ACTION: Original

AMENDED Appendix

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MEDICAID SUPPLY LIST

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ALL ADDITIONS, DELETIONS AND CHANGES EFFECTIVE 4/1/08

OHIO MEDICAID SUPPLY LIST

APPENDIX	Α			MEDIC	AL SUPPL	.IES		
CURRENT CODE		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/F
DRESS	NG	S/TAPE/GAUZE/BANDAGES						
4450	Х	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	per 18 sq in	Н	Ν	Н	200/MO	PP
4452	Х	TAPE, WATERPROOF, PER 18 SQUARE INCHES	per 18 sq in	Н	Ν	Н	200/MO	PP
6021	Х	COLLAGEN DRESSING, LESS THAN 16 SQ IN	EACH (1)	Н	Y	Y	10/MO	PP
6022	Х	COLLAGEN DRESSING, MORE THAN 16 SQ IN, LESS THAN OR EQUAL TO 48 SQ IN	EACH (1)	н	Y	Y	10/MO	PP
6023		COLLAGEN DRESSING, MORE THAN 48 SQ IN	EACH (1)	Н	Y	Y	20/MO	PP
6154*		WOUND POUCH, FOR SURGICAL WOUND DRAINAGE	EACH (1)	Н	Ν	Y	15/MO	PP
NOTE:	* X	MAX UNITS INDICATES THE MAXIMUM NUMBER OF UNITS (DRESSINGS) COVERED PER WOUND Consumer is allowed only one Code per MO per tape and dressing						
6196*		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER,	EACH (1)	н	N	Y	30/MO	PP
6197*		PAD SIZE 16 SQ. IN. OR LESS ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER,	EACH (1)	н	N	Y	30/MO	PP
		PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.						
6198		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.	EACH (1)	Н	Y	Y	30/MO	PP
NOTE:	*	FOR ALGINATE DRESSING CODES A6196 and A6197, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.						
6200		COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	EACH (1)	н	Y	Y	12/MO	PP
6201		ADHESIVE BORDER COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	EACH (1)	н	Y	Y	12/MO	PP
		THAN OR EQUAL TO 48 SQ. IN.W/O ADHESIVE BORDER						
6202		COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN. WITHOUT ADHESIVE BORDER	EACH (1)	н	Y	Y	12/MO	PP
6203*		COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	EACH (1)	Н	Ν	Y	12/MO	PP
6204*		COMPOSITE DRESSING, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	Н	Ν	Y	12/MO	PP
6205		COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ.IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	Н	Y	Y	12/MO	PP
NOTE:	*	FOR COMPOSITE DRESSING CODES A6203 AND A6204, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.						
6206 6207		CONTACT LAYER, 16 SQ. IN. OR LESS CONTACT LAYER, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48	EACH (1)	H	N N	Y Y	4/MO 4/MO	PP PP
6207		SQ. IN.	EACH (I)	п	IN	T	4/100	PP
6208		CONTACT LAYER, MORE THAN 48 SQ. IN.	EACH (1)	Н	Υ	Y	4/MO	PP
6209*		FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS,	EACH (1)	н	Ν	Y	12/MO	PP
6210*		WITHOUT ADHESIVE BORDER FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT	EACH (1)	Н	N	Y	12/MO	PP
6211*		LESS THAN OR EQUAL TO 48 SQ. IN WITHOUT ADHESIVE BORDER FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ.	EACH (1)	н	N	Y	12/MO	PP
6212*		IN., WITHOUT ADHESIVE BORDER FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN., OR LESS,	EACH (1)	Н	N	Y	12/MO	PP
6213		WITH ANY SIZE ADHESIVE BORDER FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE	EACH (1)	Н	Y	Y	12/MO	PP
004.4*		BORDER			NI	Y	10/040	PP
.6214*		FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	Н	N	ř	12/MO	PP
NOTE:	*	FOR FOAM DRESSING CODES A6209, A6210, A6211, A6212 AND A6214, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.						
6216*		GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	EACH (1)	Н	Ν	Y	\$50/MO	PP
6217*		GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	Н	Ν	Y	\$50/MO	PP
6218*		GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	Н	Ν	Y	\$50/MO	PP
6219*		GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS WITH	EACH (1)	Н	Ν	Y	\$50/MO	PP
6220*		ANY SIZE ADHESIVE BORDER GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS	EACH (1)	н	N	Y	\$50/MO	PP
6221*		THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN.,	EACH (1)	Н	N	Y	\$50/MO	PP
		WITH ANY SIZE ADHESIVE BORDER	. ,					

COMBINED MAXIMUM ALLOWABLE PAYMENT IS \$50 PER MONTH PER RANGE AND CHARGES ARE NOT TO EXCEED MANUFACTURER'S SUGGESTED LIST PRICE PER UNIT.

OHIO MEDICAID SUPPLY LIST

APPENDIX A			MEDIC	AL SUPPL	IES		
CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
46222*	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	EACH (1)	Н	N	Y	30/MO	PP
46223*	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 16 BUT LESS THAN OR	EACH (1)	Н	Ν	Y	30/MO	PP
46224*	EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	Н	N	Y	30/MO	PP
NOTE: *	FOR IMPREGNATED GAUZE CODES A6222 - A6224, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.						
\6231*	GAUZE, IMPREGNATED, HYDROGEL, 16 SQ IN OR LESS	EACH (1)	Н	N	Y	12/MO	PP
A6232*	GAUZE, IMPREGNATED, HYDROGEL, NORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ IN	EACH (1)	H	N	Ŷ	12/MO	PP
46233*	GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 48 SQ IN	EACH (1)	Н	Ν	Y	12/MO	PP
46234*	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	EACH (1)	н	Ν	Y	12/MO	PP
46235*	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	Н	N	Y	12/MO	PP
46236*	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN	EACH (1)	н	Ν	Y	12/MO	PP
A6237*	48 SQ. IN., WITHOUT ADHESIVE BORDER HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	EACH (1)	Н	Ν	Y	12/MO	PP
46238*	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE	IEACH (1)	н	N	Y	12/MO	PP
46239	ADHESIVE BORDER HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	Н	Y	Y	12/MO	PP
NOTE: *	FOR HYDROCOLLOID CODES A6231- A6238, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.						
46242*	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR	EACH (1)	Н	Ν	Y	30/MO	PP
46243*	LESS, WITHOUT ADHESIVE BORDER HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE	EACH (1)	н	Ν	Y	30/MO	PP
46244*	BORDER HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48	EACH (1)	н	N	Y	30/MO	PP
A6245*	SQ. IN., WITHOUT ADHESIVE BORDER HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR	EACH (1)	н	N	Y	12/MO	PP
A6246*	LESS, WITH ANY SIZE ADHESIVE BORDER HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16	EACH (1)	н	N	Y	12/MO	PP
-02-+0	BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER			i v		12/100	
46247*	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	EACH (1)	Н	Ν	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.						
46251*	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER	EACH (1)	Н	Ν	Y	30/MO	PP
46252*	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	Н	Ν	Y	30/MO	PP
A6253*	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE	EACH (1)	Н	Ν	Y	30/MO	PP
\6254*		EACH (1)	Н	N	Y	30/MO	PP
\6255*	SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY	EACH (1)	н	N	Y	30/MO	PP
A6256*	SIZE ADHESIVE BORDER SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE	EACH (1)	Н	Y	Y	30/MO	PP
NOTE: *	MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER 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)	Н	N	Y	12/MO	PP
46258*	TRANSPARENT FILM, MORE THAN 16 BUT LESS THAN OR EQUAL TO		Н	N	Ý	12/MO	PP
10200	48 SQ. IN.						

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

OHIO MEDICAID SUPPLY LIST

APPENDIX A			MEDIC	AL SUPPL	IES		
CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH	LINEAR YD.	Н	Ν	Н	100 YD- / MO	PP
46402*	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	EACH (1)	Н	Ν	Y	\$50/MO	PP
46403*	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN. WITHOUT ADHESIVE	EACH (1)	Н	Ν	Y	\$50/MO	PP
46404*	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	EACH (1)	Н	N	Y	\$50/MO	PP
NOTE: *	FOR NON-IMPREGNATED GAUZE CODES A6402 - A6404, THE COMBINED MAXIMUM ALLOWABLE PAYMENT IS \$50 PER MONTH PER RANGE AND CHARGES ARE NOT TO EXCEED MANUFACTURER'S SUGGESTED LIST PRICE.						
46441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS	EACH YARD	Н	N	Y	100/MO	PP
A6442*	THAN FIVE INCHES, PER YARD CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON- STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	EACH YARD	н	N	Y	150/MO	PP
46443*	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	н	N	Y	150/MO	PP
A6444*	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON- STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER	EACH YARD	Н	N	Y	150/MO	PP
A6445*	YARD CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN,	EACH YARD	н	Ν	Y	150/MO	PP
A6446*	STERILE, WIDTH LESS THAN THREE INCHES, PER YARD CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES	EACH YARD	Н	N	Y	150/MO	PP
A6447*	AND LESS THAN FIVE INCHES, PER YARD CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER	EACH YARD	Н	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	Н	N	Ν	18/3 MOS	PP
46449 *	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	EACH YARD	Н	N	Ν	18/3 MOS	PP
A6450*	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	EACH YARD	н	Ν	Ν	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	EACH YARD	Н	N	N	18/3 MOS	PP
46452 *	INCHES AND LESS THAN FIVE INCHES, PER YARD 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		Н	N	N	18/3 MOS	PP
A6453 *	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	EACH YARD	Н	Ν	Ν	18/3 MOS	PP
A6454 *		EACH YARD	Н	Ν	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	Н	Ν	Ν	18/3 MOS	PP
NOTE: *	FOR COMPRESSION BANDAGE CODES A6448 THROUGH A6455, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 18 YARDS PER 3 MONTHS.						
WOUND F	ILLERS						
A6010 *	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM	PER GRAM	Н	Ν	Y	\$100/MO	PP
A6011 *	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM	PER GRAM	Н	Ν	Y	\$100/MO	PP
A6199 *	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 IN.	PER 6 IN.	Н	Ν	Y	\$100/MO	PP
A6215 *	FOAM DRESSING, WOUND FILLER, PER GRAM	PER GRAM	Н	N	Ν	\$100/MO	PP
A6240 *	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OZ	. PER FLUID OZ	Н	Ν	Y	\$100/MO	PP
A6241 *	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	PER GRAM	Н	Ν	Y	\$100/MO	PP
A6248 *	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ.	PER FLUID OZ	н	N	Y	\$100/MO	PP

OHIO MEDICAID SUPPLY LIST

	(A			MEDIC	AL SUPPL	IES		
CURRENT		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
6261 *		WOUND FILLER, NOT ELSEW CLASSIFIED, GEL/PASTE, PER FLUID	ONE MONTH	н	N	N	\$100/MO	PP
6262 * NOTE:	*	WOUND FILLER, NOT ELSEWHERE CLASSIFIED, DRY FORM, PER CHARGES FOR FILLER CODES ARE NOT TO EXCEED MFG. SUGGESTED LIST PRICE. COMBINED MAXIMUM ALLOWABLE PAYMENT FOR FILLER CODES IS \$100 PER MONTH.	ONE MONTH	Н	N	N	\$100/MO	PP
SYRIN	GES	/NEEDLES						
4206 +		SYRINGE WITH NEEDLE, STERILE LESS THAN OR EQUAL TO 1CC,	EACH (1)	Н	N	Ν	200/MO	PP
4207	Х	SYRINGE WITH NEEDLE, STERILE 2 CC	EACH (1)	Н	Ν	Ν	100/MO	PP
4208	Х	SYRINGE WITH NEEDLE, STERILE 3 CC	EACH (1)	Н	Ν	Ν	100/MO	PP
4209	Х	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER	EACH (1)	Н	Ν	Ν	100/MO	PP
4212		NON-CORING (HUBER-TYPE) NEEDLE	EACH (1)	H	N	N	30/MO	PP
4213 4215 +		SYRINGE W/O NEEDLE, STERILE 20 CC OR GREATER NEEDLES ONLY, STERILE, ANY SIZE, INCLUDING PEN NEEDLES	EACH (1) EACH (1)	H H	N N	N N	50/YR 100/M0	PP PP
DIABE 4244	× TIC	Consumer is allowed only one Code per MO SUPPLIES/BLOOD GLUCOSE MONITOR SUPPLIE PEROXIDE/ALCOHOL, PER PINT	S EACH (16 OZ)	H	N	N	15/MO	PP
4245 +		ALCOHOL WIPES OR SWABS, BOX	EACH BOX	н	N	Ν	2/MO	PP
4246 4247	X	BETADINE, POVIDONE IODINE, OR PHISOHEX SOLUTION, PER PINT BETADINE/POVIDONE IODINE WIPE/SWAB, PER BOX	EACH (16 OZ) BOX	H H	N N	N N	6/MO 2/MO	PP PP
4250 +	~	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	PER 100	н	N	N	2/MO	PP
1050			EACH (1)	н	N	N	20/ MO	PP
4252 4253 +		BLOOD KETONE TEST OR REAGENT STRIP, EACH BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD	PER 50	н	N	Н	4/MO	PP
4256 +		GLUCOSE MONITOR, PER 50 NORMAL, LOW HIGH CALIBRATION SOLUTION/CHIPS (PKG)	EACH (1)	н	N	N	1/3 MO	PP
4258		SPRING POWERED DEVICE FOR LANCET	EACH (1)	Y	N	H	1/YR	PP
4259 +		LANCETS, PER BOX OF 100	BOX OF 100	Ĥ	N	Н	2/MO	PP
0607 +	Х	HOME BLOOD GLUCOSE MONITOR COMPLETE (BILL USUAL AND CUSTOMARY CHARGE LESS ANY REBATE)	EACH (1)	н	Ν	Н	1/4 YRS	PP
2100 +	Х	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE	EACH (1)	Н	Y	Н	1/4 YRS	R/P
2101 +	Х	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	EACH (1)	Н	Y	Н	1/4 YRS	R/P
5560 +	Х	INSULIN DELIVERY DEVICE, REUSABLE PEN; 1.5 ML SIZE	EACH (1)	Н	N	N	1/YR	PP
55561 +	X	INSULIN DELIVERY DEVICE, REUSABLE PEN; 3 ML SIZE	EACH (1)	Н	N	N	1/YR	PP
DISTIL 4216	LED	Vear WATER/STERILE SALINE/DISINFECTANT SOLUT STERILE WATER/SALINE, 10 ML		н	N	Y	90/MO	PP
-								
4217		STERILE WATER/SALINE, 500 ML	EACH BTL	Н	N	Y	36/MO	PP
7018 NOTE :		WATER, DISTILLED, 1000 ML BRONCHO SALINE SHOULD BE BILLED AS A DRUG UNDER THE	EACH LTR	Н	N	N	16/MO	PP
		PHARMACY BENEFIT AS DESCRIBED IN CHAPTER 5101:3-9 OF THE ADMINISTRATIVE CODE						
	TIN	ADMINISTRATIVE CODE		Н	N	N	300/MQ	PP
4521*	TIN	ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	EACH (1)	Н	N	N	300/MO	PP
4521* 4522*	TIN	ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	EACH (1) EACH (1)	н	N	N	300/MO	PP
4521* 4522* 4523*	TIN	ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	EACH (1) EACH (1) EACH (1)	H	N N	N N	300/MO 300/MO	PP PP
4521* 4522* 4523*	TIN	ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	EACH (1) EACH (1) EACH (1) EACH (1)	н	N	N	300/MO	PP
4521* 4522* 4523* 4524* 4525*	TIN	ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H	N N N	N N N	300/MO 300/MO 300/MO 300/MO	PP PP PP PP
4521* 4522* 4523* 4524* 4525* 4525* 4526*	TIN	ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H	N N N N	N N N N	300/MO 300/MO 300/MO 300/MO 300/MO	PP PP PP PP
4521* 4522* 4523* 4524* 4525* 4525*	TIN	ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, DRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, DRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H	N N N	N N N	300/MO 300/MO 300/MO 300/MO	PP PP PP PP
4521* 4522* 4523* 4524* 4525* 4526* 4526*	TIN	ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H	N N N N	N N N N	300/MO 300/MO 300/MO 300/MO 300/MO	PP PP PP PP
4521* 4522* 4523* 4524* 4525* 4526* 4526* 4527* 4528*		ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SALLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SALE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SALE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SALE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH PEDIATRC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H	N N N N N	N N N N N	300/MO 300/MO 300/MO 300/MO 300/MO 300/MO	PP PP PP PP PP
4521* 4522* 4523* 4524* 4525* 4526* 4526* 4527* 4528* 4528*		ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EATRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H	N N N N N N N N	N N N N N N	300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO	PP PP PP PP PP PP PP
4521* 4522* 4523* 4524* 4525* 4526* 4526* 4528* 4528* 4529* 4530*		ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT,	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H	N N N N N N	N N N N N N N	300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO	PP PP PP PP PP PP PP
4521* 4522* 4523* 4524* 4525* 4526* 4526* 4526* 4528* 4529* 4530* 4531*		ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H H	N N N N N N N	N N N N N N N N N N N N N N N N N N N	300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO	PP PP PP PP PP PP PP PP
4521* 4522* 4523* 4524* 4525* 4526* 4527* 4528* 4529* 4529* 4530* 4531*		ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MALL SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, CARGE SIZE, EACH	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H H	N N N N N N N N	N N N N N N N N	300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO	PP
NCON [4521* [4522* [4523* [4525* [4526* [4526* [4527* [4528* [4529* [4529* [4530* [4532* [4532* [4532* [4533* [4533* [4533*		ADMINISTRATIVE CODE ENCE GARMENTS AND RELATED SUPPLIES ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	EACH (1) EACH (1)	H H H H H H H H	N N N N N N N N N N N N N N N N N N N	N N N N N N N N N N N N N N N N N N N	300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO 300/MO	PP PP

