

## APPENDIX A AMENDED

## MEDICAL SUPPLIES

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ALL ADDITIONS, DELETIONS AND CHANGES EFFECTIVE 1/1/06

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## MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
<b>DRESSINGS/TAPE/GAUZE/BANDAGES</b>							
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	per 18 sq in	H	N	H	200/MO	PP
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	per 18 sq in	H	N	H	200/MO	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
<b>NOTE: * MAX UNITS INDICATES THE MAXIMUM NUMBER OF UNITS (DRESSINGS) COVERED PER WOUND</b>							
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
<b>NOTE: * FOR ALGINATE DRESSING CODES A6196 AND A6197, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.</b>							
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
<b>NOTE: * FOR COMPOSITE DRESSING CODES A6203 AND A6204, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.</b>							
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
<b>NOTE: * FOR FOAM DRESSING CODES A6209, A6210, A6211, A6212 AND A6214, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.</b>							

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## MEDICAL SUPPLIES

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 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 BUT LESS 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
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	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	EACH YARD	H	N	Y	100/MO	PP
A6442*	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	EACH YARD	H	N	Y	150/MO	PP
A6443*	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	EACH YARD	H	N	Y	150/MO	PP
A6444*	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	EACH YARD	H	N	Y	150/MO	PP

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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	ONE MONTH	H	N	Y	\$100/MO	PP
A6011 *	COLLAGEN BASED WOUND FILLER, GEL/PASTE	ONE MONTH	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	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	NG	N		N	NG	NG
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
<b>DIABETIC SUPPLIES/BLOOD GLUCOSE MONITOR SUPPLIES</b>							
A4244	PEROXIDE/ALCOHOL, PER PINT	EACH (16 OZ)	H	N	N	15/MO	PP
A4245 +	ALCOHOL WIPES OR SWABS, BOX	EACH BOX	H	N	N	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 BOX	EACH BOX	H	N	N	1/MO	PP
A4250 +	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	PER 100	H	N	N	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	90/MO	PP
A4217	STERILE WATER/SALINE, 500 ML	EACH BTL	H	N	Y	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**

<del>A4520</del>	<del>INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH</del>	<del>NC</del>	<del>N</del>			<del>NC</del>	<del>NC</del>
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
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
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
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
T4535*	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, 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
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	EACH (1)	H	N	N	12/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

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

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**

T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	EACH (1)	H	¥ N	N	12/YR	PP
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## 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, 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
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 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
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	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		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
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**

## APPENDIX A

## MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
A4354	CATHETER INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	EACH (1)	H	N	Y	3/MO	PP
A4355	IRRIGATION TUBING SET 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)	<b>NOT COVERED FOR USE WITH UROLOGICAL SUPPLIES</b>					
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) <u>PINT</u>	H	N	Y	1/3 MO	PP
Z7352	CATHETER PLUG/CLAMP	EACH (1)	H	N	Y	2/MO	PP
<b>OSTOMY SUPPLIES - WHERE APPLICABLE, ALL MAXIMUM UNITS ARE PER STOMA/FISTULA</b>							
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
A4421 +	OSTOMY SUPPLY; MISCELLANEOUS	EACH (1)	H	Y	Y		PP
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	ACH OZ.	H	N	Y	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 BARRIER ATTACHED (1 PIECE)-	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 WITH BARRIER ATTACHED (1 PIECE)	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)	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
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	EACH (1)	H	N	Y	50/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) <u>PINT</u>	H	N	Y	1/3 MO	PP

**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 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
<b>MISCELLANEOUS SUPPLIES</b>							
A4300-	IMPLANTABLE ACCESS 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
A4649	SURGICAL SUPPLY, MISCELLANEOUS (DO NOT USE FOR OSTOMY SUPPLIES)	EACH (1)	H	Y	Y		PP
A4927	GLOVES, NON-STERILE	PER 100	H	N	N	1/MO	PP
A4930	GLOVES, STERILE	PER PAIR	H	N	N	100 PR /MO	PP
<b>DECUBITUS CARE EQUIPMENT</b>							
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
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
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
<b>HOSPITAL BEDS</b>							
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

## APPENDIX A

## MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/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
E0301	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	EACH (1)	H	Y	H	1/8 YRS	R/P
E0302	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0303	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	EACH (1)	H	Y	H	1/8 YRS	R/P
E0304	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
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 &amp; HOSPITAL BED ACCESSORIES

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, (Total Knee Replacement only)	(1) PER MEDICAL EVENT	H	N	H	1/MED	RO
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
E0944	PELVIC BELT/HARNESS/BOOT	EACH (1)	H	N	H	1/MED	PP
E0945	EXTREMITY BELT/HARNESS	EACH (1)	H	N	H	1/MED	PP
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G. BALKEN, 4 POSTER)	EACH (1)	H	Y	H	1/MED	R/P
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	EACH (1)	H	Y	H	1/MED	R/P
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	EACH (1)	H	Y	H	1/MED	R/P
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE; INCLUDES SOFT INTERFACE MATERIAL	MONTH (1)	H	N	H	1/MED	RO

