Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS) Appendix to OAC rule 5160-10-01 Payment schedule effective 07/01/2021

BR -- Payment by report Limit-based - PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity PA -- Payment by prior authorization

| InterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterpretationInterp | | PA - Payment by prior authorization CURKENT PAYMENT | | | | | | | | | | | | |
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| condcondcondforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforforfor <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<> | | | | | | | | | | | | | | |
| ALC VINCL MIT NUMBER, FURTHER TOC Lank VINDAUM NUMBER OF NUMBER OF NUMBER OF | | | | | | PAYMENT | EFFECTIVE | | | | | | | |
| 1000 1000 10000 100000 1000000 1000000 1000000 1000000 1000000 1000000 1000 1000000 1000000 1000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 100000000 1000000000000000000000000000000000000 | CODE | DESCRIPTION | UNIT | 5160-10 | CATEGORY | AMOUNT | DATE | RESIDENCE | PURCHASE | LIMIT | AUTHORIZATION | NOTES | | |
| 1000 1000 10000 100000 1000000 1000000 1000000 1000000 1000000 1000000 1000 1000000 1000000 1000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 10000000 100000000 1000000000000000000000000000000000000 | | | | | | | | | | | | | | |
| NAME NAME <th< td=""><td>A4207</td><td>SYRINGE WITH NEEDLE, STERILE 2 CC</td><td>Each</td><td>5160-10-01</td><td>Syringes / needles</td><td>\$0.23</td><td>05/01/1990</td><td></td><td>Purchase only</td><td>100 per month</td><td>Limit-based</td><td></td></th<> | A4207 | SYRINGE WITH NEEDLE, STERILE 2 CC | Each | 5160-10-01 | Syringes / needles | \$0.23 | 05/01/1990 | | Purchase only | 100 per month | Limit-based | | | |
| Node Node <th< td=""><td>A4208</td><td>SYRINGE WITH NEEDLE. STERILE 3 CC</td><td>Each</td><td>5160-10-01</td><td>Syringes / needles</td><td>\$0.17</td><td>05/01/1990</td><td></td><td>Purchase only</td><td>100 per month</td><td>Limit-based</td><td></td></th<> | A4208 | SYRINGE WITH NEEDLE. STERILE 3 CC | Each | 5160-10-01 | Syringes / needles | \$0.17 | 05/01/1990 | | Purchase only | 100 per month | Limit-based | | | |
| NAME NAME <th< td=""><td>701200</td><td></td><td>Luon</td><td>0100 10 01</td><td>oyningee / needlee</td><td>\$0.11</td><td>00/01/1000</td><td></td><td>T drondbo only</td><td>roo por monar</td><td>Einik babba</td><td></td></th<> | 701200 | | Luon | 0100 10 01 | oyningee / needlee | \$0.11 | 00/01/1000 | | T drondbo only | roo por monar | Einik babba | | | |
| NACE ONLORING NELLIG OF TALLY MITS OF | A4209 | SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER | Each | 5160-10-01 | Syringes / needles | \$0.27 | 05/01/1990 | | Purchase only | 100 per month | Limit-based | | | |
| NAME PRIME | 1.1010 | | | 5100.10.01 | 0 | * 0.00 | 0.1011007 | | | | | | | |
| NEX Simple Single | A4212 | NUN-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER | Each | 5160-10-01 | Syringes / needles | \$3.60 | 04/01/1997 | | Purchase only | 30 per month | Limit-based | | | |
| Alther NUMBER Description Description Description Description Description Description ALT TREEDE WITCH SUBJE SOUND REFINES TO MUNCA LETTER WITCH ALT BEING | A4213 | SYRINGE, STERILE, 20 CC OR GREATER, EACH | Each | 5160-10-01 | Syringes / needles | \$0.60 | 11/22/1990 | | Purchase only | 50 per year | Limit-based | | | |
| ALVE NUML AVAILABLE NUML NUML NUML NUML < | | | | | | | | | - | | | | | |
| NATE FORME VARIENCINE DNAME AND | A4216 | STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH | 10-milliliter vial | 5160-10-01 | | \$0.25 | 10/01/2004 | | Purchase only | 90 per month | Never required | | | |
| And State State Sta | A4217 | STERILE WATER/SALINE 500 MI | 500-milliliter | 5160-10-01 | | \$2.50 | 10/06/2007 | | Purchase only | 36 per month | Limit-based | | | |
| Init Date of Stream | | | | | | | | | , | | | | | |
| NA22 PAIDON SEPTICE FOR CLEARS A FUNCTION PLAY. FEE ALSET TO BAD LET Sep - Sep - Sep - Tool Unsame processor Sep - Tool Unsame processor NUMBER AND PLAY AND | A4221 | | Set | 5160-10-29 | | \$20.55 | 01/01/1998 | | Purchase only | 4 per month | Limit-based | | | |
| Incl. Sec. Sec. Sec. Name Incl. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec | A 4000 | | Set | E160 10 20 | | ¢40.00 | 01/01/2005 | | Burshasa anlı | 60 per menth | Limit based | | | |
| NA22 INITIONE SUPICES NOT DECENTITIE Numer spect incom Sin 2 Operation 2 Spect root Line spect A422 SPACE STORE DECENTING LINE NOT CONCERNING INFORMET FUE ALLINE SPECT Sin 2 Operation 2 Numer spect incom Sin 2 Operation 2 Numer spect incom Nume | M4222 | | Jei | 5100-10-29 | | \$40.00 | 01/01/2005 | | Fulcitase only | oo per monun | Linit-based | | | |
| ALVE EMPARES FOR MAXIMUM SACRES OF INSULA MARGING CATHERING PROF. Fall Solar | A4223 | | Set | 5160-10-29 | | \$15.00 | 03/21/2007 | Non-institutional | Purchase only | 30 per month | Limit-based | | | |
| ALCE OWNERS FOR EXTERNAL INSULT MUISON RAMP. SYNDOC TYPE CARTINGOLS STERLE Each Sol 104 For the second state of the | A 400 4 | | | | | 645.50 | 04/04/0017 | | | | Line (L.) | | | |
| Acces Marker processor | A4224 | SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK | Set | 5160-10-29 | | \$15.52 | 01/01/2017 | | Purchase only | 1 per week | Limit-based | | | |
| Alternation Source of Security Mathematical Part of the security of th | A4225 | SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE. STERILE | Each | 5160-10-29 | | \$2.08 | 01/01/2017 | | Purchase only | 4 per month | Limit-based | | | |
| ALCE EMPERATION MANTINEMENT OF MALLIN PRUCINC DE VIELLOU PRUCINC MALLIN PRUCINC OF MALLIN PRUCINC DE VIELLON PRUCINC MALLIN PRUCINC DE VIELLON P | | | | | nutrition) supplies | | | only | | | | | | |
| ADD IPVIGEND REFORCEMPTION UNDERLIGE CONTRACT PYTE Set S160 - 20 Matcan part (non- base) Matcan part (non- part (non- base) Matcan part (non- base) Matcan part (non- part (non- base) Matcan part (non- part (non- non- non- non- non- non- non- non- | A4226 | | Each | 5160-10-29 | Infusion pump (non- | \$20.25 | 07/01/2021 | | Purchase only | 1 per week | Limit-based | | | |
| AL21 PURSION SET FOR EXCERNAL INSULATIONAL PLEALE TYPE Set of the set of th | A 4020 | | Set | E160 10 20 | | 23.02 | 02/20/2007 | | Burshasa anlı | 20 per menth | Never required | | | |
| Anator Anator< | M4230 | INFOSION SET FOR EXTERINAL INSUEIN FOMIF, NON NEEDLE CANNOLA TITE | Jei | 5100-10-29 | | \$8.00 | 03/29/2007 | | Furchase only | 30 per monun | Never required | | | |
| 4/420 Synthete Writh NEELE LOR KEXTRAMA, SILER, HARMA, STERRILE, J.C.C Exh. 5160-10-21 Induition jung (con- alized) 101:2008 Non-statured 101:2008 Non- | A4231 | INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE | Set | 5160-10-29 | | \$5.27 | 03/29/2007 | Non-institutional | Purchase only | 30 per month | Never required | | | |
| Accord Accord Function Signal Control | | | | | | | | | | | | | | |
| ALCOND.C. R. FERD.NOL.F. FER. PMT 19 once 5100-10 Anterprise values 0.000 Post-analy Post-analy 1 per mont Lumb based ALCOND.C. R. FERD.NOL.F. FER. PMT 16 ounce 5100-10 Anterprise values 5100-0 00201900 Non-instituted Portane only 2 per mont Lumb based ALCOND.C. AP FOR CONTRACEPTINE USE Exator 5100-10 Provide values 2 per mont Lumb based ALCOND.C. AP FOR CONTRACEPTINE USE Exator 5100-10 Provide values 2 per mont Lumb based ALCOND.C. AP FOR CONTRACEPTINE USE Exator 5100-10 Provide values 2 per mont Lumb based ALCOND.C. AP FOR CONTRACEPTINE USE Exator 5100-10 Provide values 2 per mont Lumb based ALCOND.C. AP FOR CONTRACEPTINE USE Exator 5100-101 Provide values 2 per mont Lumb based ALCOND.C. AP FOR CONTRACEPTINE USEP, L. CONDOM, FEMALE Exator 5100-1001 Provide values 2 per mont Lumb based ALCOND.C. AP FOR CONTRACEPTINE USEP, L. CONDOM, FEMALE Exator 5100-1001 Provide values< | A4232 | SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3 CC | Each | 5160-10-29 | | \$4.00 | 10/15/2006 | | Purchase only | 30 per month | Never required | | | |
| Acta EFADNE CR PHISOLEX SOLUTION, PER PNT 16 ource S100-1001 Antigete subta S100-0001 Portage org Byrnorth Umb based Acta EFADNE CR FORE SWAESWAFES, PER BOX Bar S100-1001 Arease org S100-1001 Antigete subta S100-1001 Antigete subta S100-1001 Antigete subta Partage org Partage org <td>A4244</td> <td>ALCOHOL OR PEROXIDE. PER PINT</td> <td>16 ounces</td> <td>5160-10-01</td> <td></td> <td>\$0.56</td> <td>05/01/1990</td> <td></td> <td>Purchase only</td> <td>15 per month</td> <td>Limit-based</td> <td></td> | A4244 | ALCOHOL OR PEROXIDE. PER PINT | 16 ounces | 5160-10-01 | | \$0.56 | 05/01/1990 | | Purchase only | 15 per month | Limit-based | | | |
| Add EFADINE CR COONE SWABSWIPES, PER BOX East File of the state of the sta | | | | | | | | | | | | | | |
| AA27 DEFXADRE GN KOMES WRESS WRESS WRESS, PER BOX Box 5100-101 Frank planning 517.05 Bit ADDRE GN KOMES Part ADDRE GN KOMES Part ADDRE GN KOMES A426 CERNCAL CAP FOR CONTRACEPTIVE USE Each 515018-01 Frank planning 517.55 01011000 Non-rootinant Part ADDRE GN KOMES 2 per moth Lumb based A426 DAPHRAGM FOR CONTRACEPTIVE USE Each 516016-01 Frank planning 525.46 0601200 Non-rootinant Part ADDRE GN KOMES 2 per moth Lumb based A4265 DAPHRAGM FOR CONTRACEPTIVE SUPPLY, CONDOM, MALE Each 51601-01 Frank planning 525.46 0601200 Non-restitutional Part add GN A4265 CONTRACEPTIVE SUPPLY, CONDOM, MALE Each 51601-01 Frank planning 525.06 04012200 Non-restitutional Part add GN A4265 CONTRACEPTIVE SUPPLY, CONDOM, MALE Each 51601-01 Frank planning 510.07 Part add GN CONTRACEPTIVE SUPPLY, SPERMADE (Each, FOAL GEL) Each 51601-02 Haddin planning 512.73 04012001 Non-restitutonal Part add | A4246 | BETADINE OR PHISOHEX SOLUTION, PER PINT | 16 ounces | 5160-10-01 | Antiseptic solution | \$10.00 | 06/20/1990 | | Purchase only | 6 per month | Limit-based | | | |
| Add CertWick LAP FOR CONTRACEPTIVE USE Each 5160-10.1 Family planning Light 0.101/1109 Non-institutional only Purchase only 2 per year Non-institutional Add2 CERWICAL CAP FOR CONTRACEPTIVE USE Each 5160-10.01 Family planning supplies \$3.37 12152020 Non-institutional Purchase only 2 per marth Limb based Add8 DAMHERAAM FOR CONTRACEPTIVE USE Each 5160-1001 Family planning \$3.37 12152020 Non-institutional 3 per marth Limb based Add8 CONTRACEPTIVE SUPPLY, CONDOM, MALE Each 5160-1001 Family planning \$3.00 0.4012003 Non-institutional 3 per marth Limb based Add8 CONTRACEPTIVE SUPPLY, CONDOM, MALE Each 5160-1001 Family planning \$3.00 0.4012003 Non-institutional 3 per march Limb based Add8 CONTRACEPTIVE SUPPLY, CONDOM, MALE Each 5160-1001 Family planning \$3.00 0.4012003 Non-institutional Non-institutional Non-institutional Non-institutionan Non-institutionan | A 4047 | | Pov | E160 10 01 | Anticoptic colution | ¢10.00 | 01/01/2005 | | Burshasa anlı | 2 per menth | Limit based | | | |
| AM26 CERVICAL CAP-FOR CONTRACEPTIVE USE Each 5160-100 Panally Jaurning Strice 817.65 O1101999 Non-Institution Purchase offy 2 per yes New regaded A426 PARAFRI, PER POUND Pound 5160-1001 Family Jaurning 827.85 04071000 Purchase offy 2 per north Limb based A426 PARAFRI, PER POUND Each 5160-1001 Family Jaurning 827.84 040110203 Non-shuttuber Purchase offy 1 per sale A426 CONTRACEPTIVE SUPPLY, CONDOM, MALE Each 5160-1001 Family Jaurning 821.00 040110203 Non-shuttuber Purchase offy 1 per shase 1 limb based A4286 CONTRACEPTIVE SUPPLY, CONDOM, MALE Each 5160-100 Family Jaurning 81.00 040110203 Non-shuttuber Purchase offy 1 per chase 1 limb based A4286 CONTRACEPTIVE SUPPLY, CONDOM, MALE Each 5160-100 Family Jaurning 81.00 040110203 Non-shuttuber Purchase offy 1 per chase 1 per chase 1 per chase 1 per chase | M4247 | BETADINE OK IODINE SWABS/WIFES, FER BOX | BOX | 5100-10-01 | Antiseptic solution | \$15.00 | 01/01/2005 | | Fulcitase only | 2 per monun | Linit-based | | | |
| AM36 PARAFEN, PER POUND Pond 5160-10 Head / cold \$3.7 1 / 1 / 2 / 2 / 2 m cold. Link-based AM26 DAMPRAGM FOR CONTRACE/TIVE USE Each 5160-100 Family Jahna \$22.6 0 / 0 / 1 / 2 / 2 m cold. Link-based AM26 CONTRACE/TIVE SUFFLY. CONDOM MALE Each 5160-100 Family Jahna 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / | A4261 | CERVICAL CAP FOR CONTRACEPTIVE USE | Each | 5160-10-01 | | \$17.65 | 01/01/1999 | | Purchase only | 2 per year | Never required | | | |
| Action Application ContraccePTive Uses Each Stoch-0.1 Registration Contract Contrant Contrant Contrant | | | | | | | | | | | | | | |
| MASE DIAPHRAGKI FOR CONTRACEFTIVE USE Each 5160-10-1 Family planning S25.46 O401/2020 Non-relititional Purchase only 1 per year Limit-based AV267 CONTRACEFTIVE SUPPLY, CONDOM, MALE Each 5160-10-1 Family planning 52.46 0401/2020 Non-relititional Purchase only 35 per month Limit-based AV268 CONTRACEFTIVE SUPPLY, CONDOM, FEMALE Each 5160-10-11 Family planning 52.10 0401/2020 Non-relititional Purchase only 36 per month Limit-based AV268 CONTRACEFTIVE SUPPLY, CONDOM, FEMALE Each 5160-10-21 Mathin planning Non-relititional Purchase only 1 per north Limit-based AV305 DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LSS THAN 50 ML PER HOUR Each 5160-10-22 Mathing pamp (non- net/ficion equipment S12.73 0401/2020 Non-relititional Purchase only 1 per day Limit-based AV305 DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LSS THAN 50 ML PER HOUR Each 5160-10-32 Indeparted pamp (non- tition equipment S12.73 0401/2020 < | A4265 | PARAFFIN, PER POUND | Pound | 5160-10-01 | | \$3.37 | 12/15/2002 | | Purchase only | 2 per month | Limit-based | | | |
| MA26 CONTRACEPTIVE SUPPLY, CONDOM, MALE Each File 10-01 Family planning supplex Stall 0.4001/2003 Non-institutional Purchase only Stall A428 CONTRACEPTIVE SUPPLY, CONDOM, FEMALE Each 5100-1001 Family planning Stall 0.4001/2003 Non-institutional Purchase only 36 per month Limit-based A428 CONTRACEPTIVE SUPPLY, SPERMICEDE (E.G., FOAM, GEL) Each 5100-1001 Family planning Stall 0.4001/2003 Non-institutional Purchase only 36 per month Limit-based A430 DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF GNL OR GREATER PER HOUR Each 5100-102 Purchase only 9.107 0.4001/2001 Non-institutional Purchase only 1 per day Limit-based A4310 NSERTION TRAY WITHOUT DRAINAGE BAG NUTH NOT CATHETER, FOLEY TYPE, Each 5100-102 Intertion tray 6.0011/1900 Non-institutional Purchase only 3 per month Limit-based A4310 NSERTION TRAY WITHOUT DRAINAGE BAG WITH NOTRELLAG CATHETER, FOLEY TYPE, Each 5100-102 Intertion tray 6.0011/900 Non-institutional Purchase only 3 per month Limit-based A4310 NSERTION TRAY WITHOUT DRAINAGE BAG WITH NOVELLING CATHETER, FOLEY TYPE, Each 5100-102 Intertion tr | A4266 | DIAPHRAGM FOR CONTRACEPTIVE USE | Each | 5160-10-01 | | \$25.46 | 04/01/2003 | | Purchase only | 1 per year | Limit-based | | | |
| LAB ONTRACEPTIVE SUPPLY, CONDOM, FEMALE Each F180-1001 Family planning S2.10 Odd/12003 Non-Institutional Ordy Purchase only Sp per morth Limit-based A289 CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL) Each 5180-1001 Family planning S1.05 0401/2003 Non-Institutional Ordy Purchase only 1 per day Limit-based A395 DISPOSABLE DRUG DELIVERY SYSTEM, FLOW PATE OF LESS THAN 50 ML, PER HOUR Each 5180-10-29 Infastion participants S12.73 0401/2001 Non-Institutional Ordy Purchase only 1 per day Limit-based A390 DISPOSABLE DRUG DELIVERY SYSTEM, FLOW PATE OF LESS THAN 50 ML, PER HOUR Each 5180-10-23 Insertion tray S3.07 0401/2001 Non-Institutional Ordy Purchase only 3 per morth Limit-based A131 INSERTION TRAY WITHOUT DRANAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONL) Each 5180-10-32 Insertion tray S3.07 05011980 Non-Institutional Ordy Purchase only 3 per morth Limit-based A131 INSERTION TRAY WITHOUT DRANAGE BAG WITH INDIVELLING CATHETER (FOLEY TYPE, INCOMAY Each 5180-10-32 Insertion tray S3.00 05011980 Non-Institutional Ordy Purchase only 3 per morth Limit-based A131 | | | | | | | | | | | | | | |
| AddBCONTRACEPTIVE SUPPLY. CONDANC FEMALEEach5160-10-01 5160-10-01Family planning supplexS2.100401/2023Non-restitutional onlyPurchase only35 per monthLimi-basedAddBCONTRACEPTIVE SUPPLY, SPERMICDE (E.G., FOAM, GEL)Each5160-10-20 1610-100 pump (non- supplex510.050401/2031Non-restitutional onlyPurchase only1 per dayLimi-basedAd300DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF S0 ML OR GREATER PER HOUREach5160-10-20 1610-10-20Hinkion pump (non- nutrice) pagingent512.730401/2011Non-restitutional Non-restitutionalPurchase only1 per dayLimi-basedAd300DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN S0 ML PER HOUREach5160-10-20 1610-10-20Hinkion pump (non- nutrice) pagingent512.730401/2011Non-restitutional Non-restitutionalPurchase only3 per monthLimi-basedAd311NSERTION TRAY WITHOUT DRANAGE BAG WITH NOWELLING CATHETER, FOLEY TYPE, 1700-VAAY LATEX WITH OCATING (FELON, SULCONE, ELICONE CATHETER, FOLEY TYPE, 1700-VAAY LATEX WITH OCATING (FELON, SULCONE, SULCONE CATHETER, FOLEY TYPE, 1700-VAAY LATEX WITH OLOGINARMARE BAG WITH NOWELLING CATHETER, FOLEY TYPE, 1700-VAAY LATEX WITH OLOGINARMARE BAG WITH NOWELLING CATHETER, FOLEY TYPE, 1700-1700-1700-1700-1700-1700-1700-1700 | A4267 | CONTRACEPTIVE SUPPLY, CONDOM, MALE | Each | 5160-10-01 | | \$0.40 | 04/01/2003 | | Purchase only | 36 per month | Limit-based | | | |
| Image: supplex | A4268 | CONTRACEPTIVE SUPPLY, CONDOM, FEMALE | Each | 5160-10-01 | | \$2.10 | 04/01/2003 | | Purchase only | 36 per month | Limit-based | | | |
| A4305 DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR Each 5100-10-29 Instruction programmer 61/2 04/01/2001 Norhistitutional Purchase only 1 per day Limit-based A4306 DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR Each 5160-10-29 Instruction programmer 61/2 04/01/2001 Norhistitutional Purchase only 1 per day Limit-based A4310 INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER, FOLEY TYPE, Each 5160-10-32 Insertion tray 58.75 05/01/1990 Norhistitutional Purchase only 3 per month Limit-based A4311 INSERTION TRAY WITHOUT DRAINAGE BAG WITH NOWELLING CATHETER, FOLEY TYPE, Each 5160-10-32 Insertion tray 58.75 05/01/1990 Norhistitutional Purchase only 3 per month Limit-based A4312 INSERTION TRAY WITHOUT DRAINAGE BAG WITH NOWELLING CATHETER, FOLEY TYPE, Each 5160-10-32 Insertion tray \$10.00 05/01/1990 Norhistitutional Purchase only 3 per month Limit-based A4313 INSERTION TRAY WITHOUT DRAINAGE BAG WITH NOWELLING CATHETER, FOLEY TYPE, Each 5160-10-32 Insertion tray | | | Eddi | 0100 10 01 | | \$2.10 | 0410112000 | | 1 drondoo oniy | oo por monur | Einik bubbu | | | |
| A430 DISPOSABLE DRUG DELIVERY SYSTEM. FLOW RATE OF SOML OR GREATER PER HOUR Each 5160-10-20 Inflaion pump (non- nutrition) equipment 44010201 Non-Institutional Purchase only 1 per day Limib-based A4300 DISPOSABLE DRUG DELIVERY SYSTEM. FLOW RATE OF LESS THAN S0 ML PER HOUR Each 5160-10-32 Instaion pump (non- nutrition) equipment 532.0 05011900 Non-Institutional Purchase only 3 per month Limib-based A4310 INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORES ONLY) Each 5160-10-32 Insertion tray \$3.00 05011900 Non-Institutional Purchase only 3 per month Limib-based A4311 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATES WITH COATING TERLON, SILCONE, SILCONE ELASTOMERO R Each 5160-10-32 Insertion tray \$10.00 05011900 Non-Institutional Purchase only 3 per month Limib-based A4311 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATES WITH COATING (TERLON, SILCONE, SILCONE ELASTOMERO R) Each 5160-10-32 Insertion tray \$10.00 05011900 Non-Institutional Purchase only 3 per month Limib-based A4310 INSERTI | A4269 | CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL) | Each | 5160-10-01 | | \$10.05 | 04/01/2003 | | Purchase only | 1 per month | Limit-based | | | |
| LA300 DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR Each file/10-29 nutrition guipment only only A4300 DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR Each file/10-29 Non-institution 9////000 Non-institution 9////000 Purchase only 1 per day Limit-based A4310 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, Each file/10-32 Insertion tray \$3.90 05/01/1990 Non-institutions 0/////000 Non-institutions A4311 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, Each file/10-32 Insertion tray \$10.00 05/01/1990 Non-institutions 0//////////////////////////////////// | 44205 | | Eh | 5400 40 00 | | ¢40.70 | 04/04/2004 | | Durahan antu | 4 mm day | Linzit based | | | |
| A4300 DISPOSABLE DRUG DELUVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR Each 5160-10-29 Influsion pump (non- nullicition) equipment. \$12.73 0401/2001 Non-institutional origit Purchase only 1 per day Limit-based A4310 INSERTION TRAY WITHOUT DRAINAGE BAG MUTH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATES WITH COATING (TEFLON, SULCOME CATHETER, FOLEY TYPE, TWO-WAY LATES WITH COATING (TEFLON, SULCOME CATHETER, FOLEY TYPE, TWO-WAY LATES WITH COATING (TEFLON, SULCOME CATHETER, FOLEY TYPE, TWO-WAY LALTS WITH COATING (TEFLON, SULCOME CATHETER, FOLEY TYPE, TWO-WAY LALTS WITH COATING (TEFLON, SULCOME CATHETER, FOLEY TYPE, TWO-WAY LALTS WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THEE-WAY, FOR CONTINUOUS IRRIGATION \$160-10-32 Insertion tray \$10.00 05011/1900 Non-institutional origit Purchase only origit 3 per month Limit-based A4311 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THEE-WAY, FOR CONTINUOUS IRRIGATION Each 5160-10-32 Insertion tray \$10.00 05011/1900 Non-institutional origit Purchase only origit 3 per month Limit-based A4314 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, ALL SULCOME Each 5160-10-32 Insertion tray \$14.00 0501/1900 Non-institutional origit Purchase only 3 per month Limit-based A43 | A4305 | DISPOSABLE DRUG DELIVERT STSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR | Each | 5100-10-29 | | \$12.73 | 04/01/2001 | | Furchase only | i per day | Limit-based | | | |
| Land Institution only only only only A4310 INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY) Each 5160-10-32 Insertion tray \$3,90 0501/1900 Non-statutional only Purchase only only Purchase only | A4306 | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR | Each | 5160-10-29 | Infusion pump (non- | \$12.73 | 04/01/2001 | | Purchase only | 1 per day | Limit-based | | | |
| Ad311 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COLTO RAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE Each 5160-10-32 Insertion tray \$6,75 0501/1990 Non-institutional only Purchase only only 3 per month Limil-based 44312 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE Each 5160-10-32 Insertion tray \$10.00 0501/1990 Non-institutional only Purchase only 3 per month Limil-based 44312 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION Each 5160-10-32 Insertion tray \$14.00 0501/1990 Non-institutional only Purchase only 3 per month Limil-based 44314 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, ALL SILCONE Each 5160-10-32 Insertion tray \$10.00 0501/1990 Non-institutional only Purchase only 3 per month Limil-based 44315 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, ALL SILCONE Each 5160-10-32 Insertion tray \$10.00 0501/1990 <t< td=""><td></td><td></td><td></td><td>5400 40 55</td><td></td><td>*0.00</td><td>05/04/4007</td><td></td><td></td><td></td><td></td><td></td></t<> | | | | 5400 40 55 | | * 0.00 | 05/04/4007 | | | | | | | |
| AA311 INSERTION TRAY WITH OUT RAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LAZEX WITH COATING (FEFLON, SILCONE ELASTOME RO R 5160-10-32 Insertion tray \$6.75 05/01/1990 Non-institutional only Purchase only only 3 per month Limit-based A4312 INSERTION TRAY WITH OUT RAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILCONE Each 5160-10-32 Insertion tray \$1.00 05/01/1990 Non-institutional only Purchase only only 3 per month Limit-based A4313 INSERTION TRAY WITH OUT RAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THEE-WAY, FOR CONTINUOUS IRRIGATION Each 5160-10-32 Insertion tray \$1.00 05/01/1990 Non-institutional only Purchase only 3 per month Limit-based A4314 INSERTION TRAY WITH OUTANING EAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY LATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY LATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, LATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, LATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, LATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, COR CONTINUOUS IRRIGATION Each 5160-10-32 Insertion tray \$14.00 05/01/1990 Non-institutional only Purchase only 3 per month Limit-based A4315 INSER | A4310 | INSEKTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY) | Each | 5160-10-32 | Insertion tray | \$3.90 | 05/01/1990 | | Purchase only | 3 per month | Limit-based | | | |
| TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE, SILICONE, SILICONE, SILICONE, SILICONE, ORICONE, SILICONE, | A4311 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE. | Each | 5160-10-32 | Insertion tray | \$6.75 | 05/01/1990 | | Purchase only | 3 per month | Limit-based | | | |
| TWO-Way, ALL SILCONE only only <th< td=""><td></td><td>TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR</td><td></td><td></td><td></td><td></td><td></td><td>only</td><td></td><td></td><td></td><td></td></th<> | | TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR | | | | | | only | | | | | | |
| AA31 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUUUS IRRIGATION WAY, DATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, DATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, DATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, DATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, DATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, DATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, DATEX WITH ORAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, FOR CONTINUOUS IRRIGATION Each 5160-10-32 Insertion tray \$14.00 05/01/1990 Non-institutional only Purchase only only 3 per month Limit-based A4316 INSERTION TRAY WITH DURJOR BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE- WAY, FOR CONTINUOUS IRRIGATION Each 5160-10-32 Insertion tray \$14.00 05/01/1990 Non-institutional only Purchase only 3 per month Limit-based A4316 INSERTION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE Each 5160-10-32 Insertion tray \$1.80 05/01/1990 Non-institutional only Purchase only 3 per month Limit-based A4320 RRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE Each 5160-10-32 Insertion syringe \$1.60 06/20/1990 Non-institutional only 9urchase only 3 per month | A4312 | | Each | 5160-10-32 | Insertion tray | \$10.00 | 05/01/1990 | | Purchase only | 3 per month | Limit-based | | | |
| THREE-WAY, FOR CONTINUOUS IRRIGATION Control Only Only Only A434 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY LATEX WITH OCATING (TEFLON, SILICONE, SILICONE, SILICONE, ELASTOMER OR HYDROPHILIC, WAY LATEX WITH OCATING (TEFLON, SILICONE, SILIC | A4313 | | Each | 5160-10-32 | Insertion trav | \$14.00 | 05/01/1990 | | Purchase only | 3 per month | Limit-based | | | |
| WAY LATEX WITH COATING (TEFLON, SILCONE, SILCONE, ELASTOMER OR HYDROPHILC, only only only only A4315 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, ALL SILCONE Each 5160-10-32 Insertion tray \$14.00 05/01/1990 Non-institutional only Purchase only 3 per month Limit-based A4315 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE- WAY, POR CONTINUOUS IRRIGATION Each 5160-10-32 Insertion tray \$18.00 05/01/1990 Non-institutional only Purchase only 3 per month Limit-based A4320 IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE Each 5160-10-32 Insertion tray \$2.50 04/01/1992 Non-institutional only Purchase only 30 per month Limit-based A4320 IRRIGATION TRAY WITH BULB OR PISTON Each 5160-10-32 Insertion syringe \$1.60 06/20/1990 Non-institutional only Purchase only 30 per month Limit-based A4326 MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE Each 5160-10-32 Catheter \$9.00 08/01/1997 Non-institutional only Purchase only 5 per year Limit-based | | THREE-WAY, FOR CONTINUOUS IRRIGATION | | | | | | | | | | | | |
| A4315 INSERTION TRAY WITH ORANAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, ALL SILICONE Each 5160-10-32 Insertion tray \$14.00 05/01/1990 Non-institutional only Purchase only only 3 per month Limit-based A4316 INSERTION TRAY WITH ORANAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE- WAY, FOR CONTINUOUS IRRIGATION Each 5160-10-32 Insertion tray \$18.00 05/01/1990 Non-institutional only Purchase only only 3 per month Limit-based A4320 RRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE Each 5160-10-32 Insertion tray \$2.50 04/01/1992 Non-institutional only Purchase only only 30 per month Limit-based A4320 RRIGATION SYRINGE, BULB OR PISTON Each 5160-10-32 Insertion syringe \$1.60 06/20/1990 Non-institutional only Purchase only 30 per month Limit-based A4320 RRIGATION SYRINGE, BULB OR PISTON Each 5160-10-32 Insertion syringe \$1.60 06/20/1990 Non-institutional only Purchase only 30 per month Limit-based A4326 MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE Each 5160-10-32 Catheter < | A4314 | | Each | 5160-10-32 | Insertion tray | \$10.75 | 05/01/1990 | | Purchase only | 3 per month | Limit-based | | | |
| WAY, ALL SILCONE Only Onl | A4245 | | Each | 5160.10.22 | Insertion trav | \$14.00 | 05/01/1000 | | Durchase only | 3 per month | Limit-based | | | |
| A4316 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE- WAY, FOR CONTUNUOUS IRRIGATION Each 5160-10-32 Insertion tray \$18.00 05/01/1990 Non-institutional only Purchase only 3 per month Limit-based A4320 IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE Each 5160-10-32 Insertion tray \$2.50 04/01/1992 Non-institutional only Purchase only 30 per month Limit-based A4320 IRRIGATION SYRINGE, BULB OR PISTON Each 5160-10-32 Insertion syringe \$1.60 06/20/1990 Non-institutional only Purchase only 30 per month Limit-based A4320 IRRIGATION SYRINGE, BULB OR PISTON Each 5160-10-32 Insertion syringe \$1.60 06/20/1990 Non-institutional only Purchase only 30 per month Limit-based A4326 MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE Each 5160-10-32 Catheter \$9.00 08/01/1997 Non-institutional only Purchase only 5 per year Limit-based A4327 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP Each 5160-10-32 Cup \$37.00 08/01/1997 Non-institut | 244010 | | Eduli | 3100-10-32 | moernorrudy | φ1 4 .00 | 00/01/1990 | | r arcriase offly | 5 per month | Linit-based | | | |
| A4320 RRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE Each 5160-10-32 Insertion tray \$2.50 04/01/1992 Non-institutional Purchase only only 30 per month Limit-based A4320 RRIGATION SYRINGE, BULB OR PISTON Each 5160-10-32 Insertion tray \$2.50 04/01/1992 Non-institutional Purchase only only 30 per month Limit-based A4320 RRIGATION SYRINGE, BULB OR PISTON Each 5160-10-32 Insertion syringe \$1.60 06/20/1990 Non-institutional Purchase only only 30 per month Limit-based A4326 MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE Each 5160-10-32 Catheter \$9.00 08/01/1997 Non-institutional Purchase only only 5 per year Limit-based A4327 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP Each 5160-10-32 Cup \$37.00 08/01/1997 Non-institutional On-institutional Only Purchase only 2 per year Limit-based A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH Each 5160-10-32 Pouch \$8.33 04/01/2001 Non-institutional Only Purchase only 1 per month Limit-based | A4316 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE- | Each | 5160-10-32 | Insertion tray | \$18.00 | 05/01/1990 | Non-institutional | Purchase only | 3 per month | Limit-based | | | |
| Ad322 RRIGATION SYRINGE, BULB OR PISTON Each 5160-10-32 Insertion syringe \$1.60 Only Insertion syringe \$0/20/1900 Non-institutional Purchase only 30 per month Limit-based A4326 MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE Each 5160-10-32 Catheter \$9.00 08/01/1997 Non-institutional Purchase only 5 per year Limit-based A4327 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP Each 5160-10-32 Cup \$37.00 08/01/1997 Non-institutional Purchase only 2 per year Limit-based A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP Each 5160-10-32 Cup \$37.00 08/01/1997 Non-institutional Purchase only 2 per year Limit-based A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH Each 5160-10-32 Pouch \$8.33 04/01/2001 Non-institutional Purchase only 1 per month Limit-based | | | <u> </u> | 5400 | | * 0 | 04/04/11777 | | | | | | | |
| A4322 Insertion syringe \$1.60 06/20/1990 Non-institutional only Purchase only 30 per month Limit-based A4322 RRIGATION SYRINGE, BULB OR PISTON Each 5160-10-32 Insertion syringe \$1.60 06/20/1990 Non-institutional only Purchase only 30 per month Limit-based A4326 MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE Each 5160-10-32 Catheter \$9.00 08/01/1997 Non-institutional Purchase only 5 per year Limit-based A4327 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP Each 5160-10-32 Cup \$37.00 08/01/1997 Non-institutional only Purchase only 2 per year Limit-based A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH Each 5160-10-32 Pouch \$8.33 04/01/2001 Non-institutional only Purchase only 1 per month Limit-based | A4320 | IKRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE | Each | 5160-10-32 | Insertion tray | \$2.50 | 04/01/1992 | | Purchase only | 30 per month | Limit-based | | | |
| Ad326 MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE Each 5160-10-32 Catheter \$9.00 08/01/1997 Non-institutional only Purchase only 5 per year Limit-based Ad327 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP Each 5160-10-32 Cup \$37.00 08/01/1997 Non-institutional only Purchase only 2 per year Limit-based Ad328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP Each 5160-10-32 Pouch \$8.33 04/01/2001 Non-institutional only Purchase only 1 per month Limit-based | A4322 | IRRIGATION SYRINGE, BULB OR PISTON | Each | 5160-10-32 | Insertion syringe | \$1.60 | 06/20/1990 | | Purchase only | 30 per month | Limit-based | | | |
| A4327 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP Each 5160-10-32 Cup \$37.00 08/01/1997 Non-institutional only Purchase only 2 per year Limit-based A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH Each 5160-10-32 Pouch \$8.33 04/01/2001 Non-institutional Purchase only 1 per month Limit-based | | | | | | | | only | • | | | | | |
| A4327 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP Each 5160-10-32 Cup \$37.00 08/01/1997 Non-institutional Purchase only 2 per year Limit-based A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH Each 5160-10-32 Pouch \$8.33 04/01/2001 Non-institutional Purchase only 1 per month Limit-based | A4326 | MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE | Each | 5160-10-32 | Catheter | \$9.00 | 08/01/1997 | | Purchase only | 5 per year | Limit-based | | | |
| A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH Each 5160-10-32 Pouch \$8.33 04/01/2001 Non-institutional Purchase only 1 per month Limit-based | A4307 | FEMALE EXTERNAL LIBINARY COLLECTION DEVICE: MEATAL CLIP | Each | 5160,10-32 | Cup | \$37.00 | 08/01/1007 | | Purchase only | 2 ner vear | l imit_based | | | |
| A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH Each 5160-10-32 Pouch \$8.33 04/01/2001 Non-institutional Purchase only 1 per month Limit-based | 14021 | LINE EXTERNE ON MART COLLECTION DEVICE, MEATAE CO | Lavii | 5100-10-52 | Oup | φ01.00 | 50/01/1337 | | . arcriss of ly | 2 por your | Linit-based | | | |
| aniy aniy | A4328 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH | Each | 5160-10-32 | Pouch | \$8.33 | 04/01/2001 | Non-institutional | Purchase only | 1 per month | Limit-based | | | |
| | | | | | | | | only | | | | | | |

