTS AND RELATED SUPPLIES

| | | | | | | | |
|--------|---|----------|---|---|---|--------|----|
| A4520 | INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH | NC | N | | | NC | NC |
| A4521* | ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4522* | ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, MEDIUM SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4523* | ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4524* | ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, EXTRA LARGE SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4525* | ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4526* | ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, MEDIUM SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4527* | ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4528* | ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, EXTRA LARGE SIZE | EACH (1) | H | N | N | 300/MO | PP |
| T4521* | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4522* | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4523* | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4524* | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4525* | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4526* | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4527* | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4528* | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| A4529* | CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL/MEDIUM SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4530* | CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4531* | CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL/MEDIUM SIZE | EACH (1) | H | N | N | 300/MO | PP |
| A4532* | CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE | EACH (1) | H | N | N | 300/MO | PP |
| T4529* | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4530* | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH | EACH (1) | H | N | N | 300/MO | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|--|----------|-----------|------------|-----------|-----------|-------|
| T4531* | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4532* | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| A4533* | YOUTH-SIZED INCONTINENCE PRODUCT, DIAPER | EACH (1) | H | N | N | 300/MO | PP |
| A4534* | YOUTH-SIZED INCONTINENCE PRODUCT, BRIEF | EACH (1) | H | N | N | 300/MO | PP |
| T4533* | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH | EACH (1) | H | N | N | 300/MO | PP |
| T4534* | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH | EACH (1) | H | N | N | 300/MO | PP |
| A4535* | DISPOSABLE LINER/SHIELD FOR INCONTINENCE | EACH (1) | H | N | N | 300/MO | PP |
| T4535* | DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH | EACH (1) | H | N | N | 300/MO | PP |
| A4536 | PROTECTIVE UNDERWEAR, WASHABLE, ANY SIZE | EACH (1) | H | N | N | 6/YR | PP |
| T4536 | INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH | EACH (1) | H | N | N | 6/YR | PP |
| A4537 | UNDER PAD, REUSABLE/WASHABLE, ANY SIZE | EACH (1) | H | N | N | 6/YR | PP |
| T4537 | INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH | EACH (1) | H | N | N | 6/YR | PP |
| T4540 | INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH | EACH (1) | H | N | N | 6/YR | PP |
| A4538* | DIAPER SERVICE, REUSABLE DIAPER | EACH (1) | H | N | N | 300/MO | RO |
| T4538* | DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER | EACH (1) | H | N | N | 300/MO | RO |

NOTE: * **THE COMBINED MONTHLY ALLOWABLE FOR T4521-T4535 AND T4538 IS 300 UNITS (GARMENTS)**

| | | | | | | | |
|---------|---|----------|---|---|---|----------|----|
| A4664 | DISPOSABLE UNDERPADS, ALL SIZES (E.G. CHUX) | EACH (1) | H | N | N | 300/2 MO | PP |
| T4541 * | INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH | EACH (1) | H | N | N | 300/2 MO | PP |
| T4542 * | INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH | EACH (1) | H | N | N | 300/2 MO | PP |

NOTE: * **THE COMBINED ALLOWABLE FOR T4541 AND T4542 IS 300 UNITS (PADS) EVERY 2 MONTHS**

| | | | | | | | |
|-------|--|----------|---|---|---|-------|----|
| T1500 | DIAPER/INCONTINENT PANT, REUSABLE/WASHABLE, ANY SIZE, EACH | EACH (1) | H | Y | N | 36/YR | PP |
| T4539 | INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH | EACH (1) | H | Y | N | 36/YR | PP |

UROLOGICAL SUPPLIES

| | | | | | | | |
|-------|---|----------|---|---|---|-------|----|
| A4310 | FOLEY CATH INSERTION TRAY WITHOUT DRAINAGE BAG, WITHOUT CATHETER | EACH (1) | H | N | Y | 3/MO | PP |
| A4311 | INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) | EACH (1) | H | N | Y | 3/MO | PP |
| A4312 | INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE | EACH (1) | H | N | Y | 3/MO | PP |
| A4313 | INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, THREE WAY, SILICONE FOR CONTINUOUS IRRIGATION | EACH (1) | H | N | Y | 3/MO | PP |
| A4314 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) | EACH (1) | H | N | Y | 3/MO | PP |
| A4315 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE | EACH (1) | H | N | Y | 3/MO | PP |
| A4316 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, 3 WAY, FOR CONTINUOUS IRRIGATION | EACH (1) | H | N | Y | 3/MO | PP |
| A4320 | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE | EACH (1) | H | N | Y | 30/MO | PP |
| A4322 | IRRIGATION SYRINGE, WITH BULB OR PISTON | EACH (1) | H | N | Y | 30/MO | PP |
| A4323 | STERILE SALINE IRRIGATION SOLUTION - 1000 ML - ANY | EACH LTR | H | N | Y | 12/MO | PP |
| A4324 | MALE EXTERNAL CATHETER, WITH ADHESIVE COATING | EACH (1) | H | N | Y | 60/MO | PP |
| A4325 | MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP | EACH (1) | H | N | Y | 60/MO | PP |
| A4349 | MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH | EACH (1) | H | N | Y | 60/MO | PP |

NOTE: * **USE CODE A4349 IN PLACE OF A4324, A4325, OR A4347**

| | | | | | | | |
|-------|--|----------|---|---|---|-------|----|
| A4326 | MALE EXTERNAL CATHETER SPECIALTY TYPE, EG: INFLATABLE, FACEPLATE, ETC WITH INTEGRAL COLLECTION CHAMBER, EACH | EACH (1) | H | N | Y | 5/YR | PP |
| A4327 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP | EACH (1) | H | N | Y | 2/YR | PP |
| A4328 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH | EACH (1) | H | N | Y | 1/MO | PP |
| A4330 | PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE | EACH (1) | H | N | N | 20/MO | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|---|----------|-----------|------------|-----------|-----------|-------|
| A4331 | EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH | EACH (1) | H | N | N | 2/MO | PP |
| A4332 | LUBRICANT, INDIVIDUAL STERILE PACKET (FOR STERILE CATH ONLY) | NC | NC | | NC | | NC |
| A4333 | URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH | EACH (1) | H | N | Y | 12/MO | PP |
| A4334 | URINARY CATHETER ANCHORING DEVICE, LEG STRAP | EACH (1) | H | N | Y | 1/MO | PP |
| A4335 | INCONTINENCE SUPPLY; MISCELLANEOUS | EACH (1) | H | Y | Y | \$10/M | PP |
| A4338 | INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC) | EACH (1) | H | N | Y | 3/MO | PP |
| A4340 | INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC) | EACH (1) | H | N | Y | 3/MO | PP |
| A4344 | INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE | EACH (1) | H | N | Y | 3/MO | PP |
| A4346 | INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION | EACH (1) | H | N | Y | 3/MO | PP |
| A4347* | MALE EXTERNAL CATH. W OR W/O ADEH, W OR W/O ANTI-REFLUX-DEV, PER DOZ. | NC | N | | N | NC | NC |

—NOTE: * USE CODES K0410 OR K0411 IN PLACE OF A4347

| | | | | | | | |
|--------|--|----------|---|---|---|--------|----|
| A4351 | INTERMITTENT URINARY CATHETER, STRAIGHT TIP | EACH (1) | H | N | Y | 200/MO | PP |
| A4352 | INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP | EACH (1) | H | N | Y | 200/MO | PP |
| A4353* | INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES | EACH (1) | H | N | Y | 60/MO | PP |

NOTE: * PAYMENT FOR A4353 INCLUDES LUBRICANT

| | | | | | | | |
|---------|---|--|---|---|---|--------|----|
| A4354 | CATHETER INSERTION TRAY W/OUT CATHETER, INCL TUBE & DRAINAGE BAG WITH DRAINAGE BAG BUT WITHOUT CATHETER | EACH (1) | H | N | Y | 3/MO | PP |
| A4355 | IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A 3-WAY INDWELLING FOLEY CATHETER | EACH (1) | H | N | Y | 3/MO | PP |
| A4356 | EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, (NOT TO BE USED FOR CATHETER CLAMP) | EACH (1) | H | N | Y | 1/YR | PP |
| A4357 | BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE | EACH (1) | H | N | Y | 2/MO | PP |
| A4358 | URINARY LEG/ABDOMINAL BAG, VINYL, WITH OR WITHOUT TUBE WITH STRAPS | EACH (1) | H | N | Y | 4/MO | PP |
| A4359 | URINARY SUSPENSORY WITHOUT LEG BAG | EACH (1) | H | N | Y | 2/3 MO | PP |
| A4402 | LUBRICANT (FOR NON-STERILE CATHETERIZATION) | EACH OZ. | H | N | Y | 8/MO | PP |
| A4455 | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE) | NOT COVERED FOR USE WITH UROLOGICAL SUPPLIES | | | | | |
| A5102 + | BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE | EACH (1) | H | N | Y | 2/YR | PP |
| A5105 | URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE | EACH (1) | H | N | Y | 2/YR | PP |
| A5112 | URINARY LEG BAG; LATEX | EACH (1) | H | N | Y | 3/YR | PP |
| A5113 | LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG) | EACH (1) | H | N | Y | 4/YR | PP |
| A5114 | LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG) | EACH (1) | H | N | Y | 4/YR | PP |
| A5131 | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ. | EACH (1) PINT | H | N | Y | 1/3 MO | PP |
| A6265 | TAPE, ALL TYPES, ALL SIZES (ONE ROLL/BOX) | EACH (1) | H | N | H | 10/MO | PP |
| K0135* | INTERMITTENT URINARY CATHETER, REUSABLE; STRAIGHT TIP | NC | N | | N | NC | NC |
| K0136* | INTERMITTENT URINARY CATHETER, REUSABLE; COUDE (CURVED) | NC | N | | N | NC | NC |

—NOTE: * USE A4351 IN PLACE OF K0135, USE A4352 IN PLACE OF K0136

| | | | | | | | |
|-------|--|----------|----|---|----|------|----|
| K0250 | SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, ANY TYPE, ANY | NC | NC | | NC | | |
| XX005 | THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION, 1000-ML | NC | NC | | NC | | NC |
| XX007 | ADHESIVE REMOVER, WIPES, 50 PER BOX | NC | NC | | NC | | NC |
| Z7002 | INCONTINENCE SUPPLY, COMPONENT OF ANOTHER ITEM | NC | NC | | NC | | NC |
| Z7352 | CATHETER PLUG/CLAMP | EACH (1) | H | N | Y | 2/MO | PP |

