

APPENDIX A AMENDED

MEDICAL SUPPLIES

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ALL ADDITIONS, DELETIONS AND CHANGES EFFECTIVE 03/29/07

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MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
DRESSINGS/TAPE/GAUZE/BANDAGES							
A4450	X TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	per 18 sq in	H	N	H	200/MO	PP
A4452	X TAPE, WATERPROOF, PER 18 SQUARE INCHES	per 18 sq in	H	N	H	200/MO	PP
A6021	X COLLAGEN DRESSING, LESS THAN 16 SQ IN	EACH (1)	H	Y	Y	10/MO	PP
A6022	X COLLAGEN DRESSING, MORE THAN 16 SQ IN, LESS THAN OR EQUAL TO 48 SQ IN	EACH (1)	H	Y	Y	10/MO	PP
A6023	COLLAGEN DRESSING, MORE THAN 48 SQ IN	EACH (1)	H	Y	Y	20/MO	PP
A6154*	WOUND POUCH, FOR SURGICAL WOUND DRAINAGE	EACH (1)	H	N	Y	15/MO	PP
NOTE: * MAX UNITS INDICATES THE MAXIMUM NUMBER OF UNITS (DRESSINGS) COVERED PER WOUND							
X Consumer is allowed only one Code per MO per tape and dressing							
A6196*	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS	EACH (1)	H	N	Y	30/MO	PP
A6197*	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	EACH (1)	H	N	Y	30/MO	PP
A6198*	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.	EACH (1)	H	Y	Y	30/MO	PP
NOTE: * FOR ALGINATE DRESSING CODES A6196 AND A6197, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.							
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	EACH (1)	H	Y	Y	12/MO	PP
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/O ADHESIVE BORDER	EACH (1)	H	Y	Y	12/MO	PP
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN. WITHOUT ADHESIVE BORDER	EACH (1)	H	Y	Y	12/MO	PP
A6203*	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	EACH (1)	H	N	Y	12/MO	PP
A6204*	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	H	N	Y	12/MO	PP
A6205*	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	H	Y	Y	12/MO	PP
NOTE: * FOR COMPOSITE DRESSING CODES A6203 AND A6204, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.							
A6206*	CONTACT LAYER, 16 SQ. IN. OR LESS	EACH (1)	H	Y	Y	4/MO	PP
A6207*	CONTACT LAYER, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	EACH (1)	H	N	Y	4/MO	PP
A6208*	CONTACT LAYER, MORE THAN 48 SQ. IN.	EACH (1)	H	Y	Y	4/MO	PP
A6209*	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	EACH (1)	H	N	Y	12/MO	PP
A6210*	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	H	N	Y	12/MO	PP
A6211*	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	H	N	Y	12/MO	PP
A6212*	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN., OR LESS, WITH ANY SIZE ADHESIVE BORDER	EACH (1)	H	N	Y	12/MO	PP
A6213*	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	H	Y	Y	12/MO	PP
A6214*	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	H	N	Y	12/MO	PP
NOTE: * FOR FOAM DRESSING CODES A6209, A6210, A6211, A6212 AND A6214, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.							
A6216*	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	EACH (1)	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	EACH (1)	H	N	Y	\$50/MO	PP
A6218*	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	H	N	Y	\$50/MO	PP
A6219*	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER	EACH (1)	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	EACH (1)	H	N	Y	\$50/MO	PP
A6221*	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	H	N	Y	\$50/MO	PP

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
NOTE: * FOR NON-IMPREGNATED GAUZE CODES A6216 - A6221 AND A6402 - A6404, THE COMBINED MAXIMUM ALLOWABLE PAYMENT IS \$50 PER MONTH PER RANGE AND CHARGES ARE NOT TO EXCEED MANUFACTURER'S SUGGESTED LIST PRICE PER UNIT.							
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.							
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
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.							
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

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CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
A6254*	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. EACH (1) 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.							
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	EACH (1)	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	EACH (1)	H	N	Y	\$50/MO	PP
A6404*	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	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 PER RANGE 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
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

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CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
A6452 *	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	EACH YARD	H	N	N	18/3 MOS	PP
A6453 *	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	EACH YARD	H	N	N	18/3 MOS	PP
A6454 *	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	EACH YARD	H	N	N	18/3 MOS	PP
A6455 *	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	EACH YARD	H	N	N	18/3 MOS	PP

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

WOUND FILLERS

A6010 *	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM	PER GRAM	H	N	Y	\$100/MO	PP
A6011 *	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM	PER GRAM	H	N	Y	\$100/MO	PP
A6199 *	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 IN.	PER 6 IN.	H	N	Y	\$100/MO	PP
A6215 *	FOAM DRESSING, WOUND FILLER, PER GRAM	PER GRAM	H	N	N	\$100/MO	PP
A6240 *	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OZ.	PER FLUID OZ..	H	N	Y	\$100/MO	PP
A6241 *	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	PER GRAM	H	N	Y	\$100/MO	PP
A6248 *	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ.	PER FLUID OZ..	H	N	Y	\$100/MO	PP
A6261 *	WOUND FILLER, NOT ELSEW CLASSIFIED, GEL/PASTE, PER FLUID OZ.	ONE MONTH	H	N	N	\$100/MO	PP
A6262 *	WOUND FILLER, NOT ELSEWHERE CLASSIFIED, DRY FORM, PER	ONE MONTH	H	N	N	\$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 (1)	H	N	N	200/MO	PP
A4207	X SYRINGE WITH NEEDLE, STERILE 2 CC	EACH (1)	H	N	N	100/MO	PP
A4208	X SYRINGE WITH NEEDLE, STERILE 3 CC	EACH (1)	H	N	N	100/MO	PP
A4209	X SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER	EACH (1)	H	N	N	100/MO	PP
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

X **Consumer is allowed only one Code per MC**

DIABETIC SUPPLIES/BLOOD GLUCOSE MONITOR SUPPLIES

A4244	PEROXIDE/ALCOHOL, PER PINT	EACH (16 OZ)	H	N	N	15/MO	PP
A4245 +	ALCOHOL WIPES OR SWABS, BOX	EACH BOX	H	N	N	2/MO	PP
A4246	X BETADINE, POVIDONE IODINE, OR PHISOHEX SOLUTION, PER PINT	EACH (16 OZ)	H	N	N	6/MO	PP
A4247	X BETADINE/POVIDONE IODINE WIPE/SWAB, PER BOX	BOX	H	N	N	2/MO	PP
A4250 +	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	PER 100	H	N	N	2/ MO	PP
A4253 +	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50	PER 50	H	N	H	4/MO	PP
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 +	X HOME BLOOD GLUCOSE MONITOR COMPLETE (BILL USUAL AND CUSTOMARY CHARGE LESS ANY REBATE)	EACH (1)	H	N	H	1/4 YRS	PP
E2100 +	X BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	EACH (1)	H	Y	H	1/4 YRS	R/P
E2101 +	X BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	EACH (1)	H	Y	H	1/4 YRS	R/P
S5560 +	X INSULIN DELIVERY DEVICE, REUSABLE PEN; 1.5 ML SIZE	EACH (1)	H	N	N	1/YR	PP
S5561 +	X INSULIN DELIVERY DEVICE, REUSABLE PEN; 3 ML SIZE	EACH (1)	H	N	N	1/YR	PP