OHIO MEDICAID SUPPLY LIST

	Α			MEDIC	AL SUPPL	IES		
CURRENT		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/
4535*		DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	EACH (1)	н	Ν	Ν	300/MO	PP
4536		INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	EACH (1)	Н	Ν	Ν	12/YR	PP
4537		INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	EACH (1)	Н	Ν	Ν	6/YR	PP
4538		DIAPER SERVICE, REUSABLE DIAPER, EACH	EACH (1)	Н	Ν	Ν	300/MO	PP
1540		INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	EACH (1)	Н	Ν	Ν	6/YR	PP
NOTE:	٠	THE COMBINED MONTHLY ALLOWABLE FOR T4521-T4535 AND T4538 IS 300 UNITS (GARMENTS)						
4541 *		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH		Н	Ν	Ν	300/2 MO	
1542 *		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	EACH (1)	н	Ν	N	300/2 MO	PP
1543		DISP BARIATIC BRIEF/DIAPER	EACH (1)	Н	Ν	Ν	150/MO	PP
NOTE:	*	THE COMBINED ALLOWABLE FOR T4541 AND T4542 IS 300 UNITS (PADS) EVERY 2 MONTHS						
4539		INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	EACH (1)	Н	Ν	Ν	12/YR	PP
ROLO	GIC	CAL SUPPLIES						
4310	X	FOLEY CATH INSERTION TRAY WITHOUT DRAINAGE BAG, WITHOUT CATHETER	EACH (1)	Н	Ν	Y	3/MO	PP
4311	Х	INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY LATEX WITH COATING	EACH (1)	Н	N	Y	3/MO	PP
4312	Х	(TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC. INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING	EACH (1)	Н	Ν	Y	3/MO	PP
4313	Х	CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, THREE WAY, FOR CONTINUOUS	EACH (1)	н	Ν	Y	3/MO	PP
4314	Х	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING	EACH (1)	н	N	Y	3/MO	PP
4315	х	(TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC. INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING	EACH (1)	Н	N	Y	3/MO	PP
4316	х	CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING	EACH (1)	Н	Ν	Y	3/MO	PP
4320		CATHETER, FOLEY TYPE, 3 WAY, FOR CONTINUOUS IRRIGATION IRRIGATION TRAY WITH BULB OR PISTON SYRINGE	EACH (1)	Н	N	Y	30/MO	PP
4322 4349		IRRIGATION SYRINGE, WITH BULB OR PISTON MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE,	EACH (1) EACH (1)	H H	N N	Y Y	30/MO 60/MO	PP PP
	х	DISPOSABLE, EACH Consumer is allowed only one Code per MO	- ()					
NOTE:	~	USE CODE A4349 IN PLACE OF A4324, A4325, OR A4347						
		MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL	EACH (1)	н	N	Y	5/YR	PP
4326			2,1011(1)			•	0,111	
		COLLECTION CHAMBER, EACH						PP
1327	X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF	EACH (1)	Н	N	Y	2/YR	
1327 1328	X X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH	EACH (1)	Н	Ν	Y	1/MO	PP
4327 4328 4330		FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR						
4327 4328 4330 4331		FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN	EACH (1) EACH (1)	H H	N N	Y N	1/MO 20/MO	PP PP
4327 4328 4330 4331 4333		FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	EACH (1) EACH (1) EACH (1)	H H H	N N N N	Y N N Y	1/MO 20/MO 2/MO	PP PP PP PP
4327 4328 4330 4331 4333 4334 4335	X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAP INCONTINENCE SUPPLY; MISCELLANEOUS	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H	N N N N Y	Y N N Y Y Y	1/MO 20/MO 2/MO 12/MO 1/MO	PP PP PP PP PP PP
4327 4328 4330 4331 4333 4333 4334 4335 4338	X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAP INCONTINENCE SUPPLY; MISCELLANEOUS INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H	N N N Y N	Y N N Y Y Y Y	1/MO 20/MO 2/MO 12/MO 1/MO 3/MO	PP PP PP PP PP PP
1327 1328 1330 1331 1333 1334 1335 1338	X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAP INCONTINENCE SUPPLY; MISCELLANEOUS INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H	N N N N Y	Y N N Y Y Y	1/MO 20/MO 2/MO 12/MO 1/MO	PP PP PP PP PP PP
4327 1328 1330 1331 1333 1334 1335 1338 1340 1344	X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAP INCONTINENCE SUPPLY; MISCELLANEOUS INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE,	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H	N N N Y N	Y N N Y Y Y Y	1/MO 20/MO 2/MO 12/MO 1/MO 3/MO	PP PP PP PP PP PP
4327 4328 4330 4331 4333 4333 4334 4335 4338 4340 4344 4346	X X X X X X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAP INCONTINENCE SUPPLY; MISCELLANEOUS INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC) INDWELLING CATHETER; FOLEY TYPE, TWO WAY, ALL SILICONE INDWELLING CATHETER; FOLEY TYPE, TWO WAY, ALL SILICONE INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H H	N N N Y N N N N	Y N N Y Y Y Y Y Y	1/MO 20/MO 2/MO 12/MO 1/MO 3/MO 3/MO 3/MO 3/MO	PP PP PP PP PP PP PP PP PP PP
4327 4328 4330 4331 4333 4333 4334 4335 4338 4340 4344 4346 4351	X X X X X X X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAP INCONTINENCE SUPPLY; MISCELLANEOUS INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC) INDWELLING CATHETER; FOLEY TYPE, TWO WAY, ALL SILICONE INDWELLING CATHETER; FOLEY TYPE, TWO WAY, ALL SILICONE INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION INTERMITTENT URINARY CATHETER, STRAIGHT TIF	EACH (1) EACH (1)	H H H H H H H H	N N N N N N N N N N N N N N N N N N N	Y N N Y Y Y Y Y Y Y	1/MO 20/MO 2/MO 12/MO 1/MO 3/MO 3/MO 3/MO 3/MO 200/MO	PP
4326 4327 4328 4330 4331 4333 4334 4335 4334 4336 4338 4340 4344 4346 4351 4352 4353 *	X X X X X X X X X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAF INCONTINENCE SUPPLY; MISCELLANEOUS INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC) INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC) INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC) INDWELLING CATHETER; SPECIALTY TYPE; TWO WAY, ALL SILICONE INDWELLING CATHETER; SPECIALTY TYPE; TWO WAY, ALL SILICONE INTERMITTENT URINARY CATHETER, STRAIGHT TIF INTERMITTENT URINARY CATHETER; SURGONG (COURVED) TIF INTERMITTENT URINARY CATHETER; OUDE (CURVED) TIF INTERMITTENT URINARY CATHETER; OUDE SUPPLIES	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H H	N N N Y N N N N	Y N N Y Y Y Y Y Y	1/MO 20/MO 2/MO 12/MO 1/MO 3/MO 3/MO 3/MO 3/MO	PP PP PP PP PP PP PP PP PP PP
4327 4328 4330 4331 4333 4334 4335 4338 4340 4344 4346 4351 4351 4352	X X X X X X X X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAP INCONTINENCE SUPPLY; MISCELLANEOUS INDWELLING CATHETER, FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILLCONE, SILLCONE ELASTOMER, OR INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC) INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILLCONE INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION INTERMITTENT URINARY CATHETER, STRAIGHT TIF INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIF	EACH (1) EACH (1)	H H H H H H H H H	N N N N N N N N N N N N N N N N N N N	Y N N Y Y Y Y Y Y Y Y	1/MO 20/MO 2/MO 12/MO 12/MO 3/MO 3/MO 3/MO 200/MO 200/MO	PP PP
4327 4328 4330 4331 4333 4334 4335 4338 4340 4344 4346 4351 4351 4352 4353 *	X X X X X X X X X	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUF FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAP INCONTINENCE SUPPLY; MISCELLANEOUS INDWELLING CATHETER, SOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC) INDWELLING CATHETER; FOLEY TYPE, TWO WAY, ALL SILICONE INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUE CON ING, ETC) INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION INTERMITTENT URINARY CATHETER, STRAIGHT TIF INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES CONSUME IN ING MAY ON ING ATHETER; COUDE (CURVED) TIF INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES CONSUME IN INGROW ON IN ON ING ANY CATHETER, WITH INSERTION SUPPLIES CONSUME IN INGRAFICEN INFORMATION INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES CONSUME IN INGROW ON IN ON OCODE PERMO	EACH (1) EACH (1)	H H H H H H H H H	N N N N N N N N N N N N N N N N N N N	Y N N Y Y Y Y Y Y Y Y	1/MO 20/MO 2/MO 12/MO 12/MO 3/MO 3/MO 3/MO 200/MO 200/MO	PP PP