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| | | | | | PA Payment by | prior authorization | | | | | |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------|------------|------------------|---------------|---------------------|---------------------------|---------------|-------------------|-----------------|---------------------------------------|
| A4330 PERIANAL F | FECAL COLLECTION POUCH WITH ADHESIVE | Each | 5160-10-32 | Pouch | \$5.80 | 04/01/2001 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| | N DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR URINARY LEG BAG OR UROSTOMY POUCH | Each | 5160-10-32 | Tubing | \$3.04 | 04/01/2001 | Non-institutional only | Purchase only | 2 per month | Limit-based | |
| | ATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT | Each | 5160-10-32 | Anchoring device | \$2.00 | 07/16/2018 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A4334 URINARY C | ATHETER ANCHORING DEVICE, LEG STRAP | Each | 5160-10-32 | Anchoring device | \$3.00 | 01/01/2001 | Non-institutional only | Purchase only | 1 per month | Limit-based | |
| A4335 INCONTINE | NCE SUPPLY; MISCELLANEOUS | Each | 5160-10-32 | Supply | PA | 05/01/1990 | Non-institutional only | Purchase only | Medical necessity | Always required | |
| A4338 INDWELLIN | G CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, 1 ASTOMER OR HYDROPHILIC, ETC.) | Each | 5160-10-32 | Catheter | \$4.20 | 05/01/1990 | Non-institutional only | Purchase only | 3 per month | Limit-based | |
| | IG CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WING, ETC.) | Each | 5160-10-32 | Catheter | \$24.00 | 08/01/1997 | Non-institutional only | Purchase only | 3 per month | Limit-based | |
| A4344 INDWELLIN | G CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE | Each | 5160-10-32 | Catheter | \$9.39 | 04/01/1992 | Non-institutional only | Purchase only | 3 per month | Limit-based | |
| A4346 INDWELLIN | G CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION | Each | 5160-10-32 | Catheter | \$12.50 | 05/01/1990 | Non-institutional only | Purchase only | 3 per month | Limit-based | |
| A4349 MALE EXTE | RNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE | Each | 5160-10-32 | Catheter | \$1.39 | 01/01/2005 | Non-institutional only | Purchase only | 60 per month | Limit-based | |
| | ENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE FLASTOMER OR HYDROPHILIC, ETC.) | Each | 5160-10-32 | Catheter | \$0.79 | 01/01/1996 | Non-institutional only | Purchase only | 200 per month | Limit-based | |
| A4352 INTERMITTE | BIT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING BILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.) | Each | 5160-10-32 | Catheter | \$2.00 | 01/01/1996 | Non-institutional only | Purchase only | 200 per month | Limit-based | |
| | ENT URINARY CATHETER, WITH INSERTION SUPPLIES | Each | 5160-10-32 | Catheter | \$3.49 | 10/01/2004 | Non-institutional only | Purchase only | 60 per month | Limit-based | Payment for A4353 includes lubricant. |
| A4354 INSERTION | TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER | Each | 5160-10-32 | Insertion tray | \$7.40 | 05/01/1990 | Non-institutional only | Purchase only | 3 per month | Limit-based | |
| A4355 IRRIGATION | N TUBING SET 3-WAY INDWELLING FOLEY CATHETER | Each | 5160-10-32 | Tubing | \$2.70 | 05/01/1990 | Non-institutional only | Purchase only | 3 per month | Limit-based | |
| A4356 EXTERNAL CLAMP) | URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER | Each | 5160-10-32 | Clamp | \$30.01 | 05/01/1990 | Non-institutional only | Purchase only | 1 per year | Limit-based | |
| | RAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH | Each | 5160-10-32 | Bag | \$6.00 | 06/20/1990 | Non-institutional only | Purchase only | 2 per month | Limit-based | |
| | RAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH | Each | 5160-10-32 | Bag | \$6.26 | 04/01/2001 | Non-institutional only | Purchase only | 4 per month | Limit-based | |
| A4361 OSTOMY FA | ACEPLATE | Each | 5160-10-32 | Face plate | \$17.52 | 04/01/2001 | Non-institutional only | Purchase only | 4 per year | Limit-based | |
| A4362 SKIN BARRI | IER; SOLID, 4 X 4 OR EQUIVALENT | Each | 5160-10-32 | Barrier | \$3.22 | 04/01/2001 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A4364 ADHESIVE, | LIQUID OR EQUAL, ANY TYPE, PER OZ | Ounce | 5160-10-32 | Adhesive | \$2.38 | 04/01/2001 | Non-institutional only | Purchase only | 4 per 2 months | Limit-based | |
| A4367 OSTOMY BE | ELT | Each | 5160-10-32 | Belt | \$6.96 | 04/01/2001 | Non-institutional only | Purchase only | 2 per 6 MOS | Limit-based | |
| A4369 OSTOMY SH | KIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ | Ounce | 5160-10-32 | Barrier | \$2.30 | 01/01/2000 | Non-institutional only | Purchase only | 4 per month | Limit-based | |
| A4371 OSTOMY SH | KIN BARRIER, POWDER, PER OZ | Ounce | 5160-10-32 | Barrier | \$3.48 | 04/01/2001 | Non-institutional only | Purchase only | 4 per month | Limit-based | |
| A4372 OSTOMY SH CONVEXITY | KIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN | Each | 5160-10-32 | Barrier | \$3.78 | 01/01/2000 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A4373 OSTOMY SH | KIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN | Each | 5160-10-32 | Barrier | \$5.99 | 04/01/2001 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A4375 OSTOMY PO | OUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC | Each | 5160-10-32 | Pouch | \$15.56 | 01/01/2000 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| A4376 OSTOMY PO | OUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER | Each | 5160-10-32 | Pouch | \$43.11 | 07/26/2007 | Non-institutional only | Purchase only | 5 per month | Never required | |
| A4377 OSTOMY PO | OUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC | Each | 5160-10-32 | Pouch | \$3.89 | 01/01/2000 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A4378 OSTOMY PO | OUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER | Each | 5160-10-32 | Pouch | \$27.86 | 01/01/2000 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A4379 OSTOMY PO | OUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC | Each | 5160-10-32 | Pouch | \$13.61 | 01/01/2000 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| A4380 OSTOMY PO | OUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER | Each | 5160-10-32 | Pouch | \$33.82 | 07/26/2007 | Non-institutional only | Purchase only | 5 per month | Never required | |
| A4381 OSTOMY PO | OUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC | Each | 5160-10-32 | Pouch | \$4.18 | 01/01/2000 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A4382 OSTOMY PO | OUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC | Each | 5160-10-32 | Pouch | \$22.31 | 07/26/2007 | Non-institutional only | Purchase only | 10 per month | Never required | |
| A4383 OSTOMY PO | OUCH, URINARY, FOR USE ON FACEPLATE, RUBBER | Each | 5160-10-32 | Pouch | \$25.55 | 07/26/2007 | Non-institutional only | Purchase only | 10 per month | Never required | |
| A4384 OSTOMY FA | ACEPLATE EQUIVALENT, SILICONE RING | Each | 5160-10-32 | Face plate | \$8.72 | 01/01/2000 | Non-institutional only | Purchase only | 4 per year | Limit-based | |
| A4385 OSTOMY SH CONVEXITY | KIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN | Each | 5160-10-32 | Barrier | \$4.00 | 04/01/2001 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| | OUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) | Each | 5160-10-32 | Pouch | \$2.00 | 07/16/2018 | Non-institutional only | Purchase only | 45 per month | Limit-based | |
| A4388 OSTOMY PO | OUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE) | Each | 5160-10-32 | Pouch | \$3.87 | 04/01/2001 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A4389 OSTOMY PO PIECE) | OUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 | Each | 5160-10-32 | Pouch | \$5.55 | 04/01/2001 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| | OUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN ((1 PIECE) | Each | 5160-10-32 | Pouch | \$8.94 | 04/01/2001 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| | OUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH | Each | 5160-10-32 | Pouch | \$6.04 | 04/01/2001 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| | OUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN ((1 PIECE) | Each | 5160-10-32 | Pouch | \$6.34 | 04/01/2001 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A4393 OSTOMY PO CONVEXITY | OUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN | Each | 5160-10-32 | Pouch | \$7.81 | 04/01/2001 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
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| A4396 | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT | Each | 5160-10-32 | Belt | \$24.20 | 10/01/2004 | Non-institutional only | Purchase only | 1 per 3 months | Never required | |
| A4397 | IRRIGATION SUPPLY; SLEEVE | Each | 5160-10-32 | Irrigation | \$4.41 | 04/01/2001 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A4398 | OSTOMY IRRIGATION SUPPLY; BAG | Each | 5160-10-32 | Irrigation | \$13.17 | 04/01/2001 | Non-institutional only | Purchase only | 4 per year | Limit-based | |
| A4399 | OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH | Each | 5160-10-32 | Irrigation | \$9.95 | 01/01/1998 | Non-institutional only | Purchase only | 1 per 6 months | Limit-based | |
| A4400 | OSTOMY IRRIGATION SET | Each | 5160-10-32 | Irrigation | \$45.00 | 08/01/1997 | Non-institutional | Purchase only | 2 per year | Limit-based | |
| A4402 | LUBRICANT, PER OUNCE | Ounce | 5160-10-01 | Other supply item | \$0.65 | 08/01/1998 | only Non-institutional | Purchase only | 8 per month | Limit-based | |
| A4404 | OSTOMY RING | Each | 5160-10-32 | Ring | \$1.47 | 04/01/2001 | only Non-institutional | Purchase only | 5 per month | Limit-based | |
| A4405 | OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE | Ounce | 5160-10-32 | Barrier | \$3.27 | 04/01/2003 | only Non-institutional | Purchase only | 4 per month | Limit-based | |
| A4406 | OSTOMY SKIN BARRIER, PECTIN BASED PASTE | Ounce | 5160-10-32 | Barrier | \$3.27 | 04/01/2003 | only Non-institutional | Purchase only | 4 per month | Limit-based | |
| A4407 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED | Each | 5160-10-32 | Barrier | \$7.67 | 04/01/2003 | only Non-institutional | Purchase only | 5 per month | Limit-based | |
| A4408 | WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED | Each | 5160-10-32 | Barrier | \$7.67 | 04/01/2003 | only Non-institutional | Purchase only | 5 per month | Limit-based | |
| A4409 | WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED | Each | 5160-10-32 | Barrier | \$5.68 | 04/01/2003 | only Non-institutional | Purchase only | 5 per month | Limit-based | |
| A4410 | WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED | Each | 5160-10-32 | Barrier | \$5.68 | 04/01/2003 | only Non-institutional | Purchase only | 5 per month | Limit-based | |
| A4412 | WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | only Non-institutional | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4413 | PIECE SYSTEM), WITHOUT FILTER OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | only Non-institutional | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4414 | PIECE SYSTEM), WITH FILTER, EACH OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT- | Each | 5160-10-32 | Barrier | \$4.24 | 04/01/2003 | only Non-institutional | Purchase only | 20 per month | Limit-based | |
| A4415 | IN CONVEXITY, 4 X 4 INCHES OR SMALLER OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT- | Each | 5160-10-32 | Barrier | \$4.24 | 04/01/2003 | only Non-institutional | Purchase only | 20 per month | Limit-based | |
| A4416 | IN CONVEXITY, LARGER THAN 4 X 4 INCHES OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.91 | 07/01/2021 | only Non-institutional | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A5051. |
| A4417 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH | Each | 5160-10-32 | Pouch | \$2.00 | 07/01/2021 | only Non-institutional | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A4387. |
| A4418 | FILTER (1 PIECE) OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.36 | 07/01/2021 | only Non-institutional | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A5052. |
| A4419 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH | Each | 5160-10-32 | Pouch | \$1.35 | 07/01/2021 | only Non-institutional | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A5054. |
| A4421 | FILTER (2 PIECE) OSTOMY SUPPLY; MISCELLANEOUS | Each | 5160-10-32 | Supply | PA | 05/01/1990 | only Non-institutional | Purchase only | | Always required | |
| A4423 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 | Each | 5160-10-32 | Pouch | \$1.35 | 07/01/2021 | only Non-institutional | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A5054. |
| A4424 | PIECE) OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE) | Each | 5160-10-32 | Pouch | \$2.45 | 07/01/2021 | only Non-institutional | Purchase only | 30 per month | Limit-based | This item and payment are crosswalked with A5061. |
| A4425 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | only Non-institutional | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4426 | FILTER (2 PIECE SYSTEM) OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | only Non-institutional | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4427 | SYSTEM) OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | only Non-institutional | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4433 | (2 PIECE SYSTEM) OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE) | Each | 5160-10-32 | Pouch | \$2.98 | 07/01/2021 | only Non-institutional | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5073. |
| A4434 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET- | Each | 5160-10-32 | Pouch | \$2.98 | 07/01/2021 | only Non-institutional | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5073. |
| A4450 | TYPE TAP WITH VALVE (2 PIECE) TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES | 18 square inches | 5160-10-01 | Dressings / tape / | \$0.08 | 10/01/2004 | only Non-institutional | Purchase only | 200 per month | Limit-based | |
| A4452 | TAPE, WATERPROOF, PER 18 SQUARE INCHES | 18 square inches | 5160-10-01 | gauze / bandages Dressings / tape / | \$0.32 | 10/01/2004 | only Non-institutional | Purchase only | 200 per month | Limit-based | |
| A4455 | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE | Ounce | 5160-10-01 | gauze / bandages Supply | \$1.36 | 04/01/2001 | only Non-institutional | Purchase only | 8 per month | Limit-based | |
| A4458 | ENEMA BAG WITH TUBING, REUSABLE | Each | 5160-10-01 | Bag | \$8.00 | 10/01/2004 | only Non-institutional | Purchase only | 1 per 2 years | Never required | |
| A4467 | BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE | Each | 5160-10-14 | Elastic supports | \$40.00 | 01/01/2017 | only Non-institutional | Purchase only | 2 per year | Limit-based | |
| A4483 | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION | Each | 5160-10-01 | Tracheostomy | \$4.15 | 01/01/2005 | only Non-institutional | Purchase only | 100 per month | Limit-based | |
| A4490 | SURGICAL STOCKINGS ABOVE KNEE LENGTH | Each | 5160-10-14 | supplies Surgical stockings | \$25.00 | 10/15/2006 | only Non-institutional | Purchase only | 6 per year | Always required | |
| A4495 | SURGICAL STOCKINGS THIGH LENGTH | Each | 5160-10-14 | and burn garments Surgical stockings | \$25.00 | 10/15/2006 | only Non-institutional | Purchase only | 6 per year | Always required | |
| A4500 | SURGICAL STOCKINGS BELOW KNEE LENGTH | Each | 5160-10-14 | and burn garments Surgical stockings | \$22.00 | 10/15/2006 | only Non-institutional | Purchase only | 6 per year | Always required | |
| A4510 | SURGICAL STOCKINGS FULL LENGTH | Each | 5160-10-14 | and burn garments Surgical stockings | \$75.00 | 01/01/2008 | only Non-institutional | Purchase only | 3 per year | Always required | |
| A4556 | ELECTRODES, (E.G., APNEA MONITOR) | Pair | 5160-10-01 | and burn garments Electrodes | \$9.41 | 10/01/2004 | only Non-institutional | Purchase only | 1 per month | Limit-based | No separate payment is made for apnea monitor supplies |
| A4557 | LEAD WIRES, (E.G., APNEA MONITOR) | Pair | 5160-10-01 | Lead wires | \$16.36 | 10/01/2004 | only Non-institutional | Purchase only | 1 per month | Limit-based | during any month in which an apnea monitor is rented. No separate payment is made for apnea monitor supplies |
| A4558 | CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES) | Each | 5160-10-01 | Supply | \$4.23 | 10/01/2004 | only Non-institutional | Purchase only | 1 per month | Limit-based | Auring any month in which an apnea monitor is rented. No separate payment is made for apnea monitor supplies |
| A4561 | PESSARY, RUBBER, ANY TYPE | Each | 5160-10-01 | Supply | \$10.24 | 01/01/2001 | only Non-institutional | Purchase only | 1 per year | Limit-based | during any month in which an apnea monitor is rented. |
| A4562 | PESSARY, NON RUBBER, ANY TYPE | Each | 5160-10-01 | Supply | \$10.24 | 01/01/2001 | only Non-institutional | Purchase only | 1 per year | Limit-based | |
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| A4565 | SLINGS | Each | 5160-10-01 | Limb support | \$6.30 | 07/01/2002 | Non-institutional | Purchase only | 2 per year | Limit-based | |
| A4566 | SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL. PREFABRICATED. INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Shoulder | \$95.00 | 01/01/2011 | All | Purchase only | 1 per medical | Always required | |
| A4570 | CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT SPLINT | Each | 5160-10-01 | Limb support | \$10.00 | 05/01/1990 | Non-institutional | Purchase only | event 1 per year | Limit-based | |
| A4580 | CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY | Roll | 5160-10-01 | Casting | \$2.55 | 11/01/1992 | only Non-institutional only | Purchase only | 1 per year | Never required | |
| A4590 | CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY | Roll | 5160-10-01 | Casting | \$15.00 | 11/01/1992 | Non-institutional | Purchase only | 1 per year | Limit-based | |
| A4595 | ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G., TENS, NMES) | Each | 5160-10-15 | TENS supplies | \$25.00 | 01/01/1996 | only Non-institutional only | Purchase only | 1 per month | Never required | No separate payment is made for TENS supplies during any month in which a TENS unit is rented. (FOR A RECIPIENT- OWNED UNIT) |
| A4604 | TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE | Each | 5160-10-19 | Tubing | \$53.40 | 02/08/2016 | Non-institutional only | Purchase only | 1 per year | Never required | OWNED UNIT) |
| A4605 | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM | Each | 5160-10-01 | Respiratory care supplies | \$13.12 | 01/01/2005 | Non-institutional only | Purchase only | 10 per month | Limit-based | A claim may be submitted for only one type of tracheal suction catheter per month. |
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, DISPOSABLE, ADULT | Each | 5160-10-23 | Probe | \$110.25 | 07/01/2021 | Non-institutional only | Purchase only | 4 per year | Always required | catheter per month. |
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, PEDIATRIC | Each | 5160-10-23 | Probe | \$242.50 | 07/01/2021 | Non-institutional only | Purchase only | 4 per year | Always required | Modifier U1 is used to differentiate this item for pediatric use. |
| A4606 U2 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, DISPOSABLE | Each | 5160-10-23 | Probe | \$18.50 | 07/01/2021 | Non-institutional only | Purchase only | 4 per month | Limit-based | Modifier U2 is used to differentiate this item for disposable use. |
| A4611 | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED-VENTILATOR | Each | 5160-10-22 | Ventilator battery | \$100.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per year | Always required | |
| A4612 | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | Each | 5160-10-22 | Ventilator battery | \$60.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 2 years | Always required | |
| A4613 | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | Each | 5160-10-22 | Ventilator battery | \$60.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 3 years | Always required | |
| A4616 | TUBING (OXYGEN), PER FOOT | Foot | 5160-10-01 | Respiratory care supplies | \$0.05 | 01/01/2008 | Non-institutional only | Purchase only | 15 per month | Never required | |
| A4617 | MOUTH PIECE | Each | 5160-10-13 | Respiratory care supplies | \$1.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 2 months | Limit-based | |
| A4618 | BREATHING CIRCUITS | Each | 5160-10-19 | Breathing circuits | \$2.60 | 05/01/1990 | Non-institutional only | Purchase only | 4 per month | Always required | For consumer-owned IPB only |
| A4619 | FACE TENT | Each | 5160-10-13 | Respiratory care supplies | \$1.21 | 01/01/2002 | Non-institutional only | Purchase only | 6 per month | Limit-based | |
| A4620 | VARIABLE CONCENTRATION MASK | Each | 5160-10-13 | Respiratory care | \$0.62 | 04/01/2009 | Non-institutional only | Purchase only | 6 per month | Never required | |
| A4623 | TRACHEOSTOMY, INNER CANNULA | Each | 5160-10-01 | supplies Tracheostomy supplies | \$4.38 | 01/01/1994 | Non-institutional only | Purchase only | 30 per month | Limit-based | Replacement only |
| A4624 | TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM | Each | 5160-10-01 | Respiratory care supplies | \$0.80 | 05/01/1990 | Non-institutional only | Purchase only | 150 per month | Limit-based | A claim may be submitted for only one type of tracheal suction catheter per month. (ADULT) |
| A4625 | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY | Each | 5160-10-01 | Tracheostomy supplies | \$3.55 | 01/01/1996 | Non-institutional only | Purchase only | 30 per month | Limit-based | This item is covered only for the first two weeks following open surgical tracheostomy. |
| A4626 | TRACHEOSTOMY CLEANING BRUSH | Each | 5160-10-01 | Tracheostomy supplies | \$1.38 | 01/01/1993 | Non-institutional only | Purchase only | 10 per month | Limit-based | surgicant acheostomy. |
| A4628 | OROPHARYNGEAL SUCTION CATHETER | Each | 5160-10-01 | Respiratory care supplies | \$2.70 | 01/01/1996 | Non-institutional | Purchase only | 4 per month | Limit-based | |
| A4629 | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY | Each | 5160-10-01 | Tracheostomy supplies | \$2.55 | 01/01/1996 | only Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A4633 | REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM | Each | 5160-10-01 | Bulb | \$36.94 | 07/01/2019 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | 1 each = 1 bulb per each socket of the phototherapy unit. |
| A4635 | UNDERARM PAD, CRUTCH, REPLACEMENT | Each | 5160-10-30 | Ambulation accessory | \$1.50 | 05/25/1991 | Non-institutional only | Purchase only | 2 per year | Limit-based | |
| A4636 | REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER | Each | 5160-10-30 | Ambulation accessory | \$1.66 | 05/25/1991 | Non-institutional only | Purchase only | 4 per year | Limit-based | |
| A4637 | REPLACEMENT, TIP, CANE, CRUTCH, WALKER | Each | 5160-10-30 | Ambulation | \$1.90 | 05/25/1991 | Non-institutional only | Purchase only | 4 per year | Limit-based | |
| A4640 | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT | Each | 5160-10-18 | Pad | \$31.28 | 05/25/1991 | Non-institutional only | Purchase only | 1 per year | Limit-based | |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS | Each | 5160-10-01 | Supply | PA | 05/01/1990 | Non-institutional only | Purchase only | | Always required | Do not use for ostomy supplies |
| A4660 | SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE | Set | 5160-10-01 | Blood pressure monitor and accessories | \$30.00 | 08/01/1997 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| A4663 | BLOOD PRESSURE CUFF ONLY | Each | 5160-10-01 | Blood pressure monitor and accessories | \$13.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | Replacement |
| A4670 | AUTOMATIC BLOOD PRESSURE MONITOR | Each | 5160-10-01 | Blood pressure monitor and accessories | \$47.00 | 08/01/1997 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| A4719 | Y SET TUBING FOR PERITONEAL DIALYSIS | Set | 5160-10-29 | Infusion pump (non- nutrition) supplies | \$5.00 | 10/01/2004 | Non-institutional only | Purchase only | 30 per month | Never required | |
| A4927 | GLOVES, NON-STERILE, PER 100 | 100 | 5160-10-01 | Supply | \$8.69 | 04/01/2003 | Non-institutional only | Purchase only | 2 per month | Limit-based | |
| A4930 | GLOVES, STERILE, PER PAIR | Pair | 5160-10-01 | Supply | \$0.55 | 04/01/2003 | Non-institutional only | Purchase only | 100 pairs per month | Limit-based | |
| A5051 | OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.91 | 04/01/2001 | Non-institutional only | Purchase only | 45 per month | Limit-based | |
| A5052 | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.36 | 04/01/2001 | Non-institutional only | Purchase only | 45 per month | Limit-based | |
| A5053 | OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE | Each | 5160-10-32 | Pouch | \$1.58 | 01/01/1998 | Non-institutional only | Purchase only | 45 per month | Limit-based | |
| A5054 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE) | Each | 5160-10-32 | Pouch | \$1.35 | 04/01/2001 | Non-institutional only | Purchase only | 45 per month | Limit-based | |
| A5055 | STOMA CAP | Each | 5160-10-32 | Сар | \$1.27 | 04/01/2001 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
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BR – Payment by report Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity DA. December the interaction of the basis of medical necessity

