

APPENDIX A AMENDED **MEDICAL SUPPLIES**

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<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI- CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI- CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
DRESSINGS/TAPE/GAUZE							
A4460	ELASTIC BANDAGE (E.G.COMPRESSION BANDAGE)	EACH ROLL	H	N	N	3/3 MOS	PP
A6020	COLLAGEN BASED WOUND DRESSING, WOUND COVER	EACH (1)	H	Y	Y		PP
A6021	COLLAGEN DRESSING, LESS THAN 16 SQ IN	EACH (1)	H	Y	Y		PP
A6022	COLLAGEN DRESSING, >16SQ IN, <= 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
* MAX UNITS* INDICATES THE MAXIMUM NUMBER OF UNITS (DRESSINGS) COVERED PER WOUND							
A6196*	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS	EACH (1)	H	N	Y	30/MO	PP
A6197*	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	EACH (1)	H	N	Y	30/MO	PP
A6198*	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.	EACH (1)	H	Y	Y	30/MO	PP
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, W/O 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. W/O ADHES. BORD.	EACH (1)	H	Y	Y	12/MO	PP
A6203*	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, W/ ANY SIZE ADHES. BORD.	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.,W/ ANY SIZE ADH.BORD.	EACH (1)	H	Y	Y	12/MO	PP
NOTE FOR ALGINATE DRESSING CODES A6196 AND A6197, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.							
NOTE FOR COMPOSITE DRESSING CODES A6203 AND A6204, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.							
A6206*	CONTACT LAYER, 16 SQ. IN. OR LESS	EACH (1)	H	Y	Y	4/MO	PP
A6207*	CONTACT LAYER, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	EACH (1)	H	N	Y	4/MO	PP
A6208*	CONTACT LAYER, MORE THAN 48 SQ. IN.	EACH (1)	H	Y	Y	4/MO	PP
A6209*	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, W/O ADH. BORD.	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

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A6214*	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	H	N	Y	12/MO	PP
NOTE FOR FOAM DRESSING CODES A6209, A6210, A6211, A6212 AND A6214, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.							
A6216*	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHES. BORD.	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., W/O ADHES. BORD.	ONE MONTH	H	N	Y	\$50/MO	PP
A6219*	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS W/ ANY SIZE ADH. BORD.	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., W/ ANY SIZE ADHESIVE BORDER	ONE MONTH	H	N	Y	\$50/MO	PP
A6402*	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADH. BORD.	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-IMPREG., STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADH. BORD.	ONE MONTH	H	N	Y	\$50/MO	PP
NOTE FOR NON-IMPREGNATED GAUZE CODES A6216 - A6221 AND A6402 - A6404, THE COMBINED MAXIMUM ALLOWABLE PAYMENT IS \$50 PER MONTH AND CHARGES ARE NOT TO EXCEED MANUFACTURER'S SUGGESTED LIST PRICE.							
A6222*	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	EACH (1)	H	N	Y	30/MO	PP
A6223*	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	H	N	Y	30/MO	PP
A6224*	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	H	N	Y	30/MO	PP
NOTE FOR IMPREGNATED GAUZE CODES A6222 - A6224, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.							
A6228*	GAUZE, IMPREG., WATER OR NORM. SAL., 16 SQ. IN. OR LESS, W/O ADH. BORD.	NC	N		N	NC	NC

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CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
A6229*	GAUZE, IMPREG., WATER OR NORM. SAL., >16 SQ. BUT >OR= 48 SQ. IN., W/O ADH. BORD.	NC	N		N	NC	NC
A6230*	GAUZE, IMPREG., WATER OR NORM. SAL., PAD SIZE > 48 SQ.IN., W/OUT ADH. BORD.	NC	N		N	NC	NC
A6231*	GAUZE, IMPREG, HYDROGEL, 16 SQ IN OR LESS	EACH (1)	H	N	Y	12/MO	PP
A6232*	GAUZE, IMPREG, HYDROGEL, >16 BUT <= 48 SQ IN	EACH (1)	H	N	Y	12/MO	PP
A6233*	GAUZE, IMPREG, HYDROGEL, >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	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 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
A6245*	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 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	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 ADHESIV	EACH (1)	H	N	Y	30/MO	PP

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CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
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 AD	EACH (1)	H	N	Y	30/MO	PP
A6256*	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER	EACH (1)	H	Y	Y	30/MO	PP

NOTE FOR ABSORPTIVE DRESSING CODES A6251 - A6255, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.

A6257*	TRANSPARENT FILM, 16 SQ. IN. OR LESS	EACH (1)	H	N	Y	12/MO	PP
A6258*	TRANSPARENT FILM, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	EACH (1)	H	N	Y	12/MO	PP
A6259*	TRANSPARENT FILM, MORE THAN 48 SQ. IN.	EACH (1)	H	N	Y	12/MO	PP

NOTE FOR TRANSPARENT FILM CODES A6257 - A6259, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.

A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	NC	N		N	NC	NC
A6263	GAUZE, ELASTIC, NON-STERILE, ALL TYPES, PER ROLL	EACH ROLL	H	N	N	30/MO	PP
A6264	GAUZE, NON-ELASTIC, NON-STERILE, PER ROLL	EACH ROLL	H	N	N	30/MO	PP
A6405	GAUZE, ELASTIC, STERILE, ALL TYPES, PER ROLL	EACH ROLL	H	N	N	30/MO	PP
A6406	GAUZE, NON-ELASTIC, STERILE, PER ROLL	EACH ROLL	H	N	N	30/MO	PP
A6265	TAPE, ALL TYPES, ALL SIZES (ONE ROLL/BOX)	EACH (1)	H	N	H	10/MO	PP
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, ANY WIDTH	LINEAR YD.	H	N	H	100 YD/MO	PP

WOUND FILLERS

A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER		H	N	Y	\$100/MO	PP
A6215	FOAM DRESSING, WOUND FILLER		H	N	Y	\$100/MO	PP
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE		H	N	Y	\$100/MO	PP
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY		H	N	Y	\$100/MO	PP
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL		H	N	Y	\$100/MO	PP
A6249	HYDROGEL DRESSING, WOUND FILLER, DRY FORM		H	N	Y	\$100/MO	PP
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM		H	N	Y	\$100/MO	PP
A6261	WOUND FILLER, NOT ELSEWHERE CLASSIFIED, GEL/PASTE		H	N	Y	\$100/MO	PP
A6262	WOUND FILLER, NOT ELSEWHERE CLASSIFIED, DRY FORM		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.

SURGICAL DRESSING NOT OTHERWISE SPECIFIED

Z7009	DECUBITUS ULCER/SURGICAL DRESSING, NOT OTHERWISE SPECIFIED	EACH (1)	H	Y	Y		PP
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<u>SYRINGES/NEEDLES</u>							
Y9118	+ SYRINGE WITH NEEDLE, LESS THAN 1 CC	EACH (1)	H	N	N	100/MO	PP
A4206	+ SYRINGE WITH NEEDLE, STERILE 1 CC	EACH (1)	H	N	N	100/MO	PP
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC	EACH (1)	H	N	N	100/MO	PP
A4208	SYRINGE WITH NEEDLE, STERILE 3 CC	EACH (1)	H	N	N	100/MO	PP
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER	EACH (1)	H	N	N	100/MO	PP
A4210	NEEDLE FREE INJECTION DEVICE	NC	N		N	NC	NC
A4212	NON-CORING (HUBER-TYPE) NEEDLE	EACH (1)	H	N	N	30/MO	PP
A4213	SYRINGE W/O NEEDLE, STERILE 20 CC OR GREATER	EACH (1)	H	N	N	50/YR	PP
A4215	+ NEEDLES ONLY, STERILE, ANY SIZE, INCLUDING PEN NEEDLES	EACH (1)	H	N	N	100/MO	PP
Y9106	FOUNTAIN SYRINGE	EACH (1)	H	N	N	1/2 YRS	PP
<u>DIABETIC SUPPLIES/BLOOD GLUCOSE MONITOR SUPPLIES</u>							
A4244	PEROXIDE/ALCOHOL, PER PINT	EACH (16 OZ)	H	N	N	15/MO	PP
A4245	+ ALCOHOL WIPES OR SWABS, PER WIPE OR SWAB	EACH (1)	H	N	N	200/MO	PP
A4246	BETADINE, POVIDONE IODINE, OR PHISOHEX SOLUTION, PER PINT	EACH (16 OZ)	H	N	N	6/MO	PP
A4247	BETADINE/POVIDONE IODINE WIPE/SWAB, PER PIECE	EACH (1)	H	N	N	100/MO	PP
A4250	+ URINE TEST OR REAGENT STRIPS OR TABLETS	EACH PC	H	N	N	150/MO	PP
A4253	+ BLOOD GLUCOSE TEST/REAGENT STRIPS FOR GLUCOSE MONITOR (PER 50 STRIPS)	BOX OF 50	H	N	H	4 /MO	PP
XX002	+ BLOOD GLUCOSE TEST/REAGENT STRIPS FOR GLUCOSE MONITOR (PER 25 STRIPS)	BOX OF 25	H	N	H	3/MO	PP
A4259	+ LANCETS, PER BOX OF 100	BOX OF 100	H	N	H	2 / MO	PP
A5254	REPLACEMENT BATTERY, FOR USE WITH BLOOD GLUCOSE MONITOR, PATIENT-OWNED	NC	N		H	NC	NC
A4256	+ NORMAL, LOW HIGH CALIBRATION SOLUTION/CHIPS (PKG)	EACH (1)	H	N	N	1/3 MO	PP
Y9107	INSULIN INJECTOR, MANUAL, INCLUDING INSULIN	EACH (1)	H	N	N	1/YR	PP
A4258	SPRING POWERED DEVICE FOR LANCET	EACH (1)	Y	N	H	1/YR	PP
<u>DISTILLED WATER/STERILE SALINE/DISINFECTANT SOLUTION</u>							
A4214	STERILE SALINE OR WATER, 30 CC VIAL	EACH VIAL	H	N	Y	30/MO	PP
Y9141	STERILE SALINE IRRIGATION SOLUTION - 500 ML - ANY	EACH BTL	H	N	Y	12/MO	PP
A4323	STERILE SALINE IRRIGATION SOLUTION - 1000 ML - ANY	EACH LTR	H	N	Y	12/MO	PP
Y9113	DISINFECTION SOLUTION FOR RESPIRATORY EQUIP. (ONE GALLON)	EACH (1)	H	N	N	1/MO	PP
XX001	STERILE SALINE, UNIT DOSE, UP TO 5 ML/NEB. SOLUTION VIALS,UP TO 5 ML	EACH (1)	H	N	H	120/MO	PP
A7018	WATER, DISTILLED, 1000 ML	EACH LTR	H	N	N	16/MO	PP
Y9161	BRONCHO SALINE FOR ADMIN. OF MEDICATION, 240CC BTL	EACH (1)	H	N	Y	2/MO	PP
<u>INCONTINENCE GARMENTS AND RELATED SUPPLIES</u>							
Y9131*	INCONTINENCE GARMENT, DISPOSABLE, LARGE-ADULT SIZE	EACH (1)	H	N	N	300/MO	PP
Y9132*	INCONTINENCE GARMENT, DISPOSABLE, SMALL-ADULT SIZE	EACH (1)	H	N	N	300/MO	PP
Y9133*	INCONTINENCE GARMENT, DISPOSABLE, CHILD-SIZE (OVER AGE 3)	EACH (1)	H	N	N	300/MO	PP
Y9134*	INCONTINENCE GARMENT OR UNDERPAD, RENTAL (DIAPER SERVICE)	EACH (1)	H	N	N	300/MO	RO