OHIO MEDICAID SUPPLY LIST

ALSS ENTERINGUENE THANG COMPRESSION DEVICE, (NOT TO EACH (1) H N Y 1VTR PP ALSS ENTERINGUENCE CLASS ENTERINGUENCE CLASS ENTERINGUENCE CLASS P ALSS ENTERINGUENCE CLASS ENTERINGUENCE CLASS P P ALSS URINARY LEGOBODININAL BAS, UNIV., WITH OR WITHOUT THEE EACH (1) H N Y AMO PP ALSS URINARY LEGOBODININAL BAS, UNIV., WITH OR WITHOUT THEE EACH (1) H N Y AMO PP ALSS LEGOSIDE EXALAGE BOTTLE, RIGIO RE EXALADALE EACH (1) H N Y PR ALSS LEGOSIDE EXALAGE BOTTLE, RIGIO RE EXALADALE EACH (1) H N Y PR ALSS LEGOSIDE EXALAGE BAS, LATEX EACH (1) H N Y VIR PE ALSS LEGOSIDE EXALAGE BAS EACH (1) H N Y VIR PE ALSS X LEGOSIDE EXALASE EACH (1) H N Y VIR PE	APPENDI	κ A			MEDIC	AL SUPPI	162			
BE USED FOR CATHETER CLAMP No. Y No. Y No. Y MASS DESIDE DRANAGE BAD, OVIC AND IT, WITH OR WITHOUT TUBE EACH (1) H N Y AMO PP MUSS MEDISED ERANAGE BAD, OVIC AND IT, WITH OR WITHOUT TUBE EACH (1) H N Y AMO PP MUSS MEDISED ERANAGE CATHETER/LICE CATHETER/LICE NAMABALE EACH (1) H N Y AMO PP MUSS MEDISED ERANAGE CATHETER/LICE READ, REVER BAD, AND ALE EACH (1) H N Y AVR PP MUSS MEDISED ERANAGE CATHETER LICE READ, CREWER STORD BAD, AND ALE LICE READ, CLEWER ALCOMENT ONLY, PER EST FOR LOW WITH EACH (1) H N Y AVR PP MUSS OSTOMY SUPPLIES MESS AND			ITEM DESCRIPTION	UNIT					RNT/I	
MAST BEDSIDE DRANNAGE BAG, DAY ON NIGHT, WITH OR WITHOUT TWIE EACH (1) H N Y 2MOR PP MASK URINARY LED BOOMINAL BAG, WINT, WITH OR WITHOUT TWIE EACH (1) H N Y 4MOR PP MASK BEDSIDE DRANNAGE BOTTLE, NOTICE TREATCOM EACH (1) H N Y 2MOR PP MAST BEDSIDE DRANNAGE BOTTLE, NOTICE TREATCOM EACH (1) H N Y 2VR PP MAST BEDSIDE DRANNAGE BOTTLE, NOTICE TREATCOME EACH (1) H N Y 2VR PP MAST LED STRAF, TOAM OR FABRIC, REPLACEMENT ONLY, PER SET (FOR USE WITH EACH (1) H N Y 47R PP MAST LED STRAF, TOAM OR FABRIC, REPLACEMENT ONLY, PER SET (FOR USE WITH EACH (1) H N Y 47R PP STOT WILL STATUE (2) MAST A A CONTANT, ACE (2) A AVR PP MAST A OSTOMY FARE (2) ACE (2) A AVR PP MAST OSTOMY FARE (2) AC	\4356			EACH (1)	Н	Ν	Y	1/YR	PP	
URNARY LEGRADOMINAL BAG, YINTL, WITH OR WITHOUT TUBE EACH (1) N Y 4MO PP WITH STRAPS UDBRIGHT, FOR ROM-STEBLE CATHELERSTION. EACH (2) N N Y 4MO PP 4402 LUBRIGHT, FOR ROM-STEBLE CATHELERSTION. EACH (2) N N Y 9MO 5103 LEGRADOM SUSPENDERVY WITH LEG BAG, UTH OW THOW TUBE EACH (1) N Y 2V/R PP 5112 X LEGRAD, TATEX EACH (1) N Y 4V/R PP 1513 LEG STAP, FLAXE REPLACEMENT ONLY, PER SET FOR USE WITH EACH (1) N Y 4V/R PP 1514 LEG STAP, FLAXE REPLACEMENT ONLY, PER SET FOR LACH (1) N Y 4V/R PP 1513 STOMY SUPPLIES Staff A DAREST ROTAL ACH (1) N Y 4V/R PP 1514 COSIMMY FACE PLATE EACH (1) N Y 42MO PP 1514 COSIMMY FACE PLATE EACH (2) N 42MO PP 1514 COSIMMY FACE PLATE <td>4357</td> <td></td> <td>BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-</td> <td>EACH (1)</td> <td>Н</td> <td>Ν</td> <td>Y</td> <td>2/MO</td> <td>PP</td>	4357		BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-	EACH (1)	Н	Ν	Y	2/MO	PP	
Ldbp: LUBRICAT/T (PCR NOX-STERLE CATH_ETERZATION) EACH (02 N N Y BMO PP 6510: + BCSBED PRAMAGE DETTE, RIGIO DE REPANDAGELE EACH (1) H N Y 2/YR PP 6510: X CRINARY SUBPRISORY, WITH LEG BAG, WITH OW WITHOUT TUBE EACH (1) H N Y 2/YR PP 6513: X CRISTAPL LATE, REPLACEMENT ONLY, PER SET (FOR USE WITH EACH (1) H N Y 4/YR PP 1211: APFLUEG CLARKER CARD COSTOMY APPLIANCES, EACH (1) H N Y 4/YR PP 1431: APFLUEG CLARKER, NOUTI RENCE CARD OSTOMY APPLIANCES, EACH (1) N Y 4/YR PP 1431: APFLUEG CLARKER, NOUTI RENCE CARD OSTOMY APPLIANCES, EACH (1) N Y 4/YR PP 1431: APFLUEG CLARKER, NOUTI RENCE CARD OSTOMY APPLIANCES, EACH (1) N Y 4/YR PP 1431: APFLUEG CLARKER, NOUTI RENCE CARD OSTOMY APPLIANCES, EACH (1) N Y 4/YR PP 1431: APFLUEG CLARKER,	\4358		URINARY LEG/ABDOMINAL BAG, VINYL, WITH OR WITHOUT TUBE	EACH (1)	н	Ν	Y	4/MO	PP	
Store X URINARY SUBSENSORY, WITH LEG BAG, WITH GW INFOUT TUBE EACH (1) H N Y 2YRE PP Store X LEGS STRAP, LATEX, REPLACEMENT ONLY, PER SET FOOL USE WITH EACH (1) H N Y 3YRE PP Store LINEARY LEG BAG, MARY LEG BA	44402			EACH OZ.	Н	N	Y	8/MO	PP	
SH12 X URINARY LEG BAG, LATEX EACH [1] H N Y 3/YE PP S113 X LEG STAP, LATEX, REPLACEMENT ONLY, PER SET FOR USE WITH EACH [1] H N Y 4/YR PP AG114 X LEG STAP, FLAMINER PLACEMENT ONLY, PER SET FOR USE WITH EACH [1] H N Y 4/YR PP AG114 X LEG STAP, FLAMINER PLACEMENT ONLY, PER SET FOR USE WITH EACH [1] H N Y 4/YR PP AG141 X Consumer is allowed onj one Code per YR, per Leg Bag/Stap GOTOMY SULPPLIES SKIN BARRER, SOLD, 4.Y 4 OR EQUIVALENT, EACH EACH [1] H N Y 42/NO PP AG82 X SKIN BARRER, SOLD, 4.Y 4 OR EQUIVALENT, EACH EACH [1] H N Y 42/NO PP AG314 ADDENT FOR FOR ACAL PROSTHER, SOLD, 4.4 OR EQUIVALENT, EACH EACH [1] H N Y 42/NO PP AG314 A OSTOMY SOLD, AFARER, POWDER, PER 2 EACH [1] H N Y 20/NO PP									PP	
X1 LEG STRAP, LATEX, REPLACEMENT ON LY, FER SET (FOR USE WITH EACH (1) H N Y 4/NP PP UNINARY LEG BAG LEG STRAP, FOAM OR FARRE, REPLACEMENT ON LY, PER SET EACH (1) H N Y 4/NP PP 6113 X LEG STRAP, FOAM OR FARRE, REPLACEMENT ON LY, PER SET EACH (1) H N Y 4/NP PP 6131 CUBE WITH IMMENY LEG BAG MANNER SET EACH (1) H N Y 1/NO PP 6570MF, JACO ENANGE EACH (2) H N Y 4/NP PP 6570MF, JACO ENANGE EACH (2) H N Y 4/NP PP 64820 X SOTOM SKIN BARRIER, LIQUID CREAL, PEOSTHESIS ONLY, LIQUID OR EQUAL PLEXAND VEEAE CACH (2) H N Y 4/NO PP 44547 A COSTOMY SKIN BARRIER, WITH FLACH EQUAL PLEXABLE COL EACH (1) H N Y 4/NO PP 4457 X COSTOMY SKIN BARRIER, WITH FLACH EQUAL PLEXABLE CACH (1) H N Y 4/NO </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
UBINARY LEG BAG) V 4/VR P S114 X. LEG STRAP, FOAM OR FABRIC, REPLACEMENT ONLY, PER SET EACH (1) H N Y 4/VR PP S131 APPLIANCE CLEANER, RICONTINENCE AND OSTOMY APPLIANCES, EACH (1) H N Y 1/3 MO PP X Consumer is allowed only one Code par YR, per Leg Bag/Stap Softman EACH (1) H N Y 4/VR PP S4804 X SIGN BARRIER, SOLD, 4X 40 REQUIVALENT: EACH EACH (1) H N Y 4/VR PP S4834 X SIGN BARRIER, SOLD, 4X 40 REQUIVALENT: EACH EACH (1) H N Y 4/VRO PP S4834 X SIGN BARRIER, SOLD, 4X 40 REQUIVALENT: SIGN VI, LOUID OR EQUAL, PER EACH (2) H N Y 4/MO PP S4837 X SGTOMY SINI BARRIER, SOLD, 4X 40 REQUIVALENT: ANY SIZE EACH N Y 4/MO PP S4371 X SGTOMY SINI BARRIER, SOLD, 4X 40 REQUIVALENT: ANY SIZE EACH N Y 4/MO PP <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
IPOR USE WITH URNARY LEG BAG) Still APPLIANCE CLEANER, NCONTINENCE AND OSTOMY APPLIANCES, EACH (1) PINT N N 1/3 MO PP Still APPLIANCE CLEANER, NCONTINENCE AND OSTOMY APPLIANCES, EACH (1) PINT N N 1/3 MO PP Still APPLIES EACH (1) H N Y 4/7R PP Still APPLIES EACH (1) H N Y 4/7R PP Still APPLIES EACH (1) H N Y 4/7R PP M384 ASIN BARRIER, SOUDER, PRODUCTOR SUBJECT, ATOR PRODUCTOR COLLID COR CULLID COR CULID COR CULLID COR CULLID COR CULID COR CULLID COR CULLID			URINARY LEG BAG)							
PER 16 02 X Consumer is allowed only one Code per YR, per Leg BagStrap OSTIOMY SUPPLIES Vasiat - OSTIOMY SUPPLIES Vasiat - OSTIOMY SUDL 9.4 X 0 REQUIVALENT; EACH EACH (1) N Y 4/7R PP M384 - ADHESINE FOR FACIAL PROSTHESIS ONLY; LIQUID OR EQUAL, PER EACH 02 N Y 4/2M 0P M385 + OSTIOMY SUN BARRIER, POWDER, PER 02 EACH 02 N Y 4/MO PP M387 + X OSTIOMY SINI BARRIER, POWDER, PER 02 EACH 02 N Y 4/MO PP M387 + X OSTIOMY SINI BARRIER, POWDER, PER 02 EACH 01 N Y 20/MO PP M377 + X OSTIOMY SINI BARRIER, POWDER, PER 02 EACH (1) N Y 20/MO PP M377 + X OSTIOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, EACH (1) N Y 20/MO PP M377 + X OSTIOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, FLASTIC EACH (1) N Y 5/MO PP M377 + X OSTIOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, FLASTIC		X	(FOR USE WITH URINARY LEG BAG)							
Bargetrag Strong Support	45131		PER 16 OZ.	EACH (1) <u>PINT</u>	Н	N	Y	1/3 MO	PP	
OSTOMY SUPPLIES Mail + OSTOMY FACE PLATE EACH (1) H N Y 2000 PP Mail + AKIN BARDER SOLD A X OR EQUIVALENT. EACH EACH (1) H N Y 2000 PP Mail + ACHESIVE FOR FACIAL PROSTHESIS ONLY, LIQUID OR EQUAL, PER EACH (2) H N Y 26 Mol SP Mail + ACTOMY SKIN BARRIER, LIQUID GRAV, BRUSH, ETC.) PER OZ EACH (1) H N Y 26 Mol SP Mail + X. OSTOMY SKIN BARRIER, SUCL, AX OR EQUIV.STANDARD WEAR EACH (1) H N Y 20 MO. PP Mail + X. OSTOMY SKIN BARRIER, WITH FLANSE (SOLD, FLEXIBLE OR EACH (1) H N Y 20 MO. PP Mail + X. OSTOMY POLCH, DRAINABLE, WITH FACEPLATE TATACHED. EACH (1) H N Y 50 MO. PP Mail + X. OSTOMY POLCH, DRAINABLE, FOR USE ON FACEPLATE, RATACHED. EACH (1) H N Y 50 MO. PP Mail + X. OSTOMY POLCH, DRAINABLE, FOR USE ON FACEPLATE, RATACHED. EACH (1) H N Y 50 MO. PP Mais +<		Х								
Vision X SKIN BARRIER, SOLID, 4X 4 OR EQUIVALENT, EACH EACH (1) H N Y 20MO PP Vision CSTOMY BELT CSTOMY BELT EACH (1) H N Y 42/00 PP Vision X OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ EACH (2) H N Y 44/MO PP Vision X OSTOMY SKIN BARRIER, NUDU (SPRAY, BRUSH, ETC.) PER OZ EACH (2) H N Y 44/MO PP Vision X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 20/MO PP Vision POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, EACH (1) H N Y 20/MO PP Vision POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, EACH (1) H N Y 5/MO PP Vision POUCH, DRAINABLE, FOR USE ON FACEFLATE, RUBBER EACH (1) H N Y 5/MO Vision POUCH, DRAINABLE, FOR USE ON FACEFLATE, RUBSTE EACH (1) H N Y	OSTON	/Y S								
M394 ADHESIVE FOR FACIAL PROSTHESIS ONLY, LIQUID OR EQUAL, PER EACH (1) H N Y 42 MO PP 4389 X OSTOMY BELT AMOC PE ACH (1) H N Y 42 MO PP 4389 X OSTOMY SKIN BARRIER, POWDER, PER 02 EACH 02 H N Y 44MO PP 4377 X OSTOMY SKIN BARRIER, POWDER, PER 02 EACH 02 H N Y 44MO PP 4375 X OSTOMY SKIN BARRIER, POWDER, PER 02 EACH (1) H N Y 20MO PP 4375 X OSTOMY SKIN BARRIER, POWDERVERTY, ANS 25E, EACH ASTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, EACH (1) H N Y 50MO PP 4376 X OSTOMY POUCH, DRAINABLE, POUSTIC EASTACACHER, EASTACH (1) H N Y 10MO PP 4377 X OSTOMY POUCH, DRAINABLE, POUSTIC EASTACHER, EA									PP	
VA802 CSTOMM SBLT VEX. EACH (1) H N Y Z8 MOS PP V4809 X OSTOMY SKIN BARRIER, JULUID (SPRAY, BRUSH, ETC) PER OZ EACH OZ H N Y 4MO PP V4871 X OSTOMY SKIN BARRIER, JULUID (SPRAY, BRUSH, ETC) PER OZ EACH (1) H N Y 4MO PP V4872 X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 20MO PP V4737 X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 20MO PP V4737 X OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED. EACH (1) H N Y 5MO PP V4374 X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RASTIC EACH (1) H N Y 5MO PP V4374 X OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED. EACH (1) H N Y 5MO PP V4374 X		Х							PP	
1369 + X OSTOMY SKIN BARRIER, DUOID (SPRAY, BRUSH, ETC.) PER 02 EACH 02 H N Y 4MO PP 1371 + X OSTOMY SKIN BARRIER, PONDER, PER 02 EACH 02 H N Y 4MO PP 1372 + X OSTOMY SKIN BARRIER, PUNDER, PER 02 EACH 02 H N Y 4MO PP 1373 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE 0R EACH (1) H N Y 20MO PP 1375 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE 0R EACH (1) H N Y 5MO PP 1376 + X OSTOMY POUCH, DRAINABLE, POUS NE FACEPLATE ATTACHED, EACH (1) H N Y 10MO PP 14377 + X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10MO PP 14378 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 5MO PP 14378 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N <t< td=""><td>4364 +</td><td></td><td></td><td>EACH OZ.</td><td>Н</td><td></td><td></td><td></td><td>PP</td></t<>	4364 +			EACH OZ.	Н				PP	
4371 + X. X. OSTOMY SKIN BARRIER, POWDER, PER 02 EACH 02 H N Y 4/MO PP 4372 + X. OSTOMY SKIN BARRIER, SULD, A44 OR EQUV, STANDARD WEAR EACH (1) H N Y 20MO PP 473 + X. OSTOMY SKIN BARRIER, WITH FLANCE (SOLID, FLEXIBLE OR EACH (1) H N Y 20MO PP 473 + X. OSTOMY SOLID, DRAINABLE, INTH FACEPLATE ATTACHED. EACH (1) H N Y 20MO PP 473 + X. OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, FLASTIC EACH (1) H N Y 10/MO PP 4378 + X. OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4384 + X. OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC EACH (1) H N Y 10/MO PP 4384 + X. OSTOMY POUCH, URINARY, END USE ON FACEPLATE, RUBBER EACH (1) H N Y 5/MO PP 4384 + X. OSTOMY POUCH, URINARY, END USE ON FACEPLATE, RUASTIC EACH (1) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PP</td>									PP	
Visi72 + X OSTOMY SKIN BARRIER, SOLID, 4/X OR EQUIV. STANDARD WEAR EACH (1) H N Y 200MO PP Visi73 + X OSTOMY SKIN BARRIER, WITH FLANCE (SOLID, FLEXIBLE OR ACCORDIAN, WITH BULT, IN CONVEXITY, ANY SIZE, EACH EACH (1) H N Y 200MO PP Visi75 + X OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED. EACH (1) H N Y 5/MO PP Visi76 + X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, ATTACHED. EACH (1) H N Y 10/MO PP Visi76 + X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RLBBER EACH (1) H N Y 10/MO PP Visi78 + X OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC EACH (1) H N Y 5/MO PP Visi80 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HASTIC EACH (1) H N Y 5/MO PP Visi84 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY EACH (1) H N Y <td>\4369 +</td> <td></td> <td></td> <td>EACH OZ.</td> <td></td> <td></td> <td></td> <td></td> <td>PP</td>	\4369 +			EACH OZ.					PP	
W. BULT-IN CONVEXITY W. BULT-IN CONVEXITY 473 + X. OSTOMY SINI BARRER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) N Y 20MO PP 473 + X. OSTOMY SINI ARRIRE, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 20MO PP 475 + X. OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, EACH (1) H N Y S/MO PP 4378 + X. OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4378 + X. OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBSER EACH (1) H N Y 10/MO PP 4381 + X. OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBSER EACH (1) H N Y 10/MO PP 4384 + X. OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBSER EACH (1) H N Y 10/MO PP 4384 + X. OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBSER EACH (1) H N Y 10/MO PP 4384 + X. OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBSER EACH (1) H N Y									PP	
ACCORDIAND, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH- 4757 + X SOTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, EACH (1) H N Y 5/MO PP 4767 + X SOTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC EACH (1) H N Y 10/MO PP 4377 + X SOSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC EACH (1) H N Y 10/MO PP 4378 + X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4378 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4381 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4384 + X OSTOMY FOUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4384 + X OSTOMY FOUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4384 + X			W/ BUILT-IN CONVEXITY						PP	
PLASTIC Control PLASTIC <t< td=""><td></td><td></td><td>ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH</td><td></td><td></td><td></td><td></td><td></td><td>PP</td></t<>			ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH						PP	
RUBBER Number RUBBER 4377 + X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4378 + X OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER EACH (1) H N Y 5500 POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER EACH (1) H N Y 5000 PP 4380 + X OSTOMY POUCH, URINARY, POR USE ON FACEPLATE, HEAVY EACH (1) H N Y 10/MO PP 4383 + X OSTOMY POUCH, URINARY, POR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4383 + X OSTOMY FOUCH, URINARY, POR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4384 + X OSTOMY FOUCH, URINARY, POR USE ON FACEPLATE, RUBBER EACH (1) H N Y 5/MO PP 4388 + X OSTOMY POUCH, URINARY, AOR EQUIVALENT, EXTENDED EACH (1) H N Y 5/MO PP 4388 + X OSTOMY POUCH, URINARY, MUTH SCEPLATE, ATACHED, WITH EACH (1) H N	4375 +	Х		EACH (1)	Н	Ν	Y	5/MO	PP	
Vision Vision <th td="" vision<<=""><td>4376 +</td><td>Х</td><td>OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED,</td><td>EACH (1)</td><td>Н</td><td>Ν</td><td>Y</td><td>5/MO</td><td>PP</td></th>	<td>4376 +</td> <td>Х</td> <td>OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED,</td> <td>EACH (1)</td> <td>Н</td> <td>Ν</td> <td>Y</td> <td>5/MO</td> <td>PP</td>	4376 +	Х	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED,	EACH (1)	Н	Ν	Y	5/MO	PP
34379 X OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC EACH (1) N Y 5/MO PP 4380 X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC EACH (1) H N Y 5/MO PP 4381 X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RLASTIC EACH (1) H N Y 10/MO PP 4384 X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4384 X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4384 X OSTOMY POUCH, URINARY, SILCONE, RING EACH (1) H N Y 5/MO PP 4384 X OSTOMY POUCH, CL, CLOSED, WITH STANDARD WEAR BARRIER EACH (1) H N Y 45/MO PP 4374 X STOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER EACH (1) H N Y 10/MO PP 4374	4377 +	Х		EACH (1)	Н	Ν	Y	10/MO	PP	
4380 + X OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER EACH (1) H N Y 5/MO PP 4381 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY EACH (1) H N Y 10/MO PP 4382 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4383 + X OSTOMY FOLCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4384 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4388 + X OSTOMY POUCH, RUNRARY, AVA OR EQUIVALENT, EXTENDED EACH (1) H N Y 45/MO PP 4388 + X OSTOMY POUCH, RUNRARY, MITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP 417ACHED, WITHOUT BULT-IN CONVEXITY (1 PIECE 	4378 +	Х	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER	EACH (1)	Н	Ν	Y	10/MO	PP	
4381 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLÁSTIC EACH (1) H N Y 10/MO PP 4382 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP 4383 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N H 4/YR PP 4384 + X OSTOMY SIN BARRIER, SOLID 4X OR EQUIVALENT, EXTENDED EACH (1) H N H 4/YR PP 4384 + X OSTOMY SIN BARRIER, SOLID 4X OR EQUIVALENT, EXTENDED EACH (1) H N Y 455/MO PP 4387 + X OSTOMY POUCH, CL, COSEN UTH STANDARD WEAR BARRIER EACH (1) H N Y 455/MO PP 4388 + X OSTOMY POUCH, DRAINABLE, WITH STANDARD WEAR BARRIER EACH (1) H N Y 20/MO PP 4389 + X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO	4379 +	Х	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC	EACH (1)	Н	Ν	Y	5/MO	PP	
V382 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP V383 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10/MO PP V4384 + X OSTOMY PACEPLATE EQUIVALENT, SILICONE, RINC EACH (1) H N H 4/YR PP V4384 + X OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED EACH (1) H N Y 5/MO PP V4387 + X OSTOMY POUCH, CLOSED, WITH STANDARD WEAR BARRIER EACH (1) H N Y 45/MO PP ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE 10/MO PP 4339 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP 4339 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP 417ACHED, WITH BUILT-IN CONVEXITY (1 PIECE <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>PP</td></td<>									PP	
x383 + X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER EACH (1) H N Y 10MO PP x384 + X OSTOMY FACEPLATE EQUIVALENT, SILICONE, RINC EACH (1) H N H 4/YR PP x385 + X OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED EACH (1) H N Y 5/MO PP wEAR, WITHOUT BUILT-IN CONVEXITY FILE										
4384 + X. OSTOMY FACEPLATE FOUNALENT, SULCONE, RINC EACH (1) H N H 4/R PP 4385 + X. OSTOMY SKIN BARRIER, SOLID 4X OR EQUIVALENT, EXTENDED EACH (1) H N Y 5/MO PP 4387 + X. OSTOMY SKIN BARRIER, SOLID 4X OR EQUIVALENT, EXTENDED EACH (1) H N Y 45/MO PP 4388 + X. OSTOMY POUCH, CLOSED, WITH STANDARD WEAR BARRIER EACH (1) H N Y 45/MO PP 4388 + X. OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP 4389 + X. OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH EACH (1) H N Y 20/MO PP 4390 + X. OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 5/MO PP 4391 + X. OSTOMY POUCH, IRINARMAY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP 4391 + X. OSTOMY POUCH, IRINARMAY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP 43										
W385 + X OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED EACH (1) H N Y 5/MO PP W4387 + X OSTOMY POUCH, CLOSED, WITH STANDARD WEAR BARRIER EACH (1) H N Y 45/MO PP ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE X OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH EACH (1) H N Y 20/MO PP 4339 + X OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH EACH (1) H N Y 20/MO PP 41304 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP 41324 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP 41334 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP 413334 + X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
WEAR, WITHOUT BUILT-IN CONVEXITY WAR BARRIER EACH (1) H N Y 45/00 PP ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH Y 20/MO PP 4330 + X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP 4330 + X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 5/MO PP 4331 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP 4332 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP 4332 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP 4334 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO<										
ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE: 4388 + X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP 4388 + X OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH EACH (1) H N Y 20/MO PP 4390 + X OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH EACH (1) H N Y 5/MO PP 4391 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP 4391 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP 4391 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP ATTACHED, WITH DUILT-IN CONVEXITY (1 PIECE: 4398 + OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP 4338 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 1/MO PP 4338 + X IRRIGATION SUPPLY, SLEEVE EACH (1)			WEAR, WITHOUT BUILT-IN CONVEXITY							
ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE: Attached, WITH BUILT-IN CONVEXITY (1 PIECE), EACH (4389 + X) OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH EACH (1) H N Y 20/MO PP (4390 + X) OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 5/MO PP (4391 + X) OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP (4392 + X) OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP (4392 + X) OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 20/MO PP (4392 + X) OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 5/MO PP (4396 + OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT EACH (1) H N Y 1/3MO PP (4397 + X) IRRIGATION SUPPLY; BAG EACH (1) H N Y 1/3MO PP (4398 + X) IRRIGATION SUPPLY; BAG EACH (1) H N Y <td></td> <td></td> <td>ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)							
BUILT-IN CONVEXITY (1 PIECE), EACH A4390 + X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 5/MO PP A4391 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP A4391 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP A4392 + X OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER EACH (1) H N Y 20/MO PP ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE: ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE: 4393 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 10/MO PP A4393 + X OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT EACH (1) H N Y 10/MO PP A4396 + X IRRIGATION SUPPLY; BAG EACH (1) H N Y 10/MO PP A4398 + X IRRIGATION SUPPLY; CONE/CATHETER EACH (1) H N Y 10/MO PP A4400 + OSTOMY RING, EACH EACH OZ H			ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)							
ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH V4391 + X OSTOMY POUCH, URINARY, WITH EXTENDEO WEAR BARRIER EACH (1) H N Y 10/MO PP V1392 + X OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER EACH (1) H N Y 20/MO PP V1393 + X OSTOMY POUCH, URINARY, WITH EXTENDEO WEAR BARRIER EACH (1) H N Y 20/MO PP V1393 + X OSTOMY POUCH, URINARY, WITH EXTENDEO WEAR BARRIER EACH (1) H N Y 20/MO PP V1393 + X OSTOMY POUCH, URINARY, WITH EXTENDEO WEAR BARRIER EACH (1) H N Y 10/MO PP V1393 + X IRRIGATION SUPPLY; SLEEVE EACH (1) H N Y 10/MO PP V4398 + X IRRIGATION SUPPLY; BAG EACH (1) H N Y 10/MO PP V4400 + OSTOMY IRIGATION SET EACH (1) H N Y 10/MO PP V4402 + LUBRICANT, PER OUNCE EACH (1) H N Y 3/MO PP V4404 + OSTOMY RING ARR	4389 +	Х		EACH (1)		N		20/MO	PP	
ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE) V4392 + X OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER EACH (1) H N Y 20/MO PP ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) H N Y 20/MO PP A4393 + X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER EACH (1) H N Y 5/MO PP ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) H N Y 5/MO PP 4396 + X OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT EACH (1) H N Y 1/3MO PP 44396 + X IRRIGATION SUPPLY; SLEEVE EACH (1) H N Y 4/YR PP 44399 + X IRRIGATION SUPPLY; BAG EACH (1) H N Y 4/YR PP 44400 + OSTOMY IRRIGATION SET EACH (1) H N Y 4/YR PP 44404 + OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE EACH (2) H N Y 5/MO PP 44404 + OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE EACH OZ H N Y <td< td=""><td>\4390 +</td><td>Х</td><td>ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH</td><td>EACH (1)</td><td>Н</td><td>N</td><td></td><td>5/MO</td><td>PP</td></td<>	\4390 +	Х	ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	EACH (1)	Н	N		5/MO	PP	
ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE:A4333 + XOSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIEREACH (1)HNY5/MOPPATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE:ATTACHED, WITH PERISTOMAL HERNIA SUPPORTEACH (1)HNY1/3MOPPA4396 +OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORTEACH (1)HNY1/3MOPPA4397 + XIRRIGATION SUPPLY; SLEEVEEACH (1)HNY1/0MOPPA4398 + XIRRIGATION SUPPLY; CONE/CATHETEREACH (1)HNY4/YRPPA4399 + XIRRIGATION SUPPLY; CONE/CATHETEREACH (1)HNY4/YRPPA4400 +OSTOMY RING, EACHEACH (1)HNY8/MOPPA4404 +OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTEEACH OZ.HNY4/MOPPA4405 + XOSTOMY SKIN BARRIER, PECTIN BASED PASTEEACH OZ.HNY4/MOPPA4406 + XOSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLERNY5/MOPPA4409 + XOSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLERNY5/MOPPA4410 + XOSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY; 4X4 OR SMALLERNY5/MOPPA4410 + XOS	4391 +	Х		EACH (1)	Н	N	Y	10/MO	PP	
A4393 +XOSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)EACH (1)HNY5/MOPPA4396 +OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORTEACH (1)HNY1/3MOPPA4396 + XIRRIGATION SUPPLY; SLEEVEEACH (1)HNY1/3MOPPA4398 + XIRRIGATION SUPPLY; BAGEACH (1)HNY4/YRPPA4398 + XIRRIGATION SUPPLY; BAGEACH (1)HNY4/YRPPA4409 +OSTOMY IRRIGATION SETEACH (1)HNY4/YRPPA4404 +OSTOMY RING, EACHEACH (1)HNY4/MOPPA4404 +OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTEEACH OZ.HNY8/MOPPA4404 +XOSTOMY SKIN BARRIER, PECTIN BASED PASTEEACH OZ.HNY4/MOPPA4406 +XOSTOMY SKIN BARRIER, PECTIN BASED PASTEEACH OZ.HNY4/MOPPA4406 +XOSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4VS/MOPPA4408 +XOSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLERNYS/MOPPA4409 +XOSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEA	4392 +	Х		EACH (1)	Н	Ν	Y	20/MO	PP	
H4396 + OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT EACH (1) H N Y 1/3MO PP H4397 + X IRRIGATION SUPPLY; SLEEVE EACH (1) H N Y 10/MO PP H4398 + X IRRIGATION SUPPLY; SLEEVE EACH (1) H N Y 10/MO PP H4398 + X IRRIGATION SUPPLY; CONE/CATHETER EACH (1) H N Y 4/YR PP H4398 + X IRRIGATION SUPPLY; CONE/CATHETER EACH (1) H N Y 1/6 MO PP H4400 + OSTOMY RING, EACH EACH (2) H N Y 8/MO PP H4404 + OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE EACH (2) H N Y 4/MO PP H4405 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR EACH (2) H N Y 4/MO PP H4407 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 4/MO PP H4408 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR EACH (1)	4393 +	Х	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER	EACH (1)	Н	Ν	Y	5/MO	PP	
4397 + X IRRIGATION SUPPLY; SLEEVE EACH (1) H N Y 10/MO PP 4398 + X IRRIGATION SUPPLY; BAG EACH (1) H N Y 4/YR PP 4399 + X IRRIGATION SUPPLY; BAG EACH (1) H N Y 4/YR PP 4440 + OSTOMY IRRIGATION SET EACH (1) H N Y 1/6 MO PP 4440 + OSTOMY IRRIGATION SET EACH (1) H N Y 8/MO PP 4440 + OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE EACH (2) H N Y 4/MO PP 44405 + X OSTOMY SKIN BARRIER, PECTIN BASED PASTE EACH OZ H N Y 4/MO PP 44405 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (2) H N Y 4/MO PP 44406 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 5/MO PP 44408 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1)	4396 +			EACH (1)	Н	Ν	Y	1/3MO	PP	
H338 + X IRRIGATION SUPPLY; BAG EACH (1) H N Y 4/YR PP H338 + X IRRIGATION SUPPLY; CONE/CATHETER EACH (1) H N Y 1/8 MO PP H439 + X IRRIGATION SUPPLY; CONE/CATHETER EACH (1) H N Y 1/8 MO PP H440 + OSTOMY IRRIGATION SET EACH (1) H N Y 8/MO PP H440 + OSTOMY RING, EACH EACH (1) H N Y 8/MO PP H4405 + OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE EACH OZ. H N Y 4/MO PP H4406 + OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 4/MO PP H4407 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4 Y S/MO PP ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4 Y 5/MO PP A4409 + X OSTOMY SKIN BARRIE		Х	IRRIGATION SUPPLY; SLEEVE						PP	
4400 + OSTOMY IRRIGATION SET EACH (1) H N N 2/YR PP 4400 + LUBRICANT, PER OUNCE EACH (2) H N Y 8/MO PP 4404 + OSTOMY RING, EACH EACH (1) H N Y 8/MO PP 4404 + OSTOMY RING, EACH EACH (1) H N Y 8/MO PP 4405 + X OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE EACH (02) H N Y 4/MO PP 4406 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 4/MO PP 4407 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 5/MO PP 4408 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP 4408 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP 4409 + X OSTOMY SKIN BARRIER, WITH FLANGE (4398 +	Х	IRRIGATION SUPPLY; BAG	EACH (1)				4/YR	PP	
4402 + LUBRICANT, PER OUNCE EACH OZ. H N Y 8/MO PP 4402 + OSTOMY RING, EACH EACH OZ. H N Y 5/MO PP 4405 + X OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE EACH OZ. H N Y 4/MO PP 4406 + X OSTOMY SKIN BARRIER, PECTIN BASED PASTE EACH OZ. H N Y 4/MO PP 4406 + X OSTOMY SKIN BARRIER, PECTIN BASED PASTE EACH OZ. H N Y 4/MO PP 4407 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 5/MO PP Accordion), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER		Х							PP	
V4404 + OSTOMY RING, EACH EACH (1) H N Y 5/ MO PP V4405 + X OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE EACH OZ. H N Y 4/MO PP V4406 + X OSTOMY SKIN BARRIER, PECTIN BASED PASTE EACH OZ. H N Y 4/MO PP V4407 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER EACH (1) H N Y 5/MO PP V4408 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4 EACH (1) H N Y 5/MO PP V4409 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH OUT BUILT-IN CONVEXITY; 4X4 OR SMALLER EACH (1) H N Y 5/MO PP V4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY; 4X4 OR SMALLER H N Y 5/MO PP V4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4 N Y 5/MO PP									PP	
4405 + X OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE EACH OZ. H N Y 4/MO PP 4406 + X OSTOMY SKIN BARRIER, PECTIN BASED PASTE EACH OZ. H N Y 4/MO PP 4407 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 4/MO PP 4407 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER									PP	
(4406 + X OSTOMY SKIN BARRIER, PECTIN BASED PASTE EACH OZ. H N Y 4/MO PP (4407 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER Y 5/MO PP (4408 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP (4408 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP (4409 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP (4409 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP (4409 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP (4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP (4410 + X OSTOMY SKIN BARRIER										
4407 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER SMALLER SMALLER Y 5/MO PP 4408 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4 Y S/MO PP 4409 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4 Y S/MO PP 4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP 4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP 4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP 4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EA										
ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER 4408 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4 4409 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY; 4X4 OR SMALLER 4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4										
4408 + X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4	4407 +	X	ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4	EACH (1)	п	IN	ř	OINI/G	۲P	
LARGER THAN 4X4 V4409 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER V4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4	4408 +	Х		EACH (1)	Н	N	Y	5/MO	PP	
X4409 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER Y Y 5/MO PP X4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP A4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4 X4 X X440 X40 X440 X40 X440 X40 X440 X40 X440 X40										
4X4 OR SMALLER 4410 + X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR EACH (1) H N Y 5/MO PP ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4	4409 +	Х	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR	EACH (1)	Н	Ν	Y	5/MO	PP	
ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4	A 4 4 1 C	v	4X4 OR SMALLER		Ц	N	V	E/MO		
	4410 +	х	ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY;	EACH (1)	н	N	Y	5/MO	۲P	
	4414 +	х	LARGER THAN 4X4 OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR	EACH (1)	Н	N	Y	20/MO	PP	