| A5056 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE) | Each | 5160-10-32 | Pouch | | | | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A4388. | | | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|----------------------------------------|----------|------------|-----------------------------------|---------------|------------------------|-----------------|---------------------------------------------------|--|--|--|
| A5057 | I COLD OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE) | Each | 5160-10-32 | Pouch | \$8.94 | 07/01/2021 | Non-institutional only | Purchase only | 5 per month | Limit-based | This item and payment are crosswalked with A4390. | | | |
| A5061 | OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE) | Each | 5160-10-32 | Pouch | \$2.45 | 04/01/2001 | Non-institutional only | Purchase only | 30 per month | Limit-based | | | | |
| A5062 | OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.90 | 08/01/1997 | Non-institutional | Purchase only | 20 per month | Limit-based | | | | |
| A5063 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM) | Each | 5160-10-32 | Pouch | \$2.13 | 04/01/2001 | only Non-institutional | Purchase only | 10 per month | Limit-based | | | | |
| A5071 | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$4.15 | 04/01/2001 | only Non-institutional | Purchase only | 20 per month | Limit-based | | | | |
| A5072 | OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$3.10 | 04/01/2001 | only Non-institutional | Purchase only | 20 per month | Limit-based | | | | |
| A5073 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE) | Each | 5160-10-32 | Pouch | \$2.98 | 04/01/2001 | only Non-institutional | Purchase only | 10 per month | Limit-based | | | | |
| A5081 | STOMA PLUG OR SEAL, ANY TYPE | Each | 5160-10-32 | Plug | \$3.00 | 01/01/1998 | only Non-institutional only | Purchase only | 40 per month | Limit-based | | | | |
| A5082 | CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA | Each | 5160-10-32 | Catheter | \$10.75 | 01/01/1998 | Non-institutional only | Purchase only | 1 per 2 months | Limit-based | | | | |
| A5093 | OSTOMY ACCESSORY; CONVEX INSERT | Each | 5160-10-32 | Insert | \$1.58 | 04/01/2001 | Non-institutional only | Purchase only | 10 per month | Limit-based | | | | |
| A5102 | BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE | Each | 5160-10-32 | Bottle | \$21.39 | 04/01/2001 | Non-institutional only | Purchase only | 2 per year | Limit-based | | | | |
| A5105 | URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE | Each | 5160-10-32 | Suspensory | \$40.32 | 07/01/2002 | Non-institutional | Purchase only | 2 per year | Limit-based | | | | |
| A5112 | URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS | Each | 5160-10-32 | Bag | \$31.16 | 07/01/2002 | only Non-institutional only | Purchase only | 3 per year | Limit-based | | | | |
| A5113 | LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET | Set | 5160-10-32 | Strap | \$1.30 | 11/15/1993 | Non-institutional only | Purchase only | 4 per year | Limit-based | For use with urinary leg bag | | | |
| A5114 | LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET | Set | 5160-10-32 | Strap | \$4.25 | 04/01/2001 | Non-institutional only | Purchase only | 4 per year | Limit-based | For use with urinary leg bag | | | |
| A5120 | SKIN BARRIER, WIPES OR SWABS | Each | 5160-10-32 | Wipes | \$0.17 | 01/01/2006 | Non-institutional only | Purchase only | 50 per month | Limit-based | | | | |
| A5121 | SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT | Each | 5160-10-32 | Barrier | \$6.70 | 05/01/1990 | Non-institutional only | Purchase only | 5 per month | Limit-based | | | | |
| A5122 | SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT | Each | 5160-10-32 | Barrier | \$12.26 | 04/01/2001 | Non-institutional only | Purchase only | 6 per month | Limit-based | | | | |
| A5126 | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD | Each | 5160-10-32 | Pad | \$1.11 | 07/01/2002 | Non-institutional only | Purchase only | 20 per month | Limit-based | | | | |
| A5131 | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ. | 16 ounces | 5160-10-32 | Cleaner | \$12.25 | 01/01/1998 | Non-institutional only | Purchase only | 1 per 3 months | Limit-based | | | | |
| A5500 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-HE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT(5), PER SHOE | Each | 5160-10-31 | Diabetic shoes | \$46.07 | 01/01/2010 | All | Purchase only | 1 per foot per year | Always required | | | | |
| A5501 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), | Each | 5160-10-31 | Diabetic shoes | \$160.19 | 01/01/2010 | All | Purchase only | 1 per foot per vear | Always required | | | | |
| | FOR DUBLETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENTS FOOT, INCLLIDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL, OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED | Each | 5160-10-31 | Diabetic shoes | \$18.80 | 01/01/2010 | All | Purchase only | 1 per foot per year | Always required | | | | |
| A5513 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENTS FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED | Each | 5160-10-31 | Diabetic shoes | \$28.04 | 01/01/2010 | All | Purchase only | 1 per foot per year | Always required | | | | |
| | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED | Each | 5160-10-31 | Diabetic shoes | \$35.65 | 01/01/2019 | All | Purchase only | 1per foot per year | Always required | | | | |
| A6010 | COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN | Gram | 5160-10-01 | Wound fillers | \$30.96 | 09/01/2005 | Non-institutional only | Purchase only | \$100 per month | Limit-based | | | | |
| A6011 | COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN | Gram | 5160-10-01 | Wound fillers | \$1.82 | 01/01/2005 | Non-institutional only | Purchase only | \$100 per month | Limit-based | | | | |
| A6021 | COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$16.82 | 04/01/2006 | Non-institutional only | Purchase only | 10 per month | Always required | | | | |
| A6022 | COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$18.91 | 04/01/2006 | Non-institutional only | Purchase only | 10 per month | Always required | | | | |
| A6023 | COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$171.27 | 04/01/2006 | Non-institutional only | Purchase only | 20 per month | Always required | | | | |
| A6154 | WOUND POUCH, FOR SURGICAL WOUND DRAINAGE, PER WOUND | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$11.40 | 01/01/1997 | Non-institutional only | Purchase only | 15 per month | Limit-based | | | | |
| A6196 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$6.00 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | | | | |
| A6197 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$12.50 | 01/01/1999 | Non-institutional only | Purchase only | 30 per month | Limit-based | | | | |
| | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$31.40 | 07/26/2007 | Non-institutional only | Purchase only | 30 per month | Limit-based | | | | |
| A6199 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES | 6 inches | 5160-10-01 | Wound fillers | \$5.29 | 09/01/2005 | Non-institutional only | Purchase only | \$100 per month | Limit-based | | | | |
| A6203 | COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$3.02 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | | | | |
| A6204 | COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$4.50 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | | | | |
| A6205 | COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$5.00 | 07/01/2021 | Non-institutional only | Purchase only | 12 per month | Always required | | | | |

BR -- Payment by report Limit-based -- PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity

| _ | | | | | PA Payment by | nay be exceeded on prior authorization | | , | | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|----------------------------------------|---------------|-------------------------------------------|---------------------------|-----------------|-----------------|-----------------|-----------------------------------------------------------------------------------------------|
| A6206 | CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$6.25 | 07/01/2021 | Non-institutional | Purchase only | 4 per month | Always required | |
| A6207 | CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$5.30 | 01/01/1997 | Non-institutional only | Purchase only | 4 per month | Limit-based | |
| A6208 | CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / | \$11.98 | 04/01/2006 | Non-institutional | Purchase only | 4 per month | Always required | |
| A6209 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$6.17 | 01/01/1997 | only Non-institutional | Purchase only | 12 per month | Limit-based | |
| A6209 | ADHESIVE BORDER, EACH DRESSING FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$14.90 | 07/01/2021 | only Non-institutional | Purchase only | 3 per week | Always required | Modifier U1 differentiates this item. It is to be used for short- |
| U1 | ADHESIVE BORDER, SILVER, EACH DRESSING | | | gauze / bandages | | | only | | | | term wound care (less than or equal to 8 weeks per wound) under a specific treatment plan. |
| A6210 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$14.35 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6210 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS | Each | 5160-10-01 | Dressings / tape / | \$20.85 | 07/01/2021 | Non-institutional | Purchase only | 12 per month | Limit-based | Modifier U1 differentiates this item. It is to be used for short- |
| | THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, SILVER, EACH DRESSING | | | gauze / bandages | | | only | | | | term wound care (less than or equal to 8 weeks per wound) under a specific treatment plan. |
| A6211 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$25.21 | 01/01/1999 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6212 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$7.00 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6213 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$12.54 | 04/01/2006 | Non-institutional only | Purchase only | 12 per month | Always required | |
| A6214 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$7.45 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6215 | FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM | Gram | 5160-10-01 | Wound fillers | \$1.23 | 06/28/2006 | Non-institutional | Purchase only | \$100 per month | Limit-based | |
| A6216 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT | Each | 5160-10-01 | Dressings / tape / | \$0.04 | 07/16/2018 | only Non-institutional | Purchase only | \$50 per month | Limit-based | |
| A6217 | ADHESIVE BORDER, EACH DRESSING GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$0.64 | 06/28/2006 | only Non-institutional | Purchase only | \$50 per month | Limit-based | |
| A6218 | OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$1.27 | 06/28/2006 | only Non-institutional | Purchase only | \$50 per month | Limit-based | |
| A6219 | ADHESIVE BORDER, EACH DRESSING GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$0.95 | 06/28/2006 | only Non-institutional | Purchase only | \$50 per month | Limit-based | |
| A6220 | ADHESIVE BORDER, EACH DRESSING GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$2.58 | 06/28/2006 | only Non-institutional | Purchase only | \$50 per month | Limit-based | |
| | EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | | | gauze / bandages | | | only | | • | | |
| A6221 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.52 | 06/28/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6222 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.65 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6223 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.75 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6224 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE. PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$2.60 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6231 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ, IN, OR LESS, FACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.65 | 01/01/2001 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6232 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE | Each | 5160-10-01 | Dressings / tape / | \$1.75 | 01/01/2001 | Non-institutional | Purchase only | 12 per month | Limit-based | |
| A6233 | GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$2.60 | 01/01/2001 | only Non-institutional | Purchase only | 12 per month | Limit-based | |
| A6234 | MORE THAN 48 SQ. IN., EACH DRESSING HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$4.80 | 01/01/1997 | only Non-institutional | Purchase only | 12 per month | Limit-based | |
| A6235 | WITHOUT ADHESIVE BORDER, EACH DRESSING HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$12.15 | 08/01/1997 | only Non-institutional | Purchase only | 12 per month | Limit-based | |
| A6236 | LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN. | Fach | 5160-10-01 | gauze / bandages Dressings / tape / | \$19.65 | 08/01/1997 | only Non-institutional | Purchase only | 12 per month | Limit-based | |
| A6237 | WITHOUT ADHESIVE BORDER, EACH DRESSING HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$5.80 | 01/01/1997 | only Non-institutional | Purchase only | 12 per month | Limit-based | |
| A6238 | ANY SIZE ADHESIVE BORDER, EACH DRESSING HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT | Each | 5160-10-01 | gauze / bandages | \$16.75 | 08/01/1997 | only Non-institutional | Purchase only | 12 per month | Limit-based | |
| | LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | | | Dressings / tape / gauze / bandages | | | only | | • | | |
| A6239 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$16.75 | 07/01/2021 | Non-institutional only | Purchase only | 12 per month | Always required | |
| A6240 | HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE | Fluid ounce | 5160-10-01 | Wound fillers | \$5.00 | 07/26/2007 | Non-institutional only | Purchase only | \$100 per month | Never required | |
| A6241 | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM | Gram | 5160-10-01 | Wound fillers | \$2.57 | 09/01/2005 | Non-institutional only | Purchase only | \$100 per month | Limit-based | |
| A6242 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$4.80 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6243 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$8.75 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6244 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$28.30 | 01/01/1999 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6245 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER FACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$5.90 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6246 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / | \$7.15 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6247 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$17.15 | 08/01/1997 | Non-institutional | Purchase only | 12 per month | Limit-based | |
| A6248 | ANY SIZE ADHESIVE BORDER, EACH DRESSING HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE | Fluid ounce | 5160-10-01 | gauze / bandages Wound fillers | \$5.76 | 07/26/2007 | only Non-institutional | Purchase only | \$100 per month | Never required | |
| A6251 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, | Each | 5160-10-01 | Dressings / tape / | \$0.90 | 01/01/1997 | only Non-institutional | Purchase only | 30 per month | Limit-based | |
| A6252 | WITHOUT ADHESIVE BORDER, EACH DRESSING SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$2.35 | 01/01/1997 | only Non-institutional | Purchase only | 30 per month | Limit-based | |
| A6253 | IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. | Each | 5160-10-01 | gauze / bandages Dressings / tape / | \$4.60 | 01/01/1997 | only Non-institutional | Purchase only | 30 per month | Limit-based | |
| A0200 | N., WITHOUT ADHESIVE BORDER, EACH DRESSING | Laun | 5100-10-01 | gauze / bandages | φτ.00 | 5110111331 | only | , aronase offiy | oo per montif | CITICOBSCU | |

BR -- Payment by report Limit-based -- PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity

| Frequency limits may be exceeded on the basis of medical necessity PA Payment by prior authorization 0.4016/1.00211111/2. Alter institutional Directory and Limit based | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|-----------------------------------------|----------|------------|---------------------------|---------------|------------------------|-----------------|--|--|
| A6254 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, FACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.90 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | | |
| A6255 | THTP ANT SIZE ADDISIVE ODVECTS, EACH DUBSING SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$2.20 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | | |
| A6256 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$2.20 | 07/01/2021 | Non-institutional only | Purchase only | 30 per month | Always required | | |
| A6257 | TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.10 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | | |
| A6258 | TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$3.10 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | | |
| A6259 | TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$7.90 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | | |
| A6261 | WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED | Month | 5160-10-01 | Wound fillers | \$100.00 | 01/01/1997 | Non-institutional only | Purchase only | \$100 per month | Limit-based | | |
| A6262 | WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED | Month | 5160-10-01 | Wound fillers | \$100.00 | 01/01/1997 | Non-institutional only | Purchase only | \$100 per month | Limit-based | | |
| A6266 | GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.75 | 08/01/1997 | Non-institutional only | Purchase only | 100 yards per month | Limit-based | | |
| A6402 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.12 | 04/01/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | | |
| A6403 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.43 | 04/01/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | | |
| A6404 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.61 | 04/01/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | | |
| A6441 | PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.54 | 01/01/2005 | Non-institutional only | Purchase only | 100 per month | Limit-based | | |
| A6442 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.14 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | | |
| A6443 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.23 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | | |
| A6444 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.45 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | | |
| A6445 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.26 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | | |
| A6446 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.33 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | | |
| A6447 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.54 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | | |
| A6448 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.04 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6449 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.05 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6450 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.60 | 01/01/2005 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6451 | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOYEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$3.19 | 01/01/2005 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6452 | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$5.32 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6453 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.55 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6454 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.69 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6455 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.25 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6460 | SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$9.75 | 07/01/2021 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6461 | SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$9.75 | 07/01/2021 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | | |
| A6501 | COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 3 per year | Always required | | |
| A6502 | COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 3 per year | Always required | | |
| A6503 | COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 3 per year | Always required | | |
| A6504 | COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 4 per year | Always required | | |
| A6505 | COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 4 per year | Always required | | |
| A6506 | COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 4 per year | Always required | | |
| A6507 | COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 4 per year | Always required | | |
| A6508 | COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 4 per year | Always required | | |
| A6509 | COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 3 per year | Always required | | |
| A6510 | COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 3 per year | Always required | | |
| A6511 | COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 3 per year | Always required | | |
| A6512 | COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 4 per year | Always required | | |
| A6530 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG | Each | 5160-10-14 | Elastic supports | \$21.64 | 07/26/2007 | Non-institutional only | Purchase only | 6 per year | Always required | | |