OSTOMY SUPPLIES - WHERE APPLICABLE, ALL MAXIMUM UNITS ARE PER STOMA/FISTULA

| | | | | | | | |
|---------|---|----------|---|---|---|---------|----|
| A4361 + | OSTOMY, FACE PLATE | EACH (1) | H | N | Y | 4/YR | PP |
| A4362 + | SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH | EACH (1) | H | N | Y | 20/MO | PP |
| A4364 + | ADHESIVE FOR FACIAL PROSTHESIS ONLY; LIQUID OR EQUAL, PER OZ. | EACH OZ. | H | N | Y | 4/2 MO | PP |
| A4367 + | OSTOMY BELT | EACH (1) | H | N | Y | 2/6 MOS | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|---|----------------------|-----------|------------|-----------|----------------|-------|
| A4369 + | OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ. | EACH OZ. | H | N | Y | 4/MO | PP |
| A4371 + | OSTOMY SKIN BARRIER, POWDER, PER OZ | EACH OZ. | H | N | Y | 4/MO | PP |
| A4372 + | OSTOMY SKIN BARRIER, SOLID, 4X4 OR EQUIV. STANDARD WEAR W/ BUILT-IN CONVEXITY | EACH (1) | H | N | Y | 20/MO | PP |
| A4373 + | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH | EACH (1) | H | N | Y | 20/MO | PP |
| A4375 + | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC | EACH (1) | H | N | Y | 5/MO | PP |
| A4376 + | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER | EACH (1) | H | Y | Y | | PP |
| A4377 + | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC | EACH (1) | H | N | Y | 10/MO | PP |
| A4378 + | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER | EACH (1) | H | N | Y | | PP |
| A4379 + | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC | EACH (1) | H | N | Y | 5/MO | PP |
| A4380 + | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER | EACH (1) | H | Y | Y | | PP |
| A4381 + | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC | EACH (1) | H | N | Y | 10/MO | PP |
| A4382 + | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY | EACH (1) | H | Y | Y | 10/MO | PP |
| A4383 + | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER | EACH (1) | H | Y | Y | 10/MO | PP |
| A4384 + | OSTOMY FACEPLATE EQUIVALENT, SILICONE, RING | EACH (1) | H | N | H | 4/YR | PP |
| A4385 + | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY | EACH (1) | H | N | Y | 5/MO | PP |
| A4387 + | OSTOMY POUCH, CLOSED, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) | EACH (1) | H | N | Y | 45/MO | PP |
| A4388 + | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE) | EACH (1) | H | N | Y | 10/MO | PP |
| A4389 + | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT IN CONVEXITY (1 PIECE), EACH | EACH (1) | H | N | Y | 20/MO | PP |
| A4390 + | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH | EACH (1) | H | N | Y | 5/MO | PP |
| A4391 + | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE) | EACH (1) | H | N | Y | 10/MO | PP |
| A4392 + | OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) | EACH (1) | H | N | Y | 20/MO | PP |
| A4393 + | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) | EACH (1) | H | N | Y | 5/MO | PP |
| A4394 | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE | NC | NC | | Y | NC | NC |
| A4395 | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET | NC | NC | | Y | NC | NC |
| A4396 + | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT | EACH (1) | H | N | Y | 1/3MO | PP |
| A4397 + | IRRIGATION SUPPLY; SLEEVE | EACH (1) | H | N | Y | 10/MO | PP |
| A4398 + | IRRIGATION SUPPLY; BAG | EACH (1) | H | N | Y | 4/YR | PP |
| A4399 + | IRRIGATION SUPPLY; CONE/CATHETER | EACH (1) | H | N | Y | 1/6 MO | PP |
| A4400 + | OSTOMY IRRIGATION SET | EACH (1) | H | N | N | 2/YR | PP |
| A4402 + | LUBRICANT, PER OUNCE | EACH OZ. | H | N | Y | 8/MO | PP |
| A4404 + | OSTOMY RING, EACH | EACH (1) | H | N | Y | 5/1 MO | PP |
| A4405 + | OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE | EACH OZ. | H | N | Y | 4/MO | PP |
| A4406 + | OSTOMY SKIN BARRIER, PECTIN BASED PASTE | EACH OZ. | H | N | Y | 4/MO | PP |
| A4407 + | OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER | EACH (1) | H | N | Y | 5/MO | PP |
| A4408 + | OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4 | EACH (1) | H | N | Y | 5/MO | PP |
| A4409 + | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER | EACH (1) | H | N | Y | 5/MO | PP |
| A4410 + | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4 | EACH (1) | H | N | Y | 5/MO | PP |
| A4414 + | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION, WITHOUT BUILT-IN CONVEXITY; 4X4 OR SMALLER | EACH (1) | H | N | Y | 20/MO | PP |
| A4415 + | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4 | EACH (1) | H | N | Y | 20/MO | PP |
| A4420 | OSTOMY SUPPLIES, NECESSARY, NOT PART OF THE SET | PER MONTH | H | N | Y | \$10/MO | PP |
| A4421 + | OSTOMY SUPPLY; MISCELLANEOUS | EACH (1) | H | Y | Y | | PP |
| A4455 | ADHESIVE REMOVER OR SOLVENT (ANY FORM) (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE | EACH (1) EACH OZ. | H | N | Y | \$8/MO 6/MO | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|---|---------------|-----------|------------|-----------|-----------|-------|
| A5051 + | OSTOMY POUCH, CLOSED; WITH STANDARD-WEAR BARRIER ATTACHED (1 PIECE) W/O CONVEX. | EACH (1) | H | N | Y | 45/MO | PP |
| A5052 + | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE) | EACH (1) | H | N | Y | 45/MO | PP |
| A5053 + | OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE | EACH (1) | H | N | Y | 45/MO | PP |
| A5054 + | OSTOMY POUCH, CLOSED FOR USE ON BARRIER W/FLANGE (2 PC) | EACH (1) | H | N | Y | 45/MO | PP |
| A5055 + | STOMA CAP | EACH (1) | H | N | Y | 30/MO | PP |
| A5061 + | POUCH, DRAINABLE; W/ STRD. WEAR WITH BARRIER ATTACHED (1 PIECE); W/O CONVEX. | EACH (1) | H | N | Y | 30/MO | PP |
| A5062 + | OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH | EACH (1) | H | N | Y | 20/MO | PP |
| A5063 + | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM) | EACH (1) | H | N | Y | 10/MO | PP |
| A5071 + | OSTOMY POUCH URINARY; WITH BARRIER ATTACHED, (1 PIECE), NO CONVEX. | EACH (1) | H | N | Y | 20/MO | PP |
| A5072 + | OSTOMY POUCH URINARY; WITHOUT BARRIER ATTACHED (1 PIECE) | EACH (1) | H | N | Y | 20/MO | PP |
| A5073 + | OSTOMY POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE) | EACH (1) | H | N | Y | 10/MO | PP |
| A5081 + | OSTOMY CONTINENT DEVICE; PLUG FOR CONTINENT STOMA | EACH (1) | H | N | Y | 40/MO | PP |
| A5082 + | OSTOMY CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA | EACH (1) | H | N | Y | 1/2 MO | PP |
| A5093 + | OSTOMY ACCESSORY; CONVEX INSERT | EACH (1) | H | N | Y | 10/MO | PP |
| A5119 + | SKIN BARRIER, WIPES OR SWABS, PER BOX OF 50 | EACH (+) BOX | H | N | Y | 1/MO | PP |
| A5121 + | OSTOMY SKIN BARRIER; SOLID 6 X 6, OR EQUIVALENT | EACH (1) | H | N | Y | 5/MO | PP |
| A5122 + | OSTOMY SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT | EACH (1) | H | N | Y | 6/MO | PP |
| A5126 + | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD | EACH (1) | H | N | N | 20/MO | PP |
| A5131 + | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ. | EACH (1) PINT | H | N | Y | 1/3 MO | PP |
| XX006 | OSTOMY DEODORANT, ALL TYPES, PER OUNCE | NC | NC | | Y | NC | NC |
| Z7044 | CARBON FILTER | NC | N | | N | NC | NC |
| Z7045 | POUCH COVER | NC | N | | N | NC | NC |

SURGICAL STOCKINGS AND BURN GARMENTS

| | | | | | | | |
|-------|---|-----------|---|---|---|------|----|
| A4490 | PRESSURE GRADIENT SURGICAL STOCKINGS, ABOVE KNEE LENGTH | EACH PAIR | Y | Y | N | 3/YR | PP |
| A4495 | PRESSURE GRADIENT SURGICAL STOCKINGS, THIGH LENGTH | EACH PAIR | Y | Y | N | 3/YR | PP |
| A4500 | PRESSURE GRADIENT SURGICAL STOCKINGS, BELOW KNEE LENGTH | EACH PAIR | Y | Y | N | 3/YR | PP |
| A4510 | PRESSURE GRADIENT SURGICAL STOCKINGS, FULL LENGTH, LEOTARD | EACH PAIR | Y | Y | N | 3/YR | PP |
| A6501 | COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6502 | COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6503 | COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6504 | COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6505 | COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6506 | COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6507 | COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6508 | COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6509 | COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6510 | COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6511 | COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED | EACH (1) | Y | Y | Y | 3/YR | PP |
| A6512 | COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED | EACH (1) | Y | Y | Y | 3/YR | PP |

NOTE: FOR OTHER COMPRESSION STOCKINGS OTHER THAN SURGICAL OR BURN GARMENTS, SEE APPENDIX A OF RULE 5101:3-10-20 OF THE ADMINISTRATIVE CODE.

FAMILY PLANNING SUPPLIES

| | | | | | | | |
|-------|--------------------------------------|----------|---|---|---|-------|----|
| A4266 | DIAPHRAGM FOR CONTRACEPTIVE USE | EACH (1) | H | N | N | 1/YR | PP |
| A4267 | CONTRACEPTIVE SUPPLY, CONDOM, MALE | EACH (1) | H | N | N | 36/MO | PP |
| A4268 | CONTRACEPTIVE SUPPLY, CONDOM, FEMALE | EACH (1) | H | N | N | 36/MO | PP |
| A4269 | CONTRACEPTIVE SUPPLY, SPERMICIDE | EACH (1) | H | N | N | 1/MO | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|-------------------------------|--|----------|-----------|------------|-----------|------------|-------|
| MISCELLANEOUS SUPPLIES | | | | | | | |
| A4300 | IMPLANTABLE VASCULAR ACCESS PORTAL/CATHETER (E.G. VENOUS, ARTERIAL EPIDURAL SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS | | N | | N | NC | NC |
| A4458 | ENEMA BAG WITH TUBING, REUSABLE | EACH (1) | H | N | N | 1/2 YRS | PP |
| A4470 | GRAVLEE JET WASHER | NC | N | | Y | NC | NC |
| A4550 | SURGICAL TRAYS | NC | N | | N | NC | NC |
| A4561 | PESSARY, RUBBER, ANY TYPE | EACH (1) | H | N | N | 1/YR | PP |
| A4562 | PESSARY, NON-RUBBER, ANY TYPE | EACH (1) | H | N | N | 1/YR | PP |
| A4565 | SLINGS | EACH (1) | H | N | N | 2/YR | PP |
| A4570 | SPLINT | EACH (1) | H | N | N | 1/YR | PP |
| A4580 | CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY | ONE ROLL | H | N | Y | 1/YR | PP |
| A4590 | CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY | ONE ROLL | H | N | Y | 1/YR | PP |
| A4610 | MEDICATION SUPPLIES TO BE USED IN DME, PRESCRIBED BY A PHYSICIAN, COVERED AS DRUGS | | N | | Y | NC | NC |
| A4649 | SURGICAL SUPPLY, MISCELLANEOUS (DO NOT USE FOR OSTOMY SUPPLIES) | EACH (1) | H | Y | Y | | PP |
| A4927 | SURGICAL GLOVES, NON-STERILE | PER 100 | H | N | N | 1/MO | PP |
| A4930 | SURGICAL GLOVES, STERILE | PER PAIR | H | N | N | 100 PR /MO | PP |
| E0176* | AIR PRESSURE PAD OR CUSHION, NONPOSITIONING | EACH (1) | H | N | N | 1/YR | PP |
| E0177* | WATER PRESSURE PAD OR CUSHION, NONPOSITIONING | EACH (1) | H | N | N | 1/YR | PP |
| E0178* | GEL OR GEL-LIKE PRESSURE PAD OR CUSHION, NONPOSITIONING | EACH (1) | H | N | N | 1/YR | PP |
| E0179* | DRY PRESSURE PAD OR CUSHION, NONPOSITIONING | EACH (1) | H | N | N | 1/YR | PP |

— **NOTE:** * **FOR INVALID RING CODES E0176 - E0179, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 1 PER YEAR.**

| | | | | | | | |
|-------|--|------------|---|---|---|---------|----|
| E0602 | BREAST PUMP, MANUAL, ANY TYPE | EACH (1) | H | N | N | 1/2 YRS | PP |
| E0603 | BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0604 | BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGULATOR, SUPPLIES, TRANSFORMER, ELECTRIC (AC AND/OR DC), (RENTAL ONLY) | PER DAY | H | N | N | 90 DAYS | RO |
| E0700 | SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST) | EACH (1) | H | N | N | 2/YR | PP |
| E0710 | RESTRAINTS, ANY TYPE | NC | N | | N | NC | NC |
| Y9119 | COTTON TIPPED APPLICATORS, STERILE, PER BOX OF 100 | BOX OF 100 | H | N | N | 1/MO | PP |
| Y9167 | SHARPS CONTAINER FOR DISPOSAL, CAPACITY 200 | EACH (1) | H | N | N | 1/2 MO | PP |
| Y9187 | SHARPS CONTAINER FOR DISPOSAL, CAPACITY 100 | EACH (1) | H | N | N | 1/2 MO | PP |