OHIO MEDICAID SUPPLY LIST

	(A			MEDIC	AL SUPPL	IES.		
URRENT		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/I
4415 +	Х	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4	EACH (1)	н	Ν	Y	20/MO	PP
4421 +		OSTOMY SUPPLY; MISCELLANEOUS	EACH (1)	Н	Y	Y	12.0.10	PP
5051 +	Х	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE)	EACH (1)	Н	Ν	Y	45/MO	PP
5052 +	Х	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE		Н	N	Y	45/MO	PP
5053 +	Х	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	EACH (1)	Н	N	Y	45/MO	PP
5054 +	Х	OSTOMY POUCH, CLOSED FOR USE ON BARRIER W/FLANGE (2 PC)		H	N	Y	45/MO	PP
5055 +	v		EACH (1)	H	N	Y Y	30/MO	PP
5061 +	X	POUCH, DRAINABLE WITH BARRIER ATTACHED (1 PIECE)	EACH (1)	н	N		30/MO	PP
5062 + 5063 +	X	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE	EACH (1)	н	N	Y Y	20/MO	PP PP
5063 +	x	(2 PIECE SYSTEM) OSTOMY POUCH URINARY; WITH BARRIER ATTACHED, (1 PIECE)	EACH (1)		N	Y	20/MO	PP
			()					
5072 + 5073 +	X X	OSTOMY POUCH URINARY; WITHOUT BARRIER ATTACHED (1 OSTOMY POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	EACH (1) EACH (1)	H	N N	Y Y	20/MO 10/MO	PP PP
5081 +	Х	OSTOMY CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	EACH (1)	Н	N	Y	40/MO	PP
5082 +	X	OSTOMY CONTINENT DEVICE; CATHETER FOR CONTINENT STOMP		Н	N	Y	1/2 MO	PP
5093 +		OSTOMY ACCESSORY; CONVEX INSERT	EACH (1)	Н	N	Ŷ	10/MO	PP
5120	Х	SKIN BARRIER, WIPES OR SWABS, EACH	EACH (1)	Н	N	Ý	50/MO	PP
5121 +	Х	OSTOMY SKIN BARRIER; SOLID 6 X 6, OR EQUIVALENT	EACH (1)	Н	Ν	Y	5/MO	PP
5122 +	Х	OSTOMY SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT	EACH (1)	Н	Ν	Y	6/MO	PP
5126 +		ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	EACH (1)	Н	N	N	20/MO	PP
5131 +		APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	EACH (1)	н	N	Y	1/3 MO	PP
	Х	Consumer is allowed only one Code per MO per Ostomy, Urinary Ostomy, Ostomy Faceplate, Skin Barrier and Irrigation Supplies						
4490 4495		STOCKINGS AND BURN GARMENTS PRESSURE GRADIENT SURGICAL STOCKING, ABOVE KNEE LENGTH PRESSURE GRADIENT SURGICAL STOCKING, THIGH LENGTH	EACH (1) EACH (1)	Y Y	Y Y	N N	6/YR 6/YR	PP PP
	Х	PRESSURE GRADIENT SURGICAL STOCKING, BELOW KNEE	EACH (1)	Ŷ	Y	Ν	6/YR	PP
4500	X	PRESSURE GRADIENT SURGICAL STOCKING, BELOW KNEE PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH,				N N	6/YR 3/YR	
4500 4510			EACH (1)	Y	Υ			PP
4500 4510 6501		PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT),	EACH (1) EACH (1)	Y Y	Y Y	Ν	3/YR	PP PP
4500 4510 6501		PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	EACH (1) EACH (1) EACH (1)	Y Y Y Y Y	Y Y Y Y Y	N Y Y Y	3/YR 3/YR 3/YR 3/YR	PP PP PP
4500 4510 6501 6502 6503 6504	x 	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y Y Y	Y Y Y Y Y Y	N Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR	PP PP PP PP PP
4500 4510 6501 6502 6503 6504 6505	X X X X	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y Y Y	Y Y Y Y Y Y Y	N Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR	PP PP PP PP PP PP
4500 4510 5501 5502 5503 5504 6505 5506	x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y Y Y Y	Y Y Y Y Y Y Y	N Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR	PP PP PP PP PP PP PP
4500 4510 6501 6502 6503 6504 6505 6506 6506 6507	X X X X	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	N Y Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR	PP PP PP PP PP PP
4500 4510 5501 5502 5503 5504 5505 5506 5507 5508	x x x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y	N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 4/YR	РР РР РР РР РР РР РР РР РР РР
4500 4510 5501 5502 5503 5504 5505 5506 5507 5508	x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH,	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	N Y Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR	РР РР РР РР РР РР РР РР РР
4500 4510 5501 5502 5503 5504 5505 5506 5506 5506 5508 5508	x x x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y	N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 4/YR	РР РР РР РР РР РР РР РР РР
4500 4510 5501 5502 5503 5504 5505 5506 5506 5506 5508 5508 5509 5510	X X X X X X X X	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPPENINGS (PANTY), CUSTOM FABRICATED	EACH (1) EACH (1)	Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y Y	N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 4/YR 3/YR	РР РР РР РР РР РР РР РР РР РР РР РР
1500 1510 1510 1501 1502 1503 1504 1505 1506 1507 1508 1509 1510 1511	X X X X X X X X	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	EACH (1) EACH (1)	Y Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y Y Y	N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 4/YR 3/YR 3/YR	РР РР РР РР РР РР РР РР РР РР РР
1500 1510 1502 1502 1503 1504 1505 1506 1506 1506 1508 1509 1508 1509 1511 1512	X X X X X X X X X X X	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED CONPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED CONPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED CONPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED CONPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED CONPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	EACH (1) EACH (1)	Y Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y Y Y	N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 4/YR 3/YR 3/YR 3/YR	РР РР РР РР РР РР РР РР РР РР РР РР
1500 1510 1510 1502 1503 1503 1503 1504 1505 1506 1507 1508 1509 1510 1511 1512 1512 1512	x x x x x x x x x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	EACH (1) EACH (1)	Y Y Y Y Y Y Y Y Y Y Y Y Y	Y Y	N Y N	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 3/YR 3/YR 3/YR 3/YR 6/YR	PP
1500 1510 1502 1502 1503 1504 1505 1505 1506 1507 1508 1509 1511 1512 1512 1530 1531	x x x x x x x x x x x x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, TONK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION STOCKING BK18-30, EACH COMPRESSION STOCKING BK30-40	EACH (1) EACH (1)	Y Y	Y Y	N Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 3/YR 3/YR 3/YR 3/YR 3/YR 6/YR	PP
1500 1510 1502 1502 1503 1502 1503 1503 1505 1506 1506 1506 1507 1508 1509 1512	x x x x x x x x x x x x x x x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION STOCKING BK18-30, EACH COMPRESSION STOCKING BK40-50	EACH (1) EACH (1)	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y Y	N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 3/YR 3/YR 3/YR 3/YR 3/YR 6/YR 6/YR	PP
4500 4510 5501 5502 5503 5504 5505 5506 5507 5508 5509 5511 5512 LASTI 5531 5531	x x x x x x x x x x x x x x x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, TONK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION STOCKING BK18-30, EACH COMPRESSION STOCKING BK30-40	EACH (1) EACH (1)	Y Y	Y Y	N Y N	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 3/YR 3/YR 3/YR 3/YR 3/YR 6/YR 6/YR 6/YR	РР РР РР РР РР РР РР РР РР РР
4500 4510 5501 5502 5503 5504 5506 5508 5508 5509 5510 5511 5512 5512 5530 5531 5532 5533	x x x x x x x x x x x x x x x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION STOCKING BK18-30, EACH COMPRESSION STOCKING BK40-50	EACH (1) EACH (1)	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y Y	N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 3/YR 3/YR 3/YR 3/YR 3/YR 6/YR 6/YR	PP
4500 4510 5501 5502 5503 5504 5505 5506 5506 5506 5507 5508 5509 5510 5511 5512	x x x x x x x x x x x x x x x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, TUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION STOCKING BK18-30, EACH COMPRESSION STOCKING BK40-50 GC STOCKING THIGHLNGTH 18-30	EACH (1) EACH (1)	Y Y	Y Y	N Y N	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 3/YR 3/YR 3/YR 3/YR 3/YR 6/YR 6/YR 6/YR	РР РР РР РР РР РР РР РР РР РР
4500 4510 5501 5502 5503 5504 5505 5506 5507 5508 5509 5510 5512 5512 5512 5512 5512 5530 5531 5532 5533 5534 5533	x x x x x x x x x x x x x x x x x x x	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED COMPRESSION BURN GARMENT, TUPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED COMPRESSION STOCKING BK18-30, EACH COMPRESSION STOCKING BK18-30, EACH COMPRESSION STOCKING BK40-50 GC STOCKING THIGHLNGTH 18-30 GC STOCKING THIGHLNGTH 18-30	EACH (1) EACH (1)	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y Y	N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y N N N N N	3/YR 3/YR 3/YR 3/YR 4/YR 4/YR 4/YR 4/YR 3/YR 3/YR 3/YR 3/YR 3/YR 6/YR 6/YR 6/YR 6/YR	PP PP
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OHIO MEDICAID SUPPLY LIST

APPENDIX	Α			MEDIC	AL SUPPI	IES		
CURRENT CODE		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/
6542	Х	GC STOCKING CUSTOM MADE	EACH (1)	Y	Y	Ν	6/YR	PP
6549	Х	G COMPRESSION STOCKING, NOS	EACH (1)	Y	Y	Ν	6/YR	PP
8420	Х	CUSTOM GRADIENT SLEEVE/GLOVE	EACH (1)	Y	Y	N	4/YR	PP
8421	Х	READY GRADIENT SLEEVE/GLOV	EACH (1)	Y	Y	Ν	4/YR	PP
8422	Х	CUSTOM GRAD SLEEVE MED	EACH (1)	Y	Υ	N	4/YR	PP
8423	Х	CUSTOM GRAD SLEEVE HEAVY	EACH (1)	Y	Y	Ν	4/YR	PP
8424	Х	READY GRADIENT SLEEVE	EACH (1)	Y	Υ	N	4/YR	PP
8425	Х	CUSTOM GRAD GLOVE MED	EACH (1)	Y	Y	Ν	4/YR	PP
8426	X	CUSTOME GRAD GLOVE HEAVY	EACH (1)	Y	Y	N	4/YR	PP
8427	Х	READY GRADIENT GLOVE	EACH (1)	Y	Y	N	4/YR	PP
8428	X X	READY GRADIENT GAUNTLET Consumer is allowed only one Code per Max Unit per stocking,	EACH (1)	Y	Y	N	4/YR	PP
	(DI							
	r PL	ANNING SUPPLIES						
4266		DIAPHRAGM FOR CONTRACEPTIVE USE	EACH (1)	Н	N	N	1/YR	PP
4267		CONTRACEPTIVE SUPPLY, CONDOM, MALE	EACH (1)	H	N	N	36/MO	PP PP
4268 4269		CONTRACEPTIVE SUPPLY, CONDOM, FEMALE CONTRACEPTIVE SUPPLY, SPERMICIDE	EACH (1) EACH (1)	H	N N	N N	36/MO 1/MO	PP PP
AISCEL 4455	_LA	NEOUS SUPPLIES ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHEF ADHESIVE) NOT COVERED FOR USE WITH UROLOGICAL SUPPLIES		н	N	Y	8/MO	PP
4458		ENEMA BAG WITH TUBING, REUSABLE	EACH (1)	Н	Ν	Ν	1/2 YRS	PP
4561	Х	PESSARY, RUBBER, ANY TYPE	EACH (1)	Н	Ν	Ν	1/YR	PP
1562	Х	PESSARY, NON-RUBBER, ANY TYPE	EACH (1)	Н	Ν	Ν	1/YR	PP
4565		SLINGS	EACH (1)	Н	N	N	2/YR	PP
4570		SPLINT	EACH (1)	Н	N	N	1/YR	PP
4580		CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY	ONE ROLL	H	N	Y	1/YR	PP
4590 4649		CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY SURGICAL SUPPLY, MISCELLANEOUS (DO NOT USE FOR OSTOMY	ONE ROLL EACH (1)	H	N Y	Y Y	1/YR	PP PP
4927		SUPPLIES) GLOVES, NON-STERILE	PER 100	н	N	N	2/MO	PP
4930		GLOVES, STERILE	PER PAIR	Н	Ν	Ν	100 PR /MO	PP
0602	Х	BREAST PUMP, MANUAL, ANY TYPE	EACH (1)	Н	N	N	1/2 YRS	PP
0603	X	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	EACH (1)	H	N	N	1/5 YRS	PP
0604	х	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	Н	N	N	90 DAYS	RO
0700		SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	EACH (1)	Н	Ν	Ν	2/YR	PP
0705		TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	EACH (1)	Н	Ν	Н	1/2 YRS	PP
1399		DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS		Н	Y	Н		
9167		SHARPS CONTAINER FOR DISPOSAL, CAPACITY 200	EACH (1)	Н	Ν	Ν	1/2 MO	PP
0730	х	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM Consumer is allowed only one Code per Max Unit per Pessary and one Breast Pump	EACH (1)	Н	N	N	_1/5 YRS	PP
ECUB	ΙΤυ	S CARE EQUIPMENT						
4640	Х	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY CONSUMER	EACH (1)	Н	Ν	Н	1/YR	PP
0181	Х	PRESSURE PAD, ALTERNATING, WITH PUMP, HEAVY DUTY	EACH (1)	Н	N	Н	1/4 YRS	PP
0182		PUMP FOR ALTERNATING PRESSURE PAD	EACH (1)	Н	N	Н	1/4 YRS	PP
)184	X	DRY PRESSURE MATTRESS	EACH (1)	H	Y	H	1/4 YRS	PP
0185	X	GEL PRESSURE PAD FOR MATTRESS	EACH (1) EACH (1)	H	N	H	1/2 YRS 1/2 YRS	PP PP
0186 0187	X	AIR PRESSURE MATTRESS WATER PRESSURE MATTRESS (E.G., AQUAPEDIC)	EACH (1) EACH (1)	H	Y N	H	1/2 YRS 1/2 YRS	PP
0188	~	SYNTHETIC SHEEPSKIN PAD, WHEELCHAIR SIZE	EACH (1)	H	N	N	2/6 MOS	PP
0189		LAMBSWOOL/SHEEPSKIN PAD, ANY BED SIZE	EACH (1)	Н	N	N	2/9 1000 2/YR	PP
0190		DECUBITUS CARE MATTRESS, FLOTAT OR GEL (e.g. Sofcare, Akros, Clinisert)	EACH (1)	Н	Y	Н	1/4 YRS	PP
0191		HEEL OR ELBOW PROTECTOR	EACH (1)	Н	Ν	Ν	4/6 MOS	PP
0193	Х	POWERED FLOTATION BED (LOW AIR LOSS THERAPY)	PER DAY	Y	Y	Н	180/YR	RO
	Х	AIR FLUIDIZED BED (BEAD BED)	PER DAY	Y	Y	Н	180/YR	RO
	X	GEL PRESSURE MATTRESS	EACH (1)	H	Y	H	1/4YR	PP
0196	X	AIR PRESSURE PAD FOR MATTRESS	EACH (1)	<u>H</u>	Y	<u>H</u>	1/4YR	PP
0196 0197	Х	WATER PRESSURE PAD FOR MATTRESS DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS	EACH (1) EACH (1)	H	Y N	H H	1/4YR 1/YR	PP PP
0196 0197 0198	Х	LENGTH AND WIDTH (E.G., EGG CRATE)						
0196 0197 0198 0199				Y	Y	Н	1/4 YRS	R/P
0196 0197 0198 0199 0277	Х	ALTERNATING PRESSURE MATTRESS	EACH (1)					D/D
0194 0196 0197 0198 0199 0277 0371 0372			EACH (1) EACH (1) EACH (1)	H H	Y Y	H H	1/4 YRS 1/4 YRS	R/P R/P
0196 0197 0198 0199 0277 0371 0372	X X X	ALTERNATING PRESSURE MATTRESS NONPOWER ADVANCED PRESSURE-REDUCING MATTRESS POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH	EACH (1) EACH (1)	H H	Y	Н	1/4 YRS	R/P
0196 0197 0198 0199 0277 0371	X X	ALTERNATING PRESSURE MATTRESS NONPOWER ADVANCED PRESSURE-REDUCING MATTRESS POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS	EACH (1)	Н				