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CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
Y9135	INCONTINENCE GARMENT (PANT) REUSABLE, FOR-USE W/DISPOSABLE LINERS	EACH (1)	H	N	N	6/YR	PP
Y9136*	INCONTINENCE PADS/LINERS, DISPOSABLE, FOR USE W/ REUSABLE PANT	EACH (1)	H	N	N	300/MO	PP
Y9138*	INCONTINENCE GARMENT, CHILD X-LARGE OR YOUTH SIZE	EACH (1)	H	N	N	300/MO	PP
Y9140*	INCONTINENCE GARMENT, DISPOSABLE, MEDIUM ADULT SIZE	EACH (1)	H	N	N	300/MO	PP
A4521*	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL SIZE	EACH (1)	H	N	N	300/MO	PP
A4522*	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, MEDIUM SIZE	EACH (1)	H	N	N	300/MO	PP
A4523*	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE	EACH (1)	H	N	N	300/MO	PP
A4524*	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, EXTRA LARGE SIZE	EACH (1)	H	N	N	300/MO	PP
A4525*	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL SIZE	EACH (1)	H	N	N	300/MO	PP
A4526*	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, MEDIUM SIZE	EACH (1)	H	N	N	300/MO	PP
A4527*	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE	EACH (1)	H	N	N	300/MO	PP
A4528*	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, EXTRA LARGE SIZE	EACH (1)	H	N	N	300/MO	PP
A4529*	CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL/MEDIUM SIZE	EACH (1)	H	N	N	300/MO	PP
A4530*	CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE	EACH (1)	H	N	N	300/MO	PP
A4531*	CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL/MEDIUM SIZE	EACH (1)	H	N	N	300/MO	PP
A4532*	CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE	EACH (1)	H	N	N	300/MO	PP
A4533*	YOUTH-SIZED INCONTINENCE PRODUCT, DIAPER	EACH (1)	H	N	N	300/MO	PP
A4534*	YOUTH-SIZED INCONTINENCE PRODUCT, BRIEF	EACH (1)	H	N	N	300/MO	PP
A4535*	DISPOSABLE LINER/SHIELD FOR INCONTINENCE	EACH (1)	H	N	N	300/MO	PP
A4536	PROTECTIVE UNDERWEAR, WASHABLE, ANY SIZE	EACH (1)	H	N	N	6/YR	PP
A4537	UNDER PAD, REUSABLE/WASHABLE, ANY SIZE	EACH (1)	H	N	N	6/YR	PP
A4538*	DIAPER SERVICE, REUSABLE DIAPER	EACH (1)	H	N	N	300/MO	RO
A4554	DISPOSABLE UNDERPADS, ALL SIZES (E.G. CHUX)	EACH (1)	H	N	N	300/2 MO	PP
Y9137	INCONTINENCE GARMENT, REUSABLE CLOTH DIAPERS OR PANTS, OVER AGE 3	EACH (1)	H	Y	N	36/YR	PP
Y9139	INCONTINENCE SUPPLIES, NOT OTHERWISE SPECIFIED		H	Y	N	\$10/MO	PP

* THE COMBINED MONTHLY ALLOWABLE FOR THE INDICATED CODES IS 300 UNITS (GARMENTS)

UROLOGICAL SUPPLIES

A4310	FOLEY CATH INSERTION TRAY W/O DRAINAGE BAG, W/O CATHETER	EACH (1)	H	N	Y	3/MO	PP
A4311	INSERT. TRAY W/O DRAINAGE BAG, W/FOLEY CATH, TWO WAY LATEX W/COATING	EACH (1)	H	N	Y	3/MO	PP
A4312	INSERT. TRAY W/O DRAINAGE BAG, W/FOLEY CATHETER, TWO WAY, ALL SILICONE	EACH (1)	H	N	Y	3/MO	PP
A4313	INSERT. TRAY W/O DRAINAGE BAG, W/FOLEY CATHETER, THREE WAY, SILICONE	EACH (1)	H	N	Y	3/MO	PP
A4314	INSERT. TRAY W/DRAINAGE BAG W/FOLEY CATHETER, TWO-WAY LATEX W/COATING	EACH (1)	H	N	Y	3/MO	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P	
A4315	INSERT. TRAY W/DRAINAGE BAG W/FOLEY TYPE CATH,TWO WAY, ALL SILICONE	EACH (1)	H	N	Y	3/MO	PP	
A4316	INSERT. TRAY W/DRAIN. BAG W/FOLEY TYPE CATH, 3 WAY FOR CONTIN IRRIG	EACH (1)	H	N	Y	3/MO	PP	
A4320	IRRIGATION TRAY W/BULB OR PISTON SYRINGE	EACH (1)	H	N	Y	30/MO	PP	
A4322	IRRIGATION SYRINGE, W/BULB OR PISTON	EACH (1)	H	N	Y	30/MO	PP	
A4323	STERILE SALINE IRRIGATION SOLUTION - 1000 ML -	EACH LTR	H	N	Y	12/MO	PP	
A4326	MALE EXTERN. CATHETER SPECIALTY TYPE, EG; INFLATABLE, FACEPLATE, ETC	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 W/ ADHESIVE	EACH (1)	H	N	N	20/MO	PP	
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	EACH (1)	H	Y	Y		PP	
A4338	INDWELLING CATH, FOLEY TYPE, 2-WAY LATEX W/COATING(TEFLON, SILIC,ETC)	EACH (1)	H	N	Y	3/MO	PP	
A4340	INDWELLING CATH.; 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 CATH, FOLEY, THREE WAY, FOR CONTINUOUS IRRIGATION	EACH (1)	H	N	Y	3/MO	PP	
A4347	MALE EXTERNAL CATH. W OR W/O ADEH, W OR W/O ANTI-REFLUX DEV, PER DOZ.	NC	N		N	NC	NC	
USE CODES K0410 OR K0411 IN PLACE OF A4347								
A4351	INTERMITTENT URINARY CATHETER, STRAIGHT TIP	EACH (1)	H	N	Y	200/MO	PP	
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP	EACH (1)	H	N	Y	200/MO	PP	
A4354	CATHETER INSERTION TRAY W/OUT CATHETER, INCL TUBE & DRAINAGE BAG	EACH (1)	H	N	Y	3/MO	PP	
A4355	IRRIGATION TUBING SET FOR 3-WAY INDWELLING FOLEY CATHETER	EACH (1)	H	N	Y	3/MO	PP	
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE,(NOT CATHETER CLAMP)	EACH (1)	H	N	Y	1/YR	PP	
A4357	BEDSIDE DRAINAGE BAG, DAY/NIGHT, W/, W/O ANTI-REFLUX, W/, W/O TUBE	EACH (1)	H	N	Y	2/MO	PP	
A4358	URINARY LEG/ABDOMINAL BAG, VINYL, W/ OR W/O TUBE W/ STRAP	EACH (1)	H	N	Y	4/MO	PP	
A4359	URINARY SUSPENSORY W/O LEG BAG	EACH (1)	H	N	Y	2/3 MO	PP	
A4402	LUBRICANT (FOR NON-STERILE CATHETERIZATION)	EACH OZ.	H	N	Y	8/MO	PP	
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE)		NOT COVERED FOR USE WITH UROLOGICAL SUPPLIES					
A5102	+ BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE	EACH (1)	H	N	Y	2/YR	PP	
A5105	URINARY SUSPENSORY; WITH LEG BAG, W/ OR W/O 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, PAIR (FOR USE WITH URINARY LEG BAG)	EACH (1)	H	N	Y	4/YR	PP	
A5114	LEG STRAP; FOAM OR FABRIC, PAIR (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)	H	N	Y	1/3 MO	PP	
K0135	INTERMITTENT URINARY CATHETER, REUSABLE; STRAIGHT TIP	NC	N		N	NC	NC	
K0136	INTERMITTENT URINARY CATHETER, REUSABLE; COUDE (CURVED) TIP	NC	N		N	NC	NC	

USE A4351 IN PLACE OF K0133 OR K0135

USE A4352 IN PLACE OF K0134 OR K0136

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
K0250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, ANY TYPE, ANY SIZE	NC	NC		NC		
A6265	TAPE, ALL TYPES, ALL SIZES (ONE ROLL/BOX)	EACH (1)	H	N	H	10/MO	PP
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE OR LGTH., W/ CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR URO	EACH (1)	H	N	N	2/MO	PP
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET (FOR STERILE CATH ONLY)	NC	NC		NC		NC
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	EACH (1)	H	N	Y	12/MO	PP
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP	EACH (1)	H	N	Y	1/MO	PP
A4319	STERILE WATER IRRIGATION SOLUTION, 1000 ML	EACH (1)	H	N	Y	12/MO	PP
A4324	MALE EXTERNAL CATHETER, WITH ADHESIVE COATING	EACH (1)	H	N	Y	60/MO	PP
A4325	MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP	EACH (1)	H	N	Y	60/MO	PP
XX004	URINARY INTERMITTENT CATH. W/ INSERTION TRAY (FOR STERILE CATH. ONLY)	EACH (1)	H	N	Y	60/MO	PP
PAYMENT FOR XX004 INCLUDES LUBRICANT							
XX005	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION, 1000 ML	NC	NC		NC		NC
XX007	ADHESIVE REMOVER, WIPES, 50 PER BOX	NC	NC		NC		NC
Z7002	INCONTINENCE SUPPLY, COMPONENT OF ANOTHER ITEM	NC	NC		NC		NC
Z7352	CATHETER PLUG/CLAMP	EACH (1)	H	N	Y	2/MO	PP
Y9127	ENEMA CONTINENCE CATHETER, BALLOON TIP W/ BAG, INFLATION BULB	EACH (1)	H	N	N	1/2 YRS	PP