DECUBITUS CARE EQUIPMENT

| | | | | | | | |
|-------|---|----------|---|---|---|---------|-----|
| A4640 | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY CONSUMER | EACH (1) | H | N | H | 1/YR | PP |
| E0180 | PRESSURE PAD, ALTERNATING, WITH PUMP, COMPLETE | EACH (1) | H | N | H | 1/4 YRS | R/P |
| E0181 | PRESSURE PAD, ALTERNATING, WITH PUMP, HEAVY DUTY | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E0182 | PUMP FOR ALTERNATING PRESSURE PAD | EACH (1) | H | N | H | 1/4 YRS | PP |
| E0183 | FLOTATION PAD FOR WHEELCHAIR (GEL OR WATER FILLED) | EACH (1) | H | N | H | 1/YR | PP |
| E0184 | DRY PRESSURE MATTRESS | EACH (1) | H | Y | H | 1/4 YRS | PP |
| E0185 | GEL PRESSURE PAD FOR MATTRESS | EACH (1) | H | N | H | 1/2 YRS | PP |
| E0186 | AIR PRESSURE MATTRESS | EACH (1) | H | Y | H | 1/2 YRS | PP |
| E0187 | WATER PRESSURE MATTRESS (E.G., AQUAPEDIC) | EACH (1) | H | N | H | 1/2 YRS | PP |
| E0188 | SYNTHETIC SHEEPSKIN PAD, WHEELCHAIR SIZE | EACH (1) | H | N | N | 2/6 MOS | PP |
| E0189 | LAMBSWOOL/SHEEPSKIN PAD, ANY BED SIZE | EACH (1) | H | N | N | 2/YR | PP |
| E0190 | DECUBITUS CARE MATTRESS, FLOTAT OR GEL (e.g. Sofcare, Akros, Clinisert) | EACH (1) | H | Y | H | 1/4 YRS | PP |
| E0191 | HEEL OR ELBOW PROTECTOR | EACH (1) | H | N | N | 4/6 MOS | PP |
| E0192 | LOW PRESSURE/POSITION EQUAL. PAD,W/COVER FOR WHEELCHR- (eg Rohe, Jay) | EACH (1) | H | Y | H | 1/2 YRS | PP |
| E0193 | POWERED FLOTATION BED (LOW AIR LOSS THERAPY) | PER DAY | Y | Y | H | 180/YR | RO |
| E0194 | AIR FLUIDIZED BED (BEAD BED) | PER DAY | Y | Y | H | 180/YR | RO |
| E0196 | GEL PRESSURE MATTRESS | EACH (1) | H | Y | H | 1/4YR | PP |
| E0197 | AIR PRESSURE PAD FOR MATTRESS | EACH (1) | H | Y | H | 1/4YR | PP |
| E0198 | WATER PRESSURE PAD FOR MATTRESS | EACH (1) | H | Y | H | 1/4YR | PP |
| E0199 | DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (E.G., EGG CRATE) | EACH (1) | H | N | H | 1/YR | PP |
| E0277 | ALTERNATING PRESSURE MATTRESS | EACH (1) | Y | Y | H | 1/4 YRS | R/P |
| E0371 | NONPOWER ADVANCED PRESSURE-REDUCING MATTRESS OVERLAY | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E0372 | POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E0373 | NON-POWERED , ADVANCED PRESSURE-REDUCING MATTRESS | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| Y2003 | COVER FOR E0192 | EACH (1) | H | N | N | 2/YR | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--|---|-----------------|-----------|------------|-----------|----------------|------------|
| HOSPITAL BEDS | | | | | | | |
| E0250 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | NC | NC | | NC | NC | NC |
| E0251 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | NC | NC | | NC | NC | NC |
| E0255 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0256 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0260 | HOSPITAL BED, SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0261 | HOSPITAL BED, SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0265 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT & HEIGHT ADJUSTMENTS) WITH ANY TYPE SIDERAILS, WITH MATTRESS | NC | N | | H | NC | NC |
| E0266 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT & HEIGHT ADJUSTMENTS) WITH ANY TYPE SIDERAILS, WITHOUT MATTRESS | NC | N | | H | NC | NC |
| E0270 | HOSPITAL BED, INSTITUTIONAL TYPE, INCLUDES: OSCILLATING, CIRCULATING & STRYKER FRAME, WITH MATTRESS | NC | N | | N | NC | NC |
| E0271 | MATTRESS, INNERSPRING | EACH (1) | H | Y | H | 1/4 YRS | PP |
| E0272 | MATTRESS, FOAM RUBBER | EACH (1) | H | Y | H | 1/4 YRS | PP |
| E0273 | BED BOARD | NC | N | | N | NC | NC |
| E0274 | OVER-BED TABLE | NC | N | | N | NC | NC |
| E0275 | BED PAN, STANDARD, METAL OR PLASTIC | EACH (1) | H | N | Y | 1/4 YRS | PP |
| E0276 | BED PAN, FRACTURE, METAL OR PLASTIC | EACH (1) | H | N | Y | 1/4 YRS | PP |
| E0280 | BED CRADLE, ANY TYPE | NC | N | | N | NC | NC |
| E0290 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS | NC | H | Y | H | NC | NC |
| E0291 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS | NC | H | Y | H | NC | NC |
| E0292 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0293 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0294 | HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0295 | HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0296 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT & HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS | NC | N | | H | NC | NC |
| E0297 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT & HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS | NC | N | | H | NC | NC |
| <u>E0301</u> | <u>HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS</u> | <u>EACH (1)</u> | <u>H</u> | <u>Y</u> | <u>H</u> | <u>1/8 YRS</u> | <u>R/P</u> |
| <u>E0302</u> | <u>HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS</u> | <u>EACH (1)</u> | <u>H</u> | <u>Y</u> | <u>H</u> | <u>1/8 YRS</u> | <u>R/P</u> |
| <u>E0303</u> | <u>HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS</u> | <u>EACH (1)</u> | <u>H</u> | <u>Y</u> | <u>H</u> | <u>1/8 YRS</u> | <u>R/P</u> |
| <u>E0304</u> | <u>HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS</u> | <u>EACH (1)</u> | <u>H</u> | <u>Y</u> | <u>H</u> | <u>1/8 YRS</u> | <u>R/P</u> |
| Y2022 | PEDIATRIC CRIB FOR HOME USE (WITHOUT TOP, WITHOUT MATTRESS) | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| Y2023 | MATTRESS FOR PEDIATRIC CRIB | EACH (1) | H | Y | H | 1/4 YRS | PP |
| TRACTION EQUIPMENT & HOSPITAL BED ACCESSORIES | | | | | | | |
| E0300 | MATTRESS, REPLACEMENT FOR MED-NECESS-BED OWNED BY-RECIPIENT | EACH (1) | H | N | H | 1/4 YRS | PP |
| E0305 | BED, SIDE RAILS, HALF LENGTH, ATTACHMENT | EACH (1) | H | N | N | 2/8 YRS | R/P |
| E0310 | BED, SIDE RAILS, FULL LENGTH, ATTACHMENT | EACH (1) | H | N | N | 2/8 YRS | R/P |
| E0315 | BED ACCESSORIES; BOARDS OR TABLES, ANY TYPE | NC | N | | N | NC | NC |
| E0325 | URINAL; MALE, JUG TYPE, ANY MATERIAL | EACH (1) | H | N | H | 1/4 YRS | PP |
| E0326 | URINAL; FEMALE, JUG TYPE, ANY MATERIAL | EACH (1) | H | N | H | 1/4 YRS | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|--|----------------------------|-----------|------------|-----------|-----------|--------------|
| E0840 | TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0850 | TRACTION STAND, FREE STANDING, CERVICAL TRACTION | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0860 | TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0870 | TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G., BUCK'S) | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0880 | TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0890 | TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0900 | TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G., BUCK'S) | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0910 | TRAPEZE BAR, BED MOUNTED WITH GRAB BAR | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0920 | FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0930 | FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0935 | PASSIVE MOTION EXRCISE DEVICE,e.g.-DYNASPLINT (Total Knee Replacement only) | MONTH(1) PER MEDICAL EVENT | H | N | H | 1/MED | RO EVENT |
| E0940 | TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0941 | GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE | EACH (1) | H | Y | H | 1/YR | R/P |
| E0942 | CERVICAL HEAD HARNESS/HALTER | EACH (1) | H | N | H | 1/MED | PP EVENT |
| E0944 | PELVIC BELT/HARNESS/BOOT | EACH (1) | H | N | H | 1/MED | PP EVENT |
| E0945 | EXTREMITY BELT/HARNESS | EACH (1) | H | N | H | 1/MED | PP EVENT |
| E0946 | FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G. BALKEN, 4 POSTER) | EACH (1) | H | Y | H | 1/MED | R/P EVENT |
| E0947 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION | EACH (1) | H | Y | H | 1/MED | R/P EVENT |
| E0948 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION | EACH (1) | H | Y | H | 1/MED | R/P EVENT |
| E1810 | DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE; INCLUDES SOFT INTERFACE MATERIAL | MONTH (1) | H | N | H | 1/MED | RO EVENT |

EQUIPMENT AND SUPPLIES FOR ESRD

NOTE: ALL SUPPLIES & EQUIPMENT FOR HOME DIALYSIS OF ESRD RECIPIENTS ARE TO BE BILLED UNDER A SINGLE CODE. MAXIMUM ALLOWED PAYMENT FOR EQUIPMENT AND SUPPLIES COMBINED IS \$1200/MO FOR Y2090 AND Y2091, AND \$1500/MO FOR Y2092.

| | | | | | | | |
|-------|----------------------------|---------|---|---|---|------|----|
| Y2090 | HOME HEMODIALYSIS FOR ESRD | 1 MONTH | H | N | Y | 1/MO | RO |
| Y2091 | CAPD HOME DIALYSIS | 1 MONTH | H | N | Y | 1/MO | RO |
| Y2092 | CCPD HOME DIALYSIS | 1 MONTH | H | N | Y | 1/MO | RO |

ENTERAL AND PARENTERAL NUTRITION THERAPY (FORMULA, SOLUTION, FEEDING TUBES, SUPPLIES)

| | | | | | | | |
|--------|--|--------------|----|---|---|-------|-----|
| B4034 | ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY | PER DAY | H | Y | Y | 1/DAY | R/P |
| B4035 | ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY | PER DAY | H | Y | Y | 1/DAY | R/P |
| B4036 | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCLUDES BAGS/CONTAINERS) | PER DAY | H | Y | Y | 1/DAY | R/P |
| B4081 | NASOGASTRIC TUBING WITH STYLET | EACH (1) | H | N | Y | 2/MO | PP |
| B4082 | NASOGASTRIC TUBING WITHOUT STYLET | EACH (1) | H | N | Y | 2/MO | PP |
| B4083 | STOMACH TUBE, LEVINE TYPE | EACH (1) | H | N | Y | 8/MO | PP |
| B4086 | GASTROSTOMY/JEJUNOSTOMY TUBE; ANY TYPE/MATERIAL | EACH (1) | H | N | Y | 2/MO | PP |
| B4102 | ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), 500 ML = 1 UNIT | | NC | | | | NC |
| B4103 | ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), 500 ML = 1 UNIT | | NC | | | | NC |
| B4104 | ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER) | | NC | | | | NC |
| B4149 | ENTERAL FORMULA, BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | | NC | | | | NC |
| B4150* | ENTERAL FORMULA, CATEGORY I SEMI-SYNTHETIC INTACT PROT./PROT- ISOLATES NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4151 | ENTERAL FORMULAE, CATEGORY I NATURAL INTACT PROTEIN/PROT- ISOLATES | 100 calories | H | Y | Y | | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|--|--------------|-----------|------------|-----------|-----------|-------|
| B4152* | ENTERAL FORMULA, CATEGORY II-INTACT PROT./PROT ISOLATES- (CALOR-DENSE)-NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4153* | ENTERAL FORMULA, CATEGORY III-HYDROLIZED PROTEIN/AMINO ACIDS NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4154* | ENTERAL FORMULA, CATEGORY IV-DEFINED FORMULA FOR SPECIAL METAB. NEEDS NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4155* | ENTERAL FORMULA, CATEGORY V-MODULAR COMPONENTS- NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4156 | ENTERAL FORMULAE, CATEGORY VI-STANDARDIZED NUTRIENTS | 100 calories | H | Y | Y | | PP |
| B4157* | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4158* | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4159* | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4160* | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4161* | ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |
| B4162* | ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H | Y | Y | | PP |

NOTE: * FOR ENTERAL NUTRITION ADMINISTERED ORALLY, NOT BY FEEDING TUBE, USE MODIFIER B0

| | | | | | | | |
|-------|---|----------|---|---|---|-------|----|
| B4220 | PARENTERAL NUTRITION SUPPLY KIT; PREMIX, COMPLETE - PER DAY | PER DAY | Y | Y | Y | 1/DAY | PP |
| B4222 | PARENTERAL NUTRITION SUPPLY KIT; HOMEMIX, COMPLETE - PER DAY | PER DAY | Y | Y | Y | 1/DAY | PP |
| B4224 | PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY, COMPLETE | PER DAY | Y | Y | Y | 1/DAY | PP |
| Y2040 | GASTROSTOMY BUTTON (REPLACEMENT ONLY); PAYMENT FOR INITIAL BUTTON INCLUDED IN REIMBURSEMENT FOR PHYSICIAN VISIT | EACH (1) | Y | N | N | 3/YR | PP |
| Y9169 | GASTROSTOMY BUTTON FEEDER ATTACHMENT | EACH (1) | H | N | N | 8/MO | PP |
| Y9176 | FARRELL VALVE | EACH (1) | H | Y | H | 30/MO | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--|---|------|-----------|------------|-----------|-----------|-------|
| ENTERAL AND PARENTERAL NUTRITION PUMPS (INCLUDES POLES) | | | | | | | |
| B9000 | ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM | EACH | H | N | H | 1/8 YRS | R/P |
| B9002 | ENTERAL NUTRITION INFUSION PUMP - WITH ALARM | EACH | H | N | Y | 1/8 YRS | R/P |
| B9004 | PARENTERAL NUTRITION INFUSION PUMP - PORTABLE | EACH | Y | N | Y | 1/8 YRS | R/P |
| B9006 | PARENTERAL NUTRITION INFUSION PUMP - STATIONARY | EACH | Y | N | Y | 1/8 YRS | R/P |
| B9998 | ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED | | H | Y | H | | PP |
| B9999 | PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED | | Y | Y | Y | | PP |