X **Consumer is allowed only one Code per applicable Month or Year**

APPENDIX A

MEDICAL SUPPLIES

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

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

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
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
T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH	EACH (1)	H	N	N	300/MO	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
<u>T4543</u>	<u>DISP BARIATIC BRIEF/DIAPER</u>	<u>EACH (1)</u>	<u>H</u>	<u>N</u>	<u>N</u>	<u>150/MO</u>	<u>PP</u>

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

<u>A4310</u>	<u>X FOLEY CATH INSERTION TRAY WITHOUT DRAINAGE BAG, WITHOUT CATHETER</u>	<u>EACH (1)</u>	<u>H</u>	<u>N</u>	<u>Y</u>	<u>3/MO</u>	<u>PP</u>
<u>A4311</u>	<u>X INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)</u>	<u>EACH (1)</u>	<u>H</u>	<u>N</u>	<u>Y</u>	<u>3/MO</u>	<u>PP</u>
<u>A4312</u>	<u>X INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE</u>	<u>EACH (1)</u>	<u>H</u>	<u>N</u>	<u>Y</u>	<u>3/MO</u>	<u>PP</u>

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
A4313	X INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION	EACH (1)	H	N	Y	3/MO	PP
A4314	X 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	X INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	EACH (1)	H	N	Y	3/MO	PP
A4316	X 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
	X Consumer is allowed only one Code per MO						

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	X FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP	EACH (1)	H	N	Y	2/YR	PP
A4328	X 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
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	X 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	X INDWELLING CATHETER; SPECIALTY TYPE; (EG: COUDE, MUSHROOM, WING, ETC)	EACH (1)	H	N	Y	3/MO	PP
A4344	X INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	EACH (1)	H	N	Y	3/MO	PP
A4346	X INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION	EACH (1)	H	N	Y	3/MO	PP
A4351	X INTERMITTENT URINARY CATHETER, STRAIGHT TIP	EACH (1)	H	N	Y	200/MO	PP
A4352	X INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP	EACH (1)	H	N	Y	200/MO	PP
A4353	X INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	EACH (1)	H	N	Y	60/MO	PP
	X Consumer is allowed only one Code per MC						

NOTE: PAYMENT FOR A4353 INCLUDES LUBRICANT

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	4/MO	PP
A4402	LUBRICANT (FOR NON-STERILE CATHETERIZATION)	EACH OZ.	H	N	Y	8/MO	PP
A5102	+ BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE	EACH (1)	H	N	Y	2/YR	PP
A5105	X URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	EACH (1)	H	N	Y	2/YR	PP
A5112	X URINARY LEG BAG; LATEX	EACH (1)	H	N	Y	3/YR	PP
A5113	X LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)	EACH (1)	H	N	Y	4/YR	PP
A5114	X LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)	EACH (1)	H	N	Y	4/YR	PP
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	EACH (1) PINT	H	N	Y	1/3 MO	PP
	X Consumer is allowed only one Code per YR, per Leg Bag/Strap						

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

A4361	+ OSTOMY, FACE PLATE	EACH (1)	H	N	Y	4/YR	PP
A4362	+ X 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	EACH OZ.	H	N	Y	4/2 MO	PP
A4367	+ OSTOMY BELT	EACH (1)	H	N	Y	2/6 MOS	PP
A4369	+ X OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ.	EACH OZ.	H	N	Y	4/MO	PP

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
A4371 +	X OSTOMY SKIN BARRIER, POWDER, PER OZ	EACH OZ.	H	N	Y	4/MO	PP
A4372 +	X OSTOMY SKIN BARRIER, SOLID, 4X4 OR EQUIV. STANDARD WEAR W/ BUILT-IN CONVEXITY	EACH (1)	H	N	Y	20/MO	PP
A4373 +	X 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 +	X OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC	EACH (1)	H	N	Y	5/MO	PP
A4376 +	X OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER	EACH (1)	H	Y	Y	5/MO	PP
A4377 +	X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC	EACH (1)	H	N	Y	10/MO	PP
A4378 +	X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER	EACH (1)	H	N	Y	10/MO	PP
A4379 +	X OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC	EACH (1)	H	N	Y	5/MO	PP
A4380 +	X OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER	EACH (1)	H	Y	Y	5/MO	PP
A4381 +	X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC	EACH (1)	H	N	Y	10/MO	PP
A4382 +	X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC	EACH (1)	H	Y	Y	10/MO	PP
A4383 +	X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER	EACH (1)	H	Y	Y	10/MO	PP
A4384 +	X OSTOMY FACEPLATE EQUIVALENT, SILICONE, RING	EACH (1)	H	N	H	4/YR	PP
A4385 +	X OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY	EACH (1)	H	N	Y	5/MO	PP
A4387 +	X OSTOMY POUCH, CLOSED, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	EACH (1)	H	N	Y	45/MO	PP
A4388 +	X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)	EACH (1)	H	N	Y	10/MO	PP
A4389 +	X OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	EACH (1)	H	N	Y	20/MO	PP
A4390 +	X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	EACH (1)	H	N	Y	5/MO	PP
A4391 +	X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)	EACH (1)	H	N	Y	10/MO	PP
A4392 +	X OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	EACH (1)	H	N	Y	20/MO	PP
A4393 +	X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	EACH (1)	H	N	Y	5/MO	PP
A4396 +	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	EACH (1)	H	N	Y	1/3MO	PP
A4397 +	X IRRIGATION SUPPLY; SLEEVE	EACH (1)	H	N	Y	10/MO	PP
A4398 +	X IRRIGATION SUPPLY; BAG	EACH (1)	H	N	Y	4/YR	PP
A4399 +	X 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/ MO	PP
A4405 +	X OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE	EACH OZ.	H	N	Y	4/MO	PP
A4406 +	X OSTOMY SKIN BARRIER, PECTIN BASED PASTE	EACH OZ.	H	N	Y	4/MO	PP
A4407 +	X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER	EACH (1)	H	N	Y	5/MO	PP
A4408 +	X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4	EACH (1)	H	N	Y	5/MO	PP
A4409 +	X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER	EACH (1)	H	N	Y	5/MO	PP
A4410 +	X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4	EACH (1)	H	N	Y	5/MO	PP
A4414 +	X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITHOUT BUILT-IN CONVEXITY; 4X4 OR SMALLER	EACH (1)	H	N	Y	20/MO	PP
A4415 +	X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), 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
A5051 +	X OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE);	EACH (1)	H	N	Y	45/MO	PP
A5052 +	X OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)	EACH (1)	H	N	Y	45/MO	PP
A5053 +	X OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	EACH (1)	H	N	Y	45/MO	PP
A5054 +	X 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 +	X POUCH, DRAINABLE WITH BARRIER ATTACHED (1 PIECE)	EACH (1)	H	N	Y	30/MO	PP
A5062 +	X OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	EACH (1)	H	N	Y	20/MO	PP