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

A4361	+ OSTOMY, FACE PLATE	EACH (1)	H	N	Y	4/YR	PP
A4362	+ SKIN BARRIER, SOLID, 4X4 OR EQUIV. STANDARD WEAR, W/O CONVEXITY	EACH (1)	H	N	Y	20/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, W/ FLANGE (SOLID, FLEXIBLE, ACCORDION), STANDARD WEAR WITH BUILT-IN CONVEXITY, ANY SIZE	EACH (1)	H	N	Y	20/MO	PP
A4385	+ OSTOMY SKIN BARRIER, SOLID, 4X4 OR EQUIV. EXT. WEAR, W/O BUILT-IN CONVEXITY	EACH (1)	H	N	Y	5/MO	PP
A4369	+ OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ.	EACH OZ.	H	N	Y	4/MO	PP
A4370	+ OSTOMY SKIN BARRIER, PASTE, PER OZ.	EACH OZ.	H	N	Y	4/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
A4371	+ OSTOMY SKIN BARRIER, POWDER, PER OZ.	EACH OZ.	H	N	Y	4/MO	PP
A4374	+ OSTOMY SKIN BARRIER, W/ FLANGE (SOLID, FLEXIBLE, ACCORDION) EXTENDED WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE	EACH (1)	H	N	Y	5/MO	PP
A4407	+ OSTOMY SKIN BARRIER W/ FLANGE, EXTENDED WEAR, W/ CONVEXITY; 4X4 OR SMALLER	EACH (1)	H	N	Y	5/MO	PP
A4408	+ OSTOMY SKIN BARRIER W/ FLANGE, EXTENDED WEAR, W/ CONVEXITY; LARGER THAN 4X4	EACH (1)	H	N	Y	5/MO	PP
A4386	+ OSTOMY SKIN BARRIER, W/ FLANGE (SOLID, FLEXIBLE, ACCORDION) EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ANY SIZE	EACH (1)	H	N	Y	5/MO	PP
A4409	+ OSTOMY SKIN BARRIER, W/ FLANGE, EXTENDED WEAR W/O CONVEXITY, 4X4 OR SMALLER	EACH (1)	H	N	Y	5/MO	PP
A4410	+ OSTOMY SKIN BARRIER, W/ FLANGE, EXTENDED WEAR, W/O CONVEXITY; LARGER THAN 4X4	EACH (1)	H	N	Y	5/MO	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI- CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI- CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
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
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
A4420	OSTOMY SUPPLIES, NECESSARY, NOT PART OF THE SET	PER MONTH	H	N	Y	\$10/MO	PP
A4421	+ OSTOMY SUPPLY; MISCELLANEOUS	EACH (1)	H	Y	Y		PP
Z7020	+ OSTOMY SKIN BARRIER; WASHER	EACH (1)	H	N	Y	20/MO	PP
Y9142	+ SKIN BARRIER POWDER, (NOT KARAYA), PER OZ.	EACH OZ.	H	N	Y	4/YR	PP
Y9143	+ DRAIN TUBE ATTACHMENT DEVICE	EACH (1)	H	N	Y	5/MO	PP
A4455	ADHESIVE REMOVER OR SOLVENT (ANY FORM)	EACH (1)	H	N	Y	\$8/MO	PP
A5051	+ POUCH, CLOSED W/ STANDARD WEAR BARRIER ATTACHED (1 PIECE) W/O CONVEX.	EACH (1)	H	N	Y	45/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
A5052	+ POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)	EACH (1)	H	N	Y	45/MO	PP
A5053	+ POUCH, CLOSED; FOR USE ON FACEPLATE	EACH (1)	H	N	Y	45/MO	PP
A5054	+ POUCH, CLOSED FOR USE ON BARRIER W/FLANGE (2 PC)	EACH (1)	H	N	Y	45/MO	PP
A5055	+ STOMA CAP	EACH (1)	H	N	Y	30/MO	PP
A5061	+ POUCH, DRAINABLE; W/ STRD. WEAR BARRIER ATTACHED (1 PIECE), W/O CONVEX.	EACH (1)	H	N	Y	30/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 STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	EACH (1)	H	N	Y	20/MO	PP
A4390	+ OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	EACH (1)	H	N	Y	5/MO	PP
A5062	+ POUCH, DRAINABLE; W/O BARRIER ATTACHED (1 PIECE)	EACH (1)	H	N	Y	20/MO	PP
A5063	+ POUCH, DRAINABLE; FOR USE ON BARRIER W/FLANGE (2 PC)	EACH (1)	H	N	Y	10/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
Y9159	+ POUCH, ADULT, 1 PC DRAINABLE, W/CONVEXITY, DURAHESIVE	EACH (1)	H	N	Y	5/MO	PP
A5071	+ OSTOMY POUCH URINARY; W/ STDRD. WEAR BARR. ATCHD.(1 PIECE), NO CONVEX.	EACH (1)	H	N	Y	20/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

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
A4393	+ OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	EACH (1)	H	N	Y	5/MO	PP
A5072	+ OSTOMY POUCH URINARY; W/O BARRIER ATTACHED (1 PIECE)	EACH (1)	H	N	Y	20/MO	PP
A5073	+ OSTOMY POUCH URINARY; FOR USE ON BARRIER W/FLANGE (2 PIECE)	EACH (1)	H	N	Y	10/MO	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 PLASTIC	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
Z7037	+ OSTOMY BELT-HERNIA (BINDER)	EACH (1)	H	N	Y	1/3MO	PP
Y9146	+ POUCH, DRAINABLE; W/BARRIER, W/CONVEXITY	EACH (1)	H	N	Y	10/MO	PP
Y9147	+ OSTOMY SKIN BARRIER, W/FLANGE, 4 INCH OR DURAHEISIVE OR W/CONVEXITY	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, BOX OF 50	EACH (1)	H	N	Y	1/MO	PP
A5121	+ OSTOMY SKIN BARRIER; SOLID 6 X 6, OR EQUIVALENT	EACH (1)	H	N	Y	5/MO	PP
A5122	+ OSTOMY SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT	EACH (1)	H	N	Y	6/MO	PP
A5123	+ OSTOMY SKIN BARRIER; W/ FLANGE ANY TYPE OR	EACH (1)	H	N	Y	20/MO	PP
A4414	+ OSTOMY SKIN BARRIER, W/ FLANGE, W/O CONVEXITY; 4X4 OR SMALLER	EACH (1)	H	N	Y	20/MO	PP
A4415	+ OSTOMY SKIN BARRIER, W/ FLANGE, W/O CONVEXITY; LARGER THAN 4X4	EACH (1)	H	N	Y	20/MO	PP
Y9144	+ SKIN BARRIER, 2 PC W/CONVEXITY, DURAHEISIVE,	EACH (1)	H	N	Y	5/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)	H	N	Y	1/3 MO	PP
XX006	OSTOMY DEODORANT, ALL TYPES, PER OUNCE	NC	NC		Y	NC	NC
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
K0280	EXTENSION DRAINAGE TUBING, ANY TYPE OR LGTH., W/ CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROS	EACH (1)	H	N	Y	2/MO	PP
Y9149	NEPHROSTOMY/BILIARY DRAINAGE POUCH	EACH (1)	H	Y	N		PP
Z7044	CARBON FILTER	NC	N		N	NC	NC
Z7045	POUCH COVER	NC	N		N	NC	NC

OSTOMY SUPPLIES FOR PEDIATRIC RECIPIENTS, FOR USE ONLY FOR AGES 0-21

Y9150	+ SKIN BARRIER, SOLID, 4X4 OR EQUIV., PEDIATRIC RECIPIENT ONLY	EACH (1)	H	N	Y	30/MO	PP
Y9151	+ SKIN BARRIER W/ FLANGE, ANY TYPE/SIZE, PEDIATRIC ONLY	EACH (1)	H	N	Y	30/MO	PP
Y9152	+ POUCH, DRAINABLE W/ BARRIER ATTACHED (1 PIECE), PEDIATRIC ONLY	EACH (1)	H	N	Y	30/MO	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
Y9153	+ POUCH, DRAINABLE W/O BARRIER ATTACHED (1 PIECE), PEDIATRIC ONLY	EACH (1)	H	N	Y	30/MO	PP
Y9154	+ POUCH, DRAINABLE FOR USE ON BARRIER W/FLANGE (2 PIECE), PEDIATRIC	EACH (1)	H	N	Y	30/MO	PP
Y9155	+ POUCH, URINARY, FOR USE ON BARRIER W/FLANGE (2 EACH (1) PC.), PEDIATRIC ONLY	EACH (1)	H	N	Y	30/MO	PP
Y9156	+ POUCH, URINARY W/BARRIER ATTACHED (1 PIECE), PEDIATRIC ONLY	EACH (1)	H	N	Y	30/MO	PP
Y9157	+ POUCH, URINARY W/O BARRIER ATTACHED (1 PIECE), PEDIATRIC ONLY	EACH (1)	H	N	Y	30/MO	PP

SURGICAL STOCKINGS (PRESSURE GRADIENT, 25mm HG OR MORE)

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
Y3510	PRESSURE GRADIENT SURGICAL STOCKING, CHAPS STYLE, (OVER 35mm HG)	EACH (1)	Y	Y	N	6/YR	PP

FAMILY PLANNING SUPPLIES

Y9124	GONDOMS, PACKAGE OF 12	PKG-OF-12	H	N	N	3/MO	PP
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE	EACH (1)	H	N	N	36/MO	PP
Y9126	CONTRACEPTIVE JELLIES, CREAMS, FOAMS	EACH (1)	H	N	N	1/MO	PP
A4269	CONTRACEPTIVE SUPPLY, SPERMIDIDE	EACH (1)	H	N	N	1/MO	PP
Y9125	CONTRACEPTIVE SPONGE	EACH (1)	H	N	N	24/MO	PP
Y9123	DIAPHRAGM, ALL TYPES	EACH (1)	H	N	N	1/YR	PP
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	EACH (1)	H	N	N	1/YR	PP
Y9128	FEMALE GONDOMS	EACH (1)	H	N	N	36/MO	PP
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE	EACH (1)	H	N	N	36/MO	PP
Y9122	INTRAUTERINE DEVICE, PARAGARD	EACH (1)	H	N	N		PP
Y9121	INTRAUTERINE DEVICE, PROGESTESERT	EACH (1)	H	N	N		PP
Y9109	THERMOMETER, FAMILY PLANNING ONLY	EACH (1)	H	N	N	1/2 YRS	PP

MISCELLANEOUS SUPPLIES

E0603	BREAST PUMP, ELECTRIC	EACH (1)	H	N	N	1/5 YRS	PP
E0604	BREAST PUMP, HEAVY DUTY ELECTRIC (RENTAL ONLY)	PER DAY	H	N	N	90 DAYS	RO
Y9103	BREAST PUMP, MANUAL, COMPLETE	EACH (1)	H	N	N	1/2 YRS	PP
Y9112	CAST BOOT	EACH (1)	H	N	N	1/EVENT	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
A4565	SLINGS	EACH (1)	H	N	N	2/1 YR	PP
A4570	SPLINTS, ALL TYPES, INCL WOODEN SURGICAL SHOE	EACH (1)	H	N	N	1/YR	PP
Y9119	COTTON TIPPED APPLICATORS, STERILE, PER BOX OF 100	BOX OF 100	H	N	N	1/MO	PP
A4470	GRAVLEE JET WASHER	NC	N		Y	NC	NC
A4300	IMPLANTABLE VASCULAR ACCESS PORTAL/CATH. (VENOUS, ARTERIAL OR PERIT)		N		N	NC	NC
Y9110	INVALID RING	EACH (1)	H	N	N	1/YR	PP
Y9120	MEDICAL/SURGICAL SUPPLIES, NOT OTHERWISE SPECIFIED		H	Y	N		PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
A4610	MEDICATION SUPPLIES TO BE USED IN DME, PRESCRIBED BY A PHYSICIAN, COVERED AS DRUGS		N		Y	NC	NC
A4265	PARAFFIN FOR USE IN MED NEC. UNIT APPROVED BY THE DEPT., REFILL	6 LB REFILL	H	N	Y	1/3 MO	PP
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
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
Y9170	STETHOSCOPE (REPLACEMENT FOR BLOOD PRESSURE SET)	EACH (1)	H	N	N	1/2 YRS	PP
A4649	SURGICAL SUPPLY, MISCELLANEOUS (DO NOT USE FOR OSTOMY SUPPLIES)	EACH (1)	H	Y	Y		PP
A4550	SURGICAL TRAYS	NC	N		N	NC	NC