OHIO MEDICAID SUPPLY LIST

CURRENT	Α			WEDIC	AL SUPPL	.IE3		
CODE		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/I
HOSPIT	AL	BEDS						
20255	Х	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	EACH (1)	Н	Y	Н	1/8 YRS	R/P
0256	Х	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE	EACH (1)	Н	Y	Н	1/8 YRS	R/P
E0260	Х	RAILS, WITHOUT MATTRESS HOSPITAL BED,SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT),WITH	EACH (1)	Н	Y	Н	1/8 YRS	R/P
E0261	Х	ANY TYPE SIDE RAILS, WITH MATTRESS HOSPITAL BED, SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	EACH (1)	Н	Y	н	1/8 YRS	R/P
0271	Х	MATTRESS, INNERSPRING	EACH (1)	н	Y	н	1/4 YRS	PP
0272	X	MATTRESS, FOAM RUBBER BED PAN, STANDARD, METAL OR PLASTIC	EACH (1) EACH (1)	H	Y N	H Y	1/4 YRS 1/4 YRS	PP PP
E0276	X	BED PAN, FRACTURE, METAL OR PLASTIC	EACH (1)	Н	N	Y	1/4 YRS	PP
E0292	Х	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	EACH (1)	Н	Y	Н	1/8 YRS	R/P
E0293	Х	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS,	EACH (1)	Н	Y	Н	1/8 YRS	R/P
E0294	Х	WITHOUT MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS),	EACH (1)	Н	Y	Н	1/8 YRS	R/P
0295	Х	WITHOUT SIDE RAILS, WITH MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS),	EACH (1)	Н	Y	Н	1/8 YRS	R/P
E0300	х	WITHOUT SIDE RAILS, WITHOUT MATTRESS PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	EACH (1)	Н	Y	Н	1/8 YRS	R/P
E0301	X	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT	EACH (1)	Н	Y	н	1/8 YRS	R/P
20301	~	CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT			·		1/0 11(0	101
20302	Х	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	EACH (1)	н	Y	Н	1/8 YRS	R/P
E0303	Х	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	EACH (1)	Н	Y	Н	1/8 YRS	R/P
20304	Х	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	EACH (1)	Н	Y	Н	1/8 YRS	R/P
E0328	Х	RAILS, WITH MATTRESS HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS	EACH (1)	Н	Y	Н	1/8 YRS	R/P
E0329	Х	UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES	EACH (1)	Н	Y	Н	1/8 YRS	R/P
	х	MATTRESS Consumer is allowed only one Code per Max Unit per Bed, Bed Pan and Mattress						
TRACTI	ION	EQUIPMENT & HOSPITAL BED ACCESSORIES						
E0305		BED, SIDE RAILS, HALF LENGTH, ATTACHMENT	EACH (1)	Н	Ν	Ν	2/8 YRS	PP
	Х		EACH (1)	H	N	N	2/8 YRS	PP
0310	X X	BED, SIDE RAILS, FULL LENGTH, ATTACHMENT			N	н		PP PP
E0310 E0325		URINAL; MALE, JUG TYPE, ANY MATERIAL	EACH (1)	H		11	1/4 YRS	
E0310 E0325 E0326	Х	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL	EACH (1) EACH (1)	Н	Ν	Н	1/4 YRS	
E0310 E0325 E0326 E0840	X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL	EACH (1) EACH (1) EACH (1)	H H	N N	Н	1/4 YRS 1/8 YRS	PP
E0310 E0325 E0326 E0840 E0850	X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION	EACH (1) EACH (1) EACH (1) EACH (1)	H H H	N N N	H H	1/4 YRS 1/8 YRS 1/8 YRS	PP PP
E0310 E0325 E0326 E0840 E0850 E0860	X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H	N N N	H H H	1/4 YRS 1/8 YRS 1/8 YRS 1/8 YRS	PP PP PP
E0310 E0325 E0326 E0840 E0850 E0860 E0870	X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION	EACH (1) EACH (1) EACH (1) EACH (1)	H H H	N N N	H H	1/4 YRS 1/8 YRS 1/8 YRS	PP PP
0310 0325 0326 0840 0850 0860 0870	X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S)	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H	N N N N	H H H H	1/4 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS	PP PP PP PP
0310 0325 0326 0840 0850 0860 0870 0880	X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H	N N N N N	H H H H H	1/4 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS	PP PP PP PP PP
E0310 E0325 E0326 E0840 E0850 E0860 E0870 E0880 E0880 E0890 E09900	X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE TRACTION IC, BUCKS) TRACTION (E.G. BUCKS) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCKS) TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION TRACTION STAND, FREE STANDING, PLVIC TRACTION (E.G.	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H	N N N N N N	H H H H H	1/4 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS	PP PP PP PP PP PP PP
0310 0325 0326 0326 0840 0850 0860 0880 0880 09900 0910	X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G., TRAPEZE BAR, BED MOUNTED WITH GRAB BAR	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H	N N N N N	H H H H H	1/4 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS	PP PP PP PP PP
0310 0325 0326 0840 0850 0860 0870 0880 0990 09910	X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE TRACTION IC, BUCKS) TRACTION (E.G. BUCKS) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCKS) TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION TRACTION STAND, FREE STANDING, PLVIC TRACTION (E.G.	EACH (1) EACH (1)	H H H H H H H	N N N N N N N N	H H H H H H H	1/4 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS 1/8 YRS	PP PP PP PP PP PP PP PP
E0310 E0325 E0326 E0840 E0860 E0860 E0870 E0880 E0890 E0990 E0910 E0912 E0920 E0930	X X X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G., TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G., TRAPEZE BAR, BED MOUNTED WITH GRAB BAR TRAPEZE BAR, HEAVY DUTY, FREE STANDING	EACH (1) EACH (1)	H H H H H H H H	N N N N N N N N	H H H H H H H H H	1/4 YRS 1/8 YRS	PP PP PP PP PP PP PP PP
310 0326 0326 0326 0326 0840 0850 0860 0880 0890 0910 09220 0933	X X X X X X X X X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL, COMPLETE TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, PELVIC TRACTION TRACTION STAND, FREE STANDING, PELVIC TRACTION TRACTION STAND, FREE STANDING, PELVIC TRACTION TRACTION STAND, FREE STANDING, PELVIC TRACTION TRAPEZE BAR, BED MOUNTED WITH GRAB BAR TRAPEZE BAR, HEAVY DUTY, FREE STANDING FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS PASSIVE MOTION EXRCISE DEVICE, (Total Knee Replacement only)	EACH (1) EACH (1) EAC	H H H H H H H H H H H H	N N N N N N N N N N N N N	H H H H H H H H H H H H	1/4 YRS 1/8 YRS 21 Days/ MED	PP PP PP PP PP PP PP PP PP PP RO
0310 0325 0326 0326 0840 0850 0860 0880 0890 0900 0912 0920 0930 0935	X X X X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL, TRACTION TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION TRACTION STAND, FREE STANDING, PELVIC TRACTION TRAPEZE BAR, BED MOUNTED WITH GRAB BAR TRAPEZE BAR, HEAVY DUTY, FREE STANDING FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS PASSIVE MOTION EXRCISE DEVICE, (Total Knee Replacement only) TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR	EACH (1) EACH (1)	H H H H H H H H H H H H	N N N N N N N N N N N N	H H H H H H H H H H H H H H	1/4 YRS 1/8 YRS 21 Days/ MED 1/8 YRS	PP PP PP PP PP PP PP PP PP PP PP PP PP
0310 0325 0325 0326 0326 0326 0840 0850 0880 0880 0890 0900 0912 0920 0935 0935 0940 0941	X X X X X X X X X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL, COMPLETE TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, PELVIC TRACTION TRACTION STAND, FREE STANDING, PELVIC TRACTION TRACTION STAND, FREE STANDING, PELVIC TRACTION TRACTION STAND, FREE STANDING, PELVIC TRACTION FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS PASSIVE MOTION EXRCISE DEVICE, (Total Knee Replacement only)	EACH (1) EACH (1) EAC	H H H H H H H H H H H H	N N N N N N N N N N N N N	H H H H H H H H H H H H	1/4 YRS 1/8 YR	PP PP PP PP PP PP PP PP PP PP RO
E0310 E0325 E0325 E0326 E0840 E0860 E0860 E0870 E0880 E0990 E0910 E0920 E0930 E0930 E0930 E0940 E0942	X X X X X X X X X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION FAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, PLVIC TRACTION (E.G., TRAPEZE BAR, BED MOUNTED WITH GRAB BAR TRAPEZE BAR, HEAVY DUTY, FREE STANDING FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS PASSIVE MOTION EXRCISE DEVICE, (Total Knee Replacement only) TRAPEZE BAR, FEESTANDING, COMPLETE W/GRAB BAR GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	EACH (1) EACH (1)	H H H H H H H H H H H H	N N N N N N N N N N N N N N Y	H H H H H H H H H H H H H H	1/4 YRS 1/8 YR	PP PP PP PP PP PP PP PP PP PP PP RO R/P
E0310 E0325 E0326 E0326 E0326 E0326 E0326 E0326 E0326 E0380 E0880 E0880 E0990 E0990 E0912 E0920 E0935 E0940 E0941 E0942 E0945 E0945	X X X X X X X X X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRAPEZE BAR, BED MOUNTED WITH GRAB BAR TRAPEZE BAR, HEAVY DUTY, FREE STANDING FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS OF ASSIVE MOTION EXRCISE DEVICE (Total Knee Replacement only) TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE CERVICAL HEAD HARNESS/HALTER PELVIC BELT/HARNESS/BOOT	EACH (1) EACH (1)	H H H H H H H H H H H H H H H H	N N N N N N N N N N N N N N N N N N N	H H H H H H H H H H H H H H H H H H H	1/4 YRS 1/8 YRS 1/9 YR	PP PP
E0310 E0325 E0326	X X X X X X X X X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, PLVIC TRACTION (E.G., TRAPEZE BAR, BED MOUNTED WITH GRAB BAR TRAPEZE BAR, HEAVY DUTY, FREE STANDING FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS PASSIVE MOTION EXRCISE DEVICE, (Total Knee Replacement only) TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE CERVICAL HEAD HARNESS/BOOT	EACH (1) EACH (1)	H H H H H H H H H H H H H H H H H	N N N N N N N N N N N N N N N N N N N	H H H H H H H H H H H H H H	1/4 YRS 1/8 YR	PP
E0310 E0325 E0326 E0326 E0326 E0840 E0850 E0860 E0870 E0870 E0890 E0990 E0910 E0912 E0920 E0935 E0941 E0942 E0944 E0944 E0945 E0946 E0947	X X X X X X X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G., TRAPEZE BAR, BED MOUNTED WITH GRAB BAR TRAPEZE BAR, HEAVY DUTY, FREE STANDING FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS PASSIVE MOTION EXRCISE DEVICE, (Total Knee Replacement only) TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE CERVICAL HEAD HARNESS/HALTER PELVIC BELT/HARNESS/BOOT EXTREMITY BELT/HARNESS FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G. BALKEN, 4 POSTER) FRACTURE, FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION STRADES FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRATED THAT AND A A A A A A A A A A A A A A A A A A	EACH (1) EACH (1)	H H H H H H H H H H H H H H H H H H H	N N N N N N N N N N N N N N N N N N N	H H H H H H H H H H H H H H H H H H	1/4 YRS 1/8 YRS 21 Days/ MED 1/8 YRS 1/9 YRS 1	РР РР РР РР РР РР РР РР РР РР
E0310 E0325 E0325 E0326 E0840 E0850 E0860 E0870 E0880 E0880 E09900 E0910 E0910 E0910 E0920 E0930 E0930 E0940 E0944 E0945 E0946 E0946	X X X X X X X X X X X X X X	URINAL; MALE, JUG TYPE, ANY MATERIAL URINAL; FEMALE, JUG TYPE, ANY MATERIAL TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION STAND, FREE STANDING, CERVICAL TRACTION TRACTION FRAME, ATTACHED TO FOOTBOARD, CERVICAL, COMPLETE TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S) TRAPEZE BAR, BED MOUNTED WITH GRAB BAR TRAPEZE BAR, HEAVY DUTY, FREE STANDING FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS PASSIVE MOTION EXRCISE DEVICE (Total Knee Replacement only) TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE CERVICAL HEAD HARNESS/HALTER PELVIC BELT/HARNESS/BOOT EXTREMITY BELT/HARNESS FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G. BALKEN, 4 POSTER) FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC	EACH (1) EACH (1)	H H H H H H H H H H H H H H H H H H	N N N N N N N N N N N N N N N N N N N	H H H H H H H H H H H H H H H H H H H	1/4 YRS 1/8 YRS 1/9 YR	PP R/P PP R/P

OHIO MEDICAID SUPPLY LIST

APPENDIX	A			MEDIC	AL SUPPI	LIES		
CURRENT CODE		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
EQUIPN	NEN	IT 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	Н	Ν	Y	1/MO	RO
Y2091		CAPD HOME DIALYSIS	1 MONTH	H	N	Y	1/MO	RO
	Δ1						1/MO	RO PPI IES
B4034	Х	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	PER DAY	н	Y	Y Y	1/DAY	PP
B4035	Х	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	PER DAY	Н	Y	Y	1/DAY	PP
B4036	Х	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCLUDES BAGS/CONTAINERS)	PER DAY	н	Y	Y	1/DAY	PP
B4081	Х	NASOGASTRIC TUBING WITH STYLET	EACH (1)	Н	N	Y	2/MO	PP
B4082	Х	NASOGASTRIC TUBING WITHOUT STYLET	EACH (1)	Н	Ν	Y	2/MO	PP
B4083		STOMACH TUBE, LEVINE TYPE	EACH (1)	Н	Ν	Y	8/MO	PP
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD	EACH (1)	H	N	<u>Y</u>	2/MO-4/Y	
B4088		GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE	EACH (1)	<u>H</u>	N	<u>Y</u>	<u>2/MO-4/Y</u>	
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	н	Y	Y		PP
B4152*		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS,CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Н	Y	Y		PP
B4153*		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS ANDPEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100	100 calories	Н	Y	Y		PP
B4154*		CALORIES = 1UNIT 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	Н	Y	Y		PP
34155*		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	Н	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	Н	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	н	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	Н	Y	Y		PP
34160*		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	Н	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	н	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	Н	Y	Y		PP