INFUSION PUMP EQUIPMENT (NON-NUTRITION) AND ACCESSORIES

| | | | | | | | |
|-------|---|----------|----|---|---|---------|-----|
| A4305 | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR | ONE DAY | H | N | N | 1/DAY | PP |
| A4306 | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 5 ML OR LESS PER HOUR | ONE DAY | H | N | N | 1/DAY | PP |
| E0776 | IV POLE (IF PUMP IS AUTHORIZED, PAYMENT FOR POLE IS INCLUDED IN PUMP RENTAL) | EACH (1) | H | N | H | 1/8 YRS | R/P |
| E0781 | AMBULATORY INFUSION PUMP, <u>SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED</u> , WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT | ONE DAY | H | N | H | 1/DAY | RO |
| E0782 | PARENTERAL INFUSION PUMP, IMPLANTABLE - INCLUDED IN PROCEDURE | NC | NC | | Y | NC | NC |
| E0784 | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN | EACH (1) | Y | Y | N | 1/8 YRS | R/P |
| E0791 | PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL (NON-NUTRITION) (INCLUDING POLE) | ONE DAY | Y | N | H | 1/DAY | RO |
| Y2020 | SYRINGE INFUSION PUMP | ONE DAY | Y | Y | H | 1/DAY | R/P |

INFUSION SUPPLIES**CATHETER SITE MAINTENANCE**

| | | | | | | | |
|-------|--|-------|---|---|---|------|----|
| A4221 | SUPPLIES FOR MAINTENANCE OF A DRUG INFUSION CATHETER, PER WEEK | 1 SET | H | N | H | 4/MO | PP |
|-------|--|-------|---|---|---|------|----|

PUMP ADMINISTRATION

| | | | | | | | |
|-------|---|-------|---|---|---|-------|----|
| A4222 | INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY) | 1 SET | H | N | H | 60/MO | PP |
| A4223 | INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY) | 1 SET | H | N | H | 30/MO | PP |

GRAVITY ADMINISTRATION

| | | | | | | | |
|-------|---|-------|---|---|---|-------|----|
| A4230 | INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE | 1 SET | H | N | H | 30/MO | PP |
| A4719 | "Y SET" TUBING FOR PERITONEAL DIALYSIS | 1 SET | H | N | H | 30/MO | PP |

HEAT/COLD APPLICATION

| | | | | | | | |
|-------|---|---------------|---|---|---|---------|-----|
| A4265 | PARAFFIN FOR USE IN MEDICALLY NECESSARY UNIT APPROVED BY THE DEPARTMENT, REFILL | PER POUND | H | N | Y | 2/MO | PP |
| E0200 | HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT | NC | N | | H | NC | NC |
| E0202 | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER | RENTAL PERIOD | H | N | H | 1 | RO |
| E0205 | HEAT LAMP, WITH STAND, INCLUDES BULB OR INFRARED ELEMENT | NC | N | | H | NC | NC |
| E0210 | ELECTRIC HEAT PAD, STANDARD | EACH (1) | H | N | H | 1/5 YRS | PP |
| E0215 | ELECTRIC HEAT PAD, MOIST | EACH (1) | H | N | H | 1/5 YRS | PP |
| E0220 | HOT WATER BOTTLE | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0225 | HYDROCOLLATOR UNIT, INCLUDES PADS | NC | N | | N | NC | NC |
| E0230 | ICE CAP OR COLLAR | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0235 | PARAFFIN BATH UNIT, PORTABLE COMPLETE WITH WAX | EACH (1) | H | N | H | 1/5 YRS | R/P |
| E0236 | PUMP FOR WATER CIRCULATING PAD | NC | N | | H | NC | NC |
| E0238 | NONELECTRIC HEAT PAD, MOIST, (HYDROCOLLATOR PACKS) | EACH (1) | H | N | N | 2/1 YR | PP |
| E0239 | HYDROCOLLATOR UNIT, PORTABLE | NC | N | | N | NC | NC |
| Y2006 | NONELECTRIC HEAT PAD, DRY | EACH (1) | N | N | N | 6/YR | PP |

COMMODES

| | | | | | | | |
|--------|---|----------|---|---|---|---------|-----|
| E0160 | SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT | NC | N | | H | NC | NC |
| E0161 | SITZ TYPE BATH, PORTABLE, FITS OVER COMMODE SEAT, WITH FAUCET ATTACHMENTS | NC | N | | H | NC | NC |
| E0162 | SITZ BATH CHAIR | NC | N | | N | NC | NC |
| E0163* | COMMODE CHAIR, STATIONARY WITH FIXED ARMS | EACH (1) | H | N | H | 1/5 YRS | R/P |
| E0164* | COMMODE CHAIR, MOBILE WITH FIXED ARMS | EACH (1) | H | N | N | 1/5 YRS | R/P |
| E0165* | COMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS | EACH (1) | H | N | H | 1/5 YRS | R/P |
| E0166* | COMMODE CHAIR, MOBILE WITH DETACHABLE/DROP ARMS | EACH (1) | H | N | N | 1/5 YRS | R/P |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|--|----------|-----------|------------|-----------|-----------|-------|
| E0167 | PAIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT ONLY) | EACH (1) | H | N | H | 1/YR | PP |
| E0168* | EXTRA WIDE/HEAVY DUTY COMMODE CHAIR <i>EXTRA WIDE/HEAVY DUTY COMMODE CHAIRS HAVE A WIDTH OF > 23 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS WEIGHING 300 LBS. OR MORE. EXTRA WIDE/HEAVY DUTY COMMODE CHAIRS ARE ONLY COVERED FOR PATIENTS WEIGHING 300 LBS. OR MORE. PROVIDERS MUST MAINTAIN DOCUMENTATION OF PATIENT'S WEIGHT.</i> | EACH (1) | H | N | H | 1/5 YRS | R/P |
| E0175 | FOOTREST, FOR USE WITH COMMODE CHAIR | NC | N | | N | NC | NC |
| Y2001* | HEAVY DUTY COMMODE CHAIR, WITH DETACHABLE/DROP ARMS | EACH (1) | H | Y | H | 1/5 YRS | R/P |
| Y2002* | PEDIATRIC POSITIONING COMMODE (INCLUDES TRAY) | EACH (1) | H | Y | H | 1/5 YRS | R/P |

NOTE: * REIMBURSEMENT IS LIMITED TO ONE COMMODE CHAIR PER 5 YEAR PERIOD.

BATH AND TOILET AIDS

| | | | | | | | |
|-------|---|----------|---|---|---|---------|-----|
| E0241 | BATHROOM WALL RAIL, STRAIGHT | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0242 | BATH TUB RAIL, FLOOR BASE | NC | N | | N | NC | NC |
| E0243 | TOILET RAIL | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0244 | RAISED TOILET SEAT | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0245 | TUB STOOL OR BENCH (ANY TYPE) | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0246 | TRANSFER TUB RAIL ATTACHMENT | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0247 | TRANSFER BENCH FOR TUB OR TOILET | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0248 | TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET | EACH (1) | H | N | N | 1/5 YRS | PP |
| E0249 | PAD FOR WATER CIRCULATING HEAT UNIT | NC | N | | N | NC | NC |
| Y2009 | BATHROOM WALL RAIL, 90 DEGREE ANGLE | EACH (1) | H | N | N | 1/5 YRS | PP |
| Y2011 | PEDIATRIC POSITIONING BATH CHAIR | EACH (1) | H | Y | N | 1/5 YRS | R/P |
| Y2012 | REHAB. SHOWER CHAIR (E.G. FOR QUADRAPLEGICS), INCLUDES LEG EXTENSIONS | EACH (1) | H | Y | N | 1/5 YRS | R/P |

TRACHEOSTOMY CARE

| | | | | | | | |
|---------|--|----------|---|---|---|--------|----|
| A4483 | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION | EACH (1) | H | N | Y | 100/MO | PP |
| A4623 | TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY) | EACH (1) | H | N | Y | 30 /MO | PP |
| A4625 * | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY (CLEANING STARTER KIT) | EACH (1) | H | N | Y | 14 | PP |

NOTE: * A4625 COVERED ONLY FOR FIRST TWO WEEKS FOLLOWING OPEN SURGICAL TRACHEOSTOMY

| | | | | | | | |
|---------|---|----------|---|---|---|---------|----|
| A4626 | TRACHEOSTOMY CLEANING BRUSH | EACH (1) | H | N | Y | 10/MO | PP |
| A4629 | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY | EACH (1) | H | N | Y | 30/MO | PP |
| A7504 | FILTER FOR USE IN A TRACHEOSTOMY HEAT AND MOISTURE EXCHANGE SYSTEM | EACH (1) | H | N | Y | 100 /MO | PP |
| A7505 | HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE | EACH (1) | H | N | Y | 4/MO | PP |
| A7506 | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE | EACH (1) | H | N | Y | 100/MO | PP |
| A7507 | FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM | EACH (1) | H | N | Y | 100/MO | PP |
| A7508 | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE | EACH (1) | H | N | Y | 100/MO | PP |
| A7509 | FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM | EACH (1) | H | N | Y | 100/MO | PP |
| A7520 | TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL | EACH (1) | H | N | Y | 2/MO | PP |
| A7521 | TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL | EACH (1) | H | N | Y | 2/MO | PP |
| A7522 | TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE) | EACH (1) | H | N | Y | 2/MO | PP |
| A7525 | TRACHEOSTOMY MASK | EACH (1) | H | N | H | 4/MO | PP |
| A7526 * | TRACHEOSTOMY TUBE COLLAR/HOLDER | EACH (1) | H | N | N | 15 /MO | PP |
| Y9172 * | TWILL TAPE (per yard) | PER YARD | H | N | N | 100/MO | PP |

NOTE: * DO NOT BILL CODE A7526 IN CONJUNCTION WITH TWILL TAPE (Y9172). ONLY ONE TYPE OF TRACH TIE (TWILL TAPE OR OTHER) IS MEDICALLY NECESSARY

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|---|--|--------------|-----------|------------|-----------|-------------|-------|
| MISCELLANEOUS RESPIRATORY CARE SUPPLIES | | | | | | | |
| A4614 | PEAK EXPIRATORY FLOW RATE METER | EACH (1) | H | N | N | 1/3 YRS | PP |
| A4616 | TUBING, AEROSOL, (PER FOOT) | EACH (1 FT.) | H | N | H | 50/3 MOS | PP |
| A4627 | SPACER, BAG OR RESERVOIR WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER | EACH (1) | H | N | N | 1/YR | PP |
| A7003 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE | EACH (1) | H | N | H | 4/MO | PP |
| A7004 | SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE | EACH (1) | H | N | H | 4/MO | PP |
| A7005 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE | EACH (1) | H | N | H | 2/YR | PP |
| A7006 | ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER | EACH (1) | H | N | H | 4/MO | PP |
| A7007 | LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR | EACH (1) | H | N | H | 4/MO | PP |
| A7012 | WATER COLLECTION DEVICE, USED WITH LARGE VOLUME AEROSOL MASK, USED WITH DME NEBULIZER | EACH (1) | H | N | H | 4/MO | PP |
| A7015 | AEROSOL MASK, USED WITH DME NEBULIZER | EACH (1) | H | N | N | 4/MO | PP |
| E0605 | VAPORIZER, ROOM TYPE | EACH (1) | H | N | H | 1/4 YRS | PP |
| Y9101 | MASK FOR USE WITH INHALER SPACER (see A4627 for SPACER, INHALER) | EACH (1) | H | N | Y | 1/YR | PP |
| Y9102 | AEROSOL INHALER SPACER REPLACEMENT BAGS (see A4627 for SPACER) | EACH (1) | H | N | N | 3/YR | PP |
| VENTILATORS, CPAP, AND OTHER RESPIRATORY EQUIPMENT | | | | | | | |
| A4611 | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | EACH (1) | H | Y | Y | 1/YR | PP |
| A4612 | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | EACH (1) | H | Y | Y | 1/2 YRS | PP |
| A4613 | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | EACH (1) | H | Y | Y | 1/3 YRS | PP |
| A4618 | BREATHING CIRCUITS, IPPB (FOR CONSUMER-OWNED IPPB ONLY) | EACH (1) | H | Y | H | 4/MO | PP |
| A7025 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, ONLY FOR ADDITIONAL FAMILY MEMBER USING EQUIPMENT | EACH (1) | H | Y | Y | 1/ LIFETIME | PP |
| A7032 | REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH | EACH (1) | H | N | H | 2/YR | PP |
| A7033 | REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR | PAIR | H | N | H | 2/YR | PP |
| A7034 | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP | EACH (1) | H | N | H | 1/YR | PP |
| A7035 | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE | EACH (1) | H | N | H | 1/YR | PP |
| A7036 | CHINSTRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | EACH (1) | H | N | H | 2/YR | PP |
| A7037 | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE | EACH (1) | H | N | H | 1/YR | PP |
| A7038 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | EACH (1) | H | N | H | 6/6MO | PP |
| A7039 | FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | EACH (1) | H | N | H | 4/YR | PP |
| E0450 | POS. PRES. VOLUME VENTILATOR, STNRY OR PORT. INCL. PERM. GRCTS & SUPPLIES VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE. MAY INCLUDE PRESSURE CONTROL MODE. USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE) | PER MONTH | Y | N | H | 1/MO | RO |
| Y2032 | BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS) | PER MONTH | Y | Y | N | 1/MO | RO |
| E0461 | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE. MAY INCLUDE PRESSURE CONTROL MODE. USED WITH NON-INVASIVE INTERFACE (E.G. MASK) | NC | N | | | NC | NC |
| E0464 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL | EACH (1) | Y | Y | H | 1/MO | RO |
| E0463 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE. MAY INCLUDE PRESSURE CONTROL MODE. USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE) | EACH (1) | Y | Y | H | 1/MO | RO |
| E0464 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE. MAY INCLUDE PRESSURE CONTROL MODE. USED WITH NON-INVASIVE INTERFACE (E.G. MASK) | NC | N | | H | NC | NC |
| E0457 | CHEST SHELL (CUIRASS) | EACH (1) | H | N | H | 1/8 YRS | PP |
| E0459 | CHEST WRAP | EACH (1) | H | N | H | 1/8 YRS | PP |
| E0460 | NEGATIVE PRESSURE VENTILATOR; PORTABLE/STATIONARY | EACH (1) | Y | Y | Y | 1/MO | RO |
| E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS | NC | N | | H | NC | NC |
| E0470 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP) | EACH (1) | H | Y | H | 1/5 YRS | R/P |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|---|-----------------|-----------|------------|-----------|---------------|------------|
| E0471 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP) | PER MONTH | Y | Y | H | 1/MO | RO |
| E0472 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPACITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP) | PER MONTH | Y | Y | H | 1/MO | RO |
| Y2062 | PEDIATRIC ALTERNATING POSITIVE AIRWAY PRESSURE DEVICE FOR SUPPORT VENTILATION | PER MONTH | Y | Y | H | 1/MO | RO |
| E0480 | PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL | EACH (1) | H | Y | H | 1/3 YRS | R/P |
| E0481 | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES | PER MONTH | H | Y | N | 1/MO | RO |
| <u>E0482</u> | <u>COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE</u> | <u>EACH (1)</u> | <u>H</u> | <u>Y</u> | <u>Y</u> | <u>1/8 YR</u> | <u>R/P</u> |
| E0483* | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (INCLUDES HOSES AND VEST) | EACH (1) | H | Y | Y | 1/ LIFETIME | R/P |