BR -- Payment by report Limit-based -- PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity

| | Frequency limits may be exceeded on the basis of medical necessity PA - Payment by prior authorization RADIFINT COMPRESSION STOCKING RFLOW KNEF 30-40 MMHG Fach 5160-10-14 Flastic suprovides SPA 6 07/29/007 Non-institutional Purchase only 6 per very Aways required | | | | | | | | | | | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|------------------------------------------|---------------|------------|---------------------------|---------------|----------------|-----------------|-------------------------------------------------|--|--|
| A6531 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG | Each | 5160-10-14 | Elastic supports | \$26.06 | 07/26/2007 | Non-institutional only | Purchase only | 6 per year | Always required | | | |
| A6532 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG | Each | 5160-10-14 | Elastic supports | \$30.48 | 07/26/2007 | Non-institutional | Purchase only | 6 per year | Always required | | | |
| A6533 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG | Each | 5160-10-14 | Elastic supports | \$24.64 | 07/26/2007 | only Non-institutional | Purchase only | 6 per year | Always required | | | |
| A6534 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG | Each | 5160-10-14 | Elastic supports | \$29.06 | 07/26/2007 | only Non-institutional | Purchase only | 6 per year | Always required | | | |
| A6535 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG | Each | 5160-10-14 | Elastic supports | \$33.48 | 07/26/2007 | only Non-institutional | Purchase only | 6 per year | Always required | | | |
| A6536 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG | Each | 5160-10-14 | Elastic supports | \$43.27 | 01/01/2006 | only Non-institutional | Purchase only | 6 per year | Always required | | | |
| A6537 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG | Each | 5160-10-14 | Elastic supports | \$52.12 | 07/26/2007 | only Non-institutional | Purchase only | 6 per year | Always required | | | |
| A6538 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG | Each | 5160-10-14 | Elastic supports | \$60.96 | 01/01/2006 | only Non-institutional | Purchase only | 6 per year | Always required | | | |
| A6539 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG | Each | 5160-10-14 | Elastic supports | \$50.00 | 07/26/2007 | only Non-institutional | Purchase only | 3 per year | Always required | | | |
| A6540 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG | Each | 5160-10-14 | Elastic supports | \$62.50 | 07/26/2007 | only Non-institutional | Purchase only | 3 per year | Always required | | | |
| A6541 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG | Each | 5160-10-14 | Elastic supports | \$75.00 | 07/26/2007 | only | Purchase only | 3 per vear | Always required | | | |
| A6549 | | Each | | | \$75.00 PA | | only | | | | | | |
| | GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED | | 5160-10-14 | Elastic supports | | 01/01/2011 | only | Purchase only | 6 per year | Always required | | | |
| A7000 | CANISTER, DISPOSABLE, USED WITH SUCTION PUMP | Each | 5160-10-01 | Suction pump | \$7.50 | 01/01/2000 | Non-institutional only | Purchase only | 3 per month | Limit-based | | | |
| A7002 | TUBING, USED WITH SUCTION PUMP | Each | 5160-10-01 | Suction pump | \$3.75 | 01/01/2000 | Non-institutional only | Purchase only | 4 per month | Limit-based | Includes connector/adaptor | | |
| A7003 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE | Each | 5160-10-01 | Respiratory care supplies | \$2.15 | 01/01/2000 | Non-institutional only | Purchase only | 4 per month | Limit-based | | | |
| A7004 | SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE | Each | 5160-10-01 | Respiratory care supplies | \$1.44 | 10/01/2004 | Non-institutional only | Purchase only | 4 per month | Limit-based | | | |
| A7005 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON- DISPOSABLE | Each | 5160-10-01 | Respiratory care supplies | \$20.00 | 01/01/2000 | Non-institutional only | Purchase only | 2 per year | Limit-based | | | |
| A7006 | ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER | Each | 5160-10-01 | Respiratory care | \$8.00 | 01/01/2000 | Non-institutional only | Purchase only | 4 per month | Limit-based | | | |
| A7007 | LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR | Each | 5160-10-01 | supplies Respiratory care supplies | \$4.00 | 10/01/2004 | Non-institutional only | Purchase only | 4 per month | Limit-based | | | |
| A7012 | WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER | Each | 5160-10-01 | Respiratory care | \$1.80 | 01/01/2000 | Non-institutional | Purchase only | 4 per month | Limit-based | | | |
| A7015 | AEROSOL MASK, USED WITH DME NEBULIZER | Each | 5160-10-01 | supplies Respiratory care | \$1.63 | 07/01/2002 | only Non-institutional | Purchase only | 4 per month | Limit-based | | | |
| A7018 | WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML | Liter | 5160-10-01 | supplies Distilled water / | \$0.28 | 01/01/2001 | only Non-institutional | Purchase only | 16 per month | Limit-based | | | |
| A7025 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH | Each | 5160-10-08 | sterile saline HFCWO system | \$400.00 | 10/01/2004 | only Non-institutional | Purchase only | 1 per lifetime | Always required | | | |
| A7030 | PATIENT OWNED EQUIPMENT FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Face mask | \$113.18 | 04/20/2006 | only Non-institutional | Purchase only | 4 per year | Limit-based | | | |
| A7031 | FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK | Each | 5160-10-19 | Replacement | \$51.12 | 02/01/2016 | only Non-institutional | Purchase only | 1 per year | Never required | | | |
| A7032 | CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY | Each | 5160-10-19 | supply Replacement | \$21.36 | 10/01/2004 | only Non-institutional | Purchase only | 2 per year | Limit-based | | | |
| A7033 | PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY | Pair | 5160-10-19 | supply Replacement | \$21.36 | 10/01/2004 | only Non-institutional | Purchase only | 2 per year | Limit-based | | | |
| A7034 | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE | Each | 5160-10-19 | supply Nasal interface | \$66.71 | 10/01/2004 | only Non-institutional | Purchase only | 1 per year | Limit-based | | | |
| A7035 | DEVICE, WITH OR WITHOUT HEAD STRAP | Fach | 5160-10-19 | PAP headgear | \$34.95 | 04/01/2003 | only Non-institutional | Purchase only | 1 per year | Limit-based | | | |
| A7036 | CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | PAP chinstrap | \$13.60 | 04/01/2003 | only Non-institutional | Purchase only | 2 per year | Limit-based | | | |
| A7030 | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | | Tubing | \$13.00 | 04/01/2003 | only | | | Limit-based | | | |
| | | | 5160-10-19 | 5 | | | Non-institutional only | Purchase only | 1 per year | | | | |
| A7038 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Filter | \$3.25 | 04/01/2003 | Non-institutional only | Purchase only | 1 per month | Limit-based | | | |
| A7039 | FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Filter | \$12.30 | 04/01/2003 | Non-institutional only | Purchase only | 4 per year | Limit-based | | | |
| A7048 | VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER | Each | 5160-10-19 | Vacuum | \$37.58 | 01/01/2015 | Non-institutional only | Purchase only | 4 per year | Always required | | | |
| A7504 | FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH | Each | 5160-10-01 | Tracheostomy supplies | \$0.54 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | | | |
| A7505 | HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE | Each | 5160-10-01 | Tracheostomy supplies | \$3.74 | 10/01/2004 | Non-institutional only | Purchase only | 4 per month | Never required | | | |
| A7506 | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE | Each | 5160-10-01 | Tracheostomy supplies | \$0.26 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | | | |
| A7507 | TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM | Each | 5160-10-01 | Tracheostomy supplies | \$1.99 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | | | |
| A7508 | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VAI VE | Each | 5160-10-01 | Tracheostomy | \$2.30 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | | | |
| A7509 | FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM | Each | 5160-10-01 | Tracheostomy supplies | \$1.13 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | | | |
| A7520 | TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SU ICONE OR FOLIAL | Each | 5160-10-01 | Tracheostomy | \$47.48 | 10/01/2004 | Non-institutional | Purchase only | 2 per month | Limit-based | | | |
| A7520 | TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), | Each | 5160-10-01 | supplies Tracheostomy | \$389.55 | 04/01/2016 | only Non-institutional | Purchase only | 2 per month | Always required | Modifier U1 is used to differentiate this item. | | |
| A7520 | SILICONE OR EQUAL*CUSTOM MADE* TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), | Each | 5160-10-01 | supplies Tracheostomy | \$100.00 | 07/16/2018 | only Non-institutional | Purchase only | 2 per month | Always required | Modifier U2 is used to differentiate this item. | | |
| A7520 | SILICONE OR EQUAL *STOCK WITH MODIFICATIONSPEDIATRIC* TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), | Each | 5160-10-01 | supplies Tracheostomy | \$60.00 | 07/16/2018 | only Non-institutional | Purchase only | 2 per month | Always required | Modifier U3 is used to differentiate this item. | | |
| L | SILICONE OR EQUAL *STANDARD OR STOCK WITH MODIFICATIONS* | | l | supplies | | | only | , | | | | | |

BR – Payment by report Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity DA. December the under a which includes

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| A7521 | TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL | Each | 5160-10-01 | Tracheostomy supplies | \$47.05 | 10/01/2004 | Non-institutional only | Purchase only | 2 per month | Never required | |
| A7521 | TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE | Each | 5160-10-01 | Tracheostomy | \$404.25 | 04/01/2016 | Non-institutional | Purchase only | 2 per month | Always required | Modifier U1 is used to differentiate this item. |
| A7521 | TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE | Each | 5160-10-01 | supplies Tracheostomy | \$220.00 | 07/16/2018 | only Non-institutional | Purchase only | 2 per month | Always required | Modifier U2 is used to differentiate this item. |
| A7521 | OR EQUAL *STANDARD OR STOCK, WITH MODIFICATIONSPEDIATRIC* TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE | Each | 5160-10-01 | supplies Tracheostomy | \$75.00 | 07/16/2018 | only Non-institutional | Purchase only | 2 per month | Always required | Modifier U3 is used to differentiate this item. |
| A7522 | OR EQUAL *CUFFED, STANDARD OR STOCK WITH MODIFICATIONSPEDIATRIC OR ADULT * TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND | Each | 5160-10-01 | supplies Tracheostomy | \$45.16 | 10/01/2004 | only Non-institutional | Purchase only | 2 per month | Limit-based | |
| A7525 | REUSABLE) TRACHEOSTOMY MASK | Each | 5160-10-01 | supplies Tracheostomy | \$1.39 | 12/20/2005 | only Non-institutional | Purchase only | 4 per month | Limit-based | |
| A7526 | TRACHEOSTOMY TUBE COLLAR/HOLDER | Each | 5160-10-01 | supplies Tracheostomy | \$3.00 | 10/01/2004 | only Non-institutional | Purchase only | 15 per month | Limit-based | Pavment is not made for both this item and twill tape. Only |
| A8000 | HELMET. PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND | Each | 5160-10-01 | supplies Cranium | \$103.41 | 01/01/2010 | only All | Purchase only | 1 per year | Limit-based | one type of tracheostomy tie is medically necessary. |
| A8001 | ACCESSORIES HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND | Each | 5160-10-01 | Cranium | \$103.41 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| A8001 | ACCESSORIES HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND | Each | | Cranium | \$441.26 | 01/01/2010 | | | | Limit-based | |
| | ACCESSORIES | | 5160-10-01 | | | | All | Purchase only | 1 per year | | |
| A8003 | HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | Each | 5160-10-01 | Cranium | \$441.26 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| A9273 | COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE | Each | 5160-10-01 | Heat / cold application | \$7.50 | 01/01/2011 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| A9274 | EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES | Each | 5160-10-29 | Delivery system | \$48.15 | 01/01/2019 | Non-institutional only | Purchase only | 1 per 3 days | Always required | |
| A9276 | SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY | Each | 5160-10-29 | Sensor | \$12.26 | 07/16/2018 | Non-institutional only | Purchase only | 1 per day | Always required | |
| A9277 | TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM | Each | 5160-10-29 | Transmitter | \$522.30 | 07/16/2018 | Non-institutional only | Purchase only | 2 per year | Always required | |
| A9278 | RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM | Each | 5160-10-29 | Monitor | \$522.30 | 07/16/2018 | Non-institutional | Purchase only | 1 per year | Always required | |
| B4034 | ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO | Each | 5160-10-26 | Feeding kit | \$3.72 | 01/01/2010 | only Non-institutional | Purchase only | 1 per day | Limit-based | |
| B4035 | FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO | Each | 5160-10-26 | Feeding kit | \$6.79 | 01/01/2010 | only Non-institutional | Purchase only | 1 per day | Limit-based | |
| B4036 | FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO | Each | 5160-10-26 | Feeding kit | \$4.85 | 01/01/2010 | only Non-institutional | Purchase only | 1 per day | Limit-based | |
| B4081 | FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE NASOGASTRIC TUBING WITH STYLET | Each | 5160-10-26 | Tubing | \$19.19 | 01/01/2010 | only Non-institutional | Purchase only | 2 per month | Limit-based | Nasogastric tubes are incompatible with parenteral codes |
| B4082 | NASOGASTRIC TUBING WITHOUT STYLET | Fach | 5160-10-26 | Tubing | \$14.29 | 01/01/2010 | only Non-institutional | Purchase only | 2 per month | Limit-based | B4220, B4222, and B4224. Nasogastric tubes are incompatible with parenteral codes |
| B4083 | STOMACH TUBE - LEVINE TYPE | Each | 5160-10-26 | Tubing | \$2.05 | 01/01/2010 | only Non-institutional | Purchase only | 8 per month | Limit-based | B4220, B4222, and B4224. |
| B4087 | GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE | Each | 5160-10-26 | Tubing | \$29.66 | 01/01/2010 | only Non-institutional | Purchase only | 4 per year | Never required | |
| B4088 | GASTROSTOM/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE | Each | | Tubing | \$108.64 | | only | | | | |
| | | | 5160-10-26 | 5 | | 01/01/2010 | only | Purchase only | 4 per year | Never required | |
| B4100 | FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE | Ounce | 5160-10-26 | Nutritional supplement | \$0.65 | 06/01/2014 | Non-institutional only | Purchase only | 30 units per day | Never required | |
| B4100 U1 | FOOD THICKENER, ADMINISTERED ORALLY, CONCENTRATED FORMULA, PER OUNCE | Ounce | 5160-10-26 | Nutritional supplement | \$1.62 | 02/01/2018 | Non-institutional only | Purchase only | 12 units per day | Never required | Modifier U1 is used to differentiate this item as a concentrated thickener. |
| B4102 | ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT | Each | 5160-10-26 | Nutritional supplement | \$0.60 | 06/01/2014 | Non-institutional only | Purchase only | Medical necessity | Always required | This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply. |
| B4103 | ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (F.G., CLEAR LIQUIDS), 500 ML = 1 LINIT | Each | 5160-10-26 | Nutritional supplement | \$0.60 | 06/01/2014 | Non-institutional only | Purchase only | Medical necessity | Always required | This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply. |
| B4105 | IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH | Each | 5160-10-26 | Feeding kit | \$31.20 | 01/01/2019 | Non-institutional only | Purchase only | 1 per day | Always required | This item is to be used in conjunction with B4034, B4035, or B4036 only when the patient has pancreatic insufficiency and |
| B4149 | ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT | 100 calories | 5160-10-26 | Formula | \$1.20 | 12/01/2019 | Non-institutional | Purchase only | Medical necessity | Always required | requires continuous feed, and has insufficient weight gain. Administration by mouth rather than by feeding tube is |
| | NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | | | | • | | only | | , | | differentiated by modifier BO. |
| B4149 U1 | ENTERAL FORMULA, MANUFACTURED, NUTRITIONALLY COMPLETE WHOLE OR ORGANIC FOOD CONTAINING BLENDERIZED FORMULAS, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$1.78 | 07/01/2021 | Non-institutional only | Purchase only | Medical necessity | Always required | Modifier U1 differentiates this type of enteral formula. Administration by mouth rather than by feeding tube is differentiated by modifier BO. This enteral formula may be approved only when medical evidence shows that other formulas cannot be tolerated. |
| B4150 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE. 10 O CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$0.61 | 01/01/2010 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4152 | ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALCRES = 1 UNIT ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALCRICALLY 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 CALORES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$0.51 | 01/01/2010 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4153 | INFORMATING THE LEDITE OF THE THE THE AT THE ATTENT AND A THE ATTENT ATTENT AND A THE ATTENT ATTENT ATTENT ATTENT ATTENT ATTENT ATTENT. A THE ATTENT ATTEN | 100 calories | 5160-10-26 | Formula | \$2.00 | 07/01/2021 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4154 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$1.05 | 07/01/2021 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4154 U1 | PLOWINGS LENDE INCOUGH AN ENTERIAL PEDDING TUDE, BUC ALCHES - I UNIT ENTERAL FORMULA, NUTRITIONALLY COMPLETE KETOGENIC FORMULAS, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES AL TERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR NINEFALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$1.60 | 07/01/2021 | Non-institutional only | Purchase only | 20 units per day | Always required | This type of enteral formula is differentiated by modifier U1. Administration by mouth rather than by feeding tube is differentiated by modifier BO. |

BR -- Payment by report Limit-based -- PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity

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| B4155 | ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G., GLUCOSE POLYMERS), PROTEINSJAMINO ACIDS (E.G., GLUTAMINE, ARGININE), FAT (E.G., MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 | 100 calories | 5160-10-26 | Formula | \$0.87 | 01/01/2010 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4155 U1 | COMBINATION, ADMINISTERED THROUGH AVENTIERAL FEEDING TOBE, 100 CALONIES = 1 ENTERAL FORMULA, NUTRINISTICALLY INCOMPLETE, PROTEIN MODULAR NUTRIENTS CONTAINING ESSENTIAL AND/OR NON-ESSENTIAL AMINO ACIDS AND LESS THAN 0.7 KCALS PER ML | 100 calories | 5160-10-26 | Formula | \$20.00 | 07/01/2021 | Non-institutional only | Purchase only | 20 units per day | Always required | This type of enteral formula is differentiated by modifier U1. Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| 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 | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth tather than by feeding tube is differentiated by modifier BO. |
| B4158 | ELECTION TOBE, TO ORGANICES - TO WIT ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER NAD/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4159 | INCLODE FIDER ANALONA INCIN, ADMINISTERED THOUGHTAN EXTENDE FIDER FIDER TO THE ANALONAL FOR PERIATIONS IN TRAINING AND MINERALS, MAY NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIDER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4160 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE; 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| 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 | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| 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 CAI ORISS = 1 UNIT | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4220 | PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY | Each | 5160-10-26 | Supply kit | \$4.53 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Limit-based | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual. |
| B4222 | PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY | Each | 5160-10-26 | Supply kit | \$6.95 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Never required | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual. |
| B4224 | PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY | Each | 5160-10-26 | Administration kit | \$14.55 | 11/29/2010 | Non-institutional only | Purchase only | 1 per day | Limit-based | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual. |
| B9002 | ENTERAL NUTRITION INFUSION PUMP, ANY TYPE | Each | 5160-10-26 | Pump | \$679.00 | 01/01/2010 | Non-institutional only | Rental / purchase | 1 per 8 years | Limit-based | With alarm |
| B9004 | PARENTERAL NUTRITION INFUSION PUMP, PORTABLE | Each | 5160-10-26 | Pump | \$2,170.86 | 01/01/2010 | Non-institutional | Rental / purchase | 1 per 8 years | Limit-based | |
| B9006 | PARENTERAL NUTRITION INFUSION PUMP, STATIONARY | Each | 5160-10-26 | Pump | \$2,170.86 | 01/01/2010 | only Non-institutional | Rental / purchase | 1 per 8 years | Limit-based | |
| B9998 | NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES | | 5160-10-26 | Supply | PA | 05/01/1990 | only Non-institutional | Purchase only | | Always required | |
| B9998 U1 | NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES (EXTENSION SETS, ANY SIZE) | | 5160-10-26 | Supply | \$13.00 | 0701/2021 | only Non-institutional only | Purchase only | 4 per month | Limit-based | Modifier U1 is used to request extension tubes, any length, for use with feeding kits B4034, B4035, or B4036 |
| B9998 U2 | NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES | | 5160-10-26 | Supply | \$10.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per day | Limit-based | Modifier U2 is used to request Ferrell bags for use with feeding kits B4034, B4035, or B4036 |
| B9999 | NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES | | 5160-10-26 | Supply | PA | 05/01/1990 | Non-institutional only | Purchase only | | Always required | |
| E0100 | CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP | Each | 5160-10-30 | Cane | \$10.19 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 3 years | Never required | |
| E0100 U1 | CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP | Each | 5160-10-30 | Cane | \$10.19 | 01/01/2019 | Non-institutional only | Purchase only | 1 per year | Never required | Modifier U1 is used to differentiate this item as a white cane for blind or otherwise visually impaired individuals. |
| E0105 | CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS | Each | 5160-10-30 | Cane | \$39.28 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 3 years | Never required | |
| E0110 | CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR | Pair | 5160-10-30 | Crutches | \$50.00 | 01/01/1992 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0111 | CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS | Each | 5160-10-30 | Crutches | \$25.00 | 01/01/1992 | Non-institutional | Purchase only | 1 per 2 years | Limit-based | |
| E0112 | EACH, WITH THE AND HANDGRIPS CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS | Pair | 5160-10-30 | Crutches | \$19.25 | 05/01/1990 | only Non-institutional only | Purchase only | 1 per 2 years | Limit-based | |
| E0113 | HANDGRIPS CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP | Each | 5160-10-30 | Crutches | \$10.30 | 04/01/2006 | Non-institutional | Purchase only | 1 per 2 years | Limit-based | |
| E0114 | CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS | Pair | 5160-10-30 | Crutches | \$23.85 | 04/01/2006 | only Non-institutional only | Purchase only | 1 per 2 years | Limit-based | |
| E0116 | CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRP, WITH OR WITHOUT SHOCK ABSORBER | Each | 5160-10-30 | Crutches | \$11.95 | 04/01/2006 | Non-institutional | Purchase only | 1 per 2 years | Limit-based | |
| E0130 | HANDGRIP, WITH OK WITHOUT SHOCK ABSORBER WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT | Each | 5160-10-30 | Walker | \$35.00 | 05/01/1990 | only Non-institutional | Purchase only | 1 per 5 years | Limit-based | With tips and handgrips |
| E0135 | WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT | Each | 5160-10-30 | Walker | \$47.00 | 02/17/1991 | only Non-institutional | Purchase only | 1 per 5 years | Never required | With tips and handgrips |
| E0140 | WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE | Each | 5160-10-30 | Walker | \$200.00 | 09/01/2005 | only Non-institutional | Purchase only | 1 per 5 years | Never required | |
| E0141 | WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT | Each | 5160-10-30 | Walker | \$58.00 | 04/01/2006 | only Non-institutional only | Purchase only | 1 per 5 years | Limit-based | |
| E0143 | WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT | Each | 5160-10-30 | Walker | \$52.80 | 07/16/2018 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0144 | WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT | Each | 5160-10-30 | Walker | \$150.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0147 | PUSTERRIUK SEAT WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE | Each | 5160-10-30 | Walker | \$150.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight. |
| E0148 | WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE | Each | 5160-10-30 | Walker | \$109.07 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight. |

| - | PA Payment by prior authorization | | | | | | | | | | | | |
|-------------|---------------------------------------------------------------------------------------------------|------------------------|------------|-----------------------------|------------|------------|---------------------------|---------------|----------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| E0149 | WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE | Each | 5160-10-30 | Walker | \$135.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight. | | |
| E0154 | PLATFORM ATTACHMENT, WALKER | Each | 5160-10-30 | Ambulation accessory | \$51.44 | 01/01/1999 | Non-institutional only | Purchase only | 2 per 3 years | Never required | Ť | | |
| E0155 | WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR | Pair | 5160-10-30 | Ambulation accessory | \$16.25 | 05/01/1990 | Non-institutional only | Purchase only | 4 per 3 years | Never required | | | |
| E0156 | SEAT ATTACHMENT, WALKER | Each | 5160-10-30 | Ambulation accessory | \$15.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 3 years | Never required | | | |
| E0157 | CRUTCH ATTACHMENT, WALKER | Each | 5160-10-30 | Ambulation accessory | \$62.50 | 05/01/1990 | Non-institutional only | Purchase only | 2 per 3 years | Limit-based | | | |
| E0158 | LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4) | Set | 5160-10-30 | Ambulation accessory | \$12.64 | 05/01/1990 | Non-institutional only | Purchase only | 4 per 3 years | Limit-based | | | |
| E0159 | BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT | Each | 5160-10-30 | Ambulation accessory | \$15.00 | 10/01/2004 | Non-institutional only | Purchase only | 2 per 5 years | Limit-based | | | |
| E0163 | COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS | Each | 5160-10-33 | Fixed arms | \$52.80 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | | | |
| E0165 | COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS | Each | 5160-10-33 | Detachable arms | \$104.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | | | |
| E0167 | PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY | Each | 5160-10-33 | Pail | \$5.25 | 05/01/1990 | Non-institutional only | Purchase only | 1 per year | Limit-based | | | |
| E0168 | COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE | Each | 5160-10-33 | Heavy duty | \$129.56 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | Extra-wide/heavy-duty commode chairs are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight. | | |
| E0181 | POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY | Each | 5160-10-18 | Pad | \$148.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 4 years | Never required | | | |
| E0182 | PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY | Each | 5160-10-18 | Pump | \$105.00 | 11/01/1992 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | | | |
| E0184 | DRY PRESSURE MATTRESS | Each | 5160-10-18 | Mattress | \$150.00 | 07/16/2018 | Non-institutional only | Purchase only | 1 per 4 years | Never required | | | |
| E0185 | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Mattress | \$102.00 | 08/01/1998 | Non-institutional only | Purchase only | 1 per 2 years | Never required | | | |
| E0186 | AIR PRESSURE MATTRESS | Each | 5160-10-18 | Mattress | \$219.74 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 2 years | Always required | | | |
| E0187 | WATER PRESSURE MATTRESS | Each | 5160-10-18 | Mattress | \$231.00 | 12/15/2002 | Non-institutional only | Purchase only | 1 per 2 years | Limit-based | | | |
| E0188 | SYNTHETIC SHEEPSKIN PAD | Each | 5160-10-18 | Pad | \$5.00 | 05/01/1990 | Non-institutional only | Purchase only | 2 per 6 months | Limit-based | Wheelchair size | | |
| E0189 | LAMBSWOOL SHEEPSKIN PAD, ANY SIZE | Each | 5160-10-18 | Pad | \$43.95 | 07/01/2002 | Non-institutional only | Purchase only | 2 per year | Limit-based | Bed size | | |
| E0190 | POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES | Each | 5160-10-18 | Positioning cushion | \$100.00 | 04/01/2009 | Non-institutional only | Purchase only | 1 per 2 years | Never required | | | |
| E0191 | HEEL OR ELBOW PROTECTOR | Each | 5160-10-18 | Pressure-reducing supply | \$9.00 | 04/01/2001 | Non-institutional only | Purchase only | 4 per 6 months | Limit-based | | | |
| E0193 | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) | Day | 5160-10-18 | Bed | \$32.50 | 01/01/1992 | Non-institutional only | Rental only | 180 per year | Never required | | | |
| E0194 | AIR FLUIDIZED BED | Day | 5160-10-18 | Bed | \$38.00 | 01/01/1992 | Non-institutional only | Rental only | 180 per year | Always required | Bead bed | | |
| E0196 | GEL PRESSURE MATTRESS | Each | 5160-10-18 | Mattress | \$351.69 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 4 years | Never required | | | |
| E0197 | AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Mattress | \$199.42 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 4 years | Never required | | | |
| E0198 | WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Mattress | \$177.26 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 4 years | Always required | | | |
| E0199 | DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Pad | \$20.00 | 05/25/1991 | Non-institutional only | Purchase only | 1 per year | Never required | (e.g. egg crate) | | |
| E0202 | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER | Course of treatment | 5160-10-01 | Light therapy | \$55.00 | 07/16/2018 | Non-institutional only | Rental only | 1 per lifetime | Limit-based | | | |
| E0210 | ELECTRIC HEAT PAD, STANDARD | Each | 5160-10-01 | Heat / cold application | \$15.09 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | | | |
| E0215 | ELECTRIC HEAT PAD, MOIST | Each | 5160-10-01 | Heat / cold application | \$25.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | | | |
| E0235 | PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN) | Each | 5160-10-01 | Heat / cold application | \$133.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | Complete with wax | | |
| E0240 | BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE | Each | 5160-10-01 | Bath and toilet aids | \$35.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Never required | | | |
| E0240 U1 | BATHING CHAIR, BASIC SHOWER-COMMODE CHAIR | Each | 5160-10-07 | Bathing seats | \$53.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Never required | Modifier U1 differentiates this item. Description is located in the rule. | | |
| E0240 U2 | BATHING CHAIR, INTERMEDIATE NON-ASSISTED SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$755.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U2 differentiates this item. Description is located in the rule. | | |
| E0240 U3 | BATHING CHAIR, INTERMEDIATE ASSISTED SINGLE POSITION SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$500.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U3 differentiates this item. Description is located in the rule. | | |
| E0240 U4 | BATHING CHAIR, INTERMEDIATE ASSISTED MULTI-POSITION SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$1,250.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U4 differentiates this item. Description is located in the rule. | | |
| E0240 U5 | BATHING CHAIR, COMPLEX POSITIONING SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$2,420.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U5 differentiates this item. Description is located in the rule. | | |
| E0241 | BATH TUB WALL RAIL | Each | 5160-10-01 | Bath and toilet aids | \$24.00 | 01/01/1997 | Non-institutional only | Purchase only | 1 per 5 years | Never required | | | |
| E0243 | TOILET RAIL | Each | 5160-10-01 | Bath and toilet aids | \$40.00 | 04/01/1999 | Non-institutional only | Purchase only | 1 per 5 years | Never required | | | |
| E0244 | RAISED TOILET SEAT | Each | 5160-10-01 | Bath and toilet aids | \$49.25 | 04/01/1999 | Non-institutional only | Purchase only | 1 per 5 years | Never required | | | |
| E0245 | TUB STOOL OR BENCH | Each | 5160-10-07 | Bathing seats | \$30.00 | 01/01/1997 | Non-institutional only | Purchase only | 1 per 5 years | Never required | | | |
| E0246 | TRANSFER TUB RAIL ATTACHMENT | Each | 5160-10-01 | Bath and toilet aids | \$57.90 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | | | |
| E0247 | TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING | Each | 5160-10-07 | Bathing seats | \$60.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Never required | | | |
| | | | | | | | Sally | | 1 | | | | |