## 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
B4150*	ENTERAL FORMULA, 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
B4152*	ENTERAL FORMULA, 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, 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

## APPENDIX A

## MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
B4154*	ENTERAL FORMULA, 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, 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
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 BO

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	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

**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
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## APPENDIX A

## MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
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, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, 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

A4221	SUPPLIES FOR MAINTENANCE OF A DRUG INFUSION CATHETER, PER WEEK	1 SET	H	N	H	4/MO	PP
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	N	30/MO	PP
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

## COMMODOES

E0160-	SITZ TYPE BATH, PORTABLE, FITS OVER COMMODOE SEAT	NC	N		H	NC	NC
E0161-	SITZ TYPE BATH, PORTABLE, FITS OVER COMMODOE SEAT, WITH FAUCET ATTACHMENTS	NC	N		H	NC	NC
E0162-	SITZ BATH CHAIR	NC	N		N	NC	NC
E0163*	COMMODOE CHAIR, STATIONARY WITH FIXED ARMS	EACH (1)	H	N	H	1/5 YRS	R/P
E0164*	COMMODOE CHAIR, MOBILE WITH FIXED ARMS	EACH (1)	H	N	N	1/5 YRS	R/P
E0165*	COMMODOE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS	EACH (1)	H	N	H	1/5 YRS	R/P
E0166*	COMMODOE CHAIR, MOBILE WITH DETACHABLE/DROP ARMS	EACH (1)	H	N	N	1/5 YRS	R/P
E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR (REPLACEMENT ONLY)	EACH (1)	H	N	H	1/YR	PP
E0168*	EXTRA WIDE/HEAVY DUTY COMMODOE CHAIR	EACH (1)	H	N	H	1/5 YRS	R/P
	EXTRA WIDE/HEAVY DUTY COMMODOE CHAIRS HAVE A WIDTH OF > 23 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS WEIGHING 300 LBS. OR MORE.						
	EXTRA WIDE/HEAVY DUTY COMMODOE CHAIRS ARE ONLY COVERED FOR PATIENTS WEIGHING 300 LBS. OR MORE. PROVIDERS MUST MAINTAIN DOCUMENTATION OF PATIENT'S WEIGHT.						
E0175-	FOOTREST, FOR USE WITH COMMODOE CHAIR	NC	N		N	NC	NC
Y2001*	HEAVY DUTY COMMODOE CHAIR, WITH DETACHABLE/DROP ARMS	EACH (1)	H	Y	H	1/5 YRS	R/P
Y2002*	PEDIATRIC POSITIONING COMMODOE (INCLUDES TRAY)	EACH (1)	H	Y	H	1/5 YRS	R/P

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

## BATH AND TOILET AIDS

E0241	BATHROOM WALL RAIL, STRAIGHT	EACH (1)	H	N	N	1/5 YRS	PP
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## APPENDIX A

## MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
<del>E0242</del>	<del>BATH TUB RAIL, FLOOR BASE</del>	<del>NC</del>	<del>N</del>		<del>N</del>	<del>NC</del>	<del>NC</del>
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
<del>E0249</del>	<del>PAD FOR WATER CIRCULATING HEAT UNIT</del>	<del>NC</del>	<del>N</del>		<del>N</del>	<del>NC</del>	<del>NC</del>
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 TRACHEOSTOMA 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
<b>MISCELLANEOUS RESPIRATORY CARE SUPPLIES</b>							
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
<b>VENTILATORS, CPAP, AND OTHER RESPIRATORY EQUIPMENT</b>							
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	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
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	EACH	H	Y	N	1/8 YRS	R/P
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	EACH (1)	H	Y	Y	1/8 YRS	R/P
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-	NG	N	-	N	NG	NG
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
<b>LONG TERM CARE FACILITY</b>							
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	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	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/WRAP)	EACH (1)	H	Y	N	4/MO	RO
Y2067	OXIMETER PROBE TAPE/WRAP, 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
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**PATIENT LIFTS**