NOTE: * **HFCWO SYSTEM IS APPROVABLE ONLY FOR PATIENTS WITH A DIAGNOSIS OF CYSTIC FIBROSIS AND WHEN OTHER TREATMENTS ARE INEFFECTIVE.**

| | | | | | | | |
|-------|---|-----------|---|---|---|---------|-----|
| E0500 | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION | PER MONTH | H | Y | H | 1/MO | RO |
| E0561 | HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E0562 | HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E0601 | NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| S8182 | HUMIDIFIER, HEATED, USED WITH VENTILATOR, NON-SERVO-CONTROLLED | EACH (1) | H | Y | H | 1/MO | RO |
| S8183 | HUMIDIFIER, HEATED, USED WITH VENTILATOR, DUAL SERVO-CONTROLLED WITH TEMPERATURE MONITORING | EACH (1) | H | Y | H | 1/MO | RO |
| Y9164 | AMBU/RESUSCITATION BAG, REUSABLE | EACH (1) | H | N | N | 1/2 YRS | PP |
| Y9165 | AMBU/RESUSCITATION BAG, DISPOSABLE | EACH (1) | H | N | N | 3/YR | PP |

OXYGEN EQUIPMENT

| | | | | | | | |
|-------|---|----------|---|---|---|---------|-----|
| A4615 | NASAL CANNULA | NC | N | | N | NC | NC |
| A4617 | MOUTH PIECE | EACH (1) | H | N | H | 1/2 MO | PP |
| A4619 | OXYGEN FACE TENT | EACH (1) | H | N | H | 6/MO | PP |
| A4620 | VARIABLE CONCENTRATION MASK | EACH (1) | H | N | H | 6/MO | PP |
| E0455 | OXYGEN TENT/CANOPY (REPLACEMENT FOR RECIPIENT- OWNED EQUIPMENT) | EACH (1) | H | N | H | 6/MO | PP |
| E1353 | OXYGEN REGULATOR | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E1370 | COMPRESSED AIR CYLINDER (25.4 CU. FT) | EACH (1) | H | N | N | 6/MO | RO |

OXYGEN

PERSONAL RESIDENCE

| | | | | | | | |
|---------|--|------|---|---|---|------|----|
| E0424 + | STATIONARY COMPRESSED GAS SYSTEM RENTAL, includes contents regulator with flow gauge, humidifier, cannula or mask & tubing. | 1 MO | H | Y | H | 1/MO | RO |
| E0439 + | STATIONARY LIQUID OXYGEN SYSTEM RENTAL, includes contents, use of reservoir, contents indicator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. | 1 MO | H | Y | H | 1/MO | RO |
| E0441 + | OXYGEN CONTENTS, GASEOUS, INCLUDING SUPPLIES for use with owned gaseous stationary system or when both stationary & portable are owned | 1 MO | H | Y | H | 1/MO | RO |
| E0442 + | OXYGEN CONTENTS, LIQUID, INCLUDES SUPPLIES, for use with owned stationary liquid systems or when both stationary & portable liquid systems are owned | 1 MO | H | Y | H | 1/MO | RO |
| Q0036 + | OXYGEN CONCENTRATOR, INCLUDING SUPPLIES | 1 MO | H | Y | H | 1/MO | RO |
| Q0040 + | PORTABLE OXYGEN CONTENTS, for use only with owned portable systems when consumer owns or rents concentrator, or when consumer owns concentrator and rents portable | 1 MO | H | Y | H | 1/MO | RO |
| Q0046 + | PORTABLE OXYGEN SYSTEM RENTAL, includes flowmeter, refill adapter, contents gauge, cannula and tubing. | 1 MO | H | Y | H | 1/MO | RO |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------------------------|---|------|-----------|------------|-----------|-----------|-------|
| LONG TERM CARE FACILITY | | | | | | | |
| Y2076 | OXYGEN CONCENTRATOR FOR LTCF RESIDENTS, DOES NOT INCLUDE SUPPLIES | 1 MO | Y | N | N | 1/MO | RO |
| Y2078 | OXYGEN CONTENTS, GAS, FOR LTCF RESIDENTS ONLY, NO SUPPLIES | 1 MO | Y | N | N | 1/MO | RO |
| Y2079 | OXYGEN CONTENTS, LIQUID, FOR LTCF RESIDENTS ONLY, NO SUPPLIES | 1 MO | Y | N | N | 1/MO | RO |
| Y2080 | PORTABLE OXYGEN CONTENTS, LTCF RESIDENTS ONLY, NO SUPPLIES, for use only with owned portable systems when consumer owns or rents concentrator, or when consumer owns concentrator | 1 MO | Y | N | N | 1/MO | RO |
| Y2081 | OXYGEN, LTCF RESIDENTS ONLY, 501-750 CU FT OR 41-60 LBS LIQUID OR EQUIVALENT | 1 MO | Y | N | N | 1/MO | RO |
| Y2082 | OXYGEN, LTCF RESIDENTS ONLY, 251-500 CU FT OR 21-40 LBS LIQUID OR EQUIVALENT | 1 MO | Y | N | N | 1/MO | RO |
| Y2083 | OXYGEN, LTCF RESIDENTS ONLY, 0-250 CU FT OR 0-20 LBS LIQUID OR EQUIVALENT | 1 MO | Y | N | N | 1/MO | RO |

HUMIDIFIERS/NEBULIZERS FOR USE W/OXYGEN IPPB EQUIP & COMPRESSORS

| | | | | | | | |
|---------|---|----------|---|---|---|---------|-----|
| E0484 | OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH | EACH(1) | H | N | N | 1/8 YRS | PP |
| E0550 | HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPL HUMID DURING IPPB INCLUDED IN RESPIRATORY EQUIPMENT RENTAL PAYMENT | | N | | | | NC |
| E0555 | HUMIDIFIER DURABLE, GLASS OR AUTOCLAVABLE PLASTIC INCLUDED IN OXYGEN/RESPIRATORY EQUIPMENT RENTAL PAYMENT | | N | | | | NC |
| E0560 | HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION INCLUDED IN OXYGEN/RESPIRATORY EQUIPMENT RENTAL PAYMENT | | N | | | | NC |
| E0565 | COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT NOT SELF-CONTAINED OR CYLINDER | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E0570 * | NEBULIZER, W/COMPRESSOR, (PULMO-AID) | EACH (1) | H | N | H | 1/5 YRS | R/P |

NOTE: * E0570 IS COVERED WITHOUT PRIOR AUTHORIZATION FOR CHRONIC CONDITIONS WITH THE FOLLOWING DIAGNOSES:

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ASTHMA

COR PULMONALE

DIAGNOSIS MUST BE LISTED ON

EMPHYSEMA

CYSTIC FIBROSIS

THE PHYSICIAN PRESCRIPTION

BRONCHIECTASIS

BRONCHOPULMONARY

CHRONIC BRONCHITIS

RESTRICTIVE AIRWAY

PRIOR AUTHORIZATION IS REQUIRED FOR E0570 FOR RECIPIENTS WHO DO NOT HAVE ONE OF THE DIAGNOSES LISTED ABOVE.

| | | | | | | | |
|-------|---|----------|---|---|---|---------|-----|
| E0575 | NEBULIZER, ULTRASONIC, LARGE VOLUME (BA-400) | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E0580 | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER E.G., PURITAN-BENNETT-ALL-PURPOSE | EACH (1) | H | N | H | 2/1 YR | R/P |
| E0585 | NEBULIZER, WITH COMPRESSOR AND HEATER | NC | N | | H | NC | NC |
| E1372 | IMMERSION EXTERNAL HEATER FOR NEBULIZER | EACH (1) | H | Y | N | 1/4 YRS | R/P |

SUCTION PUMPS AND SUCTIONING SUPPLIES

| | | | | | | | |
|--------|--|----------|---|---|---|--------|----|
| A4624* | TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, ADULT | EACH (1) | H | N | Y | 150/MO | PP |
| Y9166* | TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, PEDIATRIC ONLY | EACH (1) | H | N | Y | 300/MO | PP |
| A4605* | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH | EACH (1) | H | N | Y | 10/MO | PP |

NOTE: * BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH

| | | | | | | | |
|-------|--|----------|---|---|---|------|----|
| A4628 | OROPHARYNGEAL SUCTION CATHETER | EACH (1) | H | N | Y | 4/MO | PP |
| A7000 | CANISTER, DISPOSABLE, USED WITH SUCTION PUMP | EACH (1) | H | N | H | 3/MO | PP |
| A7001 | CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP | NC | N | | H | NC | NC |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|---|----------|-----------|------------|-----------|-----------|-------|
| A7002 | TUBING, USED WITH SUCTION PUMP, INCLUDING CONNECTOR/ADAPTOR | EACH (1) | H | N | H | 4/MO | PP |
| E0600 | SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE | EACH (1) | H | N | H | 1/4 YRS | R/P |

MONITORING EQUIPMENT

| | | | | | | | |
|---------|--|-----------|---|---|---|------|----|
| A4556 * | ELECTRODES, (E.G., APNEA MONITOR, TENS UNIT) | ONE MONTH | H | N | Y | 1/MO | PP |
| A4557 * | LEAD WIRES, (E.G. APNEA MONITOR, TENS UNIT) | ONE MONTH | H | N | Y | 1/MO | PP |
| A4558 * | CONDUCTIVE PASTE OR GEL | ONE MONTH | H | N | Y | 1/MO | PP |

NOTE: * APNEA MONITOR AND TENS SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE

| | | | | | | | |
|---------|---|----------|---|---|---|---------|----|
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT | EACH (1) | H | Y | N | 4/YR | PP |
| A4660 * | SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF & STETHOSCOPE | EACH SET | H | N | N | 1/8 YRS | PP |
| A4663 | BLOOD PRESSURE CUFF ONLY (REPLACEMENT) | EACH (1) | H | N | N | 1/8 YRS | PP |
| A4670 * | AUTOMATIC BLOOD PRESSURE MONITOR | EACH (1) | H | N | N | 1/8 YRS | PP |

NOTE: * COVERAGE IS LIMITED TO EITHER CODE A4660 OR A4670. BOTH CODES ARE NOT REIMBURSABLE.

| | | | | | | | |
|---------|--|-----------|---|---|---|----------|-----|
| E0445 | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY. | EACH (1) | H | Y | N | 1/5 YRS | R/P |
| E0610 | PACEMAKER MONITOR, SELF-CONTAINED INCLUDES AUDIBLE & VISIBLE CHECKS | NC | N | | H | NC | NC |
| E0615 | PACEMAKER, MONITOR, SELF-CONTAINED, DIGITAL CHECK SYSTEMS | NC | N | | H | NC | NC |
| E0618 * | APNEA MONITOR WITHOUT RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, & SUPPLIES | ONE MONTH | H | N | H | 4 MONTHS | CR |
| E0619 * | APNEA MONITOR WITH RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, & SUPPLIES | ONE MONTH | H | N | H | 4 MONTHS | CR |