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
A5063 +	X OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)	EACH (1)	H	N	Y	10/MO	PP
A5071 +	X OSTOMY POUCH URINARY; WITH BARRIER ATTACHED, (1 PIECE)	EACH (1)	H	N	Y	20/MO	PP
A5072 +	X OSTOMY POUCH URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)	EACH (1)	H	N	Y	20/MO	PP
A5073 +	X OSTOMY POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	EACH (1)	H	N	Y	10/MO	PP
A5081 +	X OSTOMY CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	EACH (1)	H	N	Y	40/MO	PP
A5082 +	X 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
A5120	X SKIN BARRIER, WIPES OR SWABS, EACH	EACH (1)	H	N	Y	50/MO	PP
A5121 +	X OSTOMY SKIN BARRIER; SOLID 6 X 6, OR EQUIVALENT	EACH (1)	H	N	Y	5/MO	PP
A5122 +	X OSTOMY SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT	EACH (1)	H	N	Y	6/MO	PP
A5126 +	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	EACH (1)	H	N	N	20/MO	PP
A5131 +	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	EACH (1) PINT	H	N	Y	1/3 MO	PP
X <u>Consumer is allowed only one Code per MO per Ostomy, Urinary Ostomy, Ostomy Faceplate, Skin Barrier and Irrigation Supplies</u>							

SURGICAL STOCKINGS AND BURN GARMENTS

A4490	X PRESSURE GRADIENT SURGICAL STOCKING, ABOVE KNEE LENGTH	EACH (1)	Y	Y	N	6/YR	PP
A4495	X PRESSURE GRADIENT SURGICAL STOCKING, THIGH LENGTH	EACH (1)	Y	Y	N	6/YR	PP
A4500	X PRESSURE GRADIENT SURGICAL STOCKING, BELOW KNEE LENGTH	EACH (1)	Y	Y	N	6/YR	PP
A4510	X PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, LEOTARD	EACH (1)	Y	Y	N	6/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	X COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	EACH (1)	Y	Y	Y	4/YR	PP
A6505	X COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	EACH (1)	Y	Y	Y	4/YR	PP
A6506	X COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	EACH (1)	Y	Y	Y	4/YR	PP
A6507	X COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	EACH (1)	Y	Y	Y	4/YR	PP
A6508	X COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	EACH (1)	Y	Y	Y	4/YR	PP
A6509	X COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	EACH (1)	Y	Y	Y	3/YR	PP
A6510	X COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	EACH (1)	Y	Y	Y	3/YR	PP
A6511	X 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	4/YR	PP
X <u>Consumer is allowed only one Code per Max Unit per Surgical Stocking, Burn Glove, Foot to Knee/Thigh and Trunk Garment</u>							

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

MISCELLANEOUS SUPPLIES

A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE) NOT COVERED FOR USE WITH UROLOGICAL SUPPLIES	EACH OZ.	H	N	Y	8/MO	PP
A4458	ENEMA BAG WITH TUBING, REUSABLE	EACH (1)	H	N	N	1/2 YRS	PP
A4561	X PESSARY, RUBBER, ANY TYPE	EACH (1)	H	N	N	1/YR	PP
A4562	X 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	2/MO	PP

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
A4930	GLOVES, STERILE	PER PAIR	H	N	N	100 PR /MO	PP
E0602	X BREAST PUMP, MANUAL, ANY TYPE	EACH (1)	H	N	N	1/2 YRS	PP
E0603	X 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
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		
Y9167	SHARPS CONTAINER FOR DISPOSAL, CAPACITY 200	EACH (1)	H	N	N	1/2 MO	PP
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	EACH (1)	H	N	N	1/5 YRS	PP
	X Consumer is allowed only one Code per Max Unit per Pessary and Breast Pump						

DECUBITUS CARE EQUIPMENT

A4640	X 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	PP
E0181	X PRESSURE PAD, ALTERNATING, WITH PUMP, HEAVY DUTY	EACH (1)	H	N	H	1/4 YRS	PP
E0182	PUMP FOR ALTERNATING PRESSURE PAD	EACH (1)	H	N	H	1/4 YRS	PP
E0184	X DRY PRESSURE MATTRESS	EACH (1)	H	Y	H	1/4 YRS	PP
E0185	X GEL PRESSURE PAD FOR MATTRESS	EACH (1)	H	N	H	1/2 YRS	PP
E0186	X AIR PRESSURE MATTRESS	EACH (1)	H	Y	H	1/2 YRS	PP
E0187	X 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	X POWERED FLOTATION BED (LOW AIR LOSS THERAPY)	PER DAY	Y	Y	H	180/YR	RO
E0194	X AIR FLUIDIZED BED (BEAD BED)	PER DAY	Y	Y	H	180/YR	RO
E0196	X GEL PRESSURE MATTRESS	EACH (1)	H	Y	H	1/4YR	PP
E0197	X AIR PRESSURE PAD FOR MATTRESS	EACH (1)	H	Y	H	1/4YR	PP
E0198	X WATER PRESSURE PAD FOR MATTRESS	EACH (1)	H	Y	H	1/4YR	PP
E0199	X DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (E.G., EGG CRATE)	EACH (1)	H	N	H	1/YR	PP
E0277	X ALTERNATING PRESSURE MATTRESS	EACH (1)	Y	Y	H	1/4 YRS	R/P
E0371	X NONPOWER ADVANCED PRESSURE-REDUCING MATTRESS OVERLAY	EACH (1)	H	Y	H	1/4 YRS	R/P
E0372	X POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH	EACH (1)	H	Y	H	1/4 YRS	R/P
E0373	X NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS	EACH (1)	H	Y	H	1/4 YRS	R/P
	X Consumer is allowed only one Code per Max Unit per Pressure Pad, Bed and Mattress						

HOSPITAL BEDS

E0255	X HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0256	X HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0260	X 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	X HOSPITAL BED, SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0271	X MATTRESS, INNERSPRING	EACH (1)	H	Y	H	1/4 YRS	PP
E0272	X MATTRESS, FOAM RUBBER	EACH (1)	H	Y	H	1/4 YRS	PP
E0275	X BED PAN, STANDARD, METAL OR PLASTIC	EACH (1)	H	N	Y	1/4 YRS	PP
E0276	X BED PAN, FRACTURE, METAL OR PLASTIC	EACH (1)	H	N	Y	1/4 YRS	PP
E0292	X HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0293	X HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0294	X HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0295	X HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	EACH (1)	H	Y	H	1/8 YRS	R/P
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	EACH (1)	H	Y	H	1/8 YRS	R/P
E0301	X 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