E0621*	SLING OR SEAT FOR PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)	EACH (1)	H	N	H	1/2 YRS	PP
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**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
<b>Part I: WHEELCHAIR PARTS AND ACCESSORIES</b>							
<b>Notes:</b>							
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.							
	<b>Arm of Chair</b>	<b>UNIT</b>	<b>MEDI-CAID</b>	<b>PRIOR AUTH</b>	<b>MEDI-CARE</b>	<b>MAX UNITS</b>	<b>RNT/P</b>
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	EACH (1)	Y*	Y	H	1/2 YRS PER SIDE	PP
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	EACH (1)	Y*	Y	H	1/2 YRS	PP
<b>Positioning Accessories</b>							
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/3 YRS	PP
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	EACH (1)	Y*	Y	H	1/3YRS PER SIDE	PP
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/3YRS PER SIDE	PP
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING	EACH (1)	Y*	Y	H	1/3 YRS	PP
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	EACH (1)	Y*	Y	H	1/3 YRS	PP
<b>Back of Chair: Reclining, manual or pediatric</b>							
E1225	MANUAL WHEELCHAIR ACCESSORY, SEMI-RECLINING BACK (RECLINE GREATER THAN 15 DEGRESS, 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
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
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	1/2YRS	PP
E2602	GENERAL USE WHEELCHAIR CUSHION, WIDTH, 22 INCHES OR GREATER ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES	EACH (1)	H	Y	H	1/2YRS	PP
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP

## APPENDIX A

## MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP
E2606	POSITIONING CUSHION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES, ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP
E2608	SKIN PROTECTION AND POSITIONING SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2610	WHEELCHAIR SEAT CUSHION, POWERED	EACH (1)	H	Y	H	1/2YRS	PP
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	EACH (1)	H	Y	H	1/2YRS	PP
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING	EACH (1)	H	Y	H	1/2YRS	PP
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	EACH (1)	H	Y	H	1/2YRS	PP
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	EACH (1)	H	Y	H	1/2YRS	PP
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	EACH (1)	H	Y	H	1/2YRS	PP
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	1/2YRS	PP
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE OF MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2620	POSITIONING 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	POSITIONING 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
<b>Footrest/Legrest</b>							
E0951	HEEL LOOP/HOLDER, WITH OR WITHOUT ANKLE STRAP, EACH	EACH (1)	Y*	N	H	1/YR PER SIDE	PP
E0952	TOE LOOP/HOLDER, EACH	EACH (1)	Y*	N	H	2/YR PER SIDE	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	1/5 YRS PER SIDE	PP
K0038	LEG STRAP	EACH (1)	Y*	N	H	1/YR PER SIDE	PP
K0039	LEG STRAP, H STYLE	EACH (1)	Y*	N	H	1/YR PER SIDE	PP
K0040	ADJUSTABLE ANGLE FOOTPLATE	EACH (1)	Y*	Y	H	1/5 YRS PER SIDE	PP
K0041	LARGE SIZE (NO. 2) FOOTPLATE	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
<b>Frames: Non-standard, manual</b>							
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
<b>Frames, non-standard, power</b>							
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
<b>Seat height</b>							
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
<b>Manual Wheelchair Conversion to Power/ Power Assist Accessories</b>							
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 WC 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
<b>Power Seating System Accessory</b>							
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 AND LEG REST, EACH	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	PER PAIR	Y*	Y	H	1/5 YRS	PP
<b>Handrims</b>							
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, EACH	EACH (1)	Y*	Y	H	1 YR PER SIDE	PP
<b>Wheels</b>							
E2211	PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	EACH (1)	Y*	Y	H	4/YR	PP
E2213	PNEUMATIC PROP TIRE INSERT	EACH (1)	Y*	Y	H	4/5 YRS	PP
K0064	ZERO PRESSURE TUBE (FLAT FREE INSERT) ANY SIZE, EACH	EACH (1)	Y*	Y	H	4/5YRS	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)	Y*	Y	H	4/5YRS	PP
K0097*	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH	EACH (1)	Y*	Y	H	4/5YRS	PP
<b>NOTE: * FOR FLAT FREE INSERT CODES K0093 AND K0097, THE COMBINED MAXIMUM IS 4 PER 5 YEARS</b>							
<b>Front Casters</b>							
E2214	PNEUMATIC CASTER TIRE, ANY SIZE, EACH	EACH (1)	Y*	Y	H	2/5 YRS	PP
E2217	FOAM FILLED CASTER TIRE, EACH	EACH (1)	Y*	Y	H	2/5 YRS	PP
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
<b>Wheel Lock</b>							
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 PER SIDE	PP
<b>Batteries/Chargers for Motorized/Power Wheelchairs (Bill using the indicated code.)</b>							
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
<b>Miscellaneous Accessories</b>							
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 PER SIDE	PP
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	EACH (1)	Y*	N	H	1/YR PER SIDE	PP
E0968	COMMODOE SEAT, WHEELCHAIR	EACH (1)	Y*	N	H	1/5 YRS	PP