NOTE: * PRIOR AUTHORIZATION NOT REQUIRED FOR FIRST FOUR MONTHS OF RENTAL. BILL 1 UNIT PER MONTH OF RENTAL.

| | | | | | | | |
|-------|---|----------|---|---|---|------|----|
| Y2039 | PNEUMOGRAM | EACH (1) | H | N | H | 1/YR | PP |
| Y2048 | DOWNLOAD, APNEA (CARDIORESPIRATORY) MONITOR | EACH (1) | H | N | N | 2/YR | PP |
| Y2065 | OXIMETRY, DIAGNOSTIC/24 HR (INCLUDES OXIMETER WITH PRINTER, PROBES, PROBE TAPE/WRAPS) | EACH (1) | H | Y | N | 4/MO | RO |
| Y2067 | OXIMETER PROBE TAPE/WRAPS, FOR USE WITH CONSUMER OWNED OXIMETER | EACH (1) | N | | | NC | NC |

PNEUMATIC COMPRESSOR AND APPLIANCES (LYMPHEDEMA PUMP)

| | | | | | | | |
|-------|---|----------|---|---|---|---------|-----|
| E0650 | PNEUMATIC COMPRESSOR, NONSEGMENTAL, HOME MODEL (LYMPHEDEMA PUMP) | EACH (1) | H | Y | H | 1/5 YRS | R/P |
| E0651 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE | EACH (1) | H | Y | H | 1/5 YRS | R/P |
| E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE | NC | N | | H | NC | NC |
| E0655 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM | EACH (1) | Y | Y | H | 1/2 YRS | PP |
| E0660 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG | EACH (1) | Y | Y | H | 1/2 YRS | PP |
| E0665 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | EACH (1) | Y | Y | H | 1/2 YRS | PP |
| E0666 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG | EACH (1) | Y | Y | H | 1/2 YRS | PP |
| E0667 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG | EACH (1) | Y | Y | H | 1/2 YRS | PP |
| E0668 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | EACH (1) | Y | Y | H | 1/2 YRS | PP |
| E0669 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG | EACH (1) | Y | Y | H | 1/2 YRS | PP |
| E0670 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM | EACH (1) | Y | Y | H | 1/2 YRS | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|---|---|-----------|-----------|------------|-----------|-----------|-------|
| PATIENT LIFTS | | | | | | | |
| E0621* | SLING OR SEAT FOR PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY) | EACH (1) | H | N | H | 1/2 YRS | PP |
| NOTE: * COVERED ONLY FOR REPLACEMENT WITH RECIPIENT-OWNED LIFT. NOT COVERED WITH AUTHORIZATION FOR E0630 | | | | | | | |
| E0625 | PATIENT LIFT, BATHROOM OR TOILET, <u>NOT OTHERWISE CLASSIFIED</u> | EACH (1) | H | Y | N | 1/6 YRS | R/P |
| E0627 | SEAT LIFT MECHANISM | NC | N | | H | NC | NC |
| E0628 | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE, ELECTRIC | NC | N | | H | NC | NC |
| E0629 | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE, NON-ELECTRIC | NC | N | | H | NC | NC |
| E0630 | PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING, PORTABLE, COMPLETE | EACH (1) | H | N | H | 1/6 YRS | R/P |
| E0635 | PATIENT LIFT, ELECTRIC WITH SEAT OR SLING | NC | N | | H | NC | NC |
| TENS (All TENS units must include battery charger and battery pack) AND OTHER STIMULATORS | | | | | | | |
| A4556 | ELECTRODES, (E.G., APNEA MONITOR, TENS UNIT) | ONE MONTH | H | N | Y | 1/MO | PP |
| A4595 | TENS SUPPLIES, FOR 2 OR 4 LEAD (ONLY WHEN CONSUMER OWNS UNIT) | ONE MONTH | H | N | Y | 1/MO | PP |
| A4630 | REPLACEMENT BATTERIES, MEDICALLY NECESSARY TENS OWNED BY CONSUMER | NC | N | | NC | NC | NC |
| E0720 | TENS UNIT, TWO LEAD, LOCALIZED STIMULATION (INCLUDES SUPPLIES DURING RENTAL) | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E0730 | TENS UNIT, FOUR LEAD, LARGE AREA/MULTIPLE NERVE STIMULATION (INCLUDES SUPPLIES DURING RENTAL) | EACH (1) | H | Y | H | 1/4 YRS | R/P |
| E0731 | FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES | NC | N | | H | NC | NC |
| E0744 | NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS | NC | N | | H | NC | NC |
| E0745 | NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT | NC | N | | H | NC | NC |
| E0746 | ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE | NC | N | | H | NC | NC |
| E0747 | OSTEOGENESIS STIMULATOR, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0748 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL | EACH (1) | H | Y | H | 1/8 YRS | R/P |
| E0749 | OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED) | NC | N | | H | NC | NC |
| E0755 | ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE) | NC | N | | N | NC | NC |
| CANES, CRUTCHES, WALKERS | | | | | | | |
| E0100 + | CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP | EACH (1) | H | N | H | 1/3 YRS | PP |
| E0105 + | CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS | EACH (1) | H | N | H | 1/3 YRS | R/P |
| E0110* + | CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS | PAIR (1) | H | N | H | 1/2 YRS | PP |
| E0111* + | CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS | EACH (1) | H | N | H | 1/2 YRS | PP |
| E0112* + | CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS | PAIR (1) | H | N | H | 1/2 YRS | R/P |
| E0113* + | CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS | EACH (1) | H | N | H | 1/2 YRS | R/P |
| E0114* + | CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS | PAIR (1) | H | N | H | 1/2 YRS | R/P |
| E0116* + | CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS | EACH (1) | H | N | H | 1/2 YRS | R/P |
| NOTE: * REIMBURSEMENT IS LIMITED TO ONE PAIR (Y2013) (E0110, E0112, E0114) OR ONE CRUTCH (Y2014) (E0111, E0113, E0116) PER TWO-YEAR PERIOD | | | | | | | |
| E0130 + | WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS | EACH (1) | H | N | H | 1/5 YRS | PP |
| E0135 + | WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS | EACH (1) | H | N | H | 1/5 YRS | PP |
| E0140 | WALKER WITH TRUCK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE | EACH (1) | H | Y | H | 1/5 YRS | R/P |
| E0141 | WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT | EACH (1) | H | N | H | 1/5 YRS | R/P |
| E0143 + | WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT | EACH (1) | H | N | H | 1/5 YRS | R/P |
| E0144 | WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT | EACH (1) | H | Y | H | 1/5 YRS | R/P |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|--|----------|-----------|------------|-----------|-----------|-------|
| A4635 | UNDERARM PAD, CRUTCH, REPLACEMENT, EACH | EACH (1) | H | N | H | 2/YR | PP |
| A4636 | HANDGRIP, REPLACEMENT, CANE, CRUTCH, OR WALKER, EACH | EACH (1) | H | N | H | 4/YR | PP |
| A4637 | REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH | EACH (1) | H | N | H | 4/YR | PP |

HEAVY DUTY WALKERS

| | | | | | | | |
|---------|--|----------|---|---|---|---------|-----|
| E0147 + | WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE | EACH (1) | H | Y | H | 1/5 YRS | R/P |
| E0148+ | WALKER , HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH | EACH (1) | H | N | H | 1/5 YR | R/P |
| E0149+ | WALKER, HEAVY DUTY, WHEELED , RIGID OR FOLDING, ANY TYPE <i>A HEAVY DUTY WALKER IS COVERED FOR PATIENTS WHO WEIGH MORE THAN 300 POUNDS MEDICAL NECESSITY DOCUMENTATION MAINTAINED BY PROVIDERS MUST INCLUDE THE PATIENT'S WEIGHT.</i> | EACH (1) | H | N | H | 1/5 YR | R/P |

ACCESSORIES FOR AMBULATION DEVICES (CRUTCHES, WALKERS)

| | | | | | | | |
|-------|--|----------|---|---|---|---------|----|
| E0153 | PLATFORM ATTACHMENT, FOREARM CRUTCH | EACH (1) | H | N | H | 2/3 YRS | PP |
| E0154 | PLATFORM ATTACHMENT, WALKER | EACH (1) | H | N | H | 2/3 YRS | PP |
| E0155 | WHEEL ATTACHMENT, RIGID PICK-UP WALKER | EACH (1) | H | N | H | 4/3 YRS | PP |
| E0156 | SEAT ATTACHMENT, WALKER | EACH (1) | H | N | H | 1/3 YRS | PP |
| E0157 | CRUTCH ATTACHMENT, WALKER | EACH (1) | H | N | H | 2/3 YRS | PP |
| E0158 | LEG EXTENSIONS FOR WALKER , PER SET OF FOUR | SET OF 4 | H | N | H | 4/3 YRS | PP |
| E0159 | BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH | EACH (1) | H | N | H | 2/5 YRS | PP |

WHEELCHAIRS

Notes: Procedures codes that may be eligible for payment at the time of the initial wheelchair purchase:

The procedure codes listed under "PART I: Wheelchair Parts and Accessories" that do not require prior authorization are eligible for separate reimbursement at the time of the initial wheelchair purchase if submitted on the claim.

The procedure codes listed under "PART I: Wheelchair Parts and Accessories" that require prior authorization are eligible for separate reimbursement at the time of the initial wheelchair purchase if the procedure code was specifically approved by ODJFS

The procedure codes listed under "Part II Wheelchair Repair and Replacement Parts" are never eligible for separate reimbursement at the time of the initial wheelchair purchase.

Procedure codes used in requesting PA for repair and replacement parts (see paragraph (J) of Rule 5101:3-10-16 for instructions).

Use the procedure codes listed in Part I or Part II with the "UC" modifier when requesting prior authorization for parts used for a major repair.

Use appropriate miscellaneous procedure codes (e.g., K0108) with "UC" modifier when a part is not listed under Part I or Part II.

Prior authorization of any parts requested under a miscellaneous procedure code will be denied if a procedure code exists for the part as listed in Part I or Part II of the Wheelchair section of this appendix.

ODJFS will continue to approve all the approved parts under a the single local level procedure code for wheelchair repair (See Part IV). Providers must submit the code(s) and modifier(s) approved in the PA approval letter issued by ODJFS for reimbursement of repair or replacement parts.