| U1 U1 E0247 BATHIR E0248 TRANS OPENII E0256 E0256 HOSPT E0266 HOSPT E0261 HOSPT E0263 HOSPT E0264 HOSPT E0275 HOSPT E0277 MATTR E0276 BED PJ E0276 BED PJ E0277 POWE | | Each | 5160-10-07 | Bathing seats | \$100.00 | 07/01/2021 | Non-institutional | Purchase only | 1 per 5 years | Never required | Modifier L11 differentiates this item. Description is Issets I is the |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|--------------------------------------------|----------------------|--------------------------|---------------------------|----------------------------|----------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E0247 BATHII U2 E0248 TRANS E0248 TRANS OFENIL E0255 HOSPI E0256 E0266 HOSPI RALS, E0271 MATHI RALS, E0272 MATHI E0276 E0275 BED P/ E0276 E0276 BED P/ E0276 E0277 POWE E0277 | INC CUAID, COMPLEX TRANSFER BATH OR CUCINES CUAID | | 1 | Į I | · 1 | | only | | | | Modifier U1 differentiates this item. Description is located in the rule. |
| E0248 TRANS OPENII E0255 HOSPI E0256 HOSPI E0266 HOSPI E0260 HOSPI RALS, E0261 E0271 MATTR E0272 MATTR E0275 BED P/ E0276 BED P/ E0277 POWE E0277 POWE | ING CHAIR, COMPLEX TRANSFER BATH OR SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$3,300.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U2 differentiates this item. Description is located in the rule. |
| E0255 HOSPT E0256 HOSPT E0260 HOSPT E0260 HOSPT RALS, E0261 E0271 MATTR E0275 BED P/ E0276 BED P/ E0277 POWE | ISFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE | Each | 5160-10-07 | Bathing seats | \$100.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0260 HOSPI RAILS, E0261 HOSPI RAILS, E0271 MATTR E0272 MATTR E0275 BED P/ E0276 BED P/ E0277 POWE | TAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | Each | 5160-10-18 | Hospital bed | \$677.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| RAILS, E0261 RAILS, HOSPI RAILS, E0271 E0271 MATTR E0272 MATTR E0275 BED P/ E0276 BED P/ E0277 POWE | PITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$580.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Never required | |
| E0261 HOSPI RAILS, E0271 E0271 MATTR E0272 MATTR E0275 BED P/ E0276 BED P/ E0277 POWE | PITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE | Each | 5160-10-18 | Hospital bed | \$989.00 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0271 MATTR E0272 MATTR E0275 BED P/ E0276 BED P/ E0277 POWE | 3, WITH WATTRESS ITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE 3. WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$892.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0275 BED P/ E0276 BED P/ E0277 POWE | RESS, INNERSPRING | Each | 5160-10-18 | Mattress | \$97.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0276 BED P/ E0277 POWE | RESS, FOAM RUBBER | Each | 5160-10-18 | Mattress | \$92.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0277 POWE | PAN, STANDARD, METAL OR PLASTIC | Each | 5160-10-01 | Bed pan | \$4.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| | PAN, FRACTURE, METAL OR PLASTIC | Each | 5160-10-01 | Bed pan | \$3.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| E0000 UC000 | ERED PRESSURE-REDUCING AIR MATTRESS | Each | 5160-10-18 | Mattress | \$3,046.08 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| | PITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS | Each | 5160-10-18 | Hospital bed | \$567.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| | PITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$470.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| WITH | PITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, MATTRESS | Each | 5160-10-18 | Hospital bed | \$703.20 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0295 HOSPI WITHO | PITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, OUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$625.60 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0301 HOSPI POUNE WITHO | VITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 NDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, OUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$1,677.44 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| 600 PC | ITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN OUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$4,578.80 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0303 HOSPI | PITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 IDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH | Each | 5160-10-18 | Hospital bed | \$1,945.44 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0304 HOSPI 600 PC | VITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN OUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | Each | 5160-10-18 | Hospital bed | \$4,932.32 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0305 BED SI | SIDE RAILS, HALF LENGTH | Each | 5160-10-18 | Hospital bed accessories | \$185.01 | 01/01/2010 | Non-institutional only | Purchase only | 2 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| | SIDE RAILS, FULL LENGTH | Each | 5160-10-18 | Hospital bed accessories | \$143.74 | 04/01/2009 | Non-institutional only | Purchase only | 2 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| | AL; MALE, JUG-TYPE, ANY MATERIAL | Each | 5160-10-01 | Urinal | \$2.50 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| | AL; FEMALE, JUG-TYPE, ANY MATERIAL | Each | 5160-10-01 | Urinal | \$3.50 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| FOOTE | YTAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, BOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS | Each | 5160-10-18 | Hospital bed | \$5,560.00 | 09/01/2013 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | Payment amount includes accessories. Adding accessories (e.g., higher side rails) to create a model different from the model authorized is not permitted. |
| TOP OI | YTAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, DF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, JDES MATTRESS | Each | 5160-10-18 | Hospital bed | \$6,000.00 | 09/01/2013 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | Payment amount includes accessories. Adding accessories (e.g., higher side rails) to create a model different from the model authorized is not permitted. |
| MATTR | POWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD RESS LENGTH AND WIDTH | Each | 5160-10-18 | Overlay | \$4,644.81 | 04/01/2006 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| E0372 POWE | ERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Overlay | \$5,838.28 | 04/01/2006 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| | POWERED, ADVANCED PRESSURE-REDUCING MATTRESS | Each | 5160-10-18 | Mattress | \$5,321.02 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| | ETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY | Each | 5160-10-23 | Pulse oximeter | \$2,250.00 | 02/26/2010 | Non-institutional only | Rental / purchase | 1 per 5 years | Always required | |
| | SEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS | Each | 5160-10-13 | Respiratory care supplies | \$8.00 | 05/01/1990 | Non-institutional only | Purchase only | 6 per month | Never required | Replacement for recipient owned equipment |
| | ST SHELL (CUIRASS) | Each | 5160-10-22 | Shell | \$450.00 | 08/01/1998 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| | ST WRAP | Each | 5160-10-22 | Wrap | \$352.00 | 08/01/1998 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| E0466 HOME | E VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY E VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST | Each Each | 5160-10-22 5160-10-22 | Invasive ventilation Non-invasive | \$900.00 \$900.00 | 01/01/2016 01/01/2016 | All | Rental only Rental only | 1 per month 1 per month | Never required Never required | |
| OF THE ASPIR/ | L) E VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL HE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, YATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND HIS FOR ALL FUNCTIONS | Each | 5160-10-22 | ventilation Non-invasive ventilation | \$1,000.00 | 07/01/2021 | All | Rental only | 1 per month | Always required | |
| E0470 RESPIE FEATU | TIES FOR ALL FUNCTIONS INTATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE URE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK RINTTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE ARMVAY PRESSURE DEVICE) | Each | 5160-10-19 | Respiratory assist device | \$1,900.00 | 08/01/2006 | Non-institutional only | Rental / purchase | 1 per 5 years | Always required | |
| E0471 RESPIE FEATU (INTER | RMITTENT ASSIST DEVICE WITH EVENT HEAVENT AND A CONTINUE AND AND A CARACTERIA THE ASSUME DEVICE IN INTRATORY ASSIST DEVICE, BILEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE URE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK RMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE ARRWAY PRESSURE DEVICE) | Each | 5160-10-19 | Respiratory assist device | \$320.00 | 08/01/2006 | Non-institutional only | Rental only | 1 per month | Always required | |
| E0472 RESPIE FEATU | IRATORY ASSIST DEVICE. BILEVEL PRESSURE CAPABILITY, WITH BACKUP RATE URE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) | Each | 5160-10-19 | Respiratory assist device | \$320.00 | 08/01/2006 | Non-institutional only | Rental only | 1 per month | Never required | |

| | | | | | Frequency limits n PA Payment by | | on the basis of med | lical necessity | | | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|------------|--------------------------------------------|-------------------------------------|------------|-----------------------------------|----------------------|----------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E0480 | PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL | Each | 5160-10-01 | Percussors | \$321.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 3 years | Never required | |
| E0481 | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES | Each | 5160-10-01 | Percussors | \$4,724.50 | 10/01/2004 | Non-institutional only | Rental / purchase | 1 per 8 years | Never required | |
| E0482 | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE | Each | 5160-10-01 | Percussors | \$3,956.00 | 07/16/2018 | Non-institutional | Rental / purchase | 1 per 8 years | Always required | |
| E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES | Each | 5160-10-08 | HFCWO system | \$12,190.00 | 10/01/2004 | only Non-institutional only | Rental / purchase | 1 per lifetime | Never required | |
| E0484 | OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE | Each | 5160-10-01 | Respiratory care equipment | \$27.70 | 09/01/2005 | Non-institutional only | Purchase only | 1 per 8 years | Never required | |
| E0500 | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; | Each | 5160-10-19 | IPPB machine | \$65.00 | 04/01/1992 | Non-institutional | Rental only | 1 per month | Never required | |
| E0561 | INTERNAL OR EXTERNAL POWER SOURCE HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Humidifier | \$92.00 | 04/01/2009 | only Non-institutional | Purchase only | 1 per 4 years | Never required | |
| E0562 | HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Humidifier | \$225.92 | 10/01/2004 | only Non-institutional | Purchase only | 1 per 4 years | Always required | |
| E0565 | COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN | Each | 5160-10-01 | Respiratory care | \$525.00 | 04/01/1996 | only Non-institutional | Rental / purchase | 1 per 4 years | Always required | |
| E0570 | NEBULIZER, WITH COMPRESSOR | Each | 5160-10-01 | equipment Respiratory care equipment | \$133.00 | 04/01/2006 | only Non-institutional only | Purchase only | 1 per 5 years | Never required | This item is covered without prior authorization for individuals who have a documented, relevant respiratory system |
| | | | | equipment | | | oniy | | | | who have a documented, relevant respiratory system diagnosis. A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription. |
| | NEBULIZER, ULTRASONIC, LARGE VOLUME | Each | 5160-10-01 | Respiratory care equipment | \$430.00 | 04/01/2006 | Non-institutional only | | 1 per 4 years | Limit-based | A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription. |
| E0580 | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER | Each | 5160-10-01 | Respiratory care equipment | \$115.00 | 04/01/2006 | Non-institutional only | Purchase only | 2 per year | Limit-based | A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription. |
| E0600 | RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC | Each | 5160-10-19 | Pump | \$379.75 | 07/16/2018 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0601 | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE | Each | 5160-10-19 | Nasal PAP device | \$775.00 | 04/01/1992 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| E0602 | BREAST PUMP, MANUAL, ANY TYPE | Each | 5160-10-25 | Breast pump | \$15.00 | 10/01/2004 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0603 | BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE | Each | 5160-10-25 | Breast pump | \$202.50 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0604 | BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE | Day | 5160-10-25 | Breast pump | \$2.25 | 01/01/2002 | Non-institutional only | Rental only | 90 days | Never required | |
| E0605 | VAPORIZER, ROOM TYPE | Each | 5160-10-01 | Respiratory care supplies | \$20.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| E0618 | APNEA MONITOR, WITHOUT RECORDING FEATURE | Each | 5160-10-09 | Monitor without recording feature | \$2,626.50 | 10/15/2006 | Non-institutional only | Rental / purchase | 1 per 5 years | Always required | Including alarms, maintenance, and supplies |
| E0619 | APNEA MONITOR, WITH RECORDING FEATURE | Each | 5160-10-09 | Monitor with recording feature | \$2,833.65 | 10/15/2006 | Non-institutional only | Rental / purchase | 1 per 5 years | Always required | Including alarms, maintenance, and supplies |
| E0621 | SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON | Each | 5160-10-01 | Portable lifts | \$89.70 | 01/01/1999 | Non-institutional only | Purchase only | 1 per 2 years | Never required | This item is covered only for a lift owned by the individual. |
| E0625 | PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED | Each | 5160-10-01 | Portable lifts | \$447.00 | 03/20/2009 | Non-institutional only | Purchase only | 1 per 6 years | Never required | |
| E0630 | PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S) | Each | 5160-10-01 | Portable lifts | \$761.60 | 07/16/2018 | Non-institutional only | Purchase only | 1 per 6 years | Never required | |
| E0637 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base only, no accessories |
| E0637 U1 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE. WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$3,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 1-2 accessories |
| E0637 U2 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$4,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 3-6 accessories |
| E0637 U3 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE. WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$5,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 7-10 accessories |
| E0637 U4 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$6,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 11 or more accessories |
| E0638 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$1,700.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base only, no accessories |
| E0638 U1 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 1-2 accessories |
| E0638 U2 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,500.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 3-6 accessories |
| E0638 U3 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$3,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 7-10 accessories |
| E0638 U4 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$4,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 11 or more accessories |
| E0641 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,700.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base only, no accessories |
| E0641 U1 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$3,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 1-2 accessories |
| E0641 U2 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$3,500.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 3-6 accessories |
| E0641 U3 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$4,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 7-10 accessories |
| E0641 U4 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$5,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 11 or more accessories |
| E0650 | PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL | Each | 5160-10-15 | Home model | \$510.00 | 01/01/1994 | Non-institutional only | Rental / purchase | 1 per 5 years | Never required | |
| E0651 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE | Each | 5160-10-15 | Home model | \$776.80 | 07/01/2002 | Non-institutional only | Rental / purchase | 1 per 5 years | Never required | |
| E0655 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM | Each | 5160-10-15 | Half arm | \$77.50 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Always required | |
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| | | | | | PA Payment by | prior authorization | | | | | |
|-------|---------------------------------------------------------------------------------------------------------------------------------|------|------------|---------------------------------------------|-----------------|---------------------|---------------------------|-------------------|-------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E0660 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL | Each | 5160-10-15 | Full leg | \$135.12 | 07/01/2002 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0665 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | Each | 5160-10-15 | Full arm | \$101.50 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Always required | |
| E0666 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF | Each | 5160-10-15 | Half leg | \$95.00 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0667 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG | Each | 5160-10-15 | Full leg | \$172.30 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0668 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | Each | 5160-10-15 | Full arm | \$150.00 | 01/01/1994 | Non-institutional | Purchase only | 1 per 2 years | Never required | |
| E0669 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG | Each | 5160-10-15 | Half leg | \$143.75 | 01/01/1994 | only Non-institutional | Purchase only | 1 per 2 years | Never required | |
| E0691 | ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE | Each | 5160-10-01 | Phototherapy | \$809.08 | 07/01/2019 | only Non-institutional | Rental / purchase | 1 per 10 years | Always required | Biologic drugs may be used in treatment only after this item |
| E0692 | PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE | Each | 5160-10-01 | system Phototherapy panel | \$1,015.99 | 07/01/2019 | only Non-institutional | Rental / purchase | 1 per 10 years | Always required | |
| E0693 | PROTECTION, 4 FOOT PANEL ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE | Each | 5160-10-01 | system Phototherapy panel | \$1,252.42 | 07/01/2019 | only Non-institutional | Rental / purchase | 1 per 10 years | Always required | |
| E0694 | PROTECTION, 6 FOOT PANEL ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES | Each | 5160-10-01 | system Phototherapy | \$3,986.35 | 07/01/2019 | only Non-institutional | Rental / purchase | 1 per 10 years | Always required | has been used appropriately for three full months. Biologic drugs may be used in treatment only after this item |
| E0700 | BULBS/LAMPS, TIMER AND EYE PROTECTION SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE | Each | 5160-10-01 | cabinet system Safety Equipment | \$10.82 | 05/01/1990 | only Non-institutional | Purchase only | 2 per year | Limit-based | has been used appropriately for three full months. (e.g. belt, harness, or vest) |
| E0705 | TRANSFER DEVICE, ANY TYPE, EACH | Each | 5160-10-01 | Transfer board | \$46.62 | 05/26/2006 | only Non-institutional | Purchase only | 1 per 2 years | Never required | |
| E0720 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, | Each | 5160-10-15 | Two lead | \$525.00 | 07/16/2018 | only Non-institutional | Rental / purchase | 1 per 4 years | Never required | All TENS units must include a battery charger and battery |
| E0730 | LOCALIZED STIMULATION TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE | Each | 5160-10-15 | Four lead | \$564.18 | 07/16/2018 | only Non-institutional | Rental / purchase | 1 per 4 years | Limit-based | pack. All TENS units must include a battery charger and battery |
| E0747 | LEADS, FOR MULTIPLE NERVE STIMULATION OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL | Each | 5160-10-28 | Non-spinal | \$1,750.00 | 03/21/2007 | only Non-institutional | Purchase only | 1 per 8 years | Always required | pack. |
| E0748 | APPLICATIONS OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS | Each | 5160-10-28 | Spinal | \$1,750.00 | 03/21/2007 | only Non-institutional | Purchase only | 1 per 8 years | Always required | |
| E0760 | OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE | Each | 5160-10-28 | Low intensity | \$1,750.00 | 03/21/2007 | only Non-institutional | Purchase only | 1 per 8 years | Always required | |
| E0770 | FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE | Each | 5160-10-28 | Low intensity | PA | 01/01/2009 | only Non-institutional | Purchase only | 1 per 8 years | Always required | |
| E0776 | AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED IV POLE | Each | 5160-10-29 | Infusion pump (non- | \$75.00 | 04/01/2006 | only Non-institutional | Purchase only | 1 per 8 years | Never required | If pump is authorized, payment for pole is included in pump |
| E0781 | AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY | Each | 5160-10-29 | nutrition) equipment Infusion pump (non- | \$8.73 | 08/01/2006 | only Non-institutional | Rental only | 1 per day | Never required | rental |
| E0784 | OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT EXTERNAL AMBULATORY INFUSION PUMP, INSULIN | Each | 5160-10-29 | nutrition) equipment Infusion pump (non- | \$4,000.00 | 08/01/2006 | only Non-institutional | Purchase only | 1 per 4 years | Always required | |
| E0787 | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING | Each | 5160-10-29 | nutrition) equipment Infusion pump (non- | BR | 01/01/2020 | only Non-institutional | Purchase only | 1 per 4 years | Always required | |
| E0791 | THERAPEUTIC CONTINUOUS GLUCOSE SENSING PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL | Each | 5160-10-29 | nutrition) equipment Infusion pump (non- | \$8.73 | 08/01/2006 | only Non-institutional | Rental only | 1 per day | Never required | Includes pole |
| E0840 | TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION | Each | 5160-10-18 | nutrition) equipment Hospital bed | \$58.62 | 07/26/2007 | only Non-institutional | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, |
| | | | | accessories | | | only | | | | cervical traction frames/stands, pelvic traction frames/stands, traceze bars, and fracture frames. |
| E0850 | TRACTION STAND, FREE STANDING, CERVICAL TRACTION | Each | 5160-10-18 | Hospital bed accessories | \$84.05 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, |
| E0860 | TRACTION EQUIPMENT, OVERDOOR, CERVICAL | Each | 5160-10-18 | Hospital bed | \$30.82 | 07/26/2007 | Non-institutional | Purchase only | 1 per 8 years | Never required | trapeze bars, and fracture frames. Only one code may be reported in the categories of side rails, |
| | | | | accessories | | | only | | | | cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0870 | TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G., BUCK'S) | Each | 5160-10-18 | Hospital bed accessories | \$93.05 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0880 | TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S) | Each | 5160-10-18 | Hospital bed accessories | \$100.43 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands. pelvic traction frames/stands. |
| E0890 | TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION | Each | 5160-10-18 | Hospital bed | \$96.33 | 07/26/2007 | Non-institutional | Purchase only | 1 per 8 years | Never required | trapeze bars, and fracture frames. Only one code may be reported in the categories of side rails, |
| 20000 | | 2001 | 0100-10-10 | accessories | <i>400.00</i> | 51,20/2007 | only | . arondao oniy | , po, o yoaro | Actor required | cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0900 | TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S) | Each | 5160-10-18 | Hospital bed accessories | \$102.50 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, |
| E0910 | TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR | Each | 5160-10-18 | Hospital bed | \$208.00 | 07/26/2007 | Non-institutional | Purchase only | 1 per 8 years | Never required | trapeze bars, and fracture frames. Only one code may be reported in the categories of side rails, |
| 20010 | | Luon | 5100 10 10 | accessories | ¥200.00 | 5112012001 | only | . aronado only | . por o youro | | cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0912 | TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR | Each | 5160-10-18 | Hospital bed accessories | \$1,190.49 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, |
| E0920 | FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS | Each | 5160-10-18 | Hospital bed | \$479.86 | 07/26/2007 | Non-institutional | Purchase only | 1 per 8 years | Never required | trapeze bars, and fracture frames. Only one code may be reported in the categories of side rails, |
| | | | | accessories | | | only | | | | cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0930 | FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS | Each | 5160-10-18 | Hospital bed accessories | \$475.17 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0935 | CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY | Day | 5160-10-27 | CPM device | \$18.18 | 08/01/2006 | Non-institutional only | Rental only | 21 per medical event | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. For total knee replacement |
| E0940 | TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR | Each | 5160-10-18 | Hospital bed | \$361.61 | 07/26/2007 | Non-institutional | Purchase only | 1 per 8 vears | Never required | only. Only one code may be reported in the categories of side rails, |
| ⊑0940 | THE ELL DAY, FREE STANDING, COMPLETE WITH GRAD DAR | ⊏aCN | 0100-10-16 | Hospital bed accessories | φ 301.01 | 01120/2007 | only | r ur criase oniy | iperoyears | wever required | Unly one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |