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
A4660 *	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS W/ 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 100-PR/MO	PP
A4927 *	SURGICAL GLOVES, NON-STERILE	PER PAIR <u>100</u>	H	N	N	<u>1/MO</u>	PP
Y9180*							
A4930 *	SURGICAL GLOVES, STERILE	PER PAIR	H	N	N	100 PR/MO	PP
A4670 *	AUTOMATIC BLOOD PRESSURE MONITOR	EACH (1)	H	N	N	1/8 YRS	PP

* NOT LIMITED TO DIALYSIS PATIENTS

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

ENTERAL AND PARENTERAL NUTRITION THERAPY ONLY (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, INCL. BAGS/CONTAINERS)	PER DAY	H	Y	Y	1/DAY	R/P
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCL BAGS/CONTAINERS)	PER DAY	H	Y	Y	1/DAY	R/P
Y9179	ENTERAL FEEDING SUPPLY KIT; PUMP FED, AMBULATORY (PER DAY, INCLUSIVE)	PER DAY	H	Y	Y	1/DAY	R/P
B4081	NG TUBE W/STYLET	EACH (1)	H	N	Y	2/ MO	PP
B4082	NG TUBE W/O 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
Y9168	STOMACH TUBE, PEDIATRIC, SINGLE USE	EACH (1)	H	N	Y	45/MO	PP
Y2040	GASTROSTOMY BUTTON (REPLACEMENT ONLY; PAYMENT FOR INITIAL BUTTON INCLUDED IN REIMBURSEMENT FOR PHYSICIAN VISI	EACH (1)	Y	N	N	3 /YR	PP
Y9169	GASTROSTOMY BUTTON FEEDER ATTACHMENT	EACH (1)	H	N	N	8/MO	PP
Y9176	FARRELL VALVE	EACH (1)	H	Y	H	30/MO	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
B4150	ENTERAL FORMULAE, CATEGORY I SEMI-SYNTHETIC INTACT PROT./PROT ISOLATES	ONE CAN	H	Y	Y		PP
B4151	ENTERAL FORMULAE, CATEGORY I NATURAL INTACT PROTEIN/PROT. ISOLATES	ONE CAN	H	Y	Y		PP
B4152	ENTERAL FORMU, CATEGORY II INTACT PROT./PROT ISOLATES (CALOR DENSE)	ONE CAN	H	Y	Y		PP
B4153	ENTERAL FORMULAE, CATEGORY III HYDROLIZED PROTEIN/AMINO ACIDS	ONE CAN	H	Y	Y		PP
B4154	ENTERAL FORMULAE, CATEGORY IV DEFINED FORMULA FOR SPECIAL METAB.NEEDS	ONE CAN	H	Y	Y		PP
B4155	ENTERAL FORMULAE, CATEGORY V MODULAR COMPONENTS	ONE CAN	H	Y	Y		PP
B4156	ENTERAL FORMULAE, CATEGORY VI STANDARIZED NUTRIENTS	ONE CAN	H	Y	Y		PP
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 ADMINIS KIT, PER DAY, COMPLETE	PER DAY	Y	Y	Y	1/DAY	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

E0776	IV POLE (IF PUMP IS AUTHORIZED, PAYMENT FOR POLE IS INCL. IN PUMP RENTAL)	EACH (1)	H	N	H	1/8 YRS	R/P
E0781	AMBULATORY INFUSION PUMP, W/ ADMINISTR EQUIP. 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, ANY (NON-NUTRITION) (INCL. POLE)	ONE DAY	Y	N	H	1/DAY	RO
Y2020	SYRINGE INFUSION PUMP	ONE DAY	Y	Y	H	1/DAY	R/P
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR	ONE DAY	H	N	N	1/DAY	PP
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 5 ML OR LESS PER HOUR	ONE DAY	H	N	N	1/DAY	PP

INFUSION SUPPLIES**CATHETER SITE MAINTENANCE**

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

A4222	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER 1 SET BAG		H	N	H	60/MO	PP
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APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
Y9190	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER 1 SET CASSETTE		H	N	H	30/MO	PP
GRAVITY ADMINISTRATION							
B4239	IV ADMINISTRATION SET W/DRAINAGE TUBING (NOT FOR NUTRITION)	1 SET	H	N	H	30/MO	PP
B4240	IV ADMINISTRATION SET W/Y-ATTACHMENT, DRAIN.TUBNG (NOT FOR NUTRITION)	1 SET	H	N	H	30/MO	PP
CANES, CRUTCHES, WALKERS							
E0100	+ CANES, ALL MATERIALS, ADJ. OR FIXED W/TIP	EACH (1)	H	N	H	1/3 YRS	PP
E0105	+ CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJ. OR FIXED, W/TIPS	EACH (1)	H	N	H	1/3 YRS	R/P
E0110	+ CRUTCHES, FOREARM, ALL MATERIALS,ADJ. OR FIXED, W/TIPS AND HANDGRIPS	PAIR (1)	H	N	H	1/2 YRS	PP
E0111	+ CRUTCH, FOREARM, ALL MATERIALS, ADJ. OR FIXED, W/TIPS AND HANDGRIPS	EACH (1)	H	N	H	1/2 YRS	PP
E0112	+ CRUTCHES, UNDERARM, WOOD, ADJ. OR FIXED, W/PADS, TIPS AND HANDGRIPS	PAIR (1)	H	N	H	1/2 YRS	R/P
E0113	+ CRUTCH, UNDERARM, WOOD ADJ. OR FIXED, W/PADS, TIPS AND HANDGRIPS	EACH (1)	H	N	H	1/2 YRS	R/P
E0114	+ CRUTCHES, UNDERARM, ALUMINUM,,ADJ.OR FIXED,W/PADS, TIPS & HANDGRIPS	PAIR (1)	H	N	H	1/2 YRS	R/P
E0116	+ CRUTCH, UNDERARM, ALUMINUM, ADJ. OR FIXED W/PADS, TIPS & HANDGRIPS	EACH (1)	H	N	H	1/2 YRS	R/P
Y2013*	+ CRUTCHES, CUSTOM FOREARM WOODEN, METAL BANDS, LEATHER CUFFS	PAIR (1)	H	N	N	1/ 5 YRS	R/P
Y2014*	+ CRUTCH, CUSTOM FOREARM WOODEN, METAL BANDS, LEATHER CUFFS	EACH (1)	H	N	N	1/ 5 YRS	R/P
* REIMBURSEMENT IS LIMITED TO ONE PAIR (Y2013) OR ONE CRUTCH (Y2014) PER TWO YEAR PERIOD							
E0130	+ WALKER, RIGID, PICKUP, ADJ. OR FIXED HEIGHT W/TIPS AND HANDGRIPS	EACH (1)	H	N	H	1/ 5 YRS	PP
E0135	+ WALKER, FOLDING, PICKUP, ADJ. OR FIXED HEIGHT W/TIPS AND HANDGRIPS	EACH (1)	H	N	H	1/ 5 YRS	PP
E0141	+ WALKER, RIGID, WHEELED, WITHOUT SEAT	EACH (1)	H	N	H	1/ 5 YRS	R/P
E0142	+ RIGID WALKER, WHEELED, WITH SEAT	EACH (1)	H	N	H	1/ 5 YRS	R/P
E0143	+ FOLDING WALKER, WHEELED, WITHOUT SEAT	EACH (1)	H	N	H	1/ 5 YRS	R/P
E0145	+ FOLDING WALKER, WHEELED, W/SEAT & CRUTCH ATTACHMENTS	EACH (1)	H	N	H	1/ 5 YRS	R/P
E0146	+ FOLDING WALKER, WHEELED, WITH SEAT	EACH (1)	H	N	H	1/ 5 YRS	R/P
E0147	+ HEAVY DUTY, MULTIPLE BREAKING SYST, VARIABLE WHEEL RESIST WALKER	EACH (1)	H	Y	H	1/ 5 YRS	R/P
Y2000	+ SPECIALIZED WALKER, PEDIATRIC	EACH (1)	H	Y	H	1/ 5 YRS	R/P
Y2005	+ SPECIALIZED WALKER, ADULT	EACH (1)	H	Y	H	1/ 5 YRS	R/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

E0148+	HEAVY DUTY WALKER, WITHOUT WHEELS	EACH (1)	H	N	H	1/5 YR	R/P
E0149+	HEAVY DUTY WHEELED WALKER, EACH	EACH (1)	H	N	H	1/5 YR	R/P
<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>							

ACCESSORIES FOR AMBULATION DEVICES (CRUTCHES, WALKERS)

E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH	EACH (1)	H	N	H	2/3 YRS	PP
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APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
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	EACH (1)	H	N	H	4/3 YRS	PP

COMMODES

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

EXTRA WIDE HEAVY DUTY COMMODE CHAIRS ARE ONLY COVERED FOR PATIENTS WEIGHING 300 LBS. OR MORE. PROVIDERS MUST MAINTAIN DOCUMENTATION OF PATIENT'S WEIGHT.

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

PRESSURE PADS

E0176	AIR PRESSURE PAD OR CUSHION, NONPOSITIONING	EACH (1)	H	Y	H	1/YR	PP
E0177	WATER PRESSURE PAD OR CUSHION, NONPOSITIONING	EACH (1)	H	Y	H	1/YR	PP
E0178	GEL PRESSURE PAD OR CUSHION, NONPOSITIONING	EACH (1)	H	Y	H	1/YR	PP
E0179	DRY PRESSURE PAD OR CUSHION, NONPOSITIONING (E.G., EGGCRATE)	EACH (1)	H	N	H	1/YR	PP