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
E0302	X 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	X 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	X 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
	X <u>Consumer is allowed only one Code per Max Unit per Bed, Bed Pan and Mattress</u>						

TRACTION EQUIPMENT & HOSPITAL BED ACCESSORIES

E0305	X BED, SIDE RAILS, HALF LENGTH, ATTACHMENT	EACH (1)	H	N	N	2/8 YRS	PP
E0310	X BED, SIDE RAILS, FULL LENGTH, ATTACHMENT	EACH (1)	H	N	N	2/8 YRS	PP
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
E0840	X TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION	EACH (1)	H	N	H	1/8 YRS	PP
E0850	X TRACTION STAND, FREE STANDING, CERVICAL TRACTION	EACH (1)	H	N	H	1/8 YRS	PP
E0860	X TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE	EACH (1)	H	N	H	1/8 YRS	PP
E0870	X TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)	EACH (1)	H	N	H	1/8 YRS	PP
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S)	EACH (1)	H	N	H	1/8 YRS	PP
E0890	X TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	EACH (1)	H	N	H	1/8 YRS	PP
E0900	X TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G., BUCK'S)	EACH (1)	H	N	H	1/8 YRS	PP
E0910	X TRAPEZE BAR, BED MOUNTED WITH GRAB BAR	EACH (1)	H	N	H	1/8 YRS	PP
E0912	X TRAPEZE BAR, HEAVY DUTY, FREE STANDING	EACH (1)	H	N	H	1/8 YRS	PP
E0920	X FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	EACH (1)	H	N	H	1/8 YRS	PP
E0930	X FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS	EACH (1)	H	N	H	1/8 YRS	PP
E0935	PASSIVE MOTION EXRCISE DEVICE; (Total Knee Replacement only)	PER MEDICAL EVENT	H	N	H	21 Days/	RO MED
E0940	X TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR	EACH (1)	H	N	H	1/8 YRS	PP
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	EACH (1)	H	Y	H	1/YR	R/P
E0942	CERVICAL HEAD HARNESS/HALTER	EACH (1)	H	N	H	1/MED	PP EVENT
E0944	PELVIC BELT/HARNESS/BOOT	EACH (1)	H	N	H	1/MED	PP EVENT
E0945	EXTREMITY BELT/HARNESS	EACH (1)	H	N	H	1/MED	PP EVENT
E0946	X FRACTURE FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G. BALKEN, 4 POSTER)	EACH (1)	H	Y	H	1/MED	R/P EVENT
E0947	X FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	EACH (1)	H	Y	H	1/MED	R/P EVENT
E0948	X FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	EACH (1)	H	Y	H	1/MED	R/P EVENT
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/ FLEXION DEVICE	PER MEDICAL EVENT	H	N	H	1/MED	PP EVENT
	X <u>Consumer is allowed only one Code per Max Unit per side rail, traction frame/stand cervical and pelvic, trapeze bar and fraction frame</u>						

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	X ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	PER DAY	H	Y	Y	1/DAY	PP
B4035	X ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	PER DAY	H	Y	Y	1/DAY	PP
B4036	X ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCLUDES BAGS/CONTAINERS)	PER DAY	H	Y	Y	1/DAY	PP
B4081	X NASOGASTRIC TUBING WITH STYLET	EACH (1)	H	N	Y	2/MO	PP
B4082	X 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

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
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
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	X PARENTERAL NUTRITION SUPPLY KIT; PREMIX, COMPLETE - PER DAY	PER DAY	Y	Y	Y	1/DAY	PP
B4222	X PARENTERAL NUTRITION SUPPLY KIT; HOMEMIX, COMPLETE - PER DAY	PER DAY	Y	Y	Y	1/DAY	PP
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY, COMPLETE	PER DAY	Y	Y	Y	1/DAY	PP
	X <i>Consumer is allowed only one Code per Max Unit per enteral/paraenteral supply kit and nasogastric tube</i>						

ENTERAL AND PARENTERAL NUTRITION PUMPS (INCLUDES POLES)

B9000	X ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	EACH	H	Y	H	1/8 YRS	R/P
B9002	X ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	EACH	H	Y	Y	1/8 YRS	R/P
B9004	X PARENTERAL NUTRITION INFUSION PUMP - PORTABLE	EACH	Y	Y	Y	1/8 YRS	R/P

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
B9006	X PARENTERAL NUTRITION INFUSION PUMP - STATIONARY	EACH	Y	Y	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
	X <u>Consumer is allowed only one Code per Max Unit per enteral/paraenteral infusion pump</u>						

INFUSION PUMP EQUIPMENT (NON-NUTRITION) AND ACCESSORIES

A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR	ONE DAY	H	N	N	1/DAY	PP
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 5 ML OR LESS PER HOUR	ONE DAY	H	N	N	1/DAY	PP
E0776	IV POLE (IF PUMP IS AUTHORIZED, PAYMENT FOR POLE IS INCLUDED IN PUMP RENTAL)	EACH (1)	H	N	H	1/8 YRS	PP
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
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

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	X INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	1 SET	H	N	N	30/MO	PP
A4231	X INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE STYLE	1 SET	H	N	N	30/MO	PP
A4232	SYRINGE W/ NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE 3CC	EACH (1)	H	N	N	30/MO	PP
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	1 SET	H	N	H	30/MO	PP
K0552	SUPPLIES FOR EXT. DRUG INFUSION PUMP, SYRINGE, CART, EA	EACH (1)	H	N	H	30/MO	PP
	X <u>Consumer is allowed only one Code per Max Unit per Infusion Set</u>						

HEAT/COLD APPLICATION

A4265	PARAFFIN FOR USE IN MEDICALLY NECESSARY UNIT APPROVED BY THE DEPARTMENT, REFILL	PER POUND	H	N	Y	2/MO	PP
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	RENTAL PERIOD	H	N	H	1/ LIFETIME	RO
E0210	X ELECTRIC HEAT PAD, STANDARD	EACH (1)	H	N	H	1/5 YRS	PP
E0215	X 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
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	PP
E0238	NONELECTRIC HEAT PAD, MOIST, (HYDROCOLLATOR PACKS)	EACH (1)	H	N	N	2/1 YR	PP
	X <u>Consumer is allowed only one Code per Max unit per heat pad</u>						

COMMODES

E0163*	COMMUNE CHAIR, STATIONARY WITH FIXED ARMS	EACH (1)	H	N	H	1/5 YRS	PP
E0164*	COMMUNE CHAIR, MOBILE WITH FIXED ARMS	EACH (1)	H	N	N	4/6 YRS	PP
E0165*	COMMUNE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS	EACH (1)	H	N	H	1/5 YRS	PP
E0166*	COMMUNE CHAIR, MOBILE WITH DETACHABLE/DROP ARMS	EACH (1)	H	N	N	4/5 YRS	PP
E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR (REPLACEMENT ONLY)	EACH (1)	H	N	H	1/YR	PP
E0168*	EXTRA WIDE/HEAVY DUTY COMMUNE CHAIR	EACH (1)	H	N	H	1/5 YRS	PP
	EXTRA WIDE/HEAVY DUTY COMMUNE CHAIRS HAVE A WIDTH OF > 23 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS WEIGHING 300 LBS. OR MORE.						
	EXTRA WIDE/HEAVY DUTY COMMUNE CHAIRS ARE ONLY COVERED FOR PATIENTS WEIGHING 300 LBS. OR MORE. PROVIDERS MUST MAINTAIN DOCUMENTATION OF PATIENT'S WEIGHT.						