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--|--|-------------|------------------|-------------------|------------------|--|--------------|
| Part I: WHEELCHAIR PARTS AND ACCESSORIES | | | | | | | |
| Notes: | The procedure codes listed under "PART I: Wheelchair Parts and Accessories" not requiring PA are eligible for separate reimbursement at the time of the initial wheelchair purchase if submitted on the claim separately. | | | | | | |
| | The procedure codes listed under "PART I: Wheelchair Parts and Accessories" requiring PA are eligible for separate reimbursement at the time of the initial wheelchair purchase if they are specifically approved during the PA process and are submitted on the claim separately. | | | | | | |
| | The Medicaid maximum reimbursement amount for the codes listed under Part I will be used in determining the overall reimbursement of the wheelchair. | | | | | | |
| | The approval for the wheelchair will indicate the codes that are to be separately billed to the department. | | | | | | |
| | Valid HIPAA compliant codes that are not listed in this Appendix are considered non-covered and are not eligible for reimbursement, even under miscellaneous procedure codes. | | | | | | |
| | Arm of Chair | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
| E0973 | WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH | EACH (1) | Y* | Y | H | 2/2 YRS <u>1/2 YRS</u> PER SIDE | PP |
| K0020 | FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR | EACH (1) | Y* | Y | H | 2/2 YRS 1/2 YRS | PP |
| Positioning Accessories | | | | | | | |
| E0955 | WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 4/5 YRS 1/3 YRS | PP |
| E0956 | WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH | EACH (1) | Y* | Y | H | 4/5 YRS <u>1/3YRS</u> PER SIDE | PP |
| E0957 | WHEELCHAIR ACCESSORY, MEDICAL THIGH SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 4/5 YRS <u>1/3YRS</u> PER SIDE | PP |
| E0960 | WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING | EACH (1) | Y* | Y | H | 4/5 YRS 1/3 YRS | PP |
| E0966 | MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH | EACH (1) | Y* | Y | H | 4/5 YRS 1/3 YRS | PP |
| Back of Chair: Reclining, manual or pediatric | | | | | | | |
| E1225 | MANUAL WHEELCHAIR ACCESSORY, SEMI-RECLINING BACK (RECLINE GREATER THAN 15 DEGREE, BUT LESS THAN 80 DEGREES), EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1226 | MANUAL WHEELCHAIR ACCESSORY, FULLY RECLINING BACK, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| Seating: Combined Back and Seat Module | | | | | | | |
| K0115 | SEATING SYSTEM, BACK MODULE, POSTERIOR-LATERAL CONTROL, WITH OR WITHOUT LATERAL SUPPORTS, CUSTOM FABRICATED FOR ATTACHMENT TO WHEELCHAIR. | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| K0116 | ORTHOTIC SEATING SYSTEM, COMBINED BACK AND SEAT MODULE (CUSTOM MOLDED) | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| K0668 | REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--|--|----------|-----------|------------|-----------|--------------------|-------|
| Seating/Cushions and Accessories: Including standard and non-standard sizes | | | | | | | |
| E0192 | LOW PRESSURE AND POSITIONING PAD, FOR WHEELCHAIR | EACH (1) | H | N | H | 1/YR | PP |
| E0962 | 1" CUSHION, FOR WHEELCHAIR | EACH (1) | H | N | H | 1/YR | PP |
| E0963 | 2" CUSHION, FOR WHEELCHAIR | EACH (1) | H | N | H | 1/YR | PP |
| E0964 | 3" CUSHION, FOR WHEELCHAIR | EACH (1) | H | N | H | 1/YR | PP |
| E0965 | 4" CUSHION, FOR WHEELCHAIR | EACH (1) | H | N | H | 1/YR | PP |
| E0978 | WHEELCHAIR ACCESSORY, SAFETY BELT/PELVIC, EACH | EACH (1) | Y* | Y | H | 1/2 YRS | PP |
| E0992 | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT | EACH (1) | H | Y | H | 1/5 YRS | PP |
| K0023 | SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, ATTACHED W/ STRAPS | EACH (1) | H | Y | H | 1/5 YRS | PP |
| K0024 | SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, W/ ADJ. HOOK-ON | EACH (1) | H | Y | H | 1/5 YRS | PP |
| E2291 | PEDIATRIC WHEELCHAIR, BACK PLANAR, INCLUDING FIXED ATTACHING HARDWARE | EACH (1) | H | Y | H | 1/3 YRS | PP |
| E2292 | PEDIATRIC WHEELCHAIR, SEAT PLANAR, INCLUDING FIXED ATTACHING HARDWARE | EACH (1) | H | Y | H | 1/3 YRS | PP |
| E2293 | PEDIATRIC WHEELCHAIR, BACK CONTOURED, INCLUDING FIXED ATTACHING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2294 | PEDIATRIC WHEELCHAIR, SEAT CONTOURED, INCLUDING FIXED ATTACHING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2601 | GENERAL USE WHEELCHAIR CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0650 | | | | | | | |
| E2602 | GENERAL USE WHEELCHAIR CUSHION, WIDTH, 22 INCHES OR GREATER ANY DEPTH | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0651 | | | | | | | |
| E2603 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0652 | | | | | | | |
| E2604 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0653 | | | | | | | |
| E2605 | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0654 | | | | | | | |
| E2606 | POSITIONING CUSHION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0655 | | | | | | | |
| E2607 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WITH 22 INCHES, ANY DEPTH | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0656 | | | | | | | |
| E2608 | SKIN PROTECTION AND POSITIONING SEAT CUSHION, WITH 22 INCHES OR GREATER, ANY DEPTH | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0657 | | | | | | | |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| K0658 | | | | | | | |
| E2610 | WHEELCHAIR SEAT CUSHION, POWERED | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0659 | | | | | | | |
| E2611 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0660 | | | | | | | |
| E2612 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0661 | | | | | | | |
| E2613 | GENERAL USE WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0662 | | | | | | | |
| E2614 | GENERAL USE WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0663 | | | | | | | |
| E2615 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0664 | | | | | | | |
| E2616 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE OF MOUNTING HARDWARE | EACH (1) | H | Y | H | 1/5 YRS- 1/2YRS | PP |
| K0665 | | | | | | | |
| E2617 | CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE OF MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| K0666 | | | | | | | |
| K0667 | MOUNTING HARDWARE, ANY TYPE, FOR SEAT CUSHION OR SEAT TO SUPPORT BASE ATTACHED TO MANUAL WHEELCHAIR OR LIGHTWEIGHT POWER WHEELCHAIR, PER CUSHION/BASE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2620 | WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE | EACH (1) | H | Y | H | 1/3 YRS | PP |
| E2621 | WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN GREATER THAN OR EQUAL TO 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE | EACH (1) | H | Y | H | 1/3 YRS | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--|--|----------|-----------|------------|-----------|--------------------------------|-------|
| Footrest/Legrest | | | | | | | |
| E0951 | HEEL LOOP/HOLDER, WITH OR WITHOUT ANKLE STRAP, EACH | EACH (1) | Y* | N | H | 2/YR 1/YR PER SIDE | PP |
| E0952 | TOE LOOP/HOLDER, EACH | EACH (1) | Y* | N | H | 4/YR | PP |
| E0990 | WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ASSEMBLY, EACH | EACH (1) | Y* | Y | H | 1/5 YRS PER SIDE | PP |
| K0037 | HIGH MOUNT FLIP-UP FOOTREST | EACH (1) | Y* | Y | H | 2/5 YRS 1/5 YRS PER SIDE | PP |
| K0038 | LEG STRAP | EACH (1) | Y* | N | H | 2/YR 1/YR PER SIDE | PP |
| K0039 | LEG STRAP, H STYLE | EACH (1) | Y* | N | H | 2/YR 1/YR PER SIDE | PP |
| K0040 | ADJUSTABLE ANGLE FOOTPLATE | EACH (1) | Y* | Y | H | 2/5 YRS 1/5 YRS PER SIDE | PP |
| K0041 | LARGE SIZE (NO. 2) FOOTPLATE | EACH (1) | Y* | Y | H | 2/5 YRS 1/5 YRS PER SIDE | PP |
| K0052 | SWINGAWAY, DETACHABLE FOOTRESTS | EACH (1) | Y* | Y | H | 1/5 YRS PER SIDE | PP |
| K0053 | ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH | EACH (1) | Y* | Y | H | 1/5 YRS PER SIDE | PP |
| Frames: Non-standard, manual | | | | | | | |
| E2201 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2202 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2203 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2204 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| Frames, non-standard, power | | | | | | | |
| E2340 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20 THROUGH 23 INCHES | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2341 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24 THROUGH 27 INCHES | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2342 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2343 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 22 THROUGH 25 INCHES | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| Seat width, depth, height | | | | | | | |
| K0056 | SEAT HEIGHT LESS THAN 17 INCHES OR EQUAL TO OR GREATER THAN 21 INCHES FOR HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1296 | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1297 | SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1298 | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| Manual Wheelchair Conversion to Power/ Power Assist Accessories | | | | | | | |
| E0983 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E0984 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E0986 | MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1065 | POWER ATTACHMENT (TO CONVERT ANY SC TO MOTORIZED, EG SOLO) | EACH (1) | H | Y | H | 1/5 YRS | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--|---|----------|-----------|------------|-----------|------------------------------------|-----------------------|
| Power Seating System Accessory | | | | | | | |
| E1002 | WHEELCHAIR ACCESSORY , POWER SEATING SYSTEM, TILT ONLY | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1003 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1004 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1005 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1006 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1007 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1008 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1009 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AD LEG REST, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP <u>PER SIDE</u> |
| E1010 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INLCUDING LEG REST, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP <u>PER SIDE</u> |
| Handrims | | | | | | | |
| E0967 | MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, EACH | EACH (1) | Y* | Y | H | 2/4R <u>1/YR</u> | PP <u>PER SIDE</u> |
| K0059 | PLASTIC COATED HANDRIM, EACH | EACH (1) | Y* | Y | H | 2/4R | PP |
| Wheels | | | | | | | |
| K0064 | ZERO PRESSURE TUBE (FLAT FREE INSERT) ANY SIZE, EACH | EACH (1) | <u>Y*</u> | Y | H | 2/5 YR <u>4/5YRS</u> | PP |
| K0065 | SPOKE PROTECTORS, EACH | EACH (1) | Y* | Y | H | 4/YR | PP |
| K0067 | PNEUMATIC TIRE, ANY SIZE, EACH | EACH (1) | Y* | Y | H | 4/YR | PP |
| K0093* | REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER WHEELCHAIR, ANY SIZE | EACH (1) | <u>Y*</u> | <u>Y</u> | <u>H</u> | <u>4/5YRS</u> | <u>PP</u> |
| K0097* | WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH | EACH (1) | <u>Y*</u> | <u>Y</u> | <u>H</u> | <u>4/5YRS</u> | <u>PP</u> |
| NOTE: * FOR FLAT FREE INSERT CODES K0093 AND K0097, THE COMBINED MAXIMUM IS 4 PER 5 YEARS | | | | | | | |
| Front Casters | | | | | | | |
| K0073 | CASTER PIN LOCK | EACH (1) | Y* | Y | H | 2/5 YRS | PP |
| K0074 | PNEUMATIC CASTER TIRE, ANY SIZE, EACH | EACH (1) | Y* | Y | H | 2/5 YRS | PP |
| K0075 | SEMI-PNEUMATIC CASTER TIRE, ANY SIZE, EACH | EACH (1) | Y* | Y | H | 2/5 YRS | PP |
| Wheel Lock | | | | | | | |
| E0961 | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH | EACH | Y* | Y | H | 2/2 YRS | PP |
| E0974 | MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH | EACH | Y* | Y | H | 1/4 YRS | PP <u>PER SIDE</u> |
| Batteries/Chargers for Motorized/Power Wheelchairs (Bill using the indicated code.) | | | | | | | |
| E2360 | PWR W/C ACCES, 22 NF NON-SEALED LEAD ACID BATTERY | EACH (1) | Y* | N | H | 2/YR | PP |
| E2361 | PWR W/C ACCES, 22 NF SEALED LEAD ACID BATTERY | EACH (1) | Y* | N | H | 2/YR | PP |
| E2362 | PWR W/C ACCES, GROUP 24 NON-SEALED LEAD ACID BATTERY | EACH (1) | Y* | N | H | 2/YR | PP |
| E2363 | PWR W/C ACCES, GROUP 24 SEALED LEAD ACID BATTERY | EACH (1) | Y* | N | H | 2/YR | PP |
| E2364 | PWR W/C ACCES, U-1 NON-SEALED LEAD ACID BATTERY | EACH (1) | Y* | N | Y | 2/YR | PP |
| E2365 | PWR W/C ACCES, U-1 SEALED LEAD ACID BATTERY | EACH (1) | Y* | N | Y | 2/YR | PP |
| E2366 | PWR W/C ACCES, BATTERY CHARGER, SINGLE MODE, FOR USE W/ ONLY ONE BATTERY TYPE | EACH (1) | H | N | H | 1/5 YRS | PP |
| E2367 | PWR W/C ACCES, BATTERY CHARGER, DUAL MODE, FOR USE W/ EITHER BATTERY TYPE | EACH (1) | H | N | H | 1/5 YRS | PP |
| Miscellaneous Accessories | | | | | | | |
| E0950 | WHEELCHAIR ACCESSORY, TRAY EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E0958 | MANUAL WHEELCHAIR ACCESSORY, ONE ARM DRIVE ATTACHMENT, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP <u>PER SIDE</u> |
| E0959 | MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH | EACH (1) | Y* | N | H | 2/5 YRS <u>1/YR</u> | PP <u>PER SIDE</u> |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|---|--|----------|-----------|------------|-----------|---------------------|-------|
| E0968 | COMMODE SEAT, WHEELCHAIR | EACH (1) | Y* | N | H | 1/5 YRS | PP |
| E0971 | ANTI-TIPPING DEVICE, WHEELCHAIR | EACH (1) | Y* | Y | H | 2/2 YRS | PP |
| E0972 | WHEELCHAIR ACCESSORY, TRANSFER BOARD OR DEVICE, EACH | EACH (1) | H | N | H | 1/2 YRS | PP |
| E1015 | SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1016 | SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1017 | HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1018 | HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E1020 | RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS PER SIDE | |
| E1028* | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| NOTE: * <u>E1028 may be billed once within a five year period for each swingaway positioning accessory approved for replacement of the original or approval to change from fixed to swingaway, retractable or removable.</u> | | | | | | | |
| E1029* | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED | EACH (1) | Y* | Y | N | 1/5 YRS | R/P |
| E1030* | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED | EACH (1) | Y* | Y | N | 1/5 YRS | R/P |
| NOTE: * <u>REIMBURSEMENT IS LIMITED TO ONE VENTILATOR TRAY (E1029 OR E1030) PER 5 YEARS</u> | | | | | | | |
| E2310 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2311 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2320 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| E2321 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2322 | POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2323 | POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2324 | POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2325 | POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2326 | POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF | EACH (1) | Y* | Y | H | 2/5 YRS | PP |
| E2327 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2328 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| E2329 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|---|----------|-----------|------------|-----------|-----------|-------|
| E2330 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NOPORPORTIONAL , INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE | EACH (1) | Y* | Y | H | 1/5 YRS | PP |
| K0102 | CRUTCH AND CANE HOLDER | EACH (1) | H | N | N | 1/5 YRS | PP |
| K0104 | CYLINDER TANK CARRIER | EACH (1) | Y* | N | H | 1/5 YRS | PP |
| K0105 | IV HANGER | EACH (1) | Y* | N | H | 1/5 YRS | PP |
| K0106 | ARM TROUGH, FOR MANUAL WHEELCHAIR (MODIFIER REQUIRED) | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0108 | OTHER ACCESSORIES | EACH (1) | Y* | Y | H | 1/5 YRS | PP |

NOTE: * FOR CODE K0108, EACH DISTINCT & SEPARATE ITEM APPROVED UNDER THE CODE MAY BE REPLACED ONCE PER FIVE YEAR PERIOD. PROVIDERS MUST KEEP DOCUMENTATION WHICH SUPPORTS THE ITEMS BILLED UNDER THESE CODES.