OHIO MEDICAID SUPPLY LIST

ITEM DESCRIPTION FOR ENTERAL NUTRITION ADMINISTERED ORALLY, NOT BY FEEDING TUBE, USE MODIFIER BO WHEN INSTRUCTED TO DO SO BY THE PRIOR AUTHORIZATION DEPARTMENT. PARENTERAL NUTRITION SUPPLY KIT; PREMIX, COMPLETE - PER PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY, COnsumer is allowed only one Code per Max Unit per enteral/pareenteral supply kit and nasogastric tube Provider must have on file a current consumer specific order for parenteral products approved by Medicaid in order to bill these AND PARENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM ENTERAL NUTRITION INFUSION PUMP - VORTABLE PARENTERAL NUTRITION INFUSION PUMP - PORTABLE PARENTERAL NUTRITION INFUSION PUMP - STATIONARY ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED DISPOSABLE DRUG ONLY ONE CODE PER MAX UNIT PER enteral/parenteral infusion pump	PER DAY	MEDI- CAID Y Y Y H H H Y Y	AUTH N N	MEDI- CARE Y Y	MAX UNITS 1/DAY 1/DAY 1/DAY	RNT/P PP PP PP
FEEDING TUBE, USE MODIFIER BO WHEN INSTRUCTED TO DO SO BY THE PRIOR AUTHORIZATION DEPARTMENT. PARENTERAL NUTRITION SUPPLY KIT; PREMIX, COMPLETE - PER PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY, Consumer is allowed only one Code per Max Unit per enteral/pareenteral supply kit and nasogastric tube Provider must have on file a current consumer specific order for parenteral products approved by Medicaid in order to bill these AND PARENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM ENTERAL NUTRITION INFUSION PUMP - STATIONARY ENTERAL NUTRITION INFUSION PUMP - STATIONARY ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PONDE SPECIFIED PONDE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PONDE SPECIFIED PONDE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PONDE SPECIFIED PO	PER DAY PER DAY ES POLES) EACH EACH EACH	Y Y H H Y	N N Y	Y	1/DAY	PP
PARENTERAL NUTRITION SUPPLY KIT; HOMEMIX, COMPLETE - PER DAY PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY, Consumer is allowed only one Code per Max Unit per enteral/pareenteral supply kit and nasogastric tube Provider must have on file a current consumer specific order for parenteral products approved by Medicaid in order to bill these AND PARENTERAL NUTRITION PUMPS (INCLUDI) ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM ENTERAL NUTRITION INFUSION PUMP - WITH ALARM PARENTERAL NUTRITION INFUSION PUMP - PORTABLE PARENTERAL NUTRITION INFUSION PUMP - STATIONARY ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED Consumer is allowed only one Code per Max Unit per enteral/parenteral infusion pump PUMP EQUIPMENT (NON-NUTRITION) AND ACCEP DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR	PER DAY PER DAY ES POLES) EACH EACH EACH	Y Y H H Y	N N Y	Y	1/DAY	PP
PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY, Consumer is allowed only one Code per Max Unit per enteral/pareenteral supply kit and nasogastric tube Provider must have on file a current consumer specific order for parenteral products approved by Medicaid in order to bill these AND PARENTERAL NUTRITION PUMPS (INCLUDI ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM PARENTERAL NUTRITION INFUSION PUMP - PORTABLE PARENTERAL NUTRITION INFUSION PUMP - STATIONARY ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED Consumer is allowed only one Code per Max Unit per enteral/parenteral infusion pump PUMP EQUIPMENT (NON-NUTRITION) AND ACCEE DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR	ES POLES) EACH EACH EACH	H H Y	Y	Y	1/DAY	PP
Provider must have on file a current consumer specific order for parenteral products approved by Medicaid in order to bill these AND PARENTERAL NUTRITION PUMPS (INCLUDI ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM ENTERAL NUTRITION INFUSION PUMP - WITH ALARM PARENTERAL NUTRITION INFUSION PUMP - PORTABLE PARENTERAL NUTRITION INFUSION PUMP - STATIONARY ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED Consumer is allowed only one Code per Max Unit per enteral/parenteral infusion pump PUMP EQUIPMENT (NON-NUTRITION) AND ACCE DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR	EACH EACH EACH	H Y				
AND PARENTERAL NUTRITION PUMPS (INCLUDI ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM ENTERAL NUTRITION INFUSION PUMP - WITH ALARM PARENTERAL NUTRITION INFUSION PUMP - PORTABLE PARENTERAL NUTRITION INFUSION PUMP - STATIONARY ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED Consumer is allowed only one Code per Max Unit per enteral/parenteral infusion pump PUMP EQUIPMENT (NON-NUTRITION) AND ACCE DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR	EACH EACH EACH	H Y				
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PARENTERAL NUTRITION INFUSION PUMP - PORTABLE PARENTERAL NUTRITION INFUSION PUMP - STATIONARY ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED Consumer is allowed only one Code per Max Unit per enteral/parenteral infusion pump PUMP EQUIPMENT (NON-NUTRITION) AND ACCE DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR	EACH	Y		Н	1/8 YRS	R/P
PARENTERAL NUTRITION INFUSION PUMP - STATIONARY ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED Consumer is allowed only one Code per Max Unit per enteral/parenteral infusion pump PUMP EQUIPMENT (NON-NUTRITION) AND ACCE DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR			Y	Y	1/8 YRS	R/P
ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED Consumer is allowed only one Code per Max Unit per enteral/parenteral infusion pump PUMP EQUIPMENT (NON-NUTRITION) AND ACCE DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR			Y Y	Y Y	1/8 YRS 1/8 YRS	R/P R/P
PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED Consumer is allowed only one Code per Max Unit per enteral/parenteral infusion pump PUMP EQUIPMENT (NON-NUTRITION) AND ACCE DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR		H	Y	H	1/0 110	PP
enteral/parenteral infusion pump PUMP EQUIPMENT (NON-NUTRITION) AND ACCE DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR		Y	Y	Y		PP
DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR						
MORE PER HOUR	SSORIES					
	ONE DAY	Н	Ν	Ν	1/DAY	PP
DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 5 ML OR LESS PER HOUR	ONE DAY	н	N	N	1/DAY	PP
IV POLE (IF PUMP IS AUTHORIZED, PAYMENT FOR POLE IS INCLUDED IN PUMP RENTAL)	EACH (1)	Н	Ν	Н	1/8 YRS	PP
AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	ONE DAY	Η	N	Н	1/DAY	RO
EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	EACH (1)	Y	Y	N	1/8 YRS	R/P
PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI- CHANNEL (NON-NUTRITION) (INCLUDING POLE)	ONE DAY	Y	Ν	н	1/DAY	RO
SUPPLIES FOR MAINTENANCE OF A DRUG INFUSION CATHETER, PER WEEK	1 SET	н	N	н	4/MO	PP
INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY) INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP,	1 SET	н	N	H N	60/MO 30/MO	PP PP
PER CASSETTE OR BAG (LIST DRUGS SEPARATELY) INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE	1 SET	н	N	N	30/MO	PP
CANNULA TYPE						
INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE STYLE	1 SET	Н	N	N	30/MO	PP
SYRINGE W/ NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE 3CC	EACH (1)	Н	Ν	Ν	30/MO	PP
"Y SET" TUBING FOR PERITONEAL DIALYSIS SUPPLIES FOR EXT. DRUG INFUSION PUMP, SYRINGE, CART, EA	1 SET EACH (1)	H H	N N	H H	30/MO 30/MO	PP PP
Consumer is allowed only one Code per Max Unit per Infusion Set						
D APPLICATION PARAFFIN FOR USE IN MEDICALLY NECESSARY UNIT APPROVED B		Н	N	Y	2/MO	PP
THE DEPARTMENT, REFILL PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	RENTAL PERIOD		N	Н	1/	RO
ELECTRIC HEAT PAD, STANDARD	EACH (1)	Н	N	Н	LIFETIME 1/5 YRS	PP
ELECTRIC HEAT PAD, STANDARD	EACH (1)	H	N	H	1/5 YRS	PP
HOT WATER BOTTLE	EACH (1)	Н	Ν	Ν	1/5 YRS	PP
ICE CAP OR COLLAR	EACH (1)	Н	N	N	1/5 YRS	PP
PARAFFIN BATH UNIT, PORTABLE COMPLETE WITH WAX	EACH (1)	H	N	H	1/5 YRS	PP PP
Consumer is allowed only one Code per Max unit per heat pad	EACH (1)	н	IN	N	2/1 fR	PP
S	EACH (1)	Н	N	Н	1/5 YRS	PP
COMMODE CHAIR, STATIONARY WITH FIXED ARMS						PP PP
COMMODE CHAIR, STATIONARY WITH FIXED ARMS COMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS						PP
COMMODE CHAIR, STATIONARY WITH FIXED ARMS COMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS PAIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT						<u>···</u>
COMMODE CHAIR, STATIONARY WITH FIXED ARMS COMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS						
COMMODE CHAIR, STATIONARY WITH FIXED ARMS COMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS PAIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT EXTRA WIDE/HEAVY DUTY COMMODE CHAIR						
COMMODE CHAIR, STATIONARY WITH FIXED ARMS COMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS PAIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT EXTRA WIDE/HEAVY DUTY COMMODE CHAIR EXTRA WIDE/HEAVY DUTY COMMODE CHAIRS HAVE A WIDTH OF > 23 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS WEIGHING 300 LBS. OR MORE.						
COMMODE CHAIR, STATIONARY WITH FIXED ARMS COMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS PAIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT EXTRA WIDE/HEAVY DUTY COMMODE CHAIR EXTRA WIDE/HEAVY DUTY COMMODE CHAIRS HAVE A WIDTH OF > 23 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS WEIGHING 300 LBS. OR MORE. EXTRA WIDE/HEAVY DUTY COMMODE CHAIRS ARE ONLY						
N C	ONELECTRIC HEAT PAD, MOIST, (HYDROCOLLATOR PACKS) onsumer is allowed only one Code per Max unit per heat pad OMMODE CHAIR, STATIONARY WITH FIXED ARMS OMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS AIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT XTRA WIDE/HEAVY DUTY COMMODE CHAIR (REPLACEMENT XTRA WIDE/HEAVY DUTY COMMODE CHAIRS HAVE A WIDTH OF > 3 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS /EIGHING 300 LBS. OR MORE.	ONELECTRIC HEAT PAD, MOIST, (HYDROCOLLATOR PACKS) EACH (1) ONSUME IS Allowed only one Code per Max unit per heat pad OMMODE CHAIR, STATIONARY WITH FIXED ARMS EACH (1) OMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS EACH (1) AIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT EACH (1) XITRA WIDE/HEAVY DUTY COMMODE CHAIR (REPLACEMENT EACH (1) XITRA WIDE/HEAVY DUTY COMMODE CHAIRS HAVE A WIDTH OF > 3 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS ////////////////////////////////////	ONELECTRIC HEAT PAD, MOIST, (HYDROCOLLATOR PACKS) EACH (1) H onsumer is allowed only one Code per Max unit per heat pad OMMODE CHAIR, STATIONARY WITH FIXED ARMS EACH (1) H OMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS EACH (1) H AIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT EACH (1) H XTRA WIDE/HEAVY DUTY COMMODE CHAIR S HAVE A WIDTH OF > 3 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS EIGHING 300 LBS. OR MORE. XTRA WIDE/HEAVY DUTY COMMODE CHAIRS ARE ONLY OVERED FOR PATIENTS WEIGHING 300 LBS. OR MORE.	ONELECTRIC HEAT PAD, MOIST, (HYDROCOLLATOR PACKS) EACH (1) H N onsumer is allowed only one Code per Max unit per heat pad OMMODE CHAIR, STATIONARY WITH FIXED ARMS EACH (1) H N OMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS EACH (1) H N AIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT EACH (1) H N XTRA WIDE/HEAVY DUTY COMMODE CHAIR S HAVE A WIDTH OF > 3 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS 'EIGHING 300 LBS. OR MORE. ''''''''''''''''''''''''''''''''''''	ONELECTRIC HEAT PAD, MOIST, (HYDROCOLLATOR PACKS) EACH (1) H N onsumer is allowed only one Code per Max unit per heat pad N OMMODE CHAIR, STATIONARY WITH FIXED ARMS EACH (1) H N H OMMODE CHAIR, STATIONARY WITH FIXED ARMS EACH (1) H N H OMMODE CHAIR, STATIONARY WITH FIXED ARMS EACH (1) H N H All OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT EACH (1) H N H XITRA WIDE/HEAVY DUTY COMMODE CHAIR (REPLACEMENT EACH (1) H N H XITRA WIDE/HEAVY DUTY COMMODE CHAIRS HAVE A WIDTH OF > 3 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS I I VEIGHING 300 LBS. OR MORE. EACH (1) H N H XITRA WIDE/HEAVY DUTY COMMODE CHAIRS ARE ONLY I I I	ONELECTRIC HEAT PAD, MOIST, (HYDROCOLLATOR PACKS) EACH (1) H N N 2/1 YR onsumer is allowed only one Code per Max unit per heat pad OMMODE CHAIR, STATIONARY WITH FIXED ARMS EACH (1) H N H 1/5 YRS OMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS EACH (1) H N H 1/5 YRS ALL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT EACH (1) H N H 1/5 YRS ALL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT EACH (1) H N H 1/5 YRS XTRA WIDE/HEAVY DUTY COMMODE CHAIR S HAVE A WIDTH OF > 3 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS ''''''''''''''''''''''''''''''''''''

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OHIO MEDICAID SUPPLY LIST

APPENDIX	Α			MEDIC	AL SUPPI	LIES		
CURRENT CODE		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
NOTE:	*	REIMBURSEMENT IS LIMITED TO ONE COMMODE CHAIR PER 5 YEAR PERIOD.						
BATH A		TOILET AIDS						
0241		BATHROOM WALL RAIL, STRAIGHT	EACH (1)	Н	Ν	Ν	1/5 YRS	PP
E0243		TOILET RAIL	EACH (1)	Н	Ν	Ν	1/5 YRS	PP
E0244		RAISED TOILET SEAT	EACH (1)	Н	Ν	Ν	1/5 YRS	PP
E0245		TUB STOOL OR BENCH (ANY TYPE)	EACH (1)	Н	Ν	Ν	1/5 YRS	PP
E0246		TRANSFER TUB RAIL ATTACHMENT	EACH (1)	Н	Ν	Ν	1/5 YRS	PP
E0247	Х	TRANSFER BENCH FOR TUB OR TOILET	EACH (1)	Н	Ν	Ν	1/5 YRS	PP
E0248	Х	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET	EACH (1)	Н	Ν	Ν	1/5 YRS	PP
	Х	Consumer is allowed only one Code per Max unit per transfer bench						
TRACH	EO	STOMY CARE						
A4483		MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE	EACH (1)	Н	Ν	Y	100/MO	PP
14600					N	Y	20 /MC	PP
A4623 A4625 *		TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY) TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY (CLEANING	EACH (1)	<u>н</u> Н	N	Y Y	30 /MO 30/MO	PP PP
4625		STARTER KIT)	EACH (1)	н	N	ř	30/100	PP
NOTE:	*	A4625 COVERED ONLY FOR FIRST TWO WEEKS FOLLOWING OPEN SURGICAL TRACHEOSTOMY						
A4626		TRACHEOSTOMY CLEANING BRUSH	EACH (1)	Н	N	Y	10/MO	PP
A4629		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	EACH (1)	Н	N	Y	30/MO	PP
A7504		FILTER FOR USE IN A TRACHEOSTOMY HEAT AND MOISTURE EXCHANGE SYSTEM	EACH (1)	н	Ν	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)	н	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)	н	Ν	Y	100/MO	PP
A7507	Х	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE	EACH (1)	Н	Ν	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)	н	Ν	Y	100/MO	PP
A7509	х	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	EACH (1)	н	N	Y	100/MO	PP
A7520	Х	TRACHEOSTOMY/LARYGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL	EACH (1)	н	Ν	Y	2/MO	PP
47521	Х	TRACHEOSTOMY/LARYGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL	EACH (1)	Н	Ν	Y	2/MO	PP
47522	х	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)	EACH (1)	Н	Ν	Y	2/MO	PP
47525		TRACHEOSTOMY MASK	EACH (1)	Н	N	Н	4/MO	PP
47526	*	TRACHEOSTOMY TUBE COLLAR/HOLDER	EACH (1)	Н	N	N	15 /MO	PP
1020	Х	Consumer is allowed only one Code per Max unit per filter holder				11	10 /100	
NOTE:	*	and trach tube DO NOT BILL CODE A7526 IN CONJUNCTION WITH TWILL TAPE. ONLY ONE TYPE OF TRACH TIE (TWILL TAPE OR OTHER) IS MEDICALLY NECESSARY						

OHIO MEDICAID SUPPLY LIST

			MEDIC	AL SUPPL	IES		
CURRENT	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/
MISCELLA	ANEOUS RESPIRATORY CARE SUPPLIES						
4614	PEAK EXPIRATORY FLOW RATE METER	EACH (1)	Н	Ν	Ν	1/3 YRS	PP
4616	TUBING, AEROSOL, (PER FOOT)	EACH (1 FT.)	Н	Ν	Н	15/ MO	PP
4627	SPACER, BAG OR RESERVOIR WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	EACH (1)	н	N	N	1/YR	PP
7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	EACH (1)	н	N	н	4/MO	PP
7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	EACH (1)	Н	Ν	Н	4/MO	PP
7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	EACH (1)	Н	Ν	Н	2/YR	PP
7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		н	Ν	Н	4/MO	PP
7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	EACH (1)	Н	Ν	Н	4/MO	PP
7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME	EACH (1)	Н	Ν	Н	4/MO	PP
7015	AEROSOL MASK, USED WITH DME NEBULIZER	EACH (1)	Н	Ν	Ν	4/MO	PP
0605	VAPORIZER, ROOM TYPE	EACH (1)	Н	Ν	Н	1/4 YRS	PP
8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER, WITH MASK (SEE A4627 FOR SPACER)	EACH (1)	Н	Ν	Y	1/YR	PP
/ENTILAT	ORS, CPAP, AND OTHER RESPIRATORY EQUIPM	ENT					
4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	EACH (1)	Н	Y	Y	1/YR	PP
4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	EACH (1)	Н	Y	Y	1/2 YRS	PP
4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	EACH (1)	Н	Y	Y	1/3 YRS	PP
4618	BREATHING CIRCUITS, IPPB (FOR CONSUMER-OWNED IPPB ONLY)	EACH (1)	Н	Y	Н	4/MO	PP
7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, ONLY FOR ADDITIONAL FAMILY MEMBER USING EQUIPMENT		Н	Ŷ	Y	1/ LIFETIME	PP
7030	FULL FACEMASK INTERFACE, CPAP	EACH (1)	Н	Ν	Н	1/YR	PP
7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	EACH (1)	Н	Ν	Н	2/YR	PP
7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	PAIR	H	N	H	2/YR	PP
7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD	EACH (1)	Н	N	Н	1/YR	PP
7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH (1)	Н	Ν	Н	1/YR	PP
7036	CHINSTRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH (1)	Н	Ν	Н	2/YR	PP
7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH (1)	Н	Ν	Н	1/YR	PP
7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH (1)	н	N	Н	1/MO	PP
7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH (1)	Н	Ν	Н	4/YR	PP
60450	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH	PER MONTH	Y	Ν	Н	1/MO	RO
(2032	INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE' BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS)	PER MONTH	Y	Y	N	1/MO	RO
2032	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE		Y	Y	Н	1/MO	RO
	INTERFACE (E.G. TRACHEOSTOMY TUBE)						
0457	CHEST SHELL (CUIRASS)	EACH (1)	Н	Ν	Н	1/8 YRS	PP
0459	CHEST WRAP	EACH (1)	Н	Ν	Н	1/8 YRS	PP
0460	NEGATIVE PRESSURE VENTILATOR; PORTABLE/STATIONARY	EACH (1)	Y	Y	Y	1/MO	RO
0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST	EACH (1)	Н	Y	Н	1/5 YRS	R/P
	DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE CPAP)						
E0471 X	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-		Y	Y	Η	1/MO	RO
0472 X		PER MONTH	Y	Y	Н	1/MO	RO
0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	EACH (1)	Н	N	Н	1/3 YRS	PP
0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND	EACH	H	Y	N	1/8 YRS	R/P
0482	RELATED ACCESSORIES COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND	EACH (1)	н	Y	Y	1/8 YRS	R/P
0482	NEGATIVE AIRWAY PRESSURE			Y	Y	1/0 1K3	
U48.1	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE	EACH (1)	н	r	Y	1/ LIFETIME	R/P

ARE INEFFECTIVE.

OHIO MEDICAID SUPPLY LIST

APPENDI	X A			MEDIC	AL SUPPI	IES		
CURRENT CODE	г	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
E0500		IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION	PER MONTH	Н	Y	Н	1/MO	RO
E0561	Х	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH (1)	Н	Y	Н	1/4 YRS	PP
E0562	Х	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH (1)	Н	Y	Н	1/4 YRS	PP
E0601		NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	EACH (1)	Н	Y	Н	1/4 YRS	R/P
OXYGE	× EN E	Consumer is allowed only one Code per Max unit per humidifier						
A4617		MOUTH PIECE	EACH (1)	Н	N	Н	1/2 MO	PP
A4619		OXYGEN FACE TENT	EACH (1)	Н	Ν	Н	6/MO	PP
A4620		VARIABLE CONCENTRATION MASK	EACH (1)	Н	Ν	Н	6/MO	PP
E0455		OXYGEN TENT/CANOPY (REPLACEMENT FOR RECIPIENT- OWNED EQUIPMENT)	EACH (1)	Н	N	Н	6/MO	PP

OXYGEN

	^	OXYGEN SERVICES FOR CONSUMERS NOT HAVING DOCUMENTED						
K0738 +		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL, TRANSFILL	1 MO	Н	N ^	Н	1/MO	RO
E1392 +		PORTABLE OXYGEN CONCENTRATOR	1 MO	Н	N ^	Н	1/MO	RO
E1391 +		OXYGEN CONCENTRATOR, Dual delivery port	1 MO	Н	N ^	Н	1/MO	RO
1390 +		systems are owned OXYGEN CONCENTRATOR, Singe delivery port	1 MO	н	N ^	Н	1/MO	RO
60442 +		OXYGEN CONTENTS, LIQUID, INCLUDES SUPPLIES, for use with owned stationary liquid systems or when both stationary & portable liquid	1 MO	н	Ν	Н	1/MO	RO
.0441 +		owned gaseous stationary system or when both stationary & portable are owned	TWO	11	IN		1/100	ĸo
0441 +		use of reservoir, contents indicator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. OXYGEN CONTENTS, GASEOUS, INCLUDING SUPPLIES for use with	1 MO	н	N	Н	1/MO	RO
0439 +		STATIONARY LIQUID OXYGEN SYSTEM RENTAL, includes contents,	1 MO	Н	N ^	Н	1/MO	RO
0434 +		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	1 MO	н	N ^	Н	1/MO	RO
		container, regulator, flowmeter, humidifier, cannula or mask, and tubing						
0431 +		regulator with flow gauge, humidifier, cannula or mask & tubing. PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL, includes portable	1 MO	Н	N ^	Н	1/MO	RO
0424 +		STATIONARY COMPRESSED GAS SYSTEM RENTAL, includes contents	1 MO	Н	N ^	Н	1/MO	RO

OXYGEN SERVICES FOR CONSUMERS NOT HAVING DOCUMENTED TYPE I OR TYPE II HYPOXEMIA DO REQUIRE PA. REFER TO OAC RULE 5101:3-10-13 FOR FURTHER DETAILS.