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

BATH AND TOILET AIDS

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

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
E0247	X TRANSFER BENCH FOR TUB OR TOILET	EACH (1)	H	N	N	1/5 YRS	PP
E0248	X TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET	EACH (1)	H	N	N	1/5 YRS	PP
	X <i>Consumer is allowed only one Code per Max unit per transfer bench</i>						

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	30/MO	PP

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

A4626	TRACHEOSTOMY CLEANING BRUSH	EACH (1)	H	N	Y	10/MO	PP
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	EACH (1)	H	N	Y	30/MO	PP
A7504	FILTER FOR USE IN A TRACHEOSTOMY HEAT AND MOISTURE EXCHANGE SYSTEM	EACH (1)	H	N	Y	100 /MO	PP
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE	EACH (1)	H	N	Y	4/MO	PP
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE	EACH (1)	H	N	Y	100/MO	PP
A7507	X 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	X 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	X TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL	EACH (1)	H	N	Y	2/MO	PP
A7521	X TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL	EACH (1)	H	N	Y	2/MO	PP
A7522	X 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
	X <i>Consumer is allowed only one Code per Max unit per filter holder and trach tube</i>						

NOTE: * **DO NOT BILL CODE A7526 IN CONJUNCTION WITH TWILL TAPE (Y9472). ONLY ONE TYPE OF TRACH TIE (TWILL TAPE OR OTHER) IS MEDICALLY NECESSARY**

MISCELLANEOUS RESPIRATORY CARE SUPPLIES

A4614	PEAK EXPIRATORY FLOW RATE METER	EACH (1)	H	N	N	1/3 YRS	PP
A4616	TUBING, AEROSOL, (PER FOOT)	EACH (1 FT.)	H	N	H	15/ MO	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 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
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER, WITH MASK (SEE A4627 FOR SPACER)	EACH (1)	H	N	Y	1/YR	PP

VENTILATORS, CPAP, AND OTHER RESPIRATORY EQUIPMENT

A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	EACH (1)	H	Y	Y	1/YR	PP
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	EACH (1)	H	Y	Y	1/2 YRS	PP

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
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
A7030	FULL FACEMASK INTERFACE, CPAP	EACH (1)	H	N	H	1/YR	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	1/MO	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
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
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
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
<u>E0471</u>	<u>X</u> <u>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)</u>	<u>PER MONTH</u>	<u>Y</u>	<u>Y</u>	<u>H</u>	<u>1/MO</u>	<u>RO</u>
<u>E0472</u>	<u>X</u> <u>RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP)</u>	<u>PER MONTH</u>	<u>Y</u>	<u>Y</u>	<u>H</u>	<u>1/MO</u>	<u>RO</u>
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	EACH (1)	H	N	H	1/3 YRS	PP
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
	<u>X</u> <u>Consumer is allowed only one Code per Max unit per respiratory assist device</u>						
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
<u>E0561</u>	<u>X</u> <u>HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE</u>	<u>EACH (1)</u>	<u>H</u>	<u>Y</u>	<u>H</u>	<u>1/4 YRS</u>	<u>PP</u>
<u>E0562</u>	<u>X</u> <u>HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE</u>	<u>EACH (1)</u>	<u>H</u>	<u>Y</u>	<u>H</u>	<u>1/4 YRS</u>	<u>PP</u>
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	EACH (1)	H	Y	H	1/4 YRS	R/P
	<u>X</u> <u>Consumer is allowed only one Code per Max unit per humidifier</u>						
OXYGEN EQUIPMENT							
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

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
E1353	OXYGEN REGULATOR	EACH (1)	H	Y	H	1/8 YRS	PP

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

LONG TERM CARE FACILITY

Y2076	OXYGEN CONCENTRATOR FOR LTCF RESIDENTS, DOES NOT INCLUDE SUPPLIES	1 MO	Y	N	N	1/MO	RO
Y2078	OXYGEN CONTENTS, GAS, FOR LTCF RESIDENTS ONLY, NO SUPPLIES	1 MO	Y	N	N	1/MO	RO
Y2079	OXYGEN CONTENTS, LIQUID, FOR LTCF RESIDENTS ONLY, NO SUPPLIES	1 MO	Y	N	N	1/MO	RO
Y2080	PORTABLE OXYGEN CONTENTS, LTCF RESIDENTS ONLY, NO SUPPLIES, for use only with owned portable systems when consumer owns or rents concentrator, or when consumer owns concentrator	1 MO	Y	N	N	1/MO	RO
Y2081	OXYGEN, LTCF RESIDENTS ONLY, 501-750 CU FT OR 41-60 LBS LIQUID OR EQUIVALENT	1 MO	Y	N	N	1/MO	RO
Y2082	OXYGEN, LTCF RESIDENTS ONLY, 251-500 CU FT OR 21-40 LBS LIQUID OR EQUIVALENT	1 MO	Y	N	N	1/MO	RO
Y2083	OXYGEN, LTCF RESIDENTS ONLY, 0-250 CU FT OR 0-20 LBS LIQUID OR EQUIVALENT	1 MO	Y	N	N	1/MO	RO

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

E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	EACH(1)	H	N	N	1/8 YRS	PP
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	PP

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

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ASTHMA

COR PULMONALE

EMPHYSEMA

CYSTIC FIBROSIS

BRONCHIECTASIS

BRONCHOPULMONARY

CHRONIC BRONCHITIS

RESTRICTIVE AIRWAY

RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

DIAGNOSIS AND APPLICABLEMEDICATIONS MUST BE LISTED ON THEPHYSICIAN PRESCRIPTIONNEBULIZERS ARE ONLY REIMBURSABLEIN ASSOCIATION WITH A PRESCRIBEDMEDICATION

E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	EACH (1)	H	N	H	1/4 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
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	EACH (1)	H	N	H	2/1 YR	PP
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	EACH (1)	H	N	N	1/4 YRS	PP

SUCTION PUMPS AND SUCTIONING SUPPLIES

A4624*	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, ADULT	EACH (1)	H	N	Y	150/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
A7002	TUBING, USED WITH SUCTION PUMP, INCLUDING	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	PP