NOTE: Y* indicates the item is covered for a nursing home resident only if it is a component of a custom wheelchair (i.e., wheelchair with a custom molded seating system approved by the department.

PART II: WHEELCHAIR - REPAIR AND REPLACEMENT PARTS

NOTE: The parts and accessories listed below in Part II are covered ONLY for Repair or Replacement. When requesting authorization, itemize the parts by individual code as specified in paragraph (J) of Rule 5101:3-10-16.

Codes contained in Part II of this appendix which are also contained in Appendix DD of rule 5101:3-1-60 shall be reimbursed in accordance with that rule.

Payment authorization will consolidate all parts under a single miscellaneous DME code with the modifier "RP." Labor will be separately approved and or billed under the Labor code.

| Code | Description | Notes |
|------------------------------|---|---|
| Arm of Chair | | |
| E0994 | * ARMREST, EACH | DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - THEY WILL BE DENIED |
| K0015 | * DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH | |
| K0017 | * DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH | |
| K0018 | * DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, | |
| K0019 | * ARM PAD, EACH | |
| Back of Chair | | |
| E0982 | * WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH | ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH. |
| Seat | | |
| E0981 | * WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH | |
| Back or Seat of Chair | | |
| E2619 | REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH | DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - THEY WILL BE DENIED |
| Footrest/Legrest | | |
| E0995 | WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH | ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH. |
| K0042 | * STANDARD SIZE FOOTPLATE | |
| K0043 | * FOOTREST, LOWER EXTENSION TUBE, EACH | |
| K0044 | * FOOTREST, UPPER HANGER BRACKET, EACH | |
| K0045 | * FOOTREST, COMPLETE ASSEMBLY | |
| K0046 | * ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH | |
| K0047 | * ELEVATING LEGREST, UPPER HANGER BRACKET, EACH | |
| K0050 | * RATCHET ASSEMBLY | |
| K0051 | * CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH | |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|---|--|------|-----------|------------|-----------|-----------|---|
| Handrims Without Projections | | | | | | | |
| E2205 | HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT ONLY | | | | | | |
| K0060 | * STEEL HANDRIM, EACH | | | | | | DO NOT INCLUDE THESE CODES ON |
| K0064 | * ALUMINUM HANDRIM, EACH | | | | | | THE MEDICAID CLAIM FORM - |
| Rear Wheels | | | | | | | |
| K0066 | * SOLID TIRE, ANY SIZE, EACH | | | | | | THEY WILL BE DENIED. |
| K0068 | * PNEUMATIC TIRE TUBE, EACH | | | | | | |
| K0069 | * REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH | | | | | | |
| K0070 | * REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH | | | | | | |
| Front Casters | | | | | | | |
| K0071 | * FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH | | | | | | ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH. |
| K0072 | * FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUM. TIRE, EACH | | | | | | |
| K0076 | * SOLID CASTER TIRE, ANY SIZE, EACH | | | | | | |
| K0077 | * FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH | | | | | | |
| K0078 | * PNEUMATIC CASTER TIRE TUBE, EACH | | | | | | |
| Wheel Lock | | | | | | | |
| K0081 | * WHEEL LOCK ASSEMBLY, COMPLETE, EACH | | | | | | DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - |
| E2206 | WHEEL LOCK ASSEMBLY, COMPLETE, EACH | | | | | | THEY WILL BE DENIED |
| Motorized/Power Wheelchair Parts | | | | | | | |
| K0090 | * REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH | | | | | | ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH. |
| K0091 | * REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEELCHAIR, ANY SIZE | | | | | | |
| K0092 | * REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH | | | | | | |
| K0093 | * REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER WHEELCHAIR, ANY SIZE | | | | | | |
| K0094 | * WHEEL TIRE FOR POWER BASE, ANY SIZE, EACH | | | | | | |
| K0095 | * WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE, ANY SIZE, EACH | | | | | | |
| K0096 | * WHEEL ASSEMBLY FOR POWER BASE, COMPLETE, EACH | | | | | | |
| K0097 | * WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH | | | | | | |
| K0098 | * DRIVE BELT FOR POWER WHEELCHAIR | | | | | | |
| K0099 | * FRONT CASTER FOR POWER WHEELCHAIR | | | | | | |
| Other Miscellaneous Repair and Replacement Parts Codes (Report Only When Requesting Prior Authorization, Not Used for Billing) | | | | | | | |
| E0997 | * CASTER WITH FORK | | | | | | DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - |
| E0998 | * CASTER WITHOUT FORK | | | | | | THEY WILL BE DENIED |
| E0999 | * PNEUMATIC TIRE WITH WHEEL | | | | | | |
| E1001 | * WHEEL, SINGLE | | | | | | |
| E1019 | * WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, HEAVY DUTY FEATURE, PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS AND LESS THAN OR EQUAL TO 400 POUNDS | | | | | | DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - |
| E1024 | * WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, HEAVY DUTY FEATURE, PATIENT WEIGHT CAPACITY GREATER THAN 400 POUNDS | | | | | | THEY WILL BE DENIED |
| K0452 | * WHEELCHAIR BEARINGS, ANY TYPE | | | | | | |
| Wheelchair Modification | | | | | | | |
| E1011 | * MODIFICATION TO PEDIATRIC WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR) | | | | | | ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH. |
| Wheelchair Battery Chargers | | | | | | | |
| E2366 | PWR W/C ACCES, BATTERY CHARGER, SINGLE MODE, FOR USE W/ ONLY ONE BATTERY TYPE | | | | | | |
| E2367 | PWR W/C ACCES, BATTERY CHARGER, DUAL MODE, FOR USE W/ EITHER BATTERY TYPE | | | | | | |
| NOTE: | * Do not include any of the parts codes on the Medicaid claim form, they will be denied. Only use these codes when requesting prior authorization. | | | | | | |

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|------------------|------|-----------|------------|-----------|-----------|-------|
|--------------|------------------|------|-----------|------------|-----------|-----------|-------|

Part III WHEELCHAIRS: GENERAL BASE CODES

Notes: *MODIFIER (RR, RP) MUST BE ADDED TO THE BASE CODE WHEN REQUESTING PRIOR AUTHORIZATION &/OR WHEN BILLING FOR A RENTAL.*

The following wheelchair base codes denoted with a double asterisk (**) may be billed without prior authorization as rentals for up to three months. When renting each unit represents one month's rental and the codes must be billed with the RR modifier.

| | MANUAL WHEELCHAIR BASES | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|-------------------------------|--|----------|-----------|------------|-----------|-----------|-------|
| E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| E1231 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| E1232 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| E1233 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, WITHOUT SEATING SYSTEM | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| E1235 | ** WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| E1236 | ** WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| E1237 | ** WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| E1238 | ** WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0001 | ** STANDARD WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0002 | ** STANDARD HEMI (LOW SEAT) WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0003 | ** LIGHTWEIGHT WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0004 | HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0005 | ULTRALIGHTWEIGHT WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0006 | HEAVY DUTY WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0007 | EXTRA HEAVY DUTY WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0009 | OTHER MANUAL WHEELCHAIR/BASE | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| POWER WHEELCHAIR BASE | | | | | | | |
| K0010 | STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0011 | STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0012 | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| K0014 | OTHER MOTORIZED/POWER WHEELCHAIR BASE | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |
| POWER OPERATED VEHICLE | | | | | | | |
| E1230 | POWER VEHICLE, 3 WHEEL, NON-HIGHWAY (E.G., SCOOTER) | EACH (1) | Y* | Y | H | 1/5 YRS | R/P |

"STANDARD" OR "NO-CHARGE" PARTS AND ACCESSORIES REIMBURSEMENT AUTHORIZED FOR CODES E1161, E1231-E1238 & K0001 - K0014 INCLUDES ANY PART OR ACCESSORY LISTED BY THE MANUFACTURER AS "STANDARD" OR "NO CHARGE".

CODES FOR PARTS OR ACCESSORIES LISTED AS "STANDARD" OR "NO CHARGE" WILL NOT BE AUTHORIZED IN ADDITION TO ONE OF THE WHEELCHAIR CODES LISTED ABOVE.

APPENDIX A

MEDICAL SUPPLIES

| CURRENT CODE | ITEM DESCRIPTION | UNIT | MEDI-CAID | PRIOR AUTH | MEDI-CARE | MAX UNITS | RNT/P |
|--------------|------------------|------|-----------|------------|-----------|-----------|-------|
|--------------|------------------|------|-----------|------------|-----------|-----------|-------|

SHORT-TERM RENTAL

THE BASE CODES DENOTED WITH A DOUBLE ASTERISK (**) ARE ELIGIBLE FOR SHORT TERM RENTAL FOR UP TO THREE MONTHS.

TO BILL FOR SHORT TERM RENTAL BILL THE MOST APPROPRIATE BASE CODE AND MODIFY THE CODE WITH THE "RR" MODIFIER.

REPORT ONLY 1 UNIT FOR EACH BASE CODE MODIFIED WITH THE "RR" MODIFIER.

EACH MONTHS RENTAL MUST BE REPORTED ON A SEPARATE LINE ON THE CLAIM AND THE DATE OF SERVICE REPORTED FOR THE LINE MUST REFLECT THE MONTH THAT THE WHEELCHAIR RENTAL OCCURRED.

RENT-TO-PURCHASE

PURCHASE OF A WHEELCHAIR SUBSEQUENT TO A RENTAL PERIOD WILL REQUIRE PRIOR AUTHORIZATION.

PURCHASE SUBSEQUENT TO SHORT TERM RENTAL WILL BE AUTHORIZED UNDER THE APPROPRIATE "K" CODE.

ANY RENTAL PERIOD PRIOR TO PURCHASE MUST BE NOTED ON THE AUTHORIZATION REQUEST FOR PURCHASE.

PAYMENT FOR RENTAL WILL BE APPLIED TO THE AUTHORIZED PURCHASE PRICE.

Part IV WHEELCHAIR REPAIRS

See Repair Policy as set forth in Rule 5101:3-10-16 of the Ohio Administrative Code.

| | | | | | | | |
|-------|---|----------|---|---|---|------------|--|
| Y2096 | WHEELCHAIR MAJOR REPAIR, LTCF | EACH (1) | Y | Y | H | | |
| Y2097 | WHEELCHAIR MAJOR REPAIR, PERSONAL RESIDENCE | EACH (1) | H | Y | H | | |
| Y2098 | WHEELCHAIR MINOR REPAIR, PERSONAL RESIDENCE | EACH (1) | H | N | H | 1/120 DAYS | |

WHIRLPOOL EQUIPMENT

| | | | | | | | |
|-------|---|----------|---|---|---|---------|-----|
| E1300 | WHIRLPOOL, PORTABLE (OVERTUB TYPE) | EACH (1) | H | Y | N | 1/8 YRS | R/P |
| E1310 | WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE) | NC | N | | Y | NC | NC |

REPAIRS AND REPLACEMENT SUPPLIES; Non-wheelchairs

| | | | | | | | |
|---------|--|---------------------|---|---------------|---|------------|----|
| E1340 * | REPAIR, NONROUTINE SERVICE DME, PER 15 MIN REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES | EACH (1) 15 MINUTES | Y | If over \$100 | H | | PP |
| E1350 * | REPAIR OR NON-ROUTINE SERVICE, DME MAJOR REPAIR, PERSONAL RESIDENCE, NON-WHEELCHAIR | EACH (1) | H | Y | H | | PP |
| E1351 * | REPAIR OR NON-ROUTINE SERVICE, DME MAJOR REPAIR, LONG TERM CARE FACILITY (LTCF), NON-WHEELCHAIR | EACH (1) | H | Y | H | | PP |
| Y2059 | DME MINOR REPAIR (RECIPIENT-OWNED, MEDICALLY NECESSARY EQUIPMENT ONLY) NON-WHEELCHAIR | EACH (1) | H | N | H | 1/120 DAYS | PP |

NOTE: * USE THESE CODES FOR REPAIR OF ALL EQUIPMENT EXCEPT WHEELCHAIRS. SUBMIT ITEMIZED BILL FOR REPAIR.

PRIOR AUTHORIZATION REQUIRED FOR ALL REPAIRS OVER \$100.

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

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|-------|--|--|---|---|---|--|--|
| E1399 | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS | | H | Y | H | | |
|-------|--|--|---|---|---|--|--|