OHIO MEDICAID SUPPLY LIST

APPENDIX	Α		MEDIC	AL SUPPL	IES		
CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
	FIERS/NEBULIZERS FOR USE W/OXYGEN IPPB EQU		RESSO	RS			
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON- ELECTRIC, ANY TYPE, EACH	EACH(1)	н	Ν	Ν	1/8 YRS	PP
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT NOT SELF- CONTAINED OR CYLINDER	EACH (1)	Н	Y	Н	1/4 YRS	R/P
E0570 *	NEBULIZER, W/COMPRESSOR, (PULMO-AID)	EACH (1)	Н	Ν	Н	1/5 YRS	PP
NOTE:	* Effective for dates of service after 12/16/07, E0570 is covered withou prior authorization for consumers who have a documented ICD-9 Respiratory System diagnosis (464, 466, or 480 - 519).	t					
				OSIS AND		ISTED ON 1	
							ΠE
				CIAN PRE			
			NEBUL	IZERS AR	E ONLY F	REIMBURSA	BLE
			IN ASS	OCIATION	I WITH A I	PRESCRIBE	D
			MEDIC	ATION			
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	EACH (1)	н	N	Н	1/4 YRS	PP
20580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	EACH (1)	Н	N	Н	2/1 YR	PP
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	EACH (1)	Н	Ν	Ν	1/4 YRS	PP
SUCTIO 44624*	N PUMPS AND SUCTIONING SUPPLIES TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED	EAOLL(4)		N	Y	450/00	PP
		EACH (1)	Н	N	ĭ	150/MO	۲۲
44024		- ()					
	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER	EACH (1)	Н	N	Y	10/MO	PP
A4605* NOTE: A4628 A7000	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	EACH (1) EACH (1) EACH (1)	H	N N	Y H	4/MO 3/MO	PP
A4605* NOTE: A4628 A7000 A7002	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING	EACH (1) EACH (1) EACH (1) EACH (1)	H H H	N N N	Y H H	4/MO 3/MO 4/MO	PP PP PP
A4605* NOTE: A4628 A7000 A7002	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	EACH (1) EACH (1) EACH (1)	H	N N	Y H	4/MO 3/MO	PP
A4605* NOTE: A4628 A7000 A7002 E0600	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE	EACH (1) EACH (1) EACH (1) EACH (1)	H H H	N N N	Y H H	4/MO 3/MO 4/MO	PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H	N N N	Y H H	4/MO 3/MO 4/MO 1/4 YRS	PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556 *	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR)	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H	N N N	Y H H H	4/MO 3/MO 4/MO 1/4 YRS 1/MO	PP PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556 * A4557 *	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G. APNEA MONITOR)	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) PAIR EACH (1) PAIR	H H H H	N N N N	<u>ү</u> <u>н</u> н ч ү	4/MO 3/MO 4/MO 1/4 YRS 1/MO 1/MO	PP PP PP PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556 * A4557 *	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR)	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H	N N N	Y H H H	4/MO 3/MO 4/MO 1/4 YRS 1/MO	PP PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556 * A4556 * NOTE:	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G. APNEA MONITOR) CONDUCTIVE PASTE OR GEL APNEA MONITOR SUPPLIES ARE NOT REIMBURSIBLE DURING	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) PAIR EACH (1) PAIR EACH (1)	H H H H	N N N N	<u>ү</u> <u>н</u> н ч ү	4/MO 3/MO 4/MO 1/4 YRS 1/MO 1/MO	PP PP PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556 * A4557 * A4558 * NOTE: A4606	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G., APNEA MONITOR) CONDUCTIVE PASTE OR GEL APNEA MONITOR SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMEN SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) PAIR EACH (1) PAIR EACH (1)	H H H H	N N N N N	Y H H Y Y Y	4/MO 3/MO 4/MO 1/4 YRS 1/MO 1/MO 1/MO	PP PP PP PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556 * A4558 * NOTE: A4606 A4660 *	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G. APNEA MONITOR) CONDUCTIVE PASTE OR GEL APNEA MONITOR SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMEN	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) PAIR EACH (1) PAIR EACH (1) TEACH (1)	H H H H	N N N N N Y	Y H H Y Y Y	4/MO 3/MO 4/MO 1/4 YRS 1/MO 1/MO 1/MO 1/MO	PP PP PP PP PP PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556 * A4557 * A4558 * NOTE: A4606 A4660 * A4663	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G. APNEA MONITOR) CONDUCTIVE PASTE OR GEL APNEA MONITOR SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMEN SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF & STETHOSCOPE	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) PAIR EACH (1) TEACH (1) EACH (1) EACH SET	H H H H H	N N N N N Y	Y H H Y Y Y N N	4/MO 3/MO 4/MO 1/4 YRS 1/MO 1/MO 1/MO 1/MO 1/MO	PP PP PP PP PP PP PP PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556 * A4556 * NOTE: A4606 A4660 A4660 A4663 A4663 A4663	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH * BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G., APNEA MONITOR) CONDUCTIVE PASTE OR GEL * APNEA MONITOR SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMEN SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF & STETHOSCOPE BLOOD PRESSURE CUFF ONLY (REPLACEMENT)	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) PAIR EACH (1) PAIR EACH (1) T EACH (1) EACH SET EACH (1)	H H H H H H	N N N N N Y N	Y H H Y Y Y N N N	4/MO 3/MO 4/MO 1/4 YRS 1/MO 1/MO 1/MO 1/MO 1/MO 1/MO 1/8 YRS	PP PP PP PP PP PP PP PP PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556 * A4556 * NOTE: A4606 A4660 A4660 A4663 A4663 A4663	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G. APNEA MONITOR) CONDUCTIVE PASTE OR GEL APNEA MONITOR SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMEN SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF & STETHOSCOPE BLOOD PRESSURE CUFF ONLY (REPLACEMENT) AUTOMATIC BLOOD PRESSURE MONITOR COVERAGE IS LIMITED TO EITHER CODE A4660 OR A4670. BOTH	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) PAIR EACH (1) PAIR EACH (1) T EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H	N N N N N Y N	Y H H Y Y Y N N N	4/MO 3/MO 4/MO 1/4 YRS 1/MO 1/MO 1/MO 1/MO 1/MO 1/MO 1/8 YRS	PP PP PP PP PP PP PP PP PP PP PP
A4605* NOTE: A4628 A7000 A7002 E0600 MONITC A4556* A4557* A4558* NOTE: A4606 A4660 A4663 A4663 A4663 A4663	SYSTEM, ADULT TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH OROPHARYNGEAL SUCTION CATHETER CANISTER, DISPOSABLE, USED WITH SUCTION PUMP TUBING, USED WITH SUCTION PUMP, INCLUDING SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE DRING EQUIPMENT ELECTRODES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G., APNEA MONITOR) LEAD WIRES, PER PAIR (E.G. APNEA MONITOR) CONDUCTIVE PASTE OR GEL APNEA MONITOR SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMEN SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF & STETHOSCOPE BLOOD PRESSURE CUFF ONLY (REPLACEMENT) AUTOMATIC BLOOD PRESSURE MONITOR COVERAGE IS LIMITED TO EITHER CODE A4660 OR A4670. BOTH CODES ARE NOT REIMBURSABLE. OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) PAIR EACH (1) PAIR EACH (1) T EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H H	N N N N N N N N N	Y H H Y Y Y Y N N N	4/MO 3/MO 4/MO 1/4 YRS 1/MO 1/MO 1/MO 1/MO 1/MO 1/MO 1/MO 1/MO	рр рр рр рр рр рр рр рр рр рр

OHIO MEDICAID SUPPLY LIST

	Α			MEDIC	AL SUPPI	IES		
CURRENT CODE		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/
PNEUM 0650	AT ×	C COMPRESSOR AND APPLIANCES (LYMPHEDE PNEUMATIC COMPRESSOR, NONSEGMENTAL, HOME MODEL	EACH (1)	н	Y	Н	1/5 YRS	R/P
20651	х	(LYMPHEDEMA PUMP) PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	EACH (1)	н	Y	н	1/5 YRS	R/P
0655		VALIBRATED GRADIENT PRESSORE NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	EACH (1)	Y	Y	Н	1/2 YRS	PP
0660		NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	EACH (1)	Y	Y	Н	1/2 YRS	PP
0665		NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	EACH (1)	Y	Y	Н	1/2 YRS	PP
0666		NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	EACH (1)	Y	Y	Н	1/2 YRS	PP
0667		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	EACH (1)	Y	Y	Н	1/2 YRS	PP
E0668		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	EACH (1)	Y	Y	Н	1/2 YRS	PP
20669		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	EACH (1)	Y	Y	Н	1/2 YRS	PP
	Х	Consumer is allowed only one Code per Max unit per pneumatic compressor						
PATIEN 0621*	IT L	IFTS SLING OR SEAT FOR PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)	EACH (1)	Н	N	Н	1/2 YRS	PP
NOTE:	*	COVERED ONLY FOR REPLACEMENT WITH RECIPIENT-OWNED						
0625		PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE	EACH (1)	Н	N	N	1/6 YRS	PP
0630		PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING, PORTABLE, COMPLETE	EACH (1)	Н	N	Н	1/6 YRS	PP
ENS (/		ENS units must include battery charger and batter		D OTH	ER STI	MULAT	ORS	
4595*		TENS SUPPLIES, FOR 2 OR 4 LEAD (ONLY WHEN CONSUMER OWNS UNIT)	ONE MONTH	Н	N	Y	1/MO	PP
0720	Х	TENS UNIT, TWO LEAD, LOCALIZED STIMULATION (INCLUDES SUPPLIES DURING RENTAL)	EACH (1)	Н	Y	Н	1/4 YRS	R/P
0730	Х	TENS UNIT, FOUR LEAD, LARGE AREA/MULTIPLE NERVE STIMULATION (INCLUDES SUPPLIES DURING RENTAL)	EACH (1)	Н	Y	Н	1/4 YRS	R/P
0747		OSTEOGENESIS STIMULATOR, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS	EACH (1)	н	Y	Н	1/8 YRS	PP
0748	х	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL		Н	Y	Н	1/8 YRS	PP
0760	X X	OSTEOGENESIS STIM, LOW INTEN U/S NON INVASIS Consumer is allowed only one Code per Max unit per tens unit and	EACH (1)	н	Y	н	1/8 YRS	PP
NOTE:	*	osteogenesis stimulator TENS SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE						
	, CF	RUTCHES, WALKERS						
0100 +	, CF	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	EACH (1)	н	N	Н	1/3 YRS	PP
0100 + 0105 +	, CF	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED,		H H H	N N N	H H H	1/3 YRS 1/3 YRS 1/2 YRS	PP PP PP
0100 + 0105 + 0110* +	<u>, C</u> F	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH	EACH (1) PAIR (1)	Н	Ν	Н	1/3 YRS	PP
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E0100 + E0105 + E0110* + E0111* + E0112* + E0113* + E0114* +	<u>, C</u>	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS	EACH (1) PAIR (1) HEACH (1) PAIR (1) EACH (1)	H H H H	N N N N	H H H H	1/3 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS	PP PP PP PP PP
0100 + 0105 + 0110* + 0111* + 0112* + 0112* + 0113* + 0114* +	, CF	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCHS, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH	EACH (1) PAIR (1) HEACH (1) PAIR (1) EACH (1) PAIR (1)	H H H H H	N N N N N	H H H H H	1/3 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS	PP PP PP PP PP
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0100 + 00105 + 00110* + 00111* + 00112* + 00113* + 00116* + 00116* + 00130 + 00135 + 00140	* * X	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCHS, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCHS, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS REIMBURSEMENT IS LIMITED TO ONE PAIR (E0110, E0112, E0114), OR ONE CRUTCH (E0111, E0113, E0116) PER TWO-YEAR PERIOD WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS	EACH (1) PAIR (1) HEACH (1) PAIR (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H	N N N N N N N N N N N N N N N N N N N	H H H H H H	1/3 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/5 YRS	PP PP
E0100 + E0105 + E0111* + E0111* + E0112* + E0113* + E0114* + E0116* + NOTE: - E0130 + E0135 + E0140 - E0141 -	* X X X X X	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCHS, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCHS, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCHS, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS REIMBURSEMENT IS LIMITED TO ONE PAIR (E0110, E0112, E0114), OR ONE CRUTCH (E0111, E0113, E0116) PER TWO-YEAR PERIOD WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID, WIEELED, ADJUSTABLE OR FIXED HEIGHT, WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	EACH (1) PAIR (1) HEACH (1) PAIR (1) EACH (1) PAIR (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H H H	N N N N N N N N N N N N N N N N N	н н н н н н н н	1/3 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/5 YRS 1/5 YRS 1/5 YRS 1/5 YRS	РР РР РР РР РР РР РР РР РР РР РР
E0100 + E0105 + E0110* + E0111* + E0112* + E0112* + E0112* + E0114* + E0114* + E0116* + E0130 + E0135 + E0135 + E0140 E0141 E0143 + E0144	* X X X X	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS CRUTCH, FOREARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS REIMBURSEMENT IS LIMITED TO ONE PAIR (E0110, E0112, E0114) OR ONE CRUTCH (E0111, E0113, E0116) PER TWO-YEAR PERIOD WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID, (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID, (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID, (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID, (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID, (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID, (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID, (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, FOLDING, (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	EACH (1) PAIR (1) PAIR (1) PAIR (1) EACH (1) PAIR (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	H H H H H H H H H	N N N N N N N N N N N N N N N N N N N	н н н н н н н н н н	1/3 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/2 YRS 1/5 YRS 1/5 YRS 1/5 YRS 1/5 YRS 1/5 YRS	PP PP PP PP PP PP PP PP PP PP PP
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OHIO MEDICAID SUPPLY LIST

APPENDIX	(A			MEDIC	AL SUPPL	IES		
CURRENT CODE		ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
HEAVY	DU	ITY WALKERS						
E0147 +	Х	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	EACH (1)	н	Ν	Н	1/5 YRS	PP
E0148 +	Х	WALKER , HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	EACH (1)	Н	Ν	Н	1/5 YR	PP
E0149 +	Х	WALKER, HEAVY DUTY, WHEELED , RIGID OR FOLDING, ANY TYPE	EACH (1)	Н	Ν	Н	1/5 YR	PP
	х	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. Consumer is allowed only one Code per Max unit per HD walker						
ACCES	SO	RIES FOR AMBULATION DEVICES (CRUTCHES, V PLATFORM ATTACHMENT, WALKER	VALKERS	н	N	Н	2/3 YRS	PP
E0155		WHEEL ATTACHMENT, RIGID PICK-UP WALKER , PAIR	PAIR	Н	Ν	Н	4/3 YRS	PP

E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER , PAIR	PAIR	н	N	н	4/3 YRS PP
E0156	SEAT ATTACHMENT, WALKER	EACH (1)	Н	Ν	Н	1/3 YRS PP
E0157	CRUTCH ATTACHMENT, WALKER	EACH (1)	Н	Ν	Н	2/3 YRS PP
E0158	LEG EXTENSIONS FOR WALKER , PER SET OF FOUR	SET OF 4	Н	Ν	Н	4/3 YRS PP
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT,	EACH (1)	Н	Ν	Н	2/5 YRS PP

WHEELCHAIRS

Notes:

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

reimbursement at the time of the initial wheelchair purchas 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).

Prior authorization of any parts requested under a miscellaneous procedure code will be denied if a <u>recognized</u> procedure code exists for the part <u>in question</u>.

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

Part I: WHEELCHAIR PARTS AND ACCESSORIES

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

> 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

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.

OHIO MEDICAID SUPPLY LIST

APPENDIX A			MEDIC	AL SUPPL	IES		
CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/F
	Arm of Chair	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/F
0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	EACH (1)	Y*	Y	Н	2/ YR	PP
0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	PAIR	Y*	Y	Н	1/2 YRS	PP
0955	Positioning Accessories WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED,	EACH (1)	Y*	Y	н	1/3 YRS	PP
0956	PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE WHEELCHAIR ACCESSORY (Adductors), LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INLCUDING FIXED MOUNTING HARDWARE, EACH	EACH (1)	Y*	Y	Н	2/ 3 YRS	PP
0957	WHEELCHAIR ACCESSORY (Abductors), MEDIAL THIGH SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	Н	2/ 3 YRS	PP
0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING	EACH (1)	Y*	Y	Н	1/3 YRS	PP
0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	EACH (1)	Y*	Y	Н	1/3 YRS	PP
	Back of Chair: Reclining, manual or pediatric						
1225	MANUAL WHEELCHAIR ACCESSSORY, SEMI-RECLINING BACK (RECLINE GREATER THAN 15 DEGRESS, BUT LESS THAN 80 DEGREES), EACH	EACH (1)	Y*	Y	Н	1/5 YRS	PP
1226	MANUAL WHEELCHAIR ACCESSORY, FULLY RECLINING BACK, EACH	EACH (1)	Y*	Y	Н	1/5 YRS	PP
0978	WHEELCHAIR ACCESSORY, SAFETY BELT/PELVIC, EACH	EACH (1)	Y*	Y	Н	1/2 YRS	PP
0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	EACH (1)	Н	Υ	Н	1/5 YRS	PP
2291	PEDIATRIC WHEELCHAIR, BACK PLANAR, INCLUDING FIXED	EACH (1)	Н	Y	Н	1/3 YRS	PP
2292	PEDIATRIC WHEELCHAIR, SEAT PLANAR, INCLUDING FIXED ATTACHING HARDWARE	EACH (1)	н	Y	Н	1/3 YRS	PP
2293	PEDIATRIC WHEELCHAIR, BACK CONTOURED, INCLUDING FIXED ATTACHING HARDWARE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
2294	PEDIATRIC WHEELCHAIR, SEAT CONTOURED, INCLUDING FIXED ATTACHING HARDWARE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
2601	GENERAL USE WHEELCHAIR CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	EACH (1)	н	Y	н	1/2YRS	PP
2602	GENERAL USE WHEELCHAIR CUSHION, WIDTH, 22 INCHES OR GREATER ANY DEPTH	EACH (1)	н	Y	н	1/2YRS	PP
2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES	EACH (1)	н н	Y Y	н н	1/2YRS	PP PP
2605	OR GREATER, ANY DEPTH POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22		н	Y	н	1/21R3	PP
2606	INCHES, ANY DEPTH POSITIONING CUSHION WHEELCHAIR SEAT CUSHION, WIDTH 22	EACH (1)	н	Y	н	1/2YRS	PP
2607	INCHES OR GREATER, ANY DEPTH SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT	EACH (1)	н	Y	н	1/2YRS	PP
2608	CUSHION,WIDTH 22 INCHES, ANY DEPTH SKIN PROTECTION AND POSITIONING SEAT CUSHION, WIDTH 22	EACH (1)	н	Y	н	1/2YRS	PP
2609	INCHES OR GREATER, ANY DEPTH CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
2610 2611	WHEELCHAIR SEAT CUSHION, POWERED GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22	EACH (1)	н н	Y	H H	1/2YRS 1/2YRS	PP PP
2612	INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING		Н	Y	Н	1/2YRS	PP
2613	HARDWARE POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	EACH (1)	н	Y	н	1/2YRS	PP
2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	EACH (1)	Н	Y	Н	1/2YRS	PP
2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGTH, INLCUDING ANY TYPE MOUNTING HARDWARE	EACH (1)	Н	Y	Н	1/2YRS	PP
2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE OF MOUNTING HARDWARE	EACH (1)	Н	Y	Н	1/2YRS	PP
2617	CUSTOM FABRCATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE OF MOUNTING HARDWARE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	EACH (1)	Н	Y	Н	1/3 YRS	PP