MONITORING EQUIPMENT

A4556 *	ELECTRODES, PER PAIR (E.G., APNEA MONITOR)	EACH (1) PAIR	H	N	Y	1/MO	PP
A4557 *	LEAD WIRES, PER PAIR (E.G. APNEA MONITOR)	EACH (1) PAIR	H	N	Y	1/MO	PP
A4558 *	CONDUCTIVE PASTE OR GEL	EACH (1)	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
E0618	X <u>APNEA MONITOR WITHOUT RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, & SUPPLIES</u>	<u>EACH (1)</u>	<u>H</u>	<u>Y</u>	<u>H</u>	<u>1/5 YRS</u>	<u>R/P</u>
E0619	X <u>APNEA MONITOR WITH RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, SUPPLIES & DOWNLOADS</u>	<u>EACH (1)</u>	<u>H</u>	<u>Y</u>	<u>H</u>	<u>1/5 YRS</u>	<u>R/P</u>

X Consumer is allowed only one Code per Max unit per apnea monitor

PNEUMATIC COMPRESSOR AND APPLIANCES (LYMPHEDEMA PUMP)

E0650	X <u>PNEUMATIC COMPRESSOR, NONSEGMENTAL, HOME MODEL (LYMPHEDEMA PUMP)</u>	<u>EACH (1)</u>	<u>H</u>	<u>Y</u>	<u>H</u>	<u>1/5 YRS</u>	<u>R/P</u>
E0651	X <u>PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE</u>	<u>EACH (1)</u>	<u>H</u>	<u>Y</u>	<u>H</u>	<u>1/5 YRS</u>	<u>R/P</u>
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

X Consumer is allowed only one Code per Max unit per pneumatic compressor

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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APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
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NOTE: * COVERED ONLY FOR REPLACEMENT WITH RECIPIENT-OWNED LIFT.

E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	EACH (1)	H	N	N	1/6 YRS	PP
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING, PORTABLE, COMPLETE	EACH (1)	H	N	H	1/6 YRS	PP

TENS (All TENS units must include battery charger and battery pack) AND OTHER STIMULATORS

A4595*	TENS SUPPLIES, FOR 2 OR 4 LEAD (ONLY WHEN CONSUMER OWNS UNIT)	ONE MONTH	H	N	Y	1/MO	PP
E0720	X TENS UNIT, TWO LEAD, LOCALIZED STIMULATION (INCLUDES SUPPLIES DURING RENTAL)	EACH (1)	H	Y	H	1/4 YRS	R/P
E0730	X TENS UNIT, FOUR LEAD, LARGE AREA/MULTIPLE NERVE STIMULATION (INCLUDES SUPPLIES DURING RENTAL)	EACH (1)	H	Y	H	1/4 YRS	R/P
E0747	OSTEOGENESIS STIMULATOR, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS	EACH (1)	H	Y	H	1/8 YRS	PP
E0748	X OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL	EACH (1)	H	Y	H	1/8 YRS	PP
E0760	X OSTEOGENESIS STIM. LOW INTEN U/S NON INVASIS	EACH (1)	H	Y	H	1/8 YRS	PP
	X Consumer is allowed only one Code per Max unit per tens unit and osteogenesis stimulator						

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

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	EACH (1)	H	N	H	1/3 YRS	PP
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	PP
E0113* +	CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS	EACH (1)	H	N	H	1/2 YRS	PP
E0114* +	CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS	PAIR (1)	H	N	H	1/2 YRS	PP
E0116* +	CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS	EACH (1)	H	N	H	1/2 YRS	PP

NOTE: * REIMBURSEMENT IS LIMITED TO ONE PAIR (E0110, E0112, E0114) OR ONE CRUTCH (E0111, E0113, E0116) PER TWO-YEAR PERIOD

E0130 +	X WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS	EACH (1)	H	N	H	1/5 YRS	PP
E0135 +	X WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS	EACH (1)	H	N	H	1/5 YRS	PP
E0140	X WALKER WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	EACH (1)	H	N	H	1/5 YRS	PP
E0141	X WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	EACH (1)	H	N	H	1/5 YRS	PP
E0143 +	X WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	EACH (1)	H	N	H	1/5 YRS	PP
E0144	X WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING,	EACH (1)	H	N	H	1/5 YRS	PP
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
	X Consumer is allowed only one Code per Max unit per walker						

HEAVY DUTY WALKERS

E0147 +	X WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	EACH (1)	H	N	H	1/5 YRS	PP
E0148 +	X WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	EACH (1)	H	N	H	1/5 YR	PP
E0149 +	X WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	EACH (1)	H	N	H	1/5 YR	PP

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.

X **Consumer is allowed only one Code per Max unit per HD walker**

ACCESSORIES FOR AMBULATION DEVICES (CRUTCHES, WALKERS)

E0154	PLATFORM ATTACHMENT, WALKER	EACH (1)	H	N	H	2/3 YRS	PP
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PAIR	EACH (4) PAIR	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

APPENDIX A

MEDICAL SUPPLIES

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

Part I: WHEELCHAIR PARTS AND ACCESSORIES

Notes: The procedure codes listed under "PART I: Wheelchair Parts and Accessories" not requiring PA are eligible for separate reimbursement at the time of the initial wheelchair purchase if submitted on the claim separately.

The procedure codes listed under "PART I: Wheelchair Parts and Accessories" requiring PA are eligible for separate reimbursement at the time of the initial wheelchair purchase if they are specifically approved during the PA process and are submitted on the claim separately.

The Medicaid maximum reimbursement amount for the codes listed under Part I will be used in determining the overall reimbursement of the wheelchair.

The approval for the wheelchair will indicate the codes that are to be separately billed to the department.

Valid HIPAA compliant codes that are not listed in this Appendix are considered non-covered and are not eligible for reimbursement, even under miscellaneous procedure codes.

	Arm of Chair	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	EACH (1)	Y*	Y	H	2/ YR	PP
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	PAIR	Y*	Y	H	1/2 YRS	PP
Positioning Accessories							
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE	EACH (1)	Y*	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
E0956	WHEELCHAIR ACCESSORY (Abductors), LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	EACH (1)	Y*	Y	H	2/ 3 YRS	PP
E0957	WHEELCHAIR ACCESSORY (Abductors), MEDIAL THIGH SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	H	2/ 3 YRS	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
Back of Chair: Reclining, manual or pediatric							
E1225	MANUAL WHEELCHAIR ACCESSORY, SEMI-RECLINING BACK (RECLINE GREATER THAN 15 DEGREE, BUT LESS THAN 80 DEGREES), EACH	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1226	MANUAL WHEELCHAIR ACCESSORY, FULLY RECLINING BACK, EACH	EACH (1)	Y*	Y	H	1/5 YRS	PP
E0978	WHEELCHAIR ACCESSORY, SAFETY BELT/PELVIC, EACH	EACH (1)	Y*	Y	H	1/2 YRS	PP
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	EACH (1)	H	Y	H	1/5 YRS	PP
E2291	PEDIATRIC WHEELCHAIR, BACK PLANAR, INCLUDING FIXED	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
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 HARDWARE	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
E2618	WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE, FOR USE WITH MANUAL WHEELCHAIR, INCLUDES 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