DECUBITUS CARE EQUIPMENT

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
A4640	REPLACEMENT PAD FOR W/MED.NECESS.ALT.PRESS. PAD OWNED BY RECIPIENT	EACH (1)	H	N	H	1/YR	PP
E0183	FLOTATION PAD FOR WHEELCHAIR (GEL OR WATER FILLED)	EACH (1)	H	N	H	1/YR	PP
E0184	DRY PRESSURE MATTRESS, (E.G. EGGCRATE)	EACH (1)	H	N	H	1/YR	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI- CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI- CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
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, WC SIZE	EACH (1)	H	N	N	2/6 MOS	PP
E0189	LAMBSWOOL/SHEEPSKIN PAD, ANY BED SIZE	EACH (1)	H	N	N	2/YR	PP
E0190	DECUBITUS CARE MATTRESS, FLOTAT OR GEL(e.g.Sofcare, Akros, Clinisert)	EACH (1)	H	Y	H	1/4 YRS	PP
E0191	HEEL OR ELBOW PROTECTOR	EACH (1)	H	N	N	4/6 MOS	PP
E0192	LOW PRESSURE/POSITION EQUAL. PAD,W/COVER FOR WHEELCHR (eg Roho, Jay)	EACH (1)	H	Y	H	1/2 YRS	PP
E0193	POWERED FLOTATION BED (LOW AIR LOSS THERAPY)	PER DAY	Y	Y	H	180/YR	RO
E0194	AIR FLUIDIZED BED (BEAD BED)	PER DAY	Y	Y	H	180/YR	RO
E0196	GEL PRESSURE MATTRESS	EACH (1)	H	Y	H	1/4YR	PP
E0197	AIR PRESSURE PAD FOR MATTRESS	EACH (1)	H	Y	H	1/4YR	PP
E0198	WATER PRESSURE PAD FOR MATTRESS	EACH (1)	H	Y	H	1/4YR	PP
E0199	DRY PRESSURE PAD FOR MATTRESS (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
Y2003	COVER FOR E0192	EACH (1)	H	N	N	2/YR	PP
Y2004	DECUBITUS CARE MATTRESS (E.G. COMFORTEX)	EACH (1)	H	Y	H	1/4 YRS	PP
E0371	NONPOWER ADVANCED PRESSURE-REDUCING MATTRESS OVERLAY	EACH (1)	H	Y	H	1/4 YRS	R/P
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATT. 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
<u>HEAT/COLD APPLICATION</u>							
E0200	HEAT LAMP, W/O STAND (TABLE MODEL), INCL BULB, OR INFRARED ELEMENT	NC	N		H	NC	NC
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	RENTAL PERIO	H	N	H	1	RO
E0205	HEAT LAMP, WITH STAND, INCL 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
E0237	WATER CIRCULATING HEAT PAD, MOIST	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
<u>BATH AND TOILET AIDS</u>							
E0241	BATHROOM WALL RAIL, STRAIGHT	EACH (1)	H	N	N	1/5 YRS	PP
Y2009	BATHROOM WALL RAIL, 90 DEGREE ANGLE	EACH (1)	H	N	N	1/5 YRS	PP
E0242	BATH TUB RAIL, FLOOR BASE	NC	N		N	NC	NC
E0243	TOILET RAIL	EACH (1)	H	N	N	1/5 YRS	PP
E0244	RAISED TOILET SEAT	EACH (1)	H	N	N	1/5 YRS	PP
E0245	TUB STOOL OR BENCH (ANY TYPE)	EACH (1)	H	N	N	1/5 YRS	PP
E0246	TRANSFER TUB RAIL ATTACHMENT	EACH (1)	H	N	N	1/5 YRS	PP
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	NC	N		N	NC	NC

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
Y2010	TRANSFER BENCH	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), INCL. LEG EXTENSIONS	EACH (1)	H	Y	N	1/5 YRS	R/P
HOSPITAL BEDS							
E0250	HOSPITAL BED, FXD HT, W/SIDE RAILS AND MATTRESS	NC	NC		NC	NC	NC
E0251	HOSPITAL BED, FXD HT, W/SIDE RAILS, WITHOUT MATTRESS	NC	NC		NC	NC	NC
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/SIDE RAILS, W/MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/SIDE RAILS, W/O MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0260	HOSPITAL BED, SEMI ELEC.(HEAD & FOOT ADJUST.),W/SIDE RAILS, W/MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0261	HOSPITAL BED, SEMI-ELEC.(HEAD & FOOT ADJUST),W/SIDE RAILS,W/O MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0265	HOSPITAL BED, TOTAL ELEC.(HEAD,FOOT & HT ADJUST) W/SIDERAIS & MATTRESS	NC	N		H	NC	NC
E0266	HOSP. BED, TOTAL ELEC.(HD, FOOT & HT ADJUST) W/SIDERAIS,W/O MATTRESS	NC	N		H	NC	NC
E0270	HOSP. BED,INSTITU TYPE INCL OSCILL.,CIRCULA & STRYKER FRAME,W/MATT	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
Y2022	PEDIATRIC CRIB FOR HOME USE (W/O TOP, W/O 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
E0290	HOSPITAL BED, FIXED HEIGHT, W/O SIDE RAILS, W/ MATTRESS	NC	H	Y	H	NC	NC
E0291	HOSPITAL BED, FIXED HEIGHT, W/O SIDE RAILS, W/O MATTRESS	NC	H	Y	H	NC	NC
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/O SIDE RAILS, W/ MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/O SIDE RAILS, W/O MATRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0294	HOSPITAL BED, SEMI-ELEC (HD & FT ADJUST), W/O SIDE RAILS, W/ MATRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0295	HOSPITAL BED, SEMI-ELEC (HD & FT ADJUST),W/O SIDE RAILS, W/O MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0296	HOSPITAL BED, TOTAL ELEC (HD,FT & HT ADJUST),W/O SIDE RAILS, W/ MATT	NC	N		H	NC	NC
E0297	HOSPITAL BED, TOTAL ELEC (HD,FT & HT ADJUST),W/O SIDE RAILS, W/O MATT.	NC	N		H	NC	NC
TRACTION EQUIPMENT & HOSPITAL BED ACCESSORIES							
E0300	MATTRESS, REPLACEMENT FOR MED NECESS BED OWNED BY RECIPIENT	EACH (1)	H	N	H	1/4 YRS	PP
E0305	BED, SIDE RAILS, HALF LENGTH, ATTACHMENT	EACH (1)	H	N	N	2/8 YRS	R/P
E0310	BED, SIDE RAILS, FULL LENGTH, ATTACHMENT	EACH (1)	H	N	N	2/8 YRS	R/P
E0315	BED ACCESSORIES; BOARDS OR TABLES, ANY TYPE	NC	N		N	NC	NC
E0325	URINAL; MALE, JUG TYPE, ANY MATERIAL	EACH (1)	H	N	H	1/4 YRS	PP
E0326	URINAL; FEMALE, JUG TYPE, ANY MATERIAL	EACH (1)	H	N	H	1/4 YRS	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI-CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI-CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
Y2024	WEDGE, BED POSITIONING CUSHION,FOAM,W OR W/O COVER (FOR ORDINARY BED)	EACH (1)	H	N	N	1/2 YRS	PP
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 TRACT. (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 W/GRAB BAR	EACH (1)	H	N	H	1/8 YRS	R/P
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	EACH (1)	H	N	H	1/8 YRS	R/P
E0930	FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS	EACH (1)	H	N	H	1/8 YRS	R/P
E0935	PASSIVE MOTION EXRCISE DEVICE,e.g. DYNASPLINT (Tti Knee Replacem only)	MONTH (1)	H	N	H	1/MED EVENT	RO
E1810	DYNAMIC ADJUSTABLE KNEE EXT/FLEX DEVICE; INCLUDES SOFT INTERFACE MATERIAL	MONTH (1)	H	N	H	1/MED EVENT	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 EVENT	PP
E0943	CERVICAL PILLOW	NC	N		N	NC	NC
E0944	PELVIC BELT/HARNESS/BOOT	EACH (1)	H	N	H	1/MED EVENT	PP
E0945	EXTREMITY BELT/HARNESS	EACH (1)	H	N	H	1/MED EVENT	PP
E0946	FRACTURE, FRAME, DUAL W/CROSS BARS, ATTACHED TO BED (BALKAN 4 POST.)	EACH (1)	H	Y	H	1/MED EVENT	R/P
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	EACH (1)	H	Y	H	1/MED EVENT	R/P
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	EACH (1)	H	Y	H	1/MED EVENT	R/P
TRACHEOSTOMY CARE							
A4621	TRACHEOSTOMY MASK OR COLLAR	EACH (1)	H	N	H	4/MO	PP
A4622	TRACHEOSTOMY/LARYNGECTOMY TUBE	EACH (1)	H	N	Y	2/MO	PP
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)	EACH (1)	H	N	Y	30 /MO	PP
A4625	TRACHEOSTOMY CARE OR CLEANING STARTER KIT	EACH (1)	H	N	Y	14	PP
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
Y9160	THERMAL HUMIDIFYING FILTER FOR USE WITH TRACHEOSTOMY TUBE/CPAP	EACH (1)	H	N	Y	100 /MO	PP
Y9172	TWILL TAPE (per yard)	PER YARD	H	N	N	100/MO	PP
Y9188	TRACHEA TUBE HOLDER (E.G. DALE) , OTHER THAN TWILL TAPE, IF MED. NECESSARY	EACH (1)	H	N	N	15 /MO	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI- CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI- CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
DO NOT BILL CODE Y9172 IN CONJUNCTION WITH Y9188. ONLY ONE TYPE OF TRACH TIE (TWILL TAPE OR OTHER) IS MEDICALLY NECESSARY							
<u>MISCELLANEOUS RESPIRATORY CARE SUPPLIES</u>							
A4627	SPACER (E.G. AEROCHAMBER) W/O MASK, BAG OR RESERVOIR (E.G. INSPIREEZ) W/ OR W/O MASK, FOR USE WITH METERED DOSE	EACH (1)	H	N	N	1/YR	PP
A4616	TUBING, AEROSOL, (PER FOOT)	EACH (1 FT.)	H	N	H	50/3 MOS	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
A4614	PEAK EXPIRATORY FLOW RATE METER	EACH (1)	H	N	N	1/3 YRS	PP
A7003	ADMINISTRATION SET, WITH SMALL VOL. NONFILTERED PNEUM. NEBULIZER, DISPOSABLE	EACH (1)	H	N	H	4/MO	PP
A7005	ADMINISTRATION SET, WITH SMALL VOL. NONFILTERED PNEUM. NEBULIZER, NON-DISPOSABLE	EACH (1)	H	N	H	2 / YR	PP
A7006	ADMINISTRATION SET, WITH SMALL VOL. FILTERED PNEUM.NEBULIZER (PENTAMIDINE)	EACH (1)	H	N	H	4/MO	PP
Y9174	NEBULIZER W/AIR HEATER ADAPTER	EACH (1)	H	N	H	4/MO	PP
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	EACH (1)	H	N	N	4/MO	PP
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	EACH (1)	H	N	H	4/MO	PP
<u>VENTILATORS, CPAP, AND OTHER RESPIRATORY EQUIPMENT</u>							
E0450	POS.PRES. VOLUME VENTILATOR,STNRY OR PORT.INCL.PERM CRCTS & SUPPLIES	PER MONTH	Y	Y	H	1/MO	RO
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
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	EACH (1)	H	Y	H	1/3 YRS	R/P
Y2032	BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS)	PER MONTH	Y	Y	N	1/MO	RO
K0533	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
K0534	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 ALT. POS. AIRWAY PRESS.DEVICE FOR SUPPORT VENTILATION	PER MONTH	Y	Y	H	1/MO	RO
Y2063	SERVICE AND MAINTENANCE ON PATIENT-OWNED VENTILATORS	PER MONTH	Y	Y	N	1/MO	RO
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION	PER MONTH	H	Y	H	1/MO	RO