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| E0941 | GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE | Each | 5160-10-18 | Hospital bed accessories | \$451.46 | 07/26/2007 | Non-institutional only | Rental / purchase | 1 per year | Limit-based | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0942 | CERVICAL HEAD HARNESS/HALTER | Each | 5160-10-18 | Hospital bed accessories | \$15.88 | 07/26/2007 | Non-institutional only | Purchase only | 1 per medical event | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0944 | PELVIC BELT/HARNESS/BOOT | Each | 5160-10-18 | Hospital bed accessories | \$36.70 | 07/26/2007 | Non-institutional only | Purchase only | 1 per medical event | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, traceze bars, and fracture frames. |
| E0945 | EXTREMITY BELT/HARNESS | Each | 5160-10-18 | Hospital bed accessories | \$35.46 | 07/26/2007 | Non-institutional only | Purchase only | 1 per medical event | Limit-based | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0946 | FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER) | Each | 5160-10-18 | Hospital bed accessories | \$615.26 | 07/26/2007 | Non-institutional only | Rental / purchase | 1 per medical event | Always required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, traceze bars, and fracture frames. |
| E0947 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION | Each | 5160-10-18 | Hospital bed accessories | \$485.17 | 07/26/2007 | Non-institutional only | Rental / purchase | 1 per medical event | Always required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0948 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION | Each | 5160-10-18 | Hospital bed accessories | \$469.27 | 07/26/2007 | Non-institutional only | Rental / purchase | 1 per medical event | Always required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E1300 | WHIRLPOOL, PORTABLE (OVERTUB TYPE) | Each | 5160-10-01 | Whirlpool | \$170.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| E1372 | IMMERSION EXTERNAL HEATER FOR NEBULIZER | Each | 5160-10-01 | Respiratory care equipment | \$118.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| E1399 | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS | Each | 5160-10-01 | Miscellaneous DME item | PA | 01/01/2006 | Non-institutional only | | | Always required | E1399 is not to be used to represent labor or repair. |
| E1820 | REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE | Each | 5160-10-18 | Hospital bed accessories | \$65.39 | 04/01/2006 | Non-institutional only | Purchase only | 1 per medical event | Limit-based | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E2500 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME | Each | 5160-10-24 | 8 minutes or less recording time | \$266.75 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Never required | |
| E2502 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME | Each | 5160-10-24 | 8-20 minutes recording time | \$811.95 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Never required | |
| E2504 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME | Each | 5160-10-24 | 20-40 minutes recording time | \$1,071.06 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Always required | |
| E2506 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME | Each | 5160-10-24 | 40+ minutes recording time | \$2,129.15 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Always required | |
| E2508 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE | Each | 5160-10-24 | Spell only messages | \$3,452.16 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Always required | |
| E2510 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS | Each | 5160-10-24 | Multiple message methods | \$6,565.20 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Always required | |
| E2511 | SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT | Each | 5160-10-24 | Software | \$645.00 | 07/01/2021 | All | Rental / purchase | 1 per 5 years | Limit-based | |
| E2512 E2599 | ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED | Each | 5160-10-24 5160-10-24 | Accessory | \$652.16 PA | 12/07/2010 10/01/2004 | All | Rental / purchase Purchase only | 1 per 5 years | Always required | |
| E2599 E8000 | ACCESSORT FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each Each | 5160-10-24 | Accessory Standing frames / gait trainers | \$550.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years 1 per 5 years | Always required Always required | Mini or small size |
| E8000 U1 | GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each | 5160-10-01 | Standing frames / gait trainers | \$1,100.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U1 differentiates this as a medium sized item. |
| E8000 U2 | GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each | 5160-10-01 | Standing frames / gait trainers | \$1,500.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U2 differentiates this as a large or extra large sized item. |
| E8001 | GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,100.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | |
| E8002 | GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,700.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | |
| K1006 | SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE MANAGEMENT SYSTEM | Each | 5160-10-32 | Catheter | \$299.00 | 10/01/2020 | Non-institutional only | Purchase only | 1 per 5 years | Always required | |
| K1009 | SPEECH VOLUME MODULATION SYSTEM, ANY TYPE, INCLUDING ALL COMPONENTS AND ACCESSORIES | Each | 5160-10-24 | Speech modulation | \$2,495.00 | 10/01/2020 | Non-institutional only | Purchase only | 1 per 5 years | Always required | |
| K0552 | SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE | Each | 5160-10-29 | Infusion pump (non- nutrition) supplies | \$2.65 | 10/15/2006 | Non-institutional only | Purchase only | 30 per month | Never required | |
| K0553 | SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE | Each | 5160-10-29 | Allowance | \$198.70 | 01/01/2018 | Non-institutional only | Purchase only | 1 per month | Always required | |
| K0554 | RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM | Each | 5160-10-29 | Monitor | \$209.03 | 01/01/2018 | Non-institutional only | Purchase only | PA | Always required | |
| K0606 | AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE | Each | 5160-10-06 | Defibrillator | \$2,320.00 | 07/01/2021 | Non-institutional only | Rental only | PA | Limit-based | PA required after first three months |
| K0730 | CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM | Each | 5160-10-01 | Drug delivery system | \$1,379.20 | 10/15/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| K0739 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 DIPODADLE ON LEGTINUE THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 | Each | 5160-10-01 | Labor | \$12.17 | 01/01/2017 | All | | 100 | Limit-based | |
| K1005 L0120 | DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR) | Each Each | 5160-10-01 5160-10-01 | Supply Cervical spine | BR \$16.89 | 01/01/2020 01/01/2010 | All | Purchase only Purchase only | 120 per month 1 per year | Limit-based Never required | |
| L0120 | CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFADRICATED, OFF-THE-SHELF (FOAM COLLAR) CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR) | Each | 5160-10-01 | Cervical spine Cervical spine | \$38.25 | 01/01/2010 | All | Purchase only Purchase only | 1 per year 1 per year | Never required | |
| L0170 | CERVICAL, COLLAR, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Cervical spine | \$513.69 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0172 | CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF- THE-SHELF | Each | 5160-10-01 | Cervical spine | \$90.48 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L0174 | CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Cervical spine | \$177.92 | 01/01/2010 | Ali | Purchase only | 1 per year | Limit-based | |
| L0180 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE | Each | 5160-10-01 | Cervical spine | \$288.26 | 01/01/2010 | Ali | Purchase only | 1 per medical event | Limit-based | |
| L0190 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES) | Each | 5160-10-01 | Cervical spine | \$339.95 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0200 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION | Each | 5160-10-01 | Cervical spine | \$394.31 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0220 | THORACIC, RIB BELT, CUSTOM FABRICATED | Each | 5160-10-01 | Thoracic spine | \$82.55 | 01/01/2010 | All | Purchase only | 1 per year | Always required | |

| | | | | | | nay be exceeded on | the basis of me | dical necessity | | | |
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| | | | | | | prior authorization | | | | | , |
| L0450 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAUTARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF- THE-SHELF | Each | 5160-10-01 | Thoracic spine | \$155.00 | 07/16/2018 | All | Purchase only | 2 per year | Limit-based | |
| L0452 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED | Each | 5160-10-01 | Thoracic spine | \$202.07 | 01/01/2010 | Ali | Purchase only | 2 per year | Limit-based | |
| L0454 | TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL | Each | 5160-10-01 | Thoracic spine | \$195.52 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L0466 | TLSO, SAGITTAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVENTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECITIC PATIENT BY AN INDIVIDUAL | Each | 5160-10-01 | Thoracic spine | \$242.40 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L0468 | TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSUPES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Thoracic spine | \$303.78 | 01/01/2010 | Ali | Purchase only | 1 per 2 years | Limit-based | |
| L0470 | TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADIDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL, FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PROVIDES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, | Each | 5160-10-01 | Thoracic spine | \$413.62 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L0472 | TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL, NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Thoracic spine | \$258.66 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0480 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTO FABRICATED | Each | 5160-10-01 | Thoracic spine | \$965.02 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0482 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMEHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED | Each | 5160-10-01 | Thoracic spine | \$1,077.94 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0484 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTHELE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SAROCOOCCYDEAL JUNCTION AND TERMINATES. JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS EINHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TERANSVERSE PLANES. INCLUDES A CARVED PLASTER OR CAD-CAP MODEL CUSTOM | Each | 5160-10-01 | Thoracic spine | \$1,164.14 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0486 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMEHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM | Each | 5160-10-01 | Thoracic spine | \$1,307.38 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0488 | TISO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMEHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Thoracic spine | \$727.15 | 12/07/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0621 | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Sacroiliac joints | \$55.09 | 01/01/2010 | All | Purchase only | 2 per year | Limit-based | |
| L0625 | LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L 1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVENTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Lumbar spine | \$39.90 | 12/07/2010 | Ali | Purchase only | 2 per year | Limit-based | |
| L0626 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Lumbar spine | \$56.46 | 12/07/2010 | All | Purchase only | 2 per year | Limit-based | |
| L0627 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMBED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Lumbar spine | \$147.95 | 01/01/2006 | All | Purchase only | 2 per year | Limit-based | |

BR -- Payment by report Limit-based - PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity

| | | | | | Frequency limits r | s required when th | e frequency limit i n the basis of med | lical necessity | | | |
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| | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO 1-3 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Lumbar spine | \$60.76 | 12/07/2010 | Ali | Purchase only | 2 per year | Never required | |
| | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO 1-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED | Each | 5160-10-01 | Lumbar spine | \$164.66 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYCEGAL JUNCTION TO 79 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDILOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Lumbar spine | \$135.00 | 07/16/2018 | All | Purchase only | 2 per year | Never required | |
| L0631 | LUMBAR-SACRAL ORTHOSIS, SAGITIAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PARLES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO YO VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Lumbar spine | \$143.51 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L0632 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED | Each | 5160-10-01 | Lumbar spine | \$143.51 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L0633 | LUMBAR-SACRAL ORTHOSIS, SAGITIAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENOTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Lumbar spine | \$250.00 | 07/16/2018 | All | Purchase only | 1 per 2 years | Limit-based | |
| L0634 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAMEPANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAMEPANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAX INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABOMEN DESIGN, CUSTOM FABRICATED | Each | 5160-10-01 | Lumbar spine | \$246.18 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| | LUMBAR-SACRAL ORTHOSIS. SAGITIAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCYCEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SPADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Lumbar spine | \$271.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED | Each | 5160-10-01 | Lumbar spine | \$271.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | LUMBAR-SACRAL ORTHOSIS, SAGITIAL-CORONAL CONTROL, RIGID SHELL(S)PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Lumbar spine | \$827.69 | 01/01/2010 | Ali | Purchase only | 1 per medical event | Limit-based | |
| L0640 | LUMBAR-SACRAL ORTHOSIS, SAGITIAL-CORONAL CONTROL, RIGID SHELL(S)PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENCTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULCUS ABDOMEN DESIGN, CUSTOM | Each | 5160-10-01 | Lumbar spine | \$757.98 | 12/07/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0700 | CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR- LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE) | Each | 5160-10-01 | Cervical-thoracic- lumbar-sacral spine | \$1,271.88 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0710 | CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE) | Each | 5160-10-01 | Cervical-thoracic- lumbar-sacral spine | \$1,398.16 | 01/01/2010 | Ali | Purchase only | 1 per medical event | Limit-based | |
| L0810 | HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST | Each | 5160-10-01 | Halo procedure | \$1,707.70 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0859 | ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL | Each | 5160-10-01 | Halo procedure | \$750.27 | 01/01/2006 | All | Purchase only | 1 per medical event | Limit-based | |
| L0970 | TLSO, CORSET FRONT | Each | 5160-10-01 | Spine, addition to orthosis | \$68.28 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L0972 | LSO, CORSET FRONT | Each | 5160-10-01 | Spine, addition to orthosis | \$62.14 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0974 | TLSO, FULL CORSET | Each | 5160-10-01 | Spine, addition to orthosis | \$111.65 | 01/01/2010 | Ali | Purchase only | 1 per medical event | Always required | |
| L0976 | LSO, FULL CORSET | Each | 5160-10-01 | Spine, addition to orthosis | \$95.52 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |

| BR Payment by report |
|--------------------------------------------------------------------|
| Limit-based - PA is required when the frequency limit is exceeded |
| Frequency limits may be exceeded on the basis of medical necessity |
| PA Payment by prior authorization |

| | | | | | | / prior authorization | | | | | |
|--------|----------------------------------------------------------------------------------------------------------------------------|-------|------------|-------------------------------------------|------------|-----------------------|-----|----------------|------------------------|-----------------|--|
| L0978 | AXILLARY CRUTCH EXTENSION | Each | 5160-10-01 | Spine, addition to orthosis | \$120.22 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L0980 | PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR | Each | 5160-10-01 | Spine, addition to orthosis | \$10.93 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L0984 | PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Spine, addition to orthosis | \$43.25 | 01/01/2010 | All | Purchase only | 6 per year | Limit-based | |
| L0999 | ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | Spine, addition to orthosis | PA | 09/01/2005 | All | Purchase only | | Always required | |
| L1000 | CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic- | \$1,295.56 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | PORVISHING INTERE OR HOUSIS, INCLUDING MODEL | | | lumbar-sacral spine | | | | | | | |
| L1010 | ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS | Each | 5160-10-01 | (Milwaukee) Spine, scoliosis, | \$53.46 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | ORTHOSIS, AXILLA SLING | | | cervical-thoracic- lumbar-sacral spine | | | | | | | |
| L1020 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD | Each | 5160-10-01 | (Milwaukee) Spine, scoliosis, | \$68.85 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| 21020 | | Eddi | 01001001 | cervical-thoracic- | \$00.00 | 0110112010 | 7.0 | 1 drondoo only | i poi 2 youro | Linit babba | |
| | | | | lumbar-sacral spine (Milwaukee) | | | | | | | |
| L1025 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic- | \$99.32 | 01/01/2010 | Ali | Purchase only | 1 per 2 years | Always required | |
| | | | | lumbar-sacral spine (Milwaukee) | | | | | | | |
| L1030 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic- | \$50.01 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | | | | lumbar-sacral spine (Milwaukee) | | | | | | | |
| L1040 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD | Each | 5160-10-01 | Spine, scoliosis, | \$56.65 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | | | | cervical-thoracic- lumbar-sacral spine | | | | | | | |
| L1050 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD | Each | 5160-10-01 | (Milwaukee) Spine, scoliosis, | \$64.10 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | | | | cervical-thoracic- lumbar-sacral spine | | | | | | | |
| 1 4060 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD | Feek | 5400 40 04 | (Milwaukee) | \$C0.40 | 04/04/2040 | All | Durahara ashi | 4 | Limit-based | |
| L1060 | ADDITION TO CTESO OR SCOLIOSIS ORTHOSIS, THORACIC PAD | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic- | \$69.19 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | | | | lumbar-sacral spine (Milwaukee) | | | | | | | |
| L1070 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic- | \$71.67 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| | | | | lumbar-sacral spine (Milwaukee) | | | | | | | |
| L1080 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic- | \$33.43 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | | | | lumbar-sacral spine | | | | | | | |
| L1085 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL | Each | 5160-10-01 | (Milwaukee) Spine, scoliosis, | \$111.91 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| | EXTENSIONS | | | cervical-thoracic- lumbar-sacral spine | | | | | | | |
| L1090 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING | Each | 5160-10-01 | (Milwaukee) Spine, scoliosis, | \$64.30 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| | | | | cervical-thoracic- lumbar-sacral spine | | | | | | | |
| 11100 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER | Each | 5160-10-01 | (Milwaukee) Spine, scoliosis, | \$125.08 | 01/01/2000 | All | Purchase only | 1 per 2 years | Limit-based | |
| LIIOO | ADDITION TO CTESO OK SCOLIOSIS OKTHOSIS, KING FLANGE, FLASTIC OK LEATHER | Eduli | 5100-10-01 | cervical-thoracic- | \$123.00 | 01/01/2000 | A | Furchase only | i pei z years | Linit-based | |
| | | | | lumbar-sacral spine (Milwaukee) | | | | | | | |
| L1110 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic- | \$203.43 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| | | | | lumbar-sacral spine (Milwaukee) | | | | | | | |
| L1120 | ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic- | \$24.29 | 01/01/2010 | Ali | Purchase only | 6 per year | Never required | |
| | | | | lumbar-sacral spine (Milwaukee) | | | | | | | |
| L1200 | THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL | Each | 5160-10-01 | Spine, scoliosis, | \$1,143.33 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| 1 | ORTHOSIS ONLY | | | thoracic-lumbar- sacral spine (low | | | | | | | |
| L1210 | ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION | Each | 5160-10-01 | profile) Spine, scoliosis, | \$156.32 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | . " | | | thoracic-lumbar- sacral spine (low | | | | | | | |
| L1220 | ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION | Each | 5160-10-01 | profile) Spine. scoliosis. | \$152.14 | 01/01/2010 | All | Burshana cati | 1 por 9 vog | Limit-based | |
| L1220 | ADDITION TO TESO, (LOW PROFILE), ANTERIOR INORAGIC EXTENSION | Each | 0100-10-01 | thoracic-lumbar- | ¢10∠.14 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | | | | sacral spine (low profile) | | | | | | | |
| L1230 | ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE | Each | 5160-10-01 | Spine, scoliosis, thoracic-lumbar- | \$426.24 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| | | | | sacral spine (low profile) | | | | | | | |
| L1240 | ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD | Each | 5160-10-01 | Spine, scoliosis, | \$58.10 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | | | | thoracic-lumbar- sacral spine (low | | | | | | | |
| L | | | | profile) | | | | 1 | | | |

| BR Payment by report |
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| Limit-based - PA is required when the frequency limit is exceeded |
| Frequency limits may be exceeded on the basis of medical necessity |
| PA Payment by prior authorization |

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|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|------------------------------------------------------------------------|----------------------|--------------------------|------------|---------------------------------------|-----------------------------------------|--------------------------------|--|
| L1250 | ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD | Each | 5160-10-01 | Spine, scoliosis, thoracic-lumbar- sacral spine (low profile) | \$50.51 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1260 | ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD | Each | 5160-10-01 | Spine, scoliosis, thoracic-lumbar- sacral spine (low profile) | \$60.27 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1270 | ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD | Each | 5160-10-01 | Spine, scoliosis, thoracic-lumbar- sacral spine (low profile) | \$52.97 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1280 | ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC) | Each | 5160-10-01 | Spine, scoliosis, thoracic-lumbar- sacral spine (low profile) | \$55.80 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1290 | ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD | Each | 5160-10-01 | Spine, scoliosis, thoracic-lumbar- sacral spine (low profile) | \$49.64 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1300 | OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Spine, scoliosis, other | \$1,101.13 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1310 | OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET | Each | 5160-10-01 | Spine, scoliosis, other | \$1,146.93 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L1499 | SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | Spine, scoliosis, other | PA | 10/01/1988 | All | Purchase only | | Always required | |
| L1600 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Hip | \$82.33 | 01/01/2010 | All | Purchase only | 1 per lifetime | Never required | |
| L1620 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Hip | \$100.40 | 01/01/2010 | All | Purchase only | 1 per lifetime | Never required | |
| L1630 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Hip | \$134.98 | 01/01/2010 | All | Purchase only Purchase only | 1 per lifetime | Always required | |
| L1640 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), | Each | 5160-10-01 5160-10-01 | Hip Hip | \$302.44 \$157.56 | 01/01/2010 | All | Purchase only Purchase only | 1 per medical | Never required | |
| L1660 | HIP OKTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATE, AUGSTRALE, (ILFLED TIFE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, | Each | 5160-10-01 | Hip | \$137.30 | 01/01/2010 | All | Purchase only | event 1 per medical | Never required | |
| L1680 | INCLUDES FITTING AND ADJUSTMENT HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, | Each | 5160-10-01 | Hip | \$727.88 | 01/01/2010 | All | Purchase only | event 1 per medical | Limit-based | |
| L1685 | ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | | \$710.59 | 01/01/2010 | All | , , , , , , , , , , , , , , , , , , , | event | Limit-based | |
| L 1686 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION | Each | 5160-10-01 | Hip Hip | \$710.59 \$598.67 | 01/01/2010 | All | Purchase only Purchase only | 1 per medical event 1 per medical | Limit-based | |
| L1690 | TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION | Each | 5160-10-01 | Hip | \$1,438.91 | 01/01/2010 | All | Purchase only | event 1 per medical | Limit-based | |
| L1720 | AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Hip, Legg-Calvé- | \$942.49 | 01/01/2010 | All | Purchase only | event 1 per medical | Always required | |
| L1730 | LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Perthes disease Hip, Legg-Calvé- | \$795.67 | 01/01/2010 | All | Purchase only | event 1 per medical | Limit-based | |
| L1755 | LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Perthes disease Hip, Legg-Calvé- Perthes disease | \$1,143.95 | 01/01/2010 | All | Purchase only | event 1 per medical event | Always required | |
| L1810 | KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Knee | \$65.77 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L1820 | KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Knee | \$90.80 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L1830 L1832 | KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF KNEE ORTHOSIS, ADUISTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRO, POSITIONAL ORTHOSIS, RIGIO SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN IDIVIDUAL WITH EXPERTISE | Each Each | 5160-10-01 5160-10-01 | Knee Knee | \$53.13 \$473.52 | 01/01/2010 01/01/2010 | All All | Purchase only Purchase only | 2 per year 1 per 2 years | Never required Limit-based | |
| L1834 L1840 | KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FARRICATED | Each Each | 5160-10-01 5160-10-01 | Knee Knee | \$463.73 \$600.83 | 01/01/2010 01/01/2010 | All All | Purchase only Purchase only | 1 per 2 years 1 per 2 years | Limit-based Always required | |
| L1843 | KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDEA, SASEMBLEO, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Knee | \$345.00 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1844 | KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUSIVALGUS ADJUSTMENT, CUSTOM FABRICATED | Each | 5160-10-01 | Knee | \$972.95 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1845 | KINEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Knee | \$535.18 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1846 | KINEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMELT, CUSTOM FABRICATED KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR | Each | 5160-10-01 5160-10-01 | Knee Knee | \$716.46 \$427.98 | 01/01/2010 | All | Purchase only Purchase only | 1 per 2 years | Limit-based Limit-based | |
| L1847 | KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL | Each | 01-01-01 | Knee | \$427.98 | 01/01/2010 | All | Purchase only | i per 2 years | Limit-based | |
| L1850 | KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Knee | \$182.02 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |

| International manual products of products o | | | | | | | may be exceeded or | | | | | |
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| Intervent Intervent <t< td=""><td></td><td></td><td></td><td></td><td></td><td>PA Payment by</td><td>prior authorization</td><td></td><td></td><td></td><td></td><td></td></t<> | | | | | | PA Payment by | prior authorization | | | | | |
| 108 Month Month State (1997) Fam. Pan. Pa | L1851 | EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE- | Each | 5160-10-01 | Knee | \$689.10 | 01/01/2017 | All | Purchase only | 1 per 2 years | Limit-based | |
| Image: Note: | L1852 | KNEE ORTHOSIS (KO), DOUBLE UPRICHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUSVALGUS ADJUSTIMENT, PREFABRICATED, OFF-THE- | Each | 5160-10-01 | Knee | \$643.33 | 01/01/2017 | All | Purchase only | 1 per 2 years | Limit-based | |
| 10101010000000000000000000000000000000000 | L1860 | | Each | 5160-10-01 | Ankle-foot | \$796.69 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| Index Mark Although and El double from Support and El and From | L1900 | ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM | Each | 5160-10-01 | Ankle-foot | \$182.28 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 1101 11011 1101 1101 </td <td>L1902</td> <td>ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS,</td> <td>Each</td> <td>5160-10-01</td> <td>Ankle-foot</td> <td>\$47.69</td> <td>01/01/2010</td> <td>All</td> <td>Purchase only</td> <td>2 per year</td> <td>Never required</td> <td></td> | L1902 | ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, | Each | 5160-10-01 | Ankle-foot | \$47.69 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| 1010 Mail: Description Spatial Spatial <th< td=""><td>L1906</td><td>ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-</td><td>Each</td><td>5160-10-01</td><td>Ankle-foot</td><td>\$71.85</td><td>01/01/2010</td><td>All</td><td>Purchase only</td><td></td><td>Never required</td><td></td></th<> | L1906 | ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE- | Each | 5160-10-01 | Ankle-foot | \$71.85 | 01/01/2010 | All | Purchase only | | Never required | |
| Inst Marked Name < | L1907 | ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, | Each | 5160-10-01 | Ankle-foot | \$364.11 | 04/01/2009 | All | Purchase only | | Limit-based | |
| Instrument Instrum | L1920 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR | Each | 5160-10-01 | Ankle-foot | \$262.46 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| 180 0.0000 0.00000000000000000000000000000000000 | L1930 | | Each | 5160-10-01 | Ankle-foot | \$197.76 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| Ling: Auge: For Ontholds: Auge: For Ontholds: Auge: For Ontholds: Auge: For Ontholds: For Data For Da | L1932 | AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, | Each | 5160-10-01 | Ankle-foot | \$570.00 | 07/16/2018 | All | Purchase only | 1 per 2 years | Limit-based | |
| 11585 AMALE FOR CHRONOL RATE, GO ANTERION TRUE INCOMENDER TO HELACTION LOS PREADED TO HELACTION LOS PREADED TO HELACTION CONTROL PREADED TO HELACTION | L1940 | | Each | 5160-10-01 | Ankle-foot | \$311.11 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| Instrume Processes Processes <th< td=""><td></td><td>ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION),</td><td></td><td></td><td></td><td>\$717.14</td><td></td><td></td><td></td><td></td><td></td><td></td></th<> | | ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), | | | | \$717.14 | | | | | | |
| 1400 And E FOOT OPHICAGE PORTURED FOOL PARKEL A. NET, CADITAL PARKEL-AND FACE 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 < | L1951 | OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | | | | | , | | | |
| Diff Mark Frob Ortholds Since Conference Markan With Amele 20047 Each 598-1001 Amele Amele 2005 2007/2016 All Parchae onty The 2 years Link based 1109 ALZ MARCH THE SINCE AMELE STREET AMELE AMELE STREET AM | L1960 | ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED | | | | | | | | | | |
| Instrume Perchange. Name Perchange. Name Perchange. Name Perchange. Name Perchange. Name 1980 No.E. FOOD (CHTCHOSS, BURGLE ANY ADDICATION OF THE MARK DOSIN FLOOD, SOLD STRAUM Each 5900-1001 Adv Perchange. Name Percha | | | | | | | | | | | | |
| Local Products Figure 244 Bits OPRINGES, LOSING PROPERTING, LOSING PROPERITOR, LOSING PROPERITOR, LOSING PROPERTING, LOSING | | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | | | | | , | | | |
| Dot # BANCOLUP DOUBLE BAY BY CONTINUES LUISTON FAMILICATION Each 5160-100 Non-antib-box F14.72 0.101/201 All Purchase ont 1 per 2 yees Limit-based 1000 NREE ANKE FOOT CHRISONS, REAL LIMPORT, FREE ANKE, SCULD STRINGF, THEI ANKE, SCULD STRINGF, THEIA ANKE, | L1980 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$257.98 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| Intel:NAM_CALP_BANGEURFS (SINGLE LWARK MAY CITIONS (LUCIDAY PARCATED) Image: Control of the second sec | | CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED | | | | | | | | | | |
| Outle Nuescicurs SignalE and XP ORTHODES, WITHOUT NEEE ANDE 300 THROUT NUESCICUTS Fund | | THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED | | | | | | | - | | | |
| Cuch Park/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/Source/End/ | L2010 | CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM | Each | 5160-10-01 | Knee-ankle-foot | \$557.47 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| Loss NNEE ANALE FOOT ORTHODSIS, DOLINEL UPRIGHT, FREE ANILE, SOLD STIRRUP, THIGH AND CALE BANKSOUTRS, COUNTER BAR AN CORTINOSUS, WITHOUT KEES LOSS Each 5106-10-0 Rese-anale-odc S10-10-0 All Purchase orb 1 per 2 years Linkhaad 1208 NEEE ANALE FOOT ORTHODSS, FULL PLAYET, SINGLE UPROUTT, WITHOUT REEE Each 5106-10-01 Rose-anale-odc \$11.419.88 0101/2010 All Purchase orb 1 per 2 years Limkhaad 1208 NEEE ANALE FOOT ORTHODSS, FULL PLAYET, SINGLE UPROUTT PREE Each 5106-10-01 Rose-anale-odc \$11.44.88 0101/2010 All Purchase orb 1 per 2 years Limhhaad 1208 MOTON MARE, LINKLE PERFERINGUES, FULL PLAYET, COUSLE UPROUTOR SITELY, WITHOUT FREE Each 5106-10-01 Rose-anale-odc \$118.49 0101/2010 All Purchase orb 1 per 2 years Limhhaad 1208 MOTON MARE, WITH OR WITHOUT FREE MOTON MARE, CUSTOM FREINTER MOTON MARE, CUSTOM FREENTER MOTON MARE, CUSTOM FRABUCATO Rose-anale-odc \$118.40 0101/2010 All Purchase orb 1 per 2 years Limhhaad 1208 MOTON MARE, WITH OR WITHOUT FREE MOTON MARE, CUSTOM FRABUCATO Rose-anale-odc | L2020 | | Each | 5160-10-01 | Knee-ankle-foot | \$704.06 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| MOTION NERGE, MEDIAL LATERAR, ROTATION CONTROL, MUTHOU FINEE MOTION File Name Na | L2030 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM | Each | 5160-10-01 | Knee-ankle-foot | \$692.05 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| MOTION AWALE, PREFARENCATED, INCLUDES ITTING AND ADJUSTMENT Motion AWALE, PREFARENCATED, INCLUDES, ITTING AND ADJUSTMENT Motion AWALE, Profit of Ministry, With OK WITHOUT PREE Each 5160-1001 Kine-antide-focd 51,184.49 OtiON/2010 All Purchase only 1 per 2 years Limit-based L208 KEE AWALE FOOT ORTHOSIS, FULL PLASTIC, WITH OK WITHOUT PREE Each 5160-1001 Knee-antide-food 51,084.49 0101/2010 All Purchase only 1 per 2 years Limit-based L208 KNEE AWALE FOOT ORTHOSIS, FULL PLASTIC, WITH OK WITHOUT PREE MOTION KABLE, Each 5160-1001 Hip-knee-antide-food \$1292 0101/2010 All Purchase only 1 per 2 years Limit-based L208 MUE AWALE FOOT ORTHOSIS, TORSION CONTROL, BLATERAL ROTATION STRAPS, Each 5160-1001 Hip-knee-antide-food \$313.41 0101/2010 All Purchase only 1 per years Limit-based L209 HIP NREE AWALE FOOT ORTHOSIS, STORISON CONTROL, BLATERAL TORSION CABLES, BALL Each 5160-1001 Hip-knee-antide-food \$313.41 0101/2010 All Purchase only 1 per medical Limit-based L208 | L2034 | MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION | Each | 5160-10-01 | Knee-ankle-foot | \$1,419.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L203 WREE ANGLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OW THREE Each 5160-1001 Knee-ankle-hod 51,044.90 O101/2010 All Purchase orth 1 per 2 years Limit-based L2037 KNEE ANGLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OW THREE Each 5160-1001 Knee-ankle-hod \$1,092.00 All Purchase orth 1 per 2 years Limit-based L2038 MOTE ANKEL FMOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OW THREE MOTION KREE Each 5160-1001 Knee-ankle-hod \$894.11 0101/2010 All Purchase orth 1 per 2 years Limit-based L2038 MOTE ANXEL FMOOT ORTHOSIS, FULL PLASTIC, WITH OW THREE MOTION KREE Each 5160-1001 Hip-knee-ankle-hood \$129.25 0101/2010 All Purchase orth 1 per year Limit-based L204 HIP-KNEE ANLE FOOT ORTHOSIS, TORSIN CONTROL, BLATERAL TORSIN CABLES, BLL Each 5160-1001 Hip-knee-ankle-hood \$339.41 0101/2010 All Purchase orth 1 per year Limit-based L204 HIP-KNEE ANGLE FOOT CONTROLS, BLATERAL TORSIN CABLES, BLL Each 5160-1001 Lower Init, fac | L2035 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Knee-ankle-foot | \$110.68 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| MOTION NUEL, UNTH OR WITH-OUT PREE MOTION ANKLE, CUSTOM FARRICATED | L2036 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$1,184.49 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| MULT-XXIS ANKLE, CUSTOM FABRICATED MULT-XXIS ANKLE, CUSTOM FABRICATED EAch S160-10-01 Hip-knee-ankle-foot \$122.25 01/01/2010 AI Purchase only 1 per year Limit-based PELVIC BANDBELT, CUSTOM FABRICATED SIGN CABLES, HIP Each S160-10-01 Hip-knee-ankle-foot \$313.4 01/01/2010 AI Purchase only 1 per year Limit-based University of the period of | L2037 | | Each | 5160-10-01 | Knee-ankle-foot | | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| PELVE BANDBELT, CUSTOM FABRICATED PELVE BANDBELT, CUSTOM FABRICATED Perchae Perchae< | L2038 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$854.11 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2050 HIP KNEE ANULE FOOT ORTHODIST, TORSION CONTROL, BLATERAL TORSION CABLES, HIP Each 5160-10-11 Hip-knee-ankle-foot \$331.34 01/01/2010 All Purchase only 1 per year Limit-based L2060 HIP KNEE ANULE FOOT ORTHODIST, TORSION CONTROL, BLATERAL TORSION CABLES, BALL Each 5160-10-01 Hip-knee-ankle-foot \$339.41 01/01/2010 All Purchase only 1 per year Limit-based L2160 ANKLE FOOT ORTHODIST, FRACTURE CAST ORTHODISS, TBIAL, FRACTURE CAST ORTHODISS, STEMAL FRACTURE CAST ORTHODISS, STEMAL FRACTURE CAST ORTHODISS, STEMAL FRACTURE CAST ORTHODISS, STEMAL FRACTURE CAST ORTHODISS, TBIAL, FRACTURE CAST ORTHODISS, TBIAL, FRACTURE CAST ORTHODISS, TBIAL, FRACTURE CAST ORTHODISS, TBIAL, FRACTURE CAST DECUDES INTITIA AND ADJUSTING MEMT Each 5160-10-01 Lower limb, fracture \$322.32 01/01/2010 All Purchase only per medical Limit-based L2114 ANKLE FOOT ORTHODISS, FRACTURE CAST DRTHOSIS, SHALL FRACTURE CAST DRTHOSIS, SHALL FRACTURE CAST DRTHOSIS, SHALL FRACTURE CAST Each 5160-10-01 Lower limb, fracture \$403.71 01/01/2010 | | PELVIC BAND/BELT, CUSTOM FABRICATED | | | | | | | - | 1 per year | | |
| BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED res res res res res res res res res 1206 ANKLE FOOT ORTHOSIS, FRACTURE CORTHOSIS, FLAIL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED Each 5160-10-01 Lower limb, fracture \$734.51 01/01/2010 All Purchase only remedical event 1210 ANKLE FOOT ORTHOSIS, TBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED Each 5160-10-01 Lower limb, fracture \$734.51 01/01/2010 All Purchase only remedical event 1211 ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture \$322.32 01/01/2010 All Purchase only 1 per medical event 1211 ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture \$403.71 01/01/2010 All Purchase only 1 per medical event 12116 ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT Each 5160- | | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED | | | • | | | | , | 1 per year | | |
| THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED Image: control of the state of the | | BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED | | | | | | | | | | |
| CUSTOM FABRICATED Cu | | THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED | | | | | | | , | ' event | | |
| PREFARICATED, INCLUDES FITTING AND ADJUSTMENT Image: constraint of the state | | CUSTOM FABRICATED | | | | | | | , | event | | |
| PREFARICATED, INCLUDES FITTING AND ADJUSTMENT Control Control <th< td=""><td></td><td>PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT</td><td></td><td></td><td>,</td><td></td><td></td><td></td><td>,</td><td>event</td><td></td><td></td></th<> | | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | , | | | | , | event | | |
| PREFABRICATED. INCLUDES FITTING AND ADJUSTMENT Image: constraint of the state of the stat | | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | | | | | | event | | |
| ORTHOSIS. THERMOPLASTIC TYPE CASTING MATERIAL. CUSTOM FABRICATED Image: Control or Conter Contro or Contro or Control or Control or Contro or Control or | | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | , | | | | , | ' event | | |
| ORTHOSIS. CUSTOM FABRICATED. ORTHOSIS. SEMORAL FRACTURE CAST ORTHOSIS, SOFT. Each 5160-10-01 Lower limb, fracture \$621.78 01/01/2010 All Purchase only 1 per medical Always required L213 KAFO, FRACTURE CARTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT. Each 5160-10-01 Lower limb, fracture \$736.26 01/01/2010 All Purchase only 1 per medical Always required L214 KAFO, FRACTURE CARTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture \$736.26 01/01/2010 All Purchase only 1 per medical Always required L213 KAFO, FRACTURE CARTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture \$805.72 01/01/2010 All Purchase only 1 per medical Always required L2130 ADDITION TO LOWER EXTREMITY FRACTURE CORTHOSIS, PLASTIC SHOE INSERT WITH Each 5160-10-11 Lower limb, fracture \$805.72 01/01/2010 All Purchase only 1 per medical Always required L2130 ADDITION TO LOWER EXTREMITY FRACTURE CORTHOSIS, PLASTIC SHOE INSERT | | ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED | | | | | | | , | event | | |
| PREFARICATED. INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture \$736.26 01/01/2010 All Purchase only 1 per medical Aways required L213 KAFO, FRACTURE CORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED. INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture \$736.26 01/01/2010 All Purchase only 4 ways required L213 KAFO, FRACTURE CATTOR RAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED. INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture \$805.72 01/01/2010 All Purchase only 1 per medical Aways required L213 ADDITION TO LOWER EXTREMITY FRACTURE CORTHOSIS, PLASTIC SHOE INSERT WITH Each 5160-10-01 Lower limb, fracture, addition to \$84.69 01/01/2010 All Purchase only 1 per medical Newer required L216 ADDITION TO LOWER EXTREMITY FRACTURE CORTHOSIS, PLASTIC SHOE INSERT WITH Each 5160-10-01 Lower limb, fracture, addition to \$84.69 01/01/2010 All Purchase only 1 per medical Newer required ANKLE JOINTS Each 5160-10-01 Lower limb, fracture, addidion to 584.69 01/01/2010 | | ORTHOSIS, CUSTOM FABRICATED | | | , | | | | , | event | | |
| PREFABRICATED. INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture \$805.72 01/01/2010 All Purchase only event L213 KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED. INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture \$805.72 01/01/2010 All Purchase only event event L216 ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, RUGID, PREFABRICATED. INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb, fracture, addition to \$84.69 01/01/2010 All Purchase only 1 per medical event | | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | , | | | | , | event | | |
| PREFARICATED. INCLUDES FITTING AND ADJUSTMENT Each 5160-10-01 Lower limb. \$84.69 O1101/2010 All Purchase only 1 per required L2180 ADDITION TO LOWER EXTRUITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH Each 5160-10-01 Lower limb. \$84.69 01/01/2010 All Purchase only 1 per required ANKLE JOINTS Each 5160-10-01 Lower limb. \$84.60 01/01/2010 All Purchase only 1 per required | | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | , | | | | , | event | | |
| ANKLE JOINTS fracture, addition to event | | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | | | | | , | event | | |
| | | ANKLE JOINTS | | | fracture, addition to | | | | | event | | |
| L2182 ADUITION TO LOWER EXTREMITY PRACTURE ORTHOSIS, DROP LOCK KNEE JOINT Each Step-10-01 Lower imp, \$73.00 01/01/2010 All Purchase only 2 per ormosis Never required fracture, addition to 1 | L2182 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT | Each | 5160-10-01 | Lower limb, fracture, addition to | \$73.00 | 01/01/2010 | All | Purchase only | 2 per orthosis | Never required | |

| | | | | | | nay be exceeded or prior authorization | n the basis of med | lical necessity | | |
|--------|------------------------------------------------------------------------------------------------------------------------|------|------------|-----------------------------------------------|----------|-------------------------------------------|--------------------|-----------------|----------------|-----------------|
| L2184 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT | Each | 5160-10-01 | Lower limb, fracture, addition to | \$74.00 | 01/01/2010 | All | Purchase only | 2 per orthosis | Always required |
| L2186 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, | Each | 5160-10-01 | Lower limb, | \$98.43 | 01/01/2010 | All | Purchase only | 2 per orthosis | Never required |
| L2188 | LERMAN TYPE ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM | Each | 5160-10-01 | fracture, addition to Lower limb, | \$178.92 | 01/01/2010 | All | Purchase only | 1 per orthosis | Always required |
| L2190 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT | Each | 5160-10-01 | fracture, addition to Lower limb, | \$54.50 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based |
| L2192 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH | Each | 5160-10-01 | fracture, addition to Lower limb. | \$213.01 | 01/01/2010 | All | Purchase only | 1 per orthosis | Limit-based |
| L2200 | FLANGE, AND PELVIC BELT ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT | Each | 5160-10-01 | fracture, addition to Lower limb, | \$32.22 | 01/01/2010 | All | Purchase only | 2 per year | Never required |
| L2210 | ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH | Each | 5160-10-01 | fracture, addition to Lower limb. | \$40.16 | 01/01/2010 | All | Purchase only | 2 per year | Never required |
| | JOINT | | | fracture, addition to | | | | | | |
| L2220 | ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT | Each | 5160-10-01 | Lower limb, fracture, addition to | \$51.69 | 01/01/2010 | All | Purchase only | 2 per year | Never required |
| L2230 | ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT | Each | 5160-10-01 | Lower limb, fracture, addition to | \$61.12 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2240 | ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT | Each | 5160-10-01 | Lower limb, fracture, addition to | \$60.81 | 01/01/2010 | Ali | Purchase only | 1 per year | Never required |
| L2250 | ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT | Each | 5160-10-01 | Lower limb, fracture, addition to | \$213.41 | 01/01/2010 | All | Purchase only | 1 per orthosis | Limit-based |
| L2260 | ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE) | Each | 5160-10-01 | Lower limb, fracture, addition to | \$119.75 | 01/01/2010 | All | Purchase only | 1 per orthosis | Limit-based |
| L2265 | ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP | Each | 5160-10-01 | Lower limb, | \$85.86 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2270 | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED | Each | 5160-10-01 | fracture, addition to Lower limb, | \$39.38 | 01/01/2010 | All | Purchase only | 2 per year | Never required |
| L2275 | OR MALLEOLUS PAD ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, | Each | 5160-10-01 | fracture, addition to Lower limb, | \$83.28 | 01/01/2010 | All | Purchase only | 2 per orthosis | Never required |
| L2280 | PADDED/LINED ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT | Each | 5160-10-01 | fracture, addition to Lower limb, | \$360.68 | 01/01/2010 | All | Purchase only | 1 per 3 years | Limit-based |
| L2300 | ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), | Each | 5160-10-01 | fracture, addition to Lower limb, | \$160.85 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based |
| 12310 | JOINTED, ADJUSTABLE ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT | Each | 5160-10-01 | fracture, addition to Lower limb, | \$73.50 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required |
| L2320 | ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED | Each | 5160-10-01 | fracture, addition to Lower limb. | \$123.23 | 01/01/2010 | All | Purchase only | 1 per orthosis | Limit-based |
| | ORTHOSIS ONLY | | | fracture, addition to | \$123.23 | | | | | |
| L2330 | ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | Lower limb, fracture, addition to | | 01/01/2010 | All | Purchase only | 1 per orthosis | Limit-based |
| L2335 | ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND | Each | 5160-10-01 | Lower limb, fracture, addition to | \$179.60 | 01/01/2010 | All | Purchase only | 1 per orthosis | Always required |
| L2340 | ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Lower limb, fracture, addition to | \$267.00 | 01/01/2010 | All | Purchase only | 1 per orthosis | Limit-based |
| L2350 | ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES) | Each | 5160-10-01 | Lower limb, fracture, addition to | \$532.31 | 01/01/2010 | All | Purchase only | 1 per orthosis | Limit-based |
| L2360 | ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK | Each | 5160-10-01 | Lower limb, fracture, addition to | \$32.96 | 01/01/2010 | All | Purchase only | 2 per year | Never required |
| L2370 | ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM | Each | 5160-10-01 | Lower limb, fracture, addition to | \$204.48 | 01/01/2010 | All | Purchase only | 1 per orthosis | Limit-based |
| L2375 | ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRIJP | Each | 5160-10-01 | Lower limb, fracture, addition to | \$78.60 | 01/01/2010 | All | Purchase only | 2 per orthosis | Always required |
| L2380 | ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT | Each | 5160-10-01 | Lower limb, | \$82.45 | 01/01/2010 | All | Purchase only | 2 per orthosis | Never required |
| L2385 | ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT | Each | 5160-10-01 | fracture, addition to Lower limb, | \$93.88 | 01/01/2010 | All | Purchase only | 2 per orthosis | Never required |
| L2390 | ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT | Each | 5160-10-01 | fracture, addition to Lower limb, | \$65.39 | 01/01/2010 | All | Purchase only | 2 per orthosis | Never required |
| L2395 | ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT | Each | 5160-10-01 | fracture, addition to Lower limb, | \$93.47 | 01/01/2010 | All | Purchase only | 2 per orthosis | Never required |
| L2397 | ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR | Each | 5160-10-01 | fracture, addition to Lower limb. | \$77.99 | 01/01/2010 | All | Purchase only | 4 per year | Never required |
| L2405 | EQUAL), ANY MATERIAL, EACH JOINT ADDITION TO KNEE JOINT, DROP LOCK | Each | 5160-10-01 | fracture, addition to Knee joint, addition | \$40.54 | 01/01/2010 | All | Purchase only | 2 per year | Never required |
| 1 2415 | ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR | Each | 5160-10-01 | to orthosis Knee joint, addition | \$93.85 | 01/01/2010 | Al | Purchase only | 2 per orthosis | Never required |
| L2415 | EQUAL), ANY MATERIAL, EACH JOINT ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH | Each | 5160-10-01 | to orthosis Knee joint, addition | \$110.73 | 01/01/2010 | All | Purchase only | 2 per orthosis | Limit-based |
| | JOINT | | | to orthosis | | | | | | |
| L2430 | ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT | Each | 5160-10-01 | Knee joint, addition to orthosis | \$62.82 | 01/01/2010 | All | Purchase only | 2 per orthosis | Never required |
| L2492 | ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING | Each | 5160-10-01 | Knee joint, addition to orthosis | \$74.93 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2500 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING | Each | 5160-10-01 | Thigh, addition to orthosis | \$199.94 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2510 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Thigh, addition to orthosis | \$515.28 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2520 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED | Each | 5160-10-01 | Thigh, addition to orthosis | \$343.40 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2525 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Thigh, addition to orthosis | \$728.22 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2526 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED | Each | 5160-10-01 | Thigh, addition to | \$409.18 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2530 | CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED | Each | 5160-10-01 | orthosis Thigh, addition to | \$153.22 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2540 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT | Each | 5160-10-01 | orthosis Thigh, addition to | \$289.92 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| L2550 | MODEL ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF | Each | 5160-10-01 | orthosis Thigh, addition to | \$217.39 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required |
| | | | | orthosis | | | | | | |

BR -- Payment by report Limit-based -- PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity Data December the under exclusion of the second second second second second second second second second second

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|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|---------------------------------------------------------|------------|---------------------|-----|--------------------------------|----------------------------------|-----------------|--|
| L2570 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$284.54 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required | |
| L2580 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$277.26 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L2600 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$136.26 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required | |
| L2610 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$150.57 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required | |
| L2620 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$159.73 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required | |
| L2622 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$203.30 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required | |
| L2624 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$249.28 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required | |
| L2627 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$1,365.48 | 01/01/2010 | All | Purchase only | 1 set per 2 years | Limit-based | |
| L2628 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$1,000.88 | 01/01/2010 | All | Purchase only | 1 set per 2 years | Limit-based | |
| L2630 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$147.93 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required | |
| L2640 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$200.76 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L2650 | ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$88.42 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L2660 | ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$114.48 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L2680 | ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS | Each | 5160-10-01 | Pelvic and thoracic control, addition to orthosis | \$93.48 | 01/01/2010 | All | Purchase only | 1 set per 2 years | Never required | |
| L2755 | ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | General, addition to orthosis | \$83.49 | 01/01/2010 | Ali | Purchase only | 4 per year | Never required | |
| L2760 | ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH) | Each | 5160-10-01 | General, addition to orthosis | \$36.30 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| L2768 | ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR | Each | 5160-10-01 | General, addition to orthosis | \$100.06 | 07/16/2018 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2785 | ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER | Each | 5160-10-01 | General, addition to orthosis | \$18.93 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L2795 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP | Each | 5160-10-01 | General, addition to orthosis | \$52.37 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L2800 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | General, addition to orthosis | \$64.35 | 01/01/2010 | All | Purchase only | 1 per orthosis | Never required | |
| L2810 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD | Each | 5160-10-01 | General, addition to orthosis | \$52.18 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L2820 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, | Each | 5160-10-01 | General, addition to | \$51.88 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L2830 | BELOW KNEE SECTION ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, | Each | 5160-10-01 | orthosis General, addition to | \$56.12 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L2840 | ABOVE KNEE SECTION ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL | Each | 5160-10-01 | orthosis General, addition to | \$27.56 | 01/01/2010 | All | Purchase only | 3 per year | Never required | |
| L2850 | ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR | Each | 5160-10-01 | orthosis General, addition to | \$38.64 | 01/01/2010 | All | Purchase only | 3 per medical | Never required | |
| L2999 | EQUAL LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | orthosis General, addition to | PA | 10/01/1988 | All | Purchase only | event Medical necessity | Always required | |
| L3000 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL | Each | 5160-10-31 | orthosis Molded insert | \$134.48 | 01/01/2010 | All | Purchase only | , 1 per foot per 2 | Limit-based | |
| L3001 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO | Each | 5160-10-31 | Molded insert | \$12.19 | 01/01/2010 | All | Purchase only | years 2 per foot per | Never required | |
| L3002 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, OLEVANO | Each | 5160-10-31 | Molded insert | \$64.08 | 01/01/2010 | All | Purchase only | 2 per foot per 2 per foot per | Never required | |
| L3010 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PERIFACITE OR EQUAL | Each | 5160-10-31 | Molded insert | \$96.11 | 01/01/2010 | All | Purchase only | year 1 per foot per 2 | Limit-based | |
| L3010 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT | Each | 5160-10-31 | Molded insert | \$90.11 | 01/01/2010 | All | Purchase only Purchase only | years 1 per foot per 2 | Limit-based | |
| L3020 | FOUT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATAKSAL SUPPORT FOOT. INSERT, REMOVABLE, FORMED TO PATIENT FOOT | Each | | Formed insert | \$102.52 | | | , | years | | |
| | | | 5160-10-31 | | | 01/01/2010 | All | Purchase only | 2 per foot per year | Never required | |
| L3040 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL | Each | 5160-10-31 | Pre-molded insert | \$12.81 | 01/01/2010 | All | Purchase only | 2 per foot per year | Never required | |
| L3050 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL | Each | 5160-10-31 | Pre-molded insert | \$12.81 | 01/01/2010 | All | Purchase only | 2 per foot per year | Never required | |
| L3060 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL | Each | 5160-10-31 | Pre-molded insert | \$34.30 | 01/01/2010 | All | Purchase only | 2 per foot per year | Never required | |
| L3100 | HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-31 | Splint | \$25.63 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3140 | FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES | Each | 5160-10-31 | Rotation bar | \$38.44 | 01/01/2010 | All | Purchase only | 2 per year | Limit-based | |