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
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
K0734	SKIN PROTECTION W/C SEAT CUSHION, ADJUSTABLE <22 INCHES, ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP
K0735	SKIN PROTECTION W/C SEAT CUSHION, ADJUSTABLE WIDTH 22 INCHES OR GREATER ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP
K0736	SKIN PROTECTION AND POSITIONING W/C SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE WIDTH 22 INCHES OR GREATER ANY DEPTH	EACH (1)	H	Y	H	1/2YRS	PP
Footrest/Learest							
E0951	HEEL LOOP/HOLDER, WITH OR WITHOUT ANKLE STRAP, EACH	EACH (1)	Y*	N	H	2/ YR	PP
E0952	TOE LOOP/HOLDER, EACH	EACH (1)	Y*	N	H	4/ YR	PP
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ASSEMBLY, EACH	EACH (1)	Y*	Y	H	24/5 YRS	PP
K0037	HIGH MOUNT FLIP-UP FOOTREST	EACH (1)	Y*	Y	H	24/5 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	24/5 YRS	PP
K0041	LARGE SIZE (NO. 2) FOOTPLATE	EACH (1)	Y*	Y	H	24/5 YRS	PP
K0052	SWING AWAY DETACHABLE FOOT REST, EACH	EACH (1)	Y*	Y	H	1/5 YRS PER SIDE	PP
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	EACH (1)	Y*	Y	H	24/5 YRS	PP
Frames: Non-standard, manual							
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	EACH (1)	Y*	Y	H	1/5 YRS	PP
Frames: Non-standard, power							
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20 THROUGH 23 INCHES	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24 THROUGH 27 INCHES	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 22 THROUGH 25 INCHES	EACH (1)	Y*	Y	H	1/5 YRS	PP
Seat height							
K0056	SEAT HEIGHT LESS THAN 17 INCHES OR EQUAL TO OR GREATER THAN 21 INCHES FOR HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	EACH (1)	Y*	Y	H	1/5 YRS	PP
Manual Wheelchair Conversion to Power/ Power Assist Accessories							
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL.	EACH (1)	Y*	Y	H	1/5 YRS	PP

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
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
Power Seating System Accessory							
E1002	WHEELCHAIR ACCESSORY , POWER SEATING SYSTEM, TILT ONLY	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	EACH (1)	Y*	Y	H	1/5 YRS	PP
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD 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
Handrims							
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, EACH	EACH (1)	Y*	Y	H	2/ YR	PP
Wheels							
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
K0065	SPOKE PROTECTORS, 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
NOTE: * FOR FLAT FREE INSERT CODES K0093 AND K0097, THE COMBINED MAXIMUM IS 4 PER 5 YEARS							
Front Casters							
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
Wheel Lock							
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	EACH	Y*	Y	H	2/2 YRS	PP
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	EACH	Y*	Y	H	2/4 YRS	PP
Batteries/Chargers for Motorized/Power Wheelchairs (Bill using the indicated code.)							
E2360	PWR W/C ACCES, 22 NF NON-SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	H	2/YR	PP
E2361	PWR W/C ACCES, 22 NF SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	H	2/YR	PP
E2362	PWR W/C ACCES, GROUP 24 NON-SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	H	2/YR	PP
E2363	PWR W/C ACCES, GROUP 24 SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	H	2/YR	PP
E2364	PWR W/C ACCES, U-1 NON-SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	Y	2/YR	PP
E2365	PWR W/C ACCES, U-1 SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	Y	2/YR	PP
E2371	PWR W/C ACCES, GR 27 SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	Y	2/YR	PP
Miscellaneous Accessories							
E0950	WHEELCHAIR ACCESSORY, TRAY EACH	EACH (1)	Y*	Y	H	1/5 YRS	PP

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE ARM DRIVE ATTACHMENT, EACH	EACH (1)	Y*	Y	H	2/5 YRS	PP
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	EACH (1)	Y*	N	H	2/YR	PP
E0968	COMMODOE SEAT, WHEELCHAIR	EACH (1)	Y*	N	H	1/5 YRS	PP
E0971	ANTI-TIPPING DEVICE, WHEELCHAIR	EACH (1)	Y*	Y	H	2/2 YRS	PP
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	EACH (1)	Y*	Y	H	2/5 YRS	PP
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	EACH (1)	Y*	Y	H	2/5 YRS	PP
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	EACH (1)	Y*	Y	H	2/5 YRS	PP
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	EACH (1)	Y*	Y	H	2/5 YRS	PP
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	EACH (1)	Y*	Y	H	2/5 YRS	PP
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	PP
E1030*	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	EACH (1)	Y*	Y	H	1/5 YRS	PP
NOTE: * REIMBURSEMENT IS LIMITED TO ONE VENTILATOR TRAY (E1029 OR							
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	EACH (1)	Y*	Y	H	2/5 YRS	PP
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2320	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL	EACH (1)	Y*	Y	H	1/5 YRS	PP
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

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF	EACH (1)	Y*	Y	H	2/5 YRS	PP
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/5 YRS	PP
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	H	1/5 YRS	PP
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
K0105	IV HANGER	EACH (1)	Y*	N	H	1/5 YRS	PP
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 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.

Arm of Chair		DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - THEY WILL BE DENIED
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	
Back of Chair		ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.
E0982	* WHEELCHAIR ACCESS, BACK UPHOLSTERY, REPLACE ONLY, EACH	
Seat		ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.
E0981	* WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	
Back or Seat of Chair		ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.
E2619	* REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	
Footrest/Leagrest		THESE CODES ON