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
A4618	BREATHING CIRCUITS, IPPB (FOR RECIPIENT-OWNED IPPB ONLY)	EACH (1)	H	Y	H	4/MO	PP
Y9165	AMBU/RESUSCITATION BAG, DISPOSABLE	EACH (1)	H	N	N	3/YR	PP
Y9164	AMBU/RESUSCITATION BAG, REUSABLE	EACH (1)	H	N	N	1/2 YRS	PP
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	EACH (1)	H	Y	H	1/4 YRS	R/P
K0183	NASAL APPLICATION DEVICE, USED WITH CPAP	EACH (1)	H	N	H	1/YR	PP
K0184	NASAL SINGLE PIECE INTERFACE, REPLACEMENT FOR PAIR CPAP NASAL APPLICATION DEVICE	EACH (1)	H	N	H	2/YR	PP
K0185	HEADGEAR, USED WITH CPAP DEVICE	EACH (1)	H	N	H	1/YR	PP
A7035	HEADGEAR, USED W/ POS. AIRWAY PRESS. DEVICE	EACH (1)	H	N	H	1/YR	PP
K0186	CHIN STRAP, USED WITH CPAP DEVICE	EACH (1)	H	N	H	1/6 MO	PP
A7036	CHINSTRAP, USED W/ POS. AIRWAY PRESS. DEVICE	EACH (1)	H	N	H	1/6MO	PP
K0187	TUBING, USED WITH CPAP, REPLACEMENT ONLY	EACH (1)	H	N	H	1/YR	PP
A7037	TUBING USED W/ POS. AIRWAY PRESS. DEVICE	EACH (1)	H	N	H	1/YR	PP
K0188	FILTER, DISPOSABLE, FOR USE WITH CPAP DEVICE	EACH (1)	H	N	H	6/6 MO	PP
A7038	FILTER, DISPOSABLE, USED W/ POSS. AIRWAY PRESS. DEVICE	EACH (1)	H	N	H	6/6MO	PP
K0189	FILTER, NON-DISPOSABLE, USED WITH CPAP DEVICE	EACH (1)	H	N	H	4/YR	PP
A7039	FILTER, NON-DISPOSABLE, USED W/ POSS. AIRWAY PRESS. DEVICE	EACH (1)	H	N	H	4/YR	PP
K0268	HUMIDIFIER, FOR USE WITH CPAP DEVICE	EACH (1)	H	Y	H	1/4 YRS	R/P
K0532	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
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
<u>OXYGEN EQUIPMENT</u>							
A4615	NASAL CANNULA	NC	N		N	NC	NC
A4617	MOUTH PIECE	EACH (1)	H	N	H	1/2 MO	PP
A4619	OXYGEN FACE TENT	EACH (1)	H	N	H	6/MO	PP
A4620	VARIABLE CONCENTRATION MASK	EACH (1)	H	N	H	6/MO	PP
A4480	VABRA ASPIRATOR	NC	N		Y	NC	NC
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
E1360	REPLACEMNT, SUPPLY OR ACCESS.,FOR MED.NECESS O2 EQUIP,RECIP.OWNED	NC	N		H	NC	NC
E1370	COMPRESSED AIR CYLINDER (25.4 CU. FT)	EACH (1)	H	N	N	6/MO	RO
Y2061	COMPRESSED AIR OR OXYGEN, H OR LH TANK, FOR ADMIN. OF PENTAMIDINE	EACH (1)	H	N	H	1/3 MO	PP
<u>HUMIDIFIERS/NEBULIZERS FOR USE W/OXYGEN IPPB EQUIP & COMPRESSORS</u>							
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	EACH (1)	H	Y	N	1/4 YRS	R/P
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPL HUMID DURING IPPB INCLUDED IN RESPIRATORY EQUIP. RENTAL PAYMNT						NC

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI- CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI- CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
E0555	HUMIDIFIER DURABLE, GLASS OR AUTOCLAVABLE PLASTIC INCLUDED IN OXYGEN/RESPIRATORY EQUIPMENT RENTAL PAYMENT						NC
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION INCLUDED IN OXYGEN/RESPIRATORY EQUIPMENT RENTAL PAYMENT						NC
E0565	COMPRESSOR,AIR POWER SOURCE FOR EQUIP 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

*** E0570 AND E1375 ARE COVERED WITHOUT PRIOR
AUTHORIZATION FOR CHRONIC CONDITIONS WITH
THE FOLLOWING DIAGNOSES:**

CHRONIC OBSTRUCTIVE PULMONARY DISEASE**ASTHMA****EMPHYSEMA****BRONCHIECTASIS****CHRONIC BRONCHITIS****COR PULMONALE****CYSTIC FIBROSIS****BRONCHOPULMONARY****RESTRICTIVE AIRWAY**

**DIAGNOSIS MUST BE LISTED ON
THE PHYSICIAN PRESCRIPTION**

**PRIOR AUTHORIZATION IS REQUIRED FOR E0570 AND
E1375 FOR RECIPIENTS WHO DO NOT HAVE ONE OF
THE DIAGNOSES LISTED ABOVE.**

E0575	NEBULIZER, ULTRASONIC, LRG VOLUME (BA-400)	EACH (1)	H	Y	H	1/4 YRS	R/P
E0580	NEBULIZER DURABLE, E.G., PURITAN-BENNETT ALL PURPOSE	EACH (1)	H	N	H	2/1 YR	R/P
E0585	NEBULIZER, W/COMPRESSOR AND HEATER	NC	N		H	NC	NC
Y9182	MUCUS CLEARANCE DEVICE (FLUTTER)	EACH(1)	H	N	N	1/ 8 YRS	PP

VAPORIZERS/POSTURAL DRAINING BOARDS

E0605	VAPORIZER, ROOM TYPE	EACH (1)	H	N	H	1/4 YRS	PP
E0606	POSTURAL DRAINAGE BOARD	NC	N		H	NC	NC

SUCTION PUMPS AND SUCTIONING SUPPLIES

E0600	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE	EACH (1)	H	N	H	1/4 YRS	R/P
Y2034	SUCTION PUMP, BATTERY OPERATED	EACH (1)	H	Y	H	1/4 YRS	R/P
A4624	TRACHEAL SUCTION CATHETER, ADULT	EACH (1)	H	N	Y	150/MO	PP
Y9166	TRACHEAL SUCTION CATHETER, PEDIATRIC ONLY	EACH (1)	H	N	Y	300/MO	PP
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
A7002	TUBING, USED WITH SUCTION PUMP, INCLUDING CONNECTOR/ADAPTOR	EACH (1)	H	N	H	4/MO	PP
XX001	STERILE SALINE,UNIT DOSE,UP TO 5 ML/NEBULIZER SOLUTION VIALS, UP TO 5 ML	EACH (1)	H	N	H	120/MO	PP
Y9173	YANKAUER SUCTION UNIT	EACH (1)	H	N	H	4/MO	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
MONITORING EQUIPMENT							
E0607	+ HOME BLOOD GLUCOSE MONITOR COMPLETE (BILL UCR LESS ANY REBATE)	EACH (1)	H	N	H	1/4 YRS	PP
E0608	APNEA MONITOR; INCLUDING ALARMS, MAINT. & SUPPLIES	ONE MONTH	H	N	H	4 MONTHS	GR
<u>E0618</u>	<u>APNEA MONITOR W/O RECORDING FEATURE; INCLUDING ALARMS, MAINT. & SUPPLIES</u>	<u>ONE MONTH</u>	<u>H</u>	<u>N</u>	<u>H</u>	<u>4 MONTHS</u>	<u>CR</u>
<u>E0619</u>	<u>APNEA MONITOR W/ RECORDING FEATURE; INCLUDING ALARMS, MAINT. & SUPPLIES</u>	<u>ONE MONTH</u>	<u>H</u>	<u>N</u>	<u>H</u>	<u>4 MONTHS</u>	<u>CR</u>
PRIOR AUTHORIZATION NOT REQUIRED FOR FIRST FOUR MONTHS OF RENTAL. BILL 1 UNIT PER MONTH OF RENTAL.							
Y9111	APNEA MONITOR SUPPLIES (AFTER CAPPED RENTAL LIMIT IS REACHED)	ONE MONTH	H	N	Y	1/MO	PP
Y2048	DOWNLOAD, APNEA (CARDIORESPIRATORY) MONITOR	EACH (1)	H	N	N	2/YR	PP
A4556	ELECTRODES, (E.G., APNEA MONITOR, TENS UNIT)	NC	N		Y	NC	NC
A4557	LEAD WIRES, (E.G. APNEA MONITOR, TENS UNIT)	NC	N		Y	NC	NC
A4558	CONDUCTIVE PASTE OR GEL	NC	NC		NC		NC
E2100	+ BLOOD GLUCOSE MONITOR W/ INTEGRATED VOICE SYNTHESIZER	EACH (1)	H	Y	H	1/4 YRS	R/P
E2101	+ BLOOD GLUCOSE MONITOR W/ INTEGRATED LANCING/BLOOD SAMPLE	EACH (1)	H	Y	H	1/4 YRS	R/P
E0610	PACEMAKER MONITOR, SELF-CONTAINED INCL AUDIBLE & VISIBLE CHECKS	NC	N		H	NC	NC
E0615	PACEMAKER, MONITOR, SELF-CONTAINED, DIGITAL CHECK SYSTEMS	NC	N		H	NC	NC
Y2039	PNEUMOGRAM	EACH (1)	H	N	H	1/YR	PP
Y2064	OXIMETER PROBES	EACH (1)	H	Y	N	4/YR	PP
Y2065	OXIMETRY, DIAGNOSTIC/24 HR (INCL. OXMTR. W/PRNTR, PROBES, PROBE TAPE/WRAPS)	EACH (1)	H	Y	N	4/MO	RO
Y2067	OXIMETER PROBE TAPE/WRAPS, FOR USE W/ RECIPIENT OWNED OXIMETER	EACH (1)	H	Y	N		
Y2068	OXIMETER W/ PRINTER	EACH (1)	H	Y	N	1/5 YRS	R/P
PATIENT LIFTS							
E0621*	SLING OR SEAT FOR PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)	EACH (1)	H	N	H	1/2 YRS	PP
E0625	PATIENT LIFT, BATHROOM OR TOILET	EACH (1)	H	Y	N	1/6 YRS	R/P
E0630	PATIENT LIFT, HYDRAULIC, W/SEAT OR SLING, PORTABLE, COMPLETE	EACH (1)	H	N	H	1/6 YRS	R/P
E0635	PATIENT LIFT, ELECTRIC W/SEAT OR SLING	NC	N		H	NC	NC
E0627	SEAT LIFT MECHANISM	NC	N		H	NC	NC
E0628	SEPARATE SEAT LIFT MECH. FOR USE WITH PATIENT OWNED FURNITURE, ELEC.	NC	N		H	NC	NC
E0629	SEPARATE SEAT LIFT MECH. FOR USE WITH PATIENT OWNED FURNITURE, NON-ELEC.	NC	N		H	NC	NC
* COVERED ONLY FOR REPLACEMENT WITH RECIPIENT-OWNED LIFT. NOT COVERED WITH AUTHORIZATION FOR E0630							
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	PNEUM. COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBR GRADIENT PRESSURE	EACH (1)	H	Y	H	1/5 YRS	R/P