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APPENDIX A			MEDIC	AL SUPPL	IES		
CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/F
2621	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)	Н	Y	Н	1/3 YRS	PP
(0734	SKIN PROTECTION W/C SEAT CUSHION, ADJUSTABLE <22 INCHES, ANY DEPTH	EACH (1)	Н	Y	Н	1/2YRS	PP
(0735	SKIN PROTECTION W/C SEAT CUSHION, ADJUSTABLE WIDTH 22	EACH (1)	Н	Y	Н	1/2YRS	PP
(0736	INCHES OR GREATER ANY DEPTH SKIN PROTECTION AND POSITIONING W/C SEAT CUSHION,	EACH (1)	н	Y	Н	1/2YRS	PP
(0737	ADJUSTABLE, WIDTH LESS THAT 22 INCHES ANY DEPTH SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE WIDTH 22 INCHES OR GREATER ANY	EACH (1)	Н	Y	Н	1/2YRS	PP
	Footrest/Legrest						
0951	HEEL LOOP/HOLDER, WITH OR WITHOUT ANKLE STRAP, EACH	EACH (1)	Y*	Ν	Н	2/ YR	PP
E0952 E0990	TOE LOOP/HOLDER, EACH WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE	EACH (1) EACH (1)	Y* Y*	N Y	H H	4/ YR 24/5 YRS	PP PP
(0037	ASSEMBLY, EACH HIGH MOUNT FLIP-UP FOOTREST	EACH (1)	Y*	Y	Н	2 1 /5 YRS	PP
(0038	LEG STRAP	EACH (1)	Y*	N	Н	24/3110	PP
(0039	LEG STRAP, H STYLE	EACH (1)	Y*	N	н	2/ YR	PP
(0040	ADJUSTABLE ANGLE FOOTPLATE	EACH (1)	Y*	Y	Н	2 1 /5 YRS	PP
(0041	LARGE SIZE (NO. 2) FOOTPLATE	EACH (1)	Y*	Y	н	21/5 YRS	PP
(0052	SWING AWAY DETACHABLE FOOT REST, EACH	EACH (1)	Y*	Y	н	1/5 YRS PER SIDE	PP
(0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	EACH (1)	Y*	Y	Н	24/5 YRS	PP
	Frames: Non-standard, manual						
2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME,	EACH (1)	Y*	Y	Н	1/5 YRS	PP
2202	WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	EACH (1)	Y*	Y	Н	1/5 YRS	PP
2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	EACH (1)	Y*	Y	Н	1/5 YRS	PP
2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	EACH (1)	Y*	Y	Н	1/5 YRS	PP
2340	Frames: Non-standard, power POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME	EACH (1)	Y*	Y	н	1/5 YRS	PP
	WIDTH, 20 THROUGH 23 INCHES						PP
2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24 THROUGH 27 INCHES	EACH (1)	Y*	Y	н	1/5 YRS	
2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	EACH (1)	Y*	Y	Н	1/5 YRS	PP
2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 22 THROUGH 25 INCHES	EACH (1)	Y*	Y	Н	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	Н	1/5 YRS	PP
	Manual Wheelchair Conversion to Power/ Power Assist Accessories						
20983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL.	- EACH (1)	Y*	Y	Н	1/5 YRS	PP
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER	EACH (1)	Y*	Y	Н	1/5 YRS	PP
60986	CONTROL MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST. FACH	R EACH (1)	Y*	Y	Н	1/5 YRS	PP
	Power Seating System Accessory						
1002	WHEELCHAIR ACCESSORY , POWER SEATING SYSTEM, TILT ONLY	EACH (1)	Y*	Y	н	1/5 YRS	PP
	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
	ONLY, WITHOUT SHEAR REDUCTION						PP
E1003 E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE	EACH (1)	Y*	Y	н	1/5 YRS	FF
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE	EACH (1) EACH (1)	Y* Y*	Y Y	н	1/5 YRS	PP
E1003 E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION						

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APPENDIX A			MEDIC	AL SUPPI	IES		
CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/I
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR	EACH (1)	Y*	Y	Н	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	Н	1/5 YRS	PP
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM. POWER LEG ELEVATION SYSTEM. INLCUDING LEG REST.	PER PAIR	Y*	Y	Н	1/5 YRS	PP
E0967	Handrims MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, EACH	EACH (1)	Y*	Y	Н	2/ YR	PP
	Wheels						
E2211	PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	EACH (1)	Y*	Y	Н	4/YR	PP
E2213	PNEUMATIC PROP TIRE INSERT	EACH (1)	Y*	Y	Н	4/5 YRS	PP
K0065	SPOKE PROTECTORS, EACH	EACH (1)	Y*	Y	Н	4/YR	PP
	Front Casters						
E2214	PNEUMATIC CASTER TIRE, ANY SIZE, EACH	EACH (1)	Y*	Y	Н	2/5 YRS	PP
E2217	FOAM FILLED CASTER TIRE, EACH	EACH (1)	Y*	Y	Н	2/5 YRS	PP
K0073	CASTER PIN LOCK	EACH (1)	Y*	Y	Н	2/5 YRS	PP
	Wheel Lock						
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	EACH	Y*	Y	Н	2/2 YRS	PP
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE,	EACH	Y*	Y	Н	2/4 YRS	PP
	Batteries/Chargers for Motorized/Power Wheelchairs (Bill using the i	ndicated code.)					
E2360	PWR W/C ACCES, 22 NF NON-SEALED LEAD ACID BATTERY	EACH (1)	Y*	Ν	Н	2/YR	PP
E2361	PWR W/C ACCES, 22 NF SEALED LEAD ACID BATTERY	EACH (1)	Y*	Ν	Н	2/YR	PP
2362	PWR W/C ACCES, GROUP 24 NON-SEALED LEAD ACID BATTERY	EACH (1)	Y*	Ν	Н	2/YR	PP
2363	PWR W/C ACCES, GROUP 24 SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	Н	2/YR	PP
E2364	PWR W/C ACCES, U-1 NON-SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	Y	2/YR	PP
E2365 E2371	PWR W/C ACCES, U-1 SEALED LEAD ACID BATTERY PWR W/C ACCES, GR 27 SEALED LEAD ACID BATTERY	EACH (1) EACH (1)	Y* Y*	N N	Y Y	2/YR 2/YR	PP PP
-	Miscellaneous Accessories	2/10/11(1)			·	2,113	
E0950	WHEELCHAIR ACCESSORY, TRAY EACH	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE ARM DRIVE ATTACHMENT, EACH	EACH (1)	Y*	Y	н	2/5 YRS	PP
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	EACH (1)	Y*	Ν	Н	2 /YR	PP
E0968	COMMODE SEAT, WHEELCHAIR	EACH (1)	Y*	Ν	Н	1/5 YRS	PP
E0971	ANTI-TIPPING DEVICE, WHEELCHAIR	EACH (1)	Y*	Y	Н	2/2 YRS	PP
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	EACH (1)	Y*	Y	Н	2/5 YRS	PP
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	EACH (1)	Y*	Y	н	2/5 YRS	PP
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA	EACH (1)	Y*	Y	Н	2/5 YRS	PP
E1018	HEAVY DUTY MANUAL WHEELCHAIR, EACH HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	EACH (1)	Y*	Y	Н	2/5 YRS	PP
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	EACH (1)	Y*	Y	Н	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	Н	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* E1030*	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	EACH (1) EACH (1)	Y* Y*	Y Y	H H	1/5 YRS 1/5 YRS	PP PP
NOTE: *	REIMBURSEMENT IS LIMITED TO ONE VENTILATOR TRAY (E1029 OR E1030) PER 5 YEARS						
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	EACH (1)	Y*	Y	Н	1/5 YRS	PP
	MELLO MAR ACCESSION, ON TOTAND CAME HOLDER, EACH		Y*	Y	Н	1/5 YRS	PP
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	EACH (1)	1			1,0 11(0	

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APPENDIX A			MEDIC	AL SUPPI	IES		
CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/F
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INLCUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INLCUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH AND FIXED MOLINTING HARDWARE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL,	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONCS, MECHNICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	Н	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	Н	1/5 YRS	PP
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E2324	POWER WHEELCAHIR ACCESSORY, CHIN CUP FOR CHIN CONTROL	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E2325	INTERFACE POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INLCUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF	EACH (1)	Y*	Y	Н	2/5 YRS	PP
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHNICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTOL INTERFACE, CONTACT SWITCH MECHNISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHNICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NOPORPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
K0105	IV HANGER	EACH (1)	Y* 	N	Н	1/5 YRS	PP
K0108 NOTE: *	OTHER ACCESSORIES 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.	EACH (1)	Y*	Y	н	1/5 YRS	PP
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 PA	ARTS					
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 OAC_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	
E0994 *					THESE	CODES ON	
K0015 *	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH				CLAIM		

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APPENDIX A			MEDIC	AL SUPPL	IES		
CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/
<0018	* DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER POR	TION,			THEY W	/ILL BE DE	NIED
(0019	FACH * ARM PAD, EACH						
	Back of Chair						_
20982	* WHEELCHAIR ACCESS, BACK UPHOLSTERY, REPLACE ONLY	(, EACH			CODES	JSE THESE WHEN	E
	Seat				REQUE PRIOR		
E0981	* WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEM ONLY, EACH	IENT					
	Back or Seat of Chair						
2619	* REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION O	R BACK CUSHION, F	EACH				
	Footrest/Legrest					CODES ON	
	* WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH				THE ME		
	STANDARD SIZE FOOTPLATE, EACH FOOTREST, LOWER EXTENSION TUBE, EACH					FORM - /ILL BE DE	
(0044	* FOOTREST, UPPER HANGER BRACKET, EACH						
(0045	* FOOTREST, COMPLETE ASSEMBLY				4		
<u><0046</u> <0047	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH ELEVATING LEGREST, UPPER HANGER BRACKET, EACH					JSE THESE	=
	* RATCHET ASSEMBLY					WHEN	-
	* CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH				REQUE	STING	
	Handrims Without Projections				_		
2205	* HANDRIM WITHOUT PROJEC, ANY, REPLACE ONLY EACH				DO NOT		
	Rear Wheels					CODES ON	
					CLAIM	FORM -	
2216	FOAM FILLED PROPULSION TIRE, EACH FOAM PROPULSION TIRE, EACH				THEY W	ILL BE DE	NIED.
EE 10	 * SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EAC 	СН					
(0069	* REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPO	OKES OR MOLDED, E					
	* REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIR	E, SPOKES OR MOL	DED, EACH				
	* PROPULSION WHL EXCLUDES TIRE, EACH						
	* PNEUM DRIVE WHEEL TIRE						
2382	* TUBE, PNEUM WHEEL DRIVE TIRE				_		
	INSERT, PNEUM WHEEL DRIVE FOAM FILLED DRIVE WHEEL TIRE						
	* FOAM DRIVE WHEEL TIRE						
2390 2390	* SOLID DRIVE WHEEL TIRE						
	* DRIVE WHEEL EXCLUDES TIRE				_		
2215	Front Casters						
2215 22219	TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH FOAM CASTER TIRE ANY SIZE EACH						
	 * SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), EACH 	Н			1		
2222	* SOLID CASTER INTEGRATED WHL, EACH				ONLY	JSE THESE	E
	* FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC 1				CODES	WHEN	
0072	* FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUM				REQUE		
2225	 FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, E CASTER WHEEL EXCLUDES TIRE, EACH 	:ACF			PRIOR	AUTH.	
2384	* PNEUMATIC CASTER TIRE						
	* TUBE, PNEUMATIC CASTER TIRE						
2387 2389	FOAM FILLED CASTER TIRE FOAM CASTER TIRE						
	* SOLID CASTER TIRE						
2392	 SOLID CASTER TIRE, INTEGRATE 						
	CASTER WHEEL EXCLUDES TIRE CASTER FORK						
2390							
	Wheel Lock						
2206 2228	 * WHEEL LOCK ASSEMBLY, COMPLETE, EACH * MANUAL WC ACCESS, WHEEL BRAKING SYS AND LOCK, COP 	MP, EACH			_ ` `	INCLUDE	
_2220	Other Miscellaneous Repair and Replacement Parts Codes	for Billing)			THE ME CLAIM I THEY W		NIED.
	(Report Only When Requesting Prior Authorization, Not Used						-
(0098	* DRIVE BELT FOR POWER WHEELCHAIR						
K0098 E0997	TRIVE BELT FOR POWER WHEELCHAIR CASTER WITH FORK				-		
<pre><0098 </pre>	DRIVE BELT FOR POWER WHEELCHAIR CASTER WITH FORK CASTER WITHOUT FORK PNEUMATIC TIRE WITH WHEEL						
<pre></pre>	DRIVE BELT FOR POWER WHEELCHAIR CASTER WITH FORK CASTER WITHOUT FORK						

OHIO MEDICAID SUPPLY LIST

APPENDIX A	DIX A MEDICAL SUP				PLIES				
CURRENT CODE	ITEM DESCRIPTION UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P			
E2226	* CASTER FORK REPLACEMENT ONLY			DO NO	T INCLUDE				
E2227	* MANUAL WHEELCHAIR ACCESSORY, GEAR RED DRIVE WHEEL, EACH								
E2374	* HAND/CHIN CTRL STD JOYSTICK				CODES ON	1			
E2376	* EXPANDABLE CONTROLLER, REPL				EDICAID				
E2377	* EXPANDABLE CONTROLLER, INITL			CLAIM	FORM -				
E2393	* VALUE, PNEUMATIC TIRE TUBE			THEY V	VILL BE DE	NIED			
	Wheelchair Modification			_					
E1011	 MODIFICATION TO PEDIATRIC WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (WITH INITIAL CHAIR) 	(NOT TO BE DIS	PENSED						
	Wheelchair Battery Chargers			_					
				ONLY	USE THESE	E			
E2366	* PWR W/C ACCES, BATT CHARG, SING MODE, FOR USE W/ ONLY ONE BATT TY	YPE, EACH		CODE	S WHEN				
E2367	* PWR W/C ACCES, BATT CHARG, DUAL MODE, FOR USE W/ EITHER BATT TYP.	EACH		REQU	ESTING				
				PRIOR	AUTH.				
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								

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.

		be billed with the RR modifier.		MEDI-	PRIOR	MEDI-	МАХ	
		MANUAL WHEELCHAIR BASES	UNIT	CAID	AUTH	CARE	UNITS	RNT/P
E1161		MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	EACH (1)	Y*	Y	н	1/5 YRS	PP
E1231		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE WITH SEATING SYSTEM	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E1232		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E1233		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, WITHOUT SEATING SYSTEM	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E1234		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	EACH (1)	Y*	Y	Н	1/5 YRS	PP
E1235	**	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	EACH (1)	Y*	Y	Н	1/5 YRS	R/P
E1236	**	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	EACH (1)	Y*	Y	Н	1/5 YRS	R/P
E1237	**	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	EACH (1)	Y*	Y	Н	1/5 YRS	R/P
E1238	**	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	EACH (1)	Y*	Y	Н	1/5 YRS	R/P
K0001	**	STANDARD WHEELCHAIR	EACH (1)	Y*	Y	Н	1/5 YRS	R/P
K0002	**	STANDARD HEMI (LOW SEAT) WHEELCHAIR	EACH (1)	Y*	Y	Н	1/5 YRS	R/P
K0003	**	LIGHTWEIGHT WHEELCHAIR	EACH (1)	Y*	Y	Н	1/5 YRS	R/P
K0004		HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	EACH (1)	Y*	Y	Н	1/5 YRS	PP
K0005		ULTRALIGHTWEIGHT WHEELCHAIR	EACH (1)	Y*	Y	Н	1/5 YRS	PP
K0006		HEAVY DUTY WHEELCHAIR	EACH (1)	Y*	Y	Н	1/5 YRS	PP
K0007		EXTRA HEAVY DUTY WHEELCHAIR	EACH (1)	Y*	Y	Н	1/5 YRS	PP
K0009		OTHER MANUAL WHEELCHAIR/BASE	EACH (1)	Y*	Y	Н	1/5 YRS	PP

POWER WHEELCHAIR BASE

K0010	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	EACH (1)	Y*	Y	Н	1/5 YRS	PP
K0011	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED	EACH (1)	Y*	Y	н	1/5 YRS	PP
	ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL						
K0012	AND BRAKING LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	EACH (1)	Y*	Y	Н	1/5 YRS	PP
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	EACH (1)	Y*	Y	Н	1/5 YRS	PP
	POWER OPERATED VEHICLE						
E1230	POWER VEHICLE, 3 WHEEL, NON-HIGHWAY (E.G., SCOOTER)	EACH (1)	Y*	Y	н	1/5 YRS	PP

"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

5101:3-10-03

APPENDIX A			MEDIC	AL SUPPL	IES		
CURRENT	ITEM DESCRIPTION	UNIT	MEDI- CAID	PRIOR AUTH	MEDI- CARE	MAX UNITS	RNT/P
	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.						
0108 *	WHEELCHAIR MAJOR REPAIR >\$100 LTCF	EACH (1)	Y	Y	Н		
0108 *	WHEELCHAIR MAJOR REPAIR >\$100 PERSONAL RESIDENCE WHEELCHAIR MINOR REPAIR<\$100 PERSONAL RESIDENCE	EACH (1)	Y Y	Y	H H	1/120 DA	ve
1340	REPAIR FOR DME, LABOR PER 15 MIN	EACH (1) EACH (1)	Y		Н	1/120 DA	13
NOTE:	* RP MODIFER 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.						
IOTE:	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.						
	DOL EQUIPMENT						
1300							
	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	EACH (1)	Н	N	N	1/8 YRS	PP
REPAIRS	WHIRLPOOL, PORTABLE (OVERTUB TYPE) AND REPLACEMENT SUPPLIES; Non-wheelchairs		Н	N	N	1/8 YRS	PP
REPAIRS	WHIRLPOOL, PORTABLE (OVERTUB TYPE)		Н	N	N	1/8 YRS	PP
	WHIRLPOOL, PORTABLE (OVERTUB TYPE) S AND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio		H	N	N	1/8 YRS 1/120 DA	
1399 *	WHIRLPOOL, PORTABLE (OVERTUB TYPE) S AND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code.			N Y			
1399 *	WHIRLPOOL, PORTABLE (OVERTUB TYPE) S AND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1)	Y		Н		
E1399 * E1399 * E1399 *	WHIRLPOOL, PORTABLE (OVERTUB TYPE) S AND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1) EACH (1)	Y Y	Y	H		
E1399 * E1399 * E1399 * E1399 *	WHIRLPOOL, PORTABLE (OVERTUB TYPE) S AND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1) EACH (1) EACH (1)	Y Y Y	Y	H H H		
E1399 * E1399 * E1399 * E1399 *	WHIRLPOOL, PORTABLE (OVERTUB TYPE) S AND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1) EACH (1) EACH (1)	Y Y Y	Y	H H H		
1399 * 1399 * 1399 * 1399 * 1340 NOTE:	WHIRLPOOL, PORTABLE (OVERTUB TYPE) SAND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1) EACH (1) EACH (1)	Y Y Y	Y	H H H		
1399 * 1399 * 1399 * 1340 IOTE:	WHIRLPOOL, PORTABLE (OVERTUB TYPE) SAND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y	Y	H H H	1/120 DA	
1399 * 1399 * 1399 * 1340 NOTE: STANDIN 00638 8000	WHIRLPOOL, PORTABLE (OVERTUB TYPE) SAND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y H	Y Y Y	H H H N	1/120 DA	YS PP PP
1399 * 1399 * 1399 * 1399 * 1340 NOTE: STANDIN 50638 5000 5001	WHIRLPOOL, PORTABLE (OVERTUB TYPE) S AND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y H H	Y Y Y Y Y Y	H H H N N N	1/120 DA	YS PP PP PP
E1399 * E1399 * E1340 NOTE: STANDIN E0638 E8000 E8001	WHIRLPOOL, PORTABLE (OVERTUB TYPE) SAND REPLACEMENT SUPPLIES; Non-wheelchairs See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. DME EQUIP. NOS MINOR REPAIR<\$100	EACH (1) EACH (1) EACH (1) EACH (1) EACH (1) EACH (1)	Y Y Y Y H	Y Y Y	H H H N	1/120 DA	YS PP PP

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

ALL ADDITIONS, DELETIONS AND CHANGES EFFECTIVE 1/1/08.