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P	
E0995	* WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH						THE MEDICAID CLAIM FORM - THEY WILL BE DENIED	
K0042	* STANDARD SIZE FOOTPLATE, EACH							
K0043	* FOOTREST, LOWER EXTENSION TUBE, EACH							
K0044	* FOOTREST, UPPER HANGER BRACKET, EACH							
K0045	* FOOTREST, COMPLETE ASSEMBLY							
K0046	* ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH							
K0047	* ELEVATING LEGREST, UPPER HANGER BRACKET, EACH							
K0050	* RATCHET ASSEMBLY							
K0051	* CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH							
Handrims Without Projections								
E2205	* HANDRIM WITHOUT PROJEC, ANY, REPLACE ONLY EACH						DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - THEY WILL BE DENIED.	
Rear Wheels								
E2216	* FOAM FILLED PROPULSION TIRE, EACH							
E2218	* FOAM PROPULSION TIRE, EACH							
E2220	* SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, 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							
E2224	* PROPULSION WHL EXCLUDES TIRE, EACH							
E2381	* PNEUM DRIVE WHEEL TIRE							
E2382	* TUBE, PNEUM WHEEL DRIVE TIRE							
E2383	* INSERT, PNEUM WHEEL DRIVE							
E2386	* FOAM FILLED DRIVE WHEEL TIRE							
E2388	* FOAM DRIVE WHEEL TIRE							
E2390	* SOLID DRIVE WHEEL TIRE							
E2394	* DRIVE WHEEL EXCLUDES TIRE							
Front Casters								
E2215	* TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH						ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.	
E2219	* FOAM CASTER TIRE ANY SIZE EACH							
E2221	* SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), EACH							
E2222	* SOLID CASTER INTEGRATED WHL, EACH							
K0071	* FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH							
K0072	* FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUM. TIRE, EACH							
K0077	* FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH							
E2225	* CASTER WHEEL EXCLUDES TIRE, EACH							
E2384	* PNEUMATIC CASTER TIRE							
E2385	* TUBE, PNEUMATIC CASTER TIRE							
E2387	* FOAM FILLED CASTER TIRE							
E2389	* FOAM CASTER TIRE							
E2391	* SOLID CASTER TIRE							
E2392	* SOLID CASTER TIRE, INTEGRATE							
E2395	* CASTER WHEEL EXCLUDES TIRE							
E2396	* CASTER FORK							
Wheel Lock								
E2206	* WHEEL LOCK ASSEMBLY, COMPLETE, EACH						DO NOT INCLUDE THESE CODES ON THE MEDICAID CLAIM FORM - THEY WILL BE DENIED	
Motorized/Power Wheelchair Parts								
K0090	* REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH							
K0094	* REAR WHEEL TIRE TUBE OTH THAN ZERO PRES FOR POW WHEELCH, ANY SIZE, EACH							
K0092	* REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH							
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							
Other Miscellaneous Repair and Replacement Parts Codes (Report Only When Requesting Prior Authorization, Not Used for Billing)								
E0997	* CASTER WITH FORK						DO NOT INCLUDE THE MEDICAID CLAIM FORM - THEY WILL BE DENIED	
E0998	* CASTER WITHOUT FORK							
E0999	* PNEUMATIC TIRE WITH WHEEL							
E2224	* MWC ACC. PROP WHEEL EXCLUDES TIRE, ANY SIZE EACH							
E2210	* BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH							
E2223	* VALVE REPLACEMENT ONLY EACH							
E2226	* CASTER FORK REPLACEMENT ONLY							
E2374	* HAND/CHIN CTRL STD JOYSTICK							
E2376	* EXPANDABLE CONTROLLER, REPL							
E2377	* EXPANDABLE CONTROLLER, INITL							
E2393	* VALUE, PNEUMATIC TIRE TUBE							
Wheelchair Modification								

APPENDIX A

MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
E1011	* MODIFICATION TO PEDIATRIC WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)						
	Wheelchair Battery Chargers						
E2366	* PWR W/C ACCES, BATT CHARG, SING MODE, FOR USE W/ ONLY ONE BATT TYPE, EACH						
E2367	* PWR W/C ACCES, BATT CHARG, DUAL MODE, FOR USE W/ EITHER BATT TYP, EACH						
NOTE:	* Do not include any of the parts codes on the Medicaid claim form, they will be denied. Only use these codes when requesting prior authorization.						

ONLY USE THESE CODES WHEN REQUESTING PRIOR AUTH.

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

POWER WHEELCHAIR BASE

K0010	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	EACH (1)	Y*	Y	H	1/5 YRS	R/P
K0011	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND 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

POWER OPERATED VEHICLE

E1230	POWER VEHICLE, 3 WHEEL, NON-HIGHWAY (E.G., SCOOTER)	EACH (1)	Y*	Y	H	1/5 YRS	R/P
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"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.

SHORT-TERM RENTAL

APPENDIX A

MEDICAL SUPPLIES

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

K0108 *	WHEELCHAIR MAJOR REPAIR >\$100 LTCF	EACH (1)	Y	Y	H		
K0108 *	WHEELCHAIR MAJOR REPAIR >\$100 PERSONAL RESIDENCE	EACH (1)	Y	Y	H		
K0108 *	WHEELCHAIR MINOR REPAIR<\$100 PERSONAL RESIDENCE	EACH (1)	Y		H		1/120 DAYS
E1340	REPAIR FOR DME, LABOR PER 15 MIN	EACH (1)	Y		H		

NOTE: * RP MODIFIER MUST BE SUBMITTED WHEN E1399 or K0108 ARE USED FOR A REPAIR CLAIM . PRIOR AUTHORIZATION MUST BE OBTAINED FOR MAJOR REPAIRS (OVER \$100) OR MINOR REPAIRS IN EXCESS OF ONE PER RECIPIENT PER ONE HUNDRED TWENTY-DAY PERIOD AND FOR MINOR REPAIRS WITHIN NINETY DAYS AFTER THE DISPENSING DATE OF EQUIPMENT OR PRIOR TO THE EXPIRATION OF ANY WARRANTY.

NOTE: For the reimbursement of repairs requiring materials and labor, the appropriate procedure codes must be submitted together on the same claim for the same date of service.

WHIRLPOOL EQUIPMENT

E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	EACH (1)	H	N	N	1/8 YRS	PP
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REPAIRS AND REPLACEMENT SUPPLIES; Non-wheelchairs

See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio

E1399 *	DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1)	Y		H		1/120 DAYS
E1399 *	DME EQUIP. NOS MAJOR REPAIR>\$100	EACH (1)	Y	Y	H		
E1399 *	DME EQUIP. NOS MAJOR REPAIR>\$100, LTCF	EACH (1)	Y	Y	H		
E1340	REPAIR FOR DME, LABOR PER 15 MIN	EACH (1)	Y		H		

NOTE: * RP MODIFIER MUST BE SUBMITTED WHEN E1399 or K0108 ARE USED FOR A REPAIR CLAIM . PRIOR AUTHORIZATION MUST BE OBTAINED FOR MAJOR REPAIRS (OVER \$100) OR MINOR REPAIRS IN EXCESS OF ONE PER RECIPIENT PER ONE HUNDRED TWENTY-DAY PERIOD AND FOR MINOR REPAIRS WITHIN NINETY DAYS AFTER THE DISPENSING DATE OF EQUIPMENT OR PRIOR TO THE EXPIRATION OF ANY WARRANTY.

For the reimbursement of repairs requiring materials and labor, the appropriate procedure codes must be submitted together on the same claim for the same date of service.

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MEDICAL SUPPLIES

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI-CAID	PRIOR AUTH	MEDI-CARE	MAX UNITS	RNT/P
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STANDING FRAME AND GAIT TRAINERS

E0638	STANDING FRAME SYSTEM, ANY SIZE W/WO WHEELS	EACH (1)	H	Y	N	1/5 YRS	R/P
E8000	X GAIT TRAINER, PED, POST SUPP, INCL ACCES AND COMP	EACH (1)	H	Y	N	1/5 YRS	R/P
E8001	X GAIT TRAINER, PED, UP SUPP, INCL ACCES AND COMP	EACH (1)	H	Y	N	1/5 YRS	R/P
E8002	X GAIT TRAINER, PED, ANT SUPP, INCL ACCES AND COMP	EACH (1)	H	Y	N	1/5 YRS	R/P

NOTE: Codes E8000, E8001 and E8002 will be covered only for consumers under 14 years old.

X *Consumer is allowed only one Code per Max unit per gait trainer*