APPENDIX A AMENDED**MEDICAL SUPPLIES**

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI-CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI-CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
E0652	PNEUM. COMPRESSOR, SEGMENTAL HOME MODEL W/CALIBR GRADIENT PRESSURE	NC	N		H	NC	NC
E0655	NON-SEGMENTAL PNEUM. APPLIANCE FOR USE W/ PNEUM. COMP., HALF ARM	EACH (1)	Y	Y	H	1/2 YRS	PP
E0660	NON-SEGMENTAL PNEUM. APPLIANCE FOR USE W/ PNEUM. COMP., FULL LEG	EACH (1)	Y	Y	H	1/2 YRS	PP
E0665	NON-SEGMENTAL PNEUM. APPLIANCE FOR USE W/ PNEUM. COMP., FULL ARM	EACH (1)	Y	Y	H	1/2 YRS	PP
E0666	NON-SEGMENTAL PNEUM. APPLIANCE FOR USE W/ PNEUM. COMP., HALF LEG	EACH (1)	Y	Y	H	1/2 YRS	PP
E0667	SEGMENTAL PNEUM. APPLIANCE FOR USE W/ PNEUM. COMPRESSOR, FULL LEG	EACH (1)	Y	Y	H	1/2 YRS	PP
E0668	SEGMENTAL PNEUM. APPLIANCE FOR USE W/ PNEUM. COMPRESSOR, FULL ARM	EACH (1)	Y	Y	H	1/2 YRS	PP
E0669	SEGMENTAL PNEUM. APPLIANCE FOR USE W/ PNEUM. COMPRESSOR, HALF LEG	EACH (1)	Y	Y	H	1/2 YRS	PP
E0670	SEGMENTAL PNEUM. APPLIANCE FOR USE W/ PNEUM. COMPRESSOR, HALF ARM	EACH (1)	Y	Y	H	1/2 YRS	PP

ULTRAVIOLET CABINET

E0690	ULTRAVIOLET CABINET, APPROPRIATE FOR HOME USE	NC	N		H	NC	NC
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SAFETY EQUIPMENT AND RESTRAINTS

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

TENS (All TENS units must include battery charger and battery pack)

E0720	TNS UNIT, TWO LEAD, LOCALIZED STIMULA. (INCL SUPPLIES DURING RENTAL)	EACH (1)	H	Y	H	1/4 YRS	R/P
E0730	TNS UNIT, FOUR LEAD, LRGE AREA/MULT. NERVE STIM (INCL SUPL DURING RENT)	EACH (1)	H	Y	H	1/4 YRS	R/P
A4556	ELECTRODES, (E.G., APNEA MONITOR, TENS UNIT)	NC	N		Y	NC	NC
A4595	TENS SUPPLIES, FOR 2 OR 4 LEAD (ONLY WHEN RECIPIENT OWNS UNIT)	ONE MONTH	H	N	Y	1/MO	PP
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY TENS OWNED BY PATIENT	NC	N		NC	NC	NC
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 (INTRAO-RAL/NON-INVASIVE)	NC	N		N	NC	NC

WHEELCHAIRS**WHEELCHAIR PARTS AND ACCESSORIES**

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI-CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI-CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
Parts Eligible For Payment At The Time Of Initial Purchase:							
The parts listed on pages 20 22 and 21 23, and the Miscellaneous Accessories listed on page 22 24 are eligible for payment at the time of the initial wheelchair purchase. Use the indicated code when requesting authorization and when billing.							
Repair and Replacement Parts:							
When requesting authorization for the repair and/or replacement of parts, use the codes listed on pages 20, 21, 22 and 23-22, 23, 24, and 25. The authorization for payment will consolidate the requested parts under the DME repair codes.							
<u>Arm of Chair</u>							
K0016	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, COMPLETE ASSEMBLY, EACH	EACH (1)	Y*	Y	H	2/2 YRS	PP
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	EACH (1)	Y*	Y	H	2/2 YRS	PP
<u>Back of Chair</u>							
K0021	ANTI-TIPPING DEVICE (PAIR)	1 PAIR	Y*	Y	H	1/2 YRS	PP
K0023	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, ATTACHED W/ STRAPS	EACH (1)	H	Y	H	1/5 YRS	PP
K0024	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, W/ ADJ. HOOK-ON	EACH (1)	H	Y	H	1/5 YRS	PP
K0025	HOOK-ON HEADREST EXTENSION	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0028	FULLY RECLINING BACK (MANUALLY OPERATED) (MODIFIER REQUIRED)	EACH (1)	Y*	Y	H	1/5 YRS	R/P
Y2051	ZERO SHEER POWER RECLINING BACK (MODIFIER REQUIRED)	EACH (1)	Y*	Y	H	1/5 YRS	R/P
K0115	ORTHOTIC SEATING SYSTEM, BACK MODULE (CUSTOM MOLDED)	EACH (1)	H	Y	H	1/5 YRS	PP
K0117	ORTHOTIC SEATING SYSTEM, BACK MODULE NOS	NC	NC		H	NC	NC
<u>Combined Back and Seat Module (Custom-Molded/Custom-Contoured Seating)</u>							
K0116	ORTHOTIC SEATING SYSTEM, COMBINED BACK AND SEAT MODULE (CUSTOM MOLDED)	EACH (1)	Y*	Y	H	1/5 YRS	PP
<u>Seat</u>							
E0962	1" CUSHION, FOR WHEELCHAIR	EACH (1)	H	N	H	1/YR	PP
E0963	2" CUSHION, FOR WHEELCHAIR	EACH (1)	H	N	H	1/YR	PP
E0964	3" CUSHION, FOR WHEELCHAIR	EACH (1)	H	N	H	1/YR	PP
E0965	4" CUSHION, FOR WHEELCHAIR	EACH (1)	H	N	H	1/YR	PP
K0030	SOLID SEAT INSERT, PLANAR SEAT, SINGLE DENSITY FOAM	EACH (1)	H	Y	H	1/5 YRS	PP
K0031	SAFETY BELT/PELVIC STRAP	EACH (1)	Y*	Y	H	1/2 YRS	PP
Y2042	CUSTOM-MOLDED SEATING (SEAT MODULE)	EACH UNIT	H	Y	H	1/5 YRS	PP
<u>Footrest/Legrest</u>							
K0034	HEEL LOOP, EACH	EACH (1)	Y*	N	H	2/YR	PP
K0035	HEEL LOOP, WITH ANKLE STRAP	EACH (1)	Y*	N	H	2/YR	PP
Z7038	ANKLE STRAP	EACH (1)	Y*	N	H	4/YR	PP
K0036	TOE LOOP, EACH	EACH (1)	Y*	N	H	4/YR	PP
K0037	HIGH MOUNT FLIP-UP FOOTREST	EACH (1)	Y*	Y	H	2/5 YRS	PP
K0038	LEG STRAP	EACH (1)	Y*	N	H	2/YR	PP
K0039	LEG STRAP, H STYLE	EACH (1)	Y*	N	H	2/YR	PP
K0040	ADJUSTABLE ANGLE FOOTPLATE	EACH (1)	Y*	Y	H	2/5 YRS	PP
K0041	LARGE SIZE (NO. 2) FOOTPLATE	EACH (1)	Y*	Y	H	2/5 YRS	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
K0048	ELEVATING LEGREST, COMPLETE ASSEMBLY	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0052	SWINGAWAY, DETACHABLE FOOTRESTS	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0053	ELEVATING LEGRESTS, ARTICULATING	EACH (1)	Y*	Y	H	1/5 YRS	PP
<u>Seat width, depth, height</u>							
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR (NOT OTHERWISE SPECIFIED)	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY (NOT OTHERWISE SPECIFIED)	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1298	SPECIAL WC SEAT DEPTH, BY CONSTRUCTION (19" OR MORE)(NOT OTHERWISE SPEC.)	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0054	SEAT WIDTH OF 10"-12", 15", 17", OR 20" FOR HI STRGTH LT.WT./ULTRA LT.WT.	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0055	SEAT DEPTH OF 15", 17", OR 18" FOR HI STRGTH LT.WT. OR ULTRA LT.WT.	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0056	SEAT HT. < 17" OR = TO OR > 21" FOR HI STRGTH.LT.WT. OR ULTRA LT.WT.	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0057	SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHAIR	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0058	SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR	EACH (1)	Y*	Y	H	1/5 YRS	PP
Y2056	SPECIAL WIDTH, MANUAL WC, BY CONSTRUCTION (NOT OTHERWISE SPECIFIED)	EACH (1)	Y*	Y	H	1/5 YRS	PP
<u>Handrims</u>							
K0059	PLASTIC COATED HANDRIM, EACH	EACH (1)	Y*	Y	H	2/YR	PP
K0062	HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS, EACH	EACH (1)	Y*	Y	H	2/YR	PP
K0063	HANDRIM WITH 12-16 VERTICAL OR OBLIQUE PROJECTIONS, EACH	EACH (1)	Y*	Y	H	2/YR	PP
<u>Rear Wheels</u>							
K0064	ZERO PRESSURE TUBE (FLAT FREE INSERT) ANY SIZE, EACH	EACH (1)	H	Y	H	2/5 YRS	PP
K0067	PNEUMATIC TIRE, ANY SIZE, EACH	EACH (1)	Y*	Y	H	4/YR	PP
<u>Front Casters</u>							
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
<u>Wheel Lock</u>							
K0079	WHEEL LOCK EXTENSION, PAIR	EACH PAIR	Y*	Y	H	2/2 YRS	PP
K0080	ANTI-ROLLBACK DEVICE (GRADE AID), PAIR	EACH PAIR	Y*	Y	H	1/4 YRS	PP
<u>Batteries/Chargers for Motorized/Power Wheelchairs (Bill using the indicated code.)</u>							
K0082	22 NF DEEP CYCLE LEAD ACID BATTERY, EACH	EACH (1)	Y*	N	H	2/YR	PP
K0083	22 NF GEL CELL BATTERY, EACH	EACH (1)	Y*	N	H	2/YR	PP
K0084	GROUP 24 DEEP CYCLE LEAD ACID BATTERY, EACH	EACH (1)	Y*	N	H	2/YR	PP
K0085	GROUP 24 GEL CELL BATTERY, EACH	EACH (1)	Y*	N	H	2/YR	PP
K0087	U-1 GEL CELL BATTERY, EACH	EACH (1)	Y*	N	Y	2/YR	PP
K0088	BATTERY CHARGER, LEAD ACID OR GEL CELL (REPLACEMENT ONLY)	EACH (1)	H	N	H	1/5 YRS	PP
K0089	BATTERY CHARGER, DUAL MODE (REPLACEMENT ONLY)	EACH (1)	H	N	H	1/5 YRS	PP
<u>Miscellaneous Accessories</u>							
E0968	COMMODE SEAT, WHEELCHAIR	EACH (1)	Y*	N	H	1/5 YRS	PP
E1065	POWER ATTACHMENT (TO CONVERT ANY SC TO MOTORIZED, EG SOLO)	EACH (1)	H	Y	H	1/5 YRS	PP