## APPENDIX A

## MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
E0971	ANTI-TIPPING DEVICE, WHEELCHAIR	EACH (1)	Y*	Y	H	2/2 YRS	PP
<del>E0972</del>	<del>WHEELCHAIR ACCESSORY, TRANSFER BOARD OR DEVICE, EACH</del>	<del>EACH (1)</del>	<del>H</del>	<del>N</del>	<del>H</del>	<del>1/2 YRS</del>	<del>PP</del>
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	EACH (1)	Y*	Y	H	1/5 YRS PER SIDE	PP
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	EACH (1)	Y*	Y	H	1/5 YRS PER SIDE	PP
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	EACH (1)	Y*	Y	H	1/5 YRS PER SIDE	PP
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	EACH (1)	Y*	Y	H	1/5 YRS PER SIDE	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:** \* *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.*

E1029*	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	EACH (1)	Y*	Y	H	1/5 YRS	R/P
E1030*	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	EACH (1)	Y*	Y	H	1/5 YRS	R/P

**NOTE:** \* *REIMBURSEMENT IS LIMITED TO ONE VENTILATOR TRAY (E1029 OR E1030) PER 5 YEARS*

<u>E2207</u>	<u>WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH</u>	<u>EACH (1)</u>	<u>Y*</u>	<u>Y</u>	<u>H</u>	<u>1/5 YRS</u>	<u>PP</u>
<u>E2208</u>	<u>WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH</u>	<u>EACH (1)</u>	<u>Y*</u>	<u>Y</u>	<u>H</u>	<u>1/5 YRS</u>	<u>PP</u>
<u>E2209</u>	<u>WHEELCHAIR ACCESSORY, ARM TROUGH, EACH</u>					<u>1/5 YRS</u>	<u>PP</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 PER SIDE	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, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	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

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
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
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY 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
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 )	EACH (1)	Y*	Y	H	1/5 YRS	R/P PER SIDE
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.

<b>Arm of Chair</b>		<b>DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - THEY WILL BE DENIED</b>
E0994	* ARMREST, EACH	
K0015	* DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	
K0017	* DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	
K0018	* DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	
K0019	* ARM PAD, EACH	<b>ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.</b>
<b>Back of Chair</b>		
E0982	* WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	
<b>Seat</b>		<b>DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - THEY WILL BE DENIED</b>
E0981	* WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	
<b>Back or Seat of Chair</b>		<b>DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - THEY WILL BE DENIED</b>
E2619	* REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	
<b>Footrest/Legrest</b>		
E0995	* WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	
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	

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
K0047	* ELEVATING LEGREST, UPPER HANGER BRACKET, EACH						ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.
K0050	* RATCHET ASSEMBLY						
K0051	* CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH						
<b>Handrims Without Projections</b>							
E2205	* HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT ONLY						DO NOT INCLUDE THESE CODES ON
<b>Rear Wheels</b>							
E2212	* TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH						THE MEDICAID CLAIM FORM -
E2220	* SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,						
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						
<b>Front Casters</b>							
E2215	* TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH						ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.
E2221	* SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE),						
K0071	* FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH						THEY WILL BE DENIED.
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						
<b>Wheel Lock</b>							
E2206	* WHEEL LOCK ASSEMBLY, COMPLETE, EACH						DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM -
<b>Motorized/Power Wheelchair Parts</b>							
K0090	* REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH						THEY WILL BE DENIED
K0091	* REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEELCHAIR, ANY SIZE						
K0092	* REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH						ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.
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						
K0098	* DRIVE BELT FOR POWER WHEELCHAIR						
K0099	* FRONT CASTER FOR POWER WHEELCHAIR						
<b>Other Miscellaneous Repair and Replacement Parts Codes (Report Only When Requesting Prior Authorization, Not Used for Billing)</b>							
E0997	* CASTER WITH FORK						DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM -
E0998	* CASTER WITHOUT FORK						
E0999	* PNEUMATIC TIRE WITH WHEEL						
E1001	* WHEEL, SINGLE						
E2210	* BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH						
K0452	* WHEELCHAIR BEARINGS, ANY TYPE						
<b>Wheelchair Modification</b>							
E1011	* MODIFICATION TO PEDIATRIC WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)						THEY WILL BE DENIED
<b>Wheelchair Battery Chargers</b>							
E2366	* PWR W/C ACCES, BATTERY CHARGER, SINGLE MODE, FOR USE W/ ONLY ONE BATTERY TYPE						ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.
E2367	* PWR W/C ACCES, BATTERY CHARGER, DUAL MODE, FOR USE W/ EITHER BATTERY TYPE						
<b>NOTE:</b>	* 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
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**Part III WHEELCHAIRS: GENERAL BASE CODES**

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
	<b>POWER WHEELCHAIR BASE</b>						
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 BRAKING	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
	<b>POWER OPERATED VEHICLE</b>						
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
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**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" WHEELCHAIR BASE 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	NC

**REPAIRS AND REPLACEMENT SUPPLIES; Non-wheelchairs**

E1340 *	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	EACH 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**

E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	EACH (1)	H	N	H	1/2 YRS	PP
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS		H	Y	H		