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI-CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI-CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
K0100	AMPUTEE ADAPTER, PAIR	EACH (1)	Y*	N	H	2/5 YRS	PP
K0101	ONE ARM DRIVE ATTACHMENT	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0102	CRUTCH AND CANE HOLDER	EACH (1)	H	N	N	1/5 YRS	PP
K0103	TRANSFER BOARD, <25"	EACH (1)	H	N	H	1/2 YRS	PP
K0104	CYLINDER TANK CARRIER	EACH (1)	Y*	N	H	1/5 YRS	PP
K0105	IV HANGER	EACH (1)	Y*	N	H	1/5 YRS	PP
K0106	ARM TROUGH, FOR MANUAL WHEELCHAIR (MODIFIER REQUIRED)	EACH (1)	Y*	Y	H	1/5 YRS	R/P
K0107	WHEELCHAIR TRAY	NC	N		Y		NC
Y2050	WHEELCHAIR TRAY, POSITIONING ONLY	EACH (1)	Y*	Y	H	1/5 YRS	PP
K0108	OTHER ACCESSORIES	EACH (1)	Y*	Y	H	1/5 YRS	PP
Y2043	SPECIALLY ADAPTIVE POSITIONING DEVICES	EACH (1)	Y*	Y	N	1/3 YRS	PP
Y2049	SIP AND PUFF CONTROL	EACH (1)	Y*	Y	H	1/5 YRS	PP
Y2052	POWER DRIVE CHIN CONTROL (MODIFIER REQUIRED)	EACH (1)	Y*	Y	H	1/5 YRS	R/P
Y2053	RECLINING TROUGH ARMS (FOR POWER RECLINE) (MODIFIER REQUIRED)	EACH (1)	Y*	Y	H	1/5 YRS	R/P
Y2054	RESPIRATOR TRAY FOR POWER WHEELCHAIR (MODIFIER REQUIRED)	EACH (1)	Y*	Y	N	1/5 YRS	R/P
Y2058	MANUAL TILT-IN-SPACE	EACH (1)	Y*	Y	H	1/5 YRS	R/P

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

WHEELCHAIR - REPAIR AND REPLACEMENT PARTS

The parts and accessories listed below are covered ONLY for Repair or Replacement. When requesting authorization, itemize the parts by individual code. Payment authorization will consolidate all parts under a single repair code.

Arm of Chair

- 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

Back of Chair

- K0022 REINFORCED BACK UPHOLSTERY
- K0026 BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WC
- K0027 BACK UPHOLSTERY FOR WC TYPE OTHER THAN ULTRALIGHT OR HI STRGTH LT WT

Seat

- K0029 REINFORCED SEAT UPHOLSTERY
- K0032 SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LT. WT. WC
- K0033 SEAT UPHOLSTERY FOR WC TYPE OTHER THAN ULTRALIGHT OR HI-STRGTH. LT WT

Footrest/Legrest

- K0042 STANDARD SIZE FOOTPLATE

DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - THEY WILL BE DENIED

ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI-CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI-CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH						
K0044	FOOTREST, UPPER HANGAR BRACKET, EACH						
K0045	FOOTREST, COMPLETE ASSEMBLY						
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH						
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH						
K0049	CALF PAD						
K0050	RATCHET ASSEMBLY						
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH						
<u>Handrims Without Projections</u>							
K0060	STEEL HANDRIM, EACH						
K0061	ALUMINUM HANDRIM, EACH						
<u>Rear Wheels</u>							
K0066	SOLID TIRE, ANY SIZE, EACH						
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						
<u>Front Casters</u>							
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH						
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						
<u>Wheel Lock</u>							
K0081	WHEEL LOCK ASSEMBLY, COMPLETE, EACH						

DO NOT INCLUDE THESE CODES ON THE MEDICAID

CLAIM FORM -

THEY WILL BE DENIED.

ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.

Motorized/Power Wheelchair Parts

K0090	REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH						
K0091	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEELCHAIR, ANY SIZE						
K0092	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH						
K0093	REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER WHEELCHAIR, ANY SIZE						
K0094	WHEEL TIRE FOR POWER BASE, ANY SIZE, EACH						
K0095	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE, ANY SIZE, EACH						
K0096	WHEEL ASSEMBLY FOR POWER BASE, COMPLETE, EACH						
K0097	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH						
K0098	DRIVE BELT FOR POWER WHEELCHAIR						
K0099	FRONT CASTER FOR POWER WHEELCHAIR						

DO NOT INCLUDE THESE CODES ON

THE MEDICAID

CLAIM FORM -

THEY WILL BE DENIED.

ONLY USE THESE

CODES WHEN

REQUESTING PRIOR AUTH.

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI-CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI-CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
WHEELCHAIRS							
Y*: See note on page 22 24							
MODIFIER (RR, RP, PP OR LP) MUST BE ADDED TO THE BILLING CODE WHEN REQUESTING PRIOR AUTHORIZATION							
K0001	STANDARD WHEELCHAIR	EACH (1)	Y*	Y	H	1/5 YRS	R/P
Y0021	STANDARD WHEELCHAIR, SHORT TERM RENTAL, UP TO THREE MONTHS	ONE MONTH	H	N	H	3/5 YRS	RR
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	EACH (1)	Y*	Y	H	1/5 YRS	R/P
Y0022	STRD HEMI (LOW SEAT) WC, SHORT TERM RENTAL UP TO THREE MON.	ONE MONTH	H	N	H	3/5 YRS	RR
K0003	LIGHTWEIGHT WHEELCHAIR	EACH (1)	Y*	Y	H	1/5 YRS	R/P
Y0023	LIGHTWEIGHT WC, SHORT TERM RENTAL, UP TO THREE MONTHS	ONE MONTH	H	N	H	3/5 YRS	RR
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
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 B	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
E1230	POWER VEHICLE, 3 WHEEL, NON-HIGHWAY (E.G., SCOOTER)	EACH (1)	Y*	Y	H	1/5 YRS	R/P
Y0024	PEDIATRIC MANUAL WC (ANY TYPE) SHORT TERM RENT., UP TO THREE MON.	ONE MONTH	H	N	H	3/5 YRS	RR

"STANDARD" OR "NO-CHARGE" PARTS AND ACCESSORIES
REIMBURSEMENT AUTHORIZED FOR CODES 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.

SHORT-TERM RENTAL

RENTAL: STANDARD, STANDARD HEMI, AND LIGHTWEIGHT WHEELCHAIRS, AND PEDIATRIC MANUAL WHEELCHAIRS Y0021, Y0022, Y0023 AND Y0024 ARE USED TO REPORT SHORT-TERM RENTAL, UP TO THREE MONTHS.

Y0021 IS USED TO BILL FOR SHORT-TERM RENTAL FOR "STANDARD" WHEELCHAIRS GROUPED UNDER CODE K0001.

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI-CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI-CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
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Y0022 IS USED TO BILL FOR SHORT-TERM RENTAL FOR "STANDARD HEMI" WHEELCHAIRS GROUPED UNDER CODE K0002.

Y0023 IS USED TO BILL FOR SHORT-TERM RENTAL FOR "LIGHTWEIGHT" WHEELCHAIRS GROUPED UNDER CODE K0003.

Y0024 IS USED TO BILL FOR SHORT-TERM RENTAL FOR MANUAL PEDIATRIC WHEELCHAIRS.

REPORT "1" UNIT ON THE CLAIM FOR EACH MONTH OF RENTAL.

RENT-TO-PURCHASE

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

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

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

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

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
Y2057	WHIRLPOOL FOOTBATH	EACH (1)	H	Y	H	1/8 YRS	R/P

REPAIRS AND REPLACEMENT SUPPLIES

E1350*	REPAIR OR NON-ROUTINE SERVICE, DME MAJOR REPAIR (E.G., BREAKING DOWN SEALED COMPONENTS REQUIRING THE SKILL OF A TECHNICIAN), PERSONAL RESIDENCE	EACH (1)	Y	Y	H		PP
E1351*	REPAIR OR NON-ROUTINE SERVICE, DME MAJOR REPAIR (E.G., BREAKING DOWN SEALED COMPONENTS REQUIRING THE SKILL OF A TECHNICIAN), LONG TERM CARE FACILITY (LTCF)	EACH (1)	Y	Y	H		PP
Y2059*	DME MINOR REPAIR (RECIPIENT-OWNED, MED. NECESS. EQUIP. ONLY)		H	N	H	1/120 DAYS	PP

* USE THESE CODES FOR REPAIR OF ALL EQUIPMENT EXCEPT WHEELCHAIRS. WHEELCHAIR REPAIR CODES ARE LISTED BELOW.

WHEELCHAIR REPAIRS

Y2096	WHEELCHAIR MAJOR REPAIR, LTCF		Y	Y	H		PP
Y2097	WHEELCHAIR MAJOR REPAIR, PERSONAL RESIDENCE		H	Y	H		PP
Y2098	WHEELCHAIR MINOR REPAIR, PERSONAL RESIDENCE		H	N	H	1/120 DAYS	PP

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS		H	Y	H		
E1400	NON-MEDICAL EQUIPMENT--NOT COVERED (FOR INTERNAL USE ONLY)						

OXYGEN

APPENDIX A AMENDED

MEDICAL SUPPLIES

<u>CODE</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT</u>	<u>MEDI- CAID</u>	<u>PRIOR AUTH</u>	<u>MEDI- CARE</u>	<u>MAX UNITS</u>	<u>RNT/P</u>
<u>PERSONAL RESIDENCE</u>							
Q0036	+ OXYGEN CONCENTRATOR, INCLUDING SUPPLIES	1 MO	H	Y	H	1/MO	RO
E0441	+ OXYGEN CONTENTS, GASEOUS, INCLUDING SUPPLIES for use w/ owned gaseous stat. system or when both stationary & portab	1 MO	H	Y	H	1/MO	RO
E0442	+ OXYGEN CONTENTS, LIQUID, INCLUD.SUPPLIES, for use w/ ownd stationary liquid systems or when both a stat & port liq syst are	1 MO	H	Y	H	1/MO	RO
Q0040	+ PORTABLE OXYGEN CONTENTS, for use only w/ owned portable systems when recipient owns or rents concentrator, or when recipient ownsconcentrator and rents portable	1 MO	H	Y	H	1/MO	RO
E0424	+ STATIONARY COMPRESSED GAS SYSTEM RENTAL, incl contents regulator w/flow gauge, humidifier, cannula or mask & tubing.	1 MO	H	Y	H	1/MO	RO
E0439	+ STATIONARY LIQUID OXYGEN SYSTEM RENTAL, incl contents, use of reservoir, contents indicator, flowmeter, humidifier, nebulizer,cannula or mask, and tubing.	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
<u>LONG TERM CARE FACILITY</u>							
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 w/ owned portable systems when recipient owns or rents concentrator,or when recipient owns concentrator	1 MO	Y	N	N	1/MO	RO
Y2081	OXYGEN, LTCF RESIDENTS ONLY, 501-750 CU FT OR 41- 60 LBS LIQ OR EQUIV.	1 MO	Y	N	N	1/MO	RO
Y2082	OXYGEN, LTCF RESIDENTS ONLY, 251-500 CU FT OR 21- 40 LBS LIQ OR EQUIV.	1 MO	Y	N	N	1/MO	RO
Y2083	OXYGEN, LTCF RESIDENTS ONLY, 0-250 CU FT OR 0-20 LBS LIQ OR EQUIV.	1 MO	Y	N	N	1/MO	RO