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|----------------|---------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|--------------------------------|-------------------------------------|--------------------------|--------------|--------------------------------|--------------------------------------|----------------------------------|--|
| L3150 | FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES | Each | 5160-10-31 | Rotation bar | \$43.81 | 01/01/2010 | All | Purchase only | 2 per foot per | Never required | |
| 20100 | | Eddi | 0100 10 01 | r totation i bai | \$10.01 | 01/01/2010 | <i>7</i> til | r aronabo only | vear | Novoi roquirou | |
| L3160 | FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE | Each | 5160-10-31 | Positioning device | \$96.11 | 01/01/2010 | All | Purchase only | 2 per orthosis | Always required | |
| L3170 | FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-31 | Stabilizer | \$10.25 | 01/01/2010 | All | Purchase only | 2 per foot per | Never required | |
| | | | | | | | | | year | | |
| L3201 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT | Each | 5160-10-31 | Infant shoes | \$55.38 | 01/01/2010 | All | Purchase only | 3 pairs per year | | |
| L3202 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD | Each | 5160-10-31 | Child shoes | \$55.38 | 01/01/2010 | All | Purchase only | 3 pairs per year | Limit-based | |
| L3203 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR | Each | 5160-10-31 | Junior shoes | \$57.67 | 01/01/2010 | All | Purchase only | 3 pairs per year | Limit-based | |
| L3204 L3206 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD | Each Each | 5160-10-31 5160-10-31 | Infant shoes Child shoes | \$57.67 \$54.24 | 01/01/2010 01/01/2010 | All | Purchase only Purchase only | 3 pairs per year | | |
| L3200 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHIED | Each | 5160-10-31 | Junior shoes | \$53.12 | 01/01/2010 | All | Purchase only | 3 pairs per year 3 pairs per year | Limit-based | |
| L3208 | SURGICAL BOOT, EACH, INFANT | Each | 5160-10-31 | Infant shoes | \$26.91 | 01/01/2010 | All | Purchase only | 2 per foot per | Never required | |
| | | | | | | | | | year | | |
| L3209 | SURGICAL BOOT, EACH, CHILD | Each | 5160-10-31 | Child shoes | \$26.91 | 01/01/2010 | All | Purchase only | 2 per foot per | Never required | |
| | | | | | | | | | year | | |
| L3211 | SURGICAL BOOT, EACH, JUNIOR | Each | 5160-10-31 | Junior shoes | \$26.91 | 01/01/2010 | All | Purchase only | 2 per foot per | Never required | |
| | | | | | | | | | year | | |
| L3215 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD | Each | 5160-10-31 | Ladies shoes | \$90.40 | 01/01/2010 | All | Purchase only | 2 pairs per year | | |
| L3216 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY | Each | 5160-10-31 | Ladies shoes | \$102.52 | 01/01/2010 | All | Purchase only | 2 pairs per year | | |
| L3217 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY | Each | 5160-10-31 | Ladies shoes | \$114.05 | 01/01/2010 | All | Purchase only | 2 pairs per year | | |
| L3219 L3221 | ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY | Each Each | 5160-10-31 5160-10-31 | Men's shoes Men's shoes | \$90.40 \$112.77 | 01/01/2010 01/01/2010 | All | Purchase only Purchase only | 2 pairs per year 2 pairs per year | | |
| L3221 | ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAT ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY | Each | 5160-10-31 | Men's shoes | \$117.89 | 01/01/2010 | All | Purchase only | 2 pairs per year 2 pairs per year | | |
| L3222 | ORTHOPEDIC FOOTWEAR, WEINS SHOE, HIGHTOP, DEPTH INDAT | Each | 5160-10-31 | Ladies shoes | \$43.17 | 01/01/2010 | All | Purchase only | 1 per foot per | Limit-based | |
| L0224 | BRACE (ORTHOSIS) | LOUII | 5100-10-51 | | φτο. Π | 31/01/2010 | 750 | . aroneae offiy | vear | cime-based | |
| L3225 | ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE | Each | 5160-10-31 | Men's shoes | \$47.15 | 01/01/2010 | All | Purchase only | 1 per foot per | Limit-based | |
| | (ORTHOSIS) | | | | | | | | year | | |
| L3230 | ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY | Each | 5160-10-31 | Custom shoes | \$160.19 | 09/01/2011 | All | Purchase only | 1 per foot per | Always required | |
| | | | | | | | | | year | | |
| L3251 | FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE | Each | 5160-10-31 | Molded shoes | \$160.19 | 01/01/2010 | All | Purchase only | 1 per foot per | Limit-based | |
| | | | | | | | | | year | | |
| L3252 | FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM | Each | 5160-10-31 | Custom shoes | \$84.76 | 01/01/2010 | All | Purchase only | 1 per foot per | Limit-based | |
| | FABRICATED | - | | | ÷= · | | | | year | | |
| L3253 | FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED | Each | 5160-10-31 | Molded shoes | \$64.08 | 01/01/2010 | All | Purchase only | 1 per foot per | Limit-based | |
| | | | | | | | | | year | | |
| L3257 | ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE | Each | 5160-10-31 | Mis-mate shoes | \$138.57 | 01/01/2010 | All | Purchase only | 2 pairs per year | Limit-based | |
| L3300 | LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH | Each inch | 5160-10-31 | Lift | \$43.57 | 01/01/2010 | All | Purchase only | (adult) 2 modifications | Never required | |
| L3300 | EIFT, ELEVATION, HEEL, TAPENED TO METATAKSALS, PER INCH | Edult Inch | 5100-10-31 | LIIL | \$ 4 3.37 | 01/01/2010 | A | Fulcitase only | 2 modifications per year | Never required | |
| L3310 | LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH | Each inch | 5160-10-31 | Lift | \$51.25 | 01/01/2010 | All | Purchase only | 2 modifications | Never required | |
| 20010 | | Edon mon | 0100 10 01 | Line | \$01.20 | 01/01/2010 | 7 41 | r aronabo only | per year | Novoi roquirou | |
| L3320 | ELEVAT, HEEL & SOLE, CORK, PER INCH | Each inch | 5160-10-31 | Lift | \$64.08 | 01/01/2010 | All | Purchase only | 2 modifications | Never required | |
| | | | | | | | | | per year | | |
| L3332 | LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH | Each | 5160-10-31 | Lift | \$25.79 | 01/01/2010 | All | Purchase only | 2 modifications | Never required | |
| | | | | | | | | | per year | | |
| L3334 | LIFT, ELEVATION, HEEL, PER INCH | Each | 5160-10-31 | Lift | \$30.12 | 01/01/2010 | All | Purchase only | 2 modifications | Never required | |
| | | | | | | | | | per year | | |
| | HEEL WEDGE, SACH | Each | 5160-10-31 | Wedge | \$19.22 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| L3350 | HEEL WEDGE SOLF WEDGE OUTSIDE SOLF | Each | 5160-10-31 5160-10-31 | Wedge | \$10.25 \$17.95 | 01/01/2010 | All | Purchase only Purchase only | 4 per year 4 per year | Never required Never required | |
| L3300 | SOLE WEDGE, BETWEEN SOLE | Each | 5160-10-31 | Wedge | \$26.91 | 01/01/2010 | All | Purchase only | 4 per year 4 per vear | Never required | |
| L3380 | CLUBFOOT WEDGE | Each | 5160-10-31 | Wedge | \$15.82 | 01/01/2010 | All | Purchase only | 4 per year 4 per vear | Never required | |
| L3390 | OUTFLARE WEDGE | Each | 5160-10-31 | Wedge | \$26.91 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| L3400 | METATARSAL BAR WEDGE. ROCKER | Each | 5160-10-31 | Wedge | \$32.04 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| L3410 | METATARSAL BAR WEDGE, BETWEEN SOLE | Each | 5160-10-31 | Wedge | \$37.17 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| L3420 | FULL SOLE AND HEEL WEDGE, BETWEEN SOLE | Each | 5160-10-31 | Wedge | \$43.57 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| L3430 | HEEL, COUNTER, PLASTIC REINFORCED | Each | 5160-10-31 | Heel | \$38.44 | 01/01/2010 | All | Purchase only | 2 heels per year | Never required | |
| L3440 | HEEL, COUNTER, LEATHER REINFORCED | Each | 5160-10-31 | Heel | \$33.19 | 01/01/2010 | All | Purchase only | 2 heels per year | | |
| | HEEL, SACH CUSHION TYPE | Each | 5160-10-31 | Heel | \$84.60 | 07/01/2021 | All | Purchase only | | Never required | |
| L3455 | HEEL, NEW LEATHER, STANDARD | Each | 5160-10-31 | Heel | \$15.38 | 01/01/2010 | All | Purchase only | 2 heels per year | Limit-based | |
| L3460 | HEEL, NEW RUBBER, STANDARD | Each | 5160-10-31 | Heel | \$14.09 | 01/01/2010 | All | Purchase only | 2 heels per year | Limit-based | |
| L3465 | HEEL, THOMAS WITH WEDGE | Each | 5160-10-31 | Heel | \$17.64 | 01/01/2010 | All | Purchase only Burchase only | 2 heels per year | Never required | |
| L3470 | HEEL, THOMAS EXTENDED TO BALL | Each | 5160-10-31 | Heel | \$37.30 | 01/01/2010 | All | Purchase only Burchase only | 2 heels per year | | |
| L3480 | HEEL, PAD AND DEPRESSION FOR SPUR | Each | 5160-10-31 | Heel | \$19.22 | 01/01/2010 | All | Purchase only | 2 per foot per | Never required | |
| L3500 | ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER | Each | 5160-10-31 | Miscellaneous shoe | \$16.65 | 01/01/2010 | All | Purchase only | year 2 insoles per year | Never required | |
| L3000 | ONTHOLEDIG ONCE ADDITION, INSOLE, LEATHER | EaGU | 5100-10-31 | addition | φ10.00 | 01/01/2010 | <i>P</i> NI | Furcidase only | z msoles per year | wever required | |
| L3510 | ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER | Each | 5160-10-31 | Miscellaneous shoe | \$11.59 | 01/01/2010 | All | Purchase only | 2 insoles per year | Never required | |
| | | | | addition | ÷ | | | | | | |
| L3520 | ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER | Each | 5160-10-31 | Miscellaneous shoe | \$22.39 | 01/01/2010 | All | Purchase only | 2 insoles per year | Never required | |
| | | | | addition | | | | ., | | | |
| L3530 | ORTHOPEDIC SHOE ADDITION, SOLE, HALF | Each | 5160-10-31 | Miscellaneous shoe | \$19.33 | 01/01/2010 | All | Purchase only | 2 half soles per | Limit-based | |
| 1 | | | | addition | | | | | year [for ODM- | | |
| L | | - | | | ÷ | | | | authorized shoes] | | |
| L3540 | ORTHOPEDIC SHOE ADDITION, SOLE, FULL | Each | 5160-10-31 | Miscellaneous shoe | \$23.85 | 01/01/2010 | All | Purchase only | 2 full soles per | Never required | |
| 1 | | | | addition | | | | 1 | year [for ODM- | | |
| L3550 | ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD | Each | 5160, 10, 21 | Miscellaneous shoe | \$5.13 | 01/01/2010 | All | Burchese onto | authorized shoes] | Never required | |
| L355U | UNTITOFEDIC SITUE ADDITION, TUE TAP STAINDAKU | Eacu | 5160-10-31 | Miscellaneous shoe addition | ap.13 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| L3570 | ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS) | Each | 5160-10-31 | Addition Miscellaneous shoe | \$69.16 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| L3370 | STATIST 2010 SHOE ADDITION, OF LOIAE EXTENSION TO INSTEP (LEATHER WITH ETELETS) | Lacii | 3100-10-31 | addition | φυσ. ΙΟ | 01/01/2010 | -11 | r urondse urily | (adults), 6 per | . Novoi required | |
| | | | | addition | | | | 1 | year (children) | | |
| | | | | | | | | 1 | [for ODM- | | |
| 1 | | | | | | | | 1 | authorized shoes] | | |
| L3580 | ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE | Each | 5160-10-31 | Miscellaneous shoe | \$25.63 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| 1 | | | | addition | | | | | (adults), 6 per | | |
| | | | | | | | | | year (children) | | |
| | | | | | | | | | | | |

| | | | | | Frequency limits r | may be exceeded on prior authorization | n the basis of med | ical necessity | | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|-----------------------------------|--------------------|-------------------------------------------|--------------------|-----------------|--------------------------------------|-----------------|--|
| L3595 | ORTHOPEDIC SHOE ADDITION, MARCH BAR | Each | 5160-10-31 | Miscellaneous shoe | \$32.04 | 01/01/2010 | All | Purchase only | 4 per year | Never required | |
| L3600 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING | Each | 5160-10-31 | addition Transfer | \$37.44 | 01/01/2010 | All | Purchase only | 2 transfers per | Never required | |
| L3610 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW | Each | 5160-10-31 | Transfer | \$57.67 | 01/01/2010 | All | Purchase only | orthosis per year 2 transfers per | Never required | |
| | | | | | | | | | orthosis per year | | |
| L3620 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING | Each | 5160-10-31 | Transfer | \$48.56 | 01/01/2010 | All | Purchase only | 2 transfers per orthosis per year | Never required | |
| L3630 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW | Each | 5160-10-31 | Transfer | \$63.26 | 01/01/2010 | All | Purchase only | 2 transfers per orthosis per year | Never required | |
| L3649 | ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | Miscellaneous procedure | PA | 10/01/1988 | All | Purchase only | | Always required | |
| L3650 | SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, | Each | 5160-10-01 | Shoulder | \$41.90 | 01/01/2010 | All | Purchase only | 1 per medical | Never required | |
| L3670 | PREFABRICATED, OFF-THE-SHELF SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), | Each | 5160-10-01 | Shoulder | \$66.10 | 01/01/2010 | All | Purchase only | event 1 per medical | Never required | |
| L3674 | PREFABRICATED, OFF-THE-SHELF SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC | Each | 5160-10-01 | Shoulder | \$778.74 | 01/01/2011 | All | Purchase only | event 1 per medical | Never required | |
| 20014 | COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND | Luon | 0100 10 01 | onouldor | 0110.14 | 0110112011 | 74 | 1 drondoo only | event | Novoi roquirou | |
| L3675 | SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR | Each | 5160-10-01 | Shoulder | \$118.84 | 01/01/2010 | All | Purchase only | 1 per medical | Never required | |
| L3710 | EQUAL, PREFABRICATED, OFF-THE-SHELF ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Elbow | \$83.03 | 01/01/2010 | All | Purchase only | event 2 per vear | Never required | |
| L3720 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED | Each | 5160-10-01 | Elbow | \$397.27 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3730 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION | Each | 5160-10-01 | Elbow | \$526.97 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3740 | ASSIST, CUSTOM FABRICATED ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION | Each | 5160-10-01 | Elbow | \$624.77 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3760 | LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, | Each | 5160-10-01 | Elbow | \$285.67 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| 20.00 | TEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Luon | 5100 10 01 | 2.000 | φ 2 00.07 | 5110112010 | | . aronado dilly | . por 2 yours | | |
| L3763 | ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, | Each | 5160-10-01 | Elbow | \$493.34 | 12/07/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3764 | STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC | Each | 5160-10-01 | Elbow | \$516.30 | 12/07/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | | | | | , | . , | | |
| L3807 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN | Each | 5160-10-01 | Wrist-hand-finger | \$147.26 | 04/01/2009 | All | Purchase only | 1 per 2 years | Limit-based | |
| | TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | | | | | | | | | | |
| L3808 | WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Wrist-hand-finger | \$168.26 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L3809 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE | Each | 5160-10-01 | Wrist-hand-finger | \$155.00 | 07/01/2021 | All | Purchase only | 1 per 2 years | Never required | |
| L3900 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST | Each | 5160-10-01 | Wrist-hand-finger | \$941.93 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3901 | EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST | Each | 5160-10-01 | Wrist-hand-finger | \$1,234.46 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3906 | EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, | Each | 5160-10-01 | Wrist-hand-finger | \$294.66 | 01/01/2010 | All | Purchase only | 1 per medical | Never required | |
| | CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | | | | | | event | | |
| L3908 | WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Wrist-hand-finger | \$43.66 | 01/01/2010 | All | Purchase only | 1 per 180 days | Never required | |
| L3912 | HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED. OFF-THE-SHELF | Each | 5160-10-01 | Wrist-hand-finger | \$61.27 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L3923 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR | Each | 5160-10-01 | Wrist-hand-finger | \$27.65 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| | OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | | | | | | | | | | |
| L3924 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Wrist-hand-finger | \$69.82 | 07/01/2021 | All | Purchase only | 1 per medical event | Never required | |
| L3925 | FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE | Each | 5160-10-01 | Wrist-hand-finger | \$39.04 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3929 | MATERIAL, PREFABRICATED, OFF-THE-SHELF HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, | Each | 5160-10-01 | Wrist-hand-finger | \$66.19 | 01/01/2010 | All | Purchase only | 1 per medical | Never required | |
| L3929 | ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, | ⊏dCN | 5100-10-01 | winst-nand-ninger | φυ <u>ο</u> . 19 | 01/01/2010 | All | r-urcinase only | 1 per medical event | wever required | |
| | PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | | | | | | | | | | |
| L3931 | WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, | Each | 5160-10-01 | Wrist-hand-finger | \$142.53 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3956 | ADDITION OF JOINT O UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT | Each | 5160-10-01 | Wrist-hand-finger | \$187.75 | 01/01/2010 | All | Purchase only | 1 per medical | Limit-based | |
| | | | | - | | | | | event | | |
| L3960 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Shoulder-elbow- wrist-hand | \$463.75 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3971 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT | Each | 5160-10-01 | Shoulder-elbow- wrist-hand | \$975.27 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| 13980 | INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING | Each | 5160-10-01 | | \$224.94 | 01/01/2010 | All | Duration of 1 | 4 | Naura annu i | |
| | AND ADJUSTMENT | | | Upper limb, fracture | | | | Purchase only | 1 per medical event | Never required | |
| L3982 | UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Upper limb, fracture | \$228.40 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3984 | UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Upper limb, fracture | \$201.21 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3995 | ADJUSTMENT ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL | Each | 5160-10-01 | Upper limb, fracture | \$23.88 | 01/01/2010 | All | Purchase only | 3 per medical | Limit-based | |
| L3999 | UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | Upper limb, fracture | PA | 10/01/1988 | All | Purchase only | event | Always required | |
| L4000 | REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO) | Each | 5160-10-01 | Specific repair or replacement | \$844.25 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| | | | | including parts and | | | | | | | |
| L | | | I | labor | | 1 | l | l | l | | |

BR -- Payment by report Limit-based - PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity

| - | | | | | PA Payment by | prior authorization | | | | | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|--------------------------------------------------------------------|--------------------------|--------------------------|-----|---------------------------------------|-----------------------------------------|--------------------------------|------------------------------------------------------------|
| L4010 | REPLACE TRILATERAL SOCKET BRIM | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$513.16 | 01/01/2010 | All | Purchase only | 1 per lifetime | Always required | |
| L4020 | REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$616.43 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| L4030 | REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$391.73 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| L4040 | REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$265.30 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4045 | REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$195.96 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4050 | REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$262.73 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| L4055 | REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$159.70 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | REPLACE HIGH ROLL CUFF | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$211.11 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4070 | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$183.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | REPLACE METAL BANDS KAFO, PROXIMAL THIGH | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$64.32 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L4090 | REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$53.98 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L4100 | REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$64.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L4110 | REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$50.66 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L4130 | REPLACE PRETIBIAL SHELL | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$306.22 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4205 L4210 | REPAIR OF ORTHOTIC DEVICE, LABOR, PER 15 MINUTES REPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE, PER 15 MINUTES (IN ADDITION | Each Each | 5160-10-01 5160-10-01 | Labor Labor | \$12.17 \$12.17 | 07/01/2021 07/01/2021 | All | | 1 per 120 days 2 or more per | Limit-based Always required | PA for minor repairs occurring prior to 120 days |
| L4210 | TO PARTS) REPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE, PER 15 MINUTES (IN ADDITION | Each | 5160-10-01 | Labor | \$12.17 | 07/01/2021 | All | | 120 days 1 per 120 days | Never required | PA not required for minor repairs occurring after 120 days |
| L4350 | TO PARTS) ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., | Each | 5160-10-01 | Splint | \$61.83 | 01/01/2010 | All | Purchase only | 1 per medical | Never required | |
| L4360 | PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Splint | \$165.41 | 01/01/2010 | All | Purchase only | event 1 per medical event | Limit-based | |
| L4370 | PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Splint | \$150.37 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L4386 | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL | Each | 5160-10-01 | Splint | \$99.06 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L4392 | REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO | Each | 5160-10-01 | Splint | \$15.04 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L4396 | STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Splint | \$107.22 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L4631 | ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUSVALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, FLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED PARTIAL FOOT, SHOE INSERT WITH LONGTUDINAL ARCH, TO E FILLER | Each | 5160-10-01 5160-10-01 | Splint Lower limb | \$1,066.77 \$366.87 | 01/01/2011 | All | Purchase only Purchase only | 1 per medical event 1 per 4 years | Always required | |
| L5010 | PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER | Each | 5160-10-01 | Lower limb | \$1,025.10 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5020 L5050 | PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER ANKLE, SYMES, MOLDED SOCKET, SACH FOOT | Each Each | 5160-10-01 5160-10-01 | Lower limb Lower limb | \$1,605.99 \$1,754.04 | 01/01/2010 01/01/2010 | All | Purchase only Purchase only | 1 per 4 years 1 per 4 years | Limit-based Limit-based | |
| L5060 | ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT | Each | 5160-10-01 | Lower limb | \$2,162.23 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT | Each Each | 5160-10-01 5160-10-01 | Lower limb Lower limb | \$1,746.54 \$2,464.74 | 01/01/2010 01/01/2010 | All | | 1 per 4 years 1 per 4 years | Limit-based Always required | <u> </u> |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | | roquirou | |

BR -- Payment by report Limit-based -- PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity PA -- Payment by prior authorization

| | | | | | Frequency limits n PA Payment by | nay be exceeded o prior authorization | in the basis of med | ical necessity | | |
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| L5150 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, | Each | 5160-10-01 | Lower limb | \$2,740.21 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required |
| L5160 | SHIN, SACH FOOT KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION. EXTERNAL KNEE JOINTS. SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$3,008.61 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Always required |
| L5200 | ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$2,326.94 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5210 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS | Each | 5160-10-01 | Lower limb | \$1,847.59 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Limit-based |
| L5220 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT. DYNAMICALLY ALIGNED. EACH | Each | 5160-10-01 | Lower limb | \$2,035.24 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5230 | ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$3,052.57 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5250 | HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$3,579.21 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5280 | HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$3,876.41 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required |
| L5301 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM | Each | 5160-10-01 | Lower limb | \$2,073.45 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5321 | ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE | Each | 5160-10-01 | Lower limb | \$2,764.88 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5331 | HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT | Each | 5160-10-01 | Lower limb | \$4,049.55 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5341 | HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT | Each | 5160-10-01 | Lower limb | \$4,304.60 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5400 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE | Each | 5160-10-01 | Immediate post- surgery or early fitting | \$1,021.32 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required |
| L5410 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT | Each | 5160-10-01 | Immediate post- surgery or early fitting | \$282.16 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required |
| L5420 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION | Each | 5160-10-01 | Immediate post- surgery or early fitting | \$1,289.89 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required |
| L5430 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT | Each | 5160-10-01 | Immediate post- surgery or early fitting | \$350.13 | 01/01/2010 | Ali | Purchase only | 1 per amputation | Always required |
| L5510 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$1,377.79 | 01/01/2010 | All | Purchase only | Medical necessity | Always required |
| L5535 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET | Each | 5160-10-01 | Preparatory prosthesis | \$1,513.49 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based |
| L5540 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$1,603.02 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based |
| L5560 | PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON- ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO | Each | 5160-10-01 | Preparatory prosthesis | \$1,826.51 | 01/01/2010 | All | Purchase only | Medical necessity | Always required |
| L5580 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON- ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$2,200.15 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based |
| L5585 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON- ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET | Each | 5160-10-01 | Preparatory prosthesis | \$2,576.61 | 01/01/2010 | All | Purchase only | Medical necessity | Always required |
| L5590 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON- ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$2,293.95 | 01/01/2010 | Ali | Purchase only | Medical necessity | Limit-based |
| L5595 | PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$2,933.02 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required |
| L5600 | PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$3,338.21 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required |
| L5610 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM | Each | 5160-10-01 | Addition to lower limb | \$1,610.00 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required |
| L5611 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,025.44 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5613 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,559.75 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Limit-based |
| L5614 | ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,080.22 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5616 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$940.49 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Limit-based |
| L5617 | ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE | Each | 5160-10-01 | Addition to lower limb | \$358.18 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based |
| L5618 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES | Each | 5160-10-01 | Addition to lower limb | \$213.89 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based |
| L5620 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE | Each | 5160-10-01 | Addition to lower limb | \$189.77 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based |
| L5622 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION | Each | 5160-10-01 | Addition to lower limb | \$255.66 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive | Limit-based |
| L5624 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE | Each | 5160-10-01 | Addition to lower limb | \$255.59 | 01/01/2010 | All | Purchase only | prosthesis 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based |
| L5626 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION | Each | 5160-10-01 | Addition to lower limb | \$404.60 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive | Limit-based |
| | | | | | | | | | prosthesis | |

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| L5628 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY | Each | 5160-10-01 | Addition to lower limb | \$409.72 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based | |
| L5629 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET | Each | 5160-10-01 | Addition to lower | \$202.26 | 01/01/2010 | All | Purchase only | 1 per prosthesis | Limit-based | |
| L5630 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET | Each | 5160-10-01 | Addition to lower | \$351.43 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5631 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC | Each | 5160-10-01 | Addition to lower | \$279.65 | 01/01/2010 | All | Purchase only | 1 per prosthesis | Limit-based | |
| L5632 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET | Each | 5160-10-01 | limb Addition to lower | \$172.35 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5634 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET | Each | 5160-10-01 | limb Addition to lower | \$215.55 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5636 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET | Each | 5160-10-01 | limb Addition to lower | \$164.75 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5637 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT | Each | 5160-10-01 | limb Addition to lower | \$245.16 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5638 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET | Each | 5160-10-01 | limb Addition to lower | \$412.99 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5639 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET | Each | 5160-10-01 | limb Addition to lower | \$713.58 | 01/01/2010 | All | Purchase only | 1 per prosthesis | Always required | |
| L5640 | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET | Each | 5160-10-01 | limb Addition to lower | \$469.04 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5642 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET | Each | 5160-10-01 | limb Addition to lower | \$434.79 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5643 | ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, | Each | 5160-10-01 | limb Addition to lower | \$1,282.40 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5645 | EXTERNAL FRAME ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL | Each | 5160-10-01 | limb Addition to lower | \$623.61 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5646 | FRAME ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION | Each | 5160-10-01 | limb Addition to lower | \$398.77 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5647 | SOCKET ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET | Each | 5160-10-01 | limb Addition to lower | \$506.27 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5648 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION | Each | 5160-10-01 | limb Addition to lower | \$475.45 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5649 | SOCKET ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET | Each | 5160-10-01 | limb Addition to lower | \$1,569.04 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5650 | ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE | Each | 5160-10-01 | limb Addition to lower | \$310.70 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5651 | DISARTICULATION SOCKET ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL | Each | 5160-10-01 | limb Addition to lower | \$910.35 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5652 | FRAME ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE | Each | 5160-10-01 | limb Addition to lower | \$277.48 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5653 | DISARTICULATION SOCKET ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET | Each | 5160-10-01 | limb Addition to lower | \$432.93 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5654 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, | Each | 5160-10-01 | limb Addition to lower | \$250.96 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5655 | PLASTAZOTE OR EQUAL) ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, | Each | 5160-10-01 | limb Addition to lower | \$181.21 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5656 | ALIPLAST, PLASTAZOTE OR EQUAL) ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, | Each | 5160-10-01 | limb Addition to lower | \$275.31 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5658 | PELITE, ALIPLAST, PLASTAZOTE OR EQUAL) ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, | Each | 5160-10-01 | limb Addition to lower | \$290.59 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5661 | ALIPLAST, PLASTAZOTE OR EQUAL) ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES | Each | 5160-10-01 | limb Addition to lower | \$416.91 | 01/01/2010 | All | Purchase only | 1 per year | Always required | |
| L5665 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE | Each | 5160-10-01 | limb Addition to lower | \$370.67 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5666 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION | Each | 5160-10-01 | limb Addition to lower | \$49.07 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5668 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION | Each | 5160-10-01 | limb Addition to lower | \$73.12 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5670 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION | Each | 5160-10-01 | limb Addition to lower | \$172.71 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5671 | ('PTS' OR SIMILAR) ADD LOWER EXTREMITY, SUSPENS LOCKING MECH, EXCL SOCKET INSERT | Each | 5160-10-01 | limb Addition to lower | \$358.93 | 04/01/2009 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5672 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION | Each | 5160-10-01 | limb Addition to lower | \$228.53 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5673 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM | Each | 5160-10-01 | limb Addition to lower | \$745.00 | 07/16/2018 | All | Purchase only | 2 per year | Always required | l |
| | EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM | | | limb | | | | | | | |
| L5676 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR | Each | 5160-10-01 | Addition to lower limb | \$230.63 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5677 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR | Pair | 5160-10-01 | Addition to lower limb | \$353.23 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5678 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR | Pair | 5160-10-01 | Addition to lower limb | \$25.27 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5679 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM | Each | 5160-10-01 | Addition to lower limb | \$625.00 | 07/16/2018 | All | Purchase only | 2 per year | Always required | |
| L5680 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED | Each | 5160-10-01 | Addition to lower limb | \$193.72 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5681 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY I/OR OTHER THAN INITIAL USE CODE L5673 OR L5679) | Each | 5160-10-01 | Addition to lower limb | \$1,029.21 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5682 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED | Each | 5160-10-01 | Addition to lower | \$398.03 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
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BR – Payment by report Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity PA – Payment by prior authorization

| | | | | | PA Payment by | prior authorization | | | | | |
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| L5683 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679) | Each | 5160-10-01 | Addition to lower limb | \$1,029.21 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5684 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP | Each | 5160-10-01 | Addition to lower | \$30.63 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5685 | ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL | Each | 5160-10-01 | Addition to lower limb | \$55.13 | 01/01/2010 | All | Purchase only | 6 per year | Never required | |
| L5686 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL) | Each | 5160-10-01 | Addition to lower limb | \$36.84 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L5688 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING | Each | 5160-10-01 | Addition to lower limb | \$39.13 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L5690 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED | Each | 5160-10-01 | Addition to lower limb | \$79.87 | 01/01/2010 | Ali | Purchase only | 1 per year | Never required | |
| L5692 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT | Each | 5160-10-01 | Addition to lower limb | \$84.57 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L5694 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED | Each | 5160-10-01 | Addition to lower limb | \$115.47 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L5695 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL | Each | 5160-10-01 | Addition to lower limb | \$103.79 | 01/01/2010 | All | Purchase only | 2 per year | Limit-based | |
| L5696 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT | Each | 5160-10-01 | Addition to lower limb | \$125.38 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5697 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND | Each | 5160-10-01 | Addition to lower limb | \$59.55 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5698 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE | Each | 5160-10-01 | Addition to lower limb | \$76.38 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5699 | ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS | Each | 5160-10-01 | Addition to lower limb | \$130.54 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5700 | REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Addition to lower limb | \$1,963.56 | 01/01/2010 | All | Purchase only | Medical necessity | Always required | |
| L5701 | REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT | Each | 5160-10-01 5160-10-01 | Addition to lower limb Addition to lower | \$2,435.96 \$3,070.16 | 01/01/2010 | All | Purchase only Purchase only | Medical necessity Medical necessity | Always required | |
| L5702 | MODEL CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE | Each | 5160-10-01 | limb Addition to lower | \$400.36 | 01/01/2010 | All | Purchase only Purchase only | Medical necessity | Limit-based | |
| L5704 | CUSTOM SHAPED PROTECTIVE COVER, BELOW NIVEE | Each | 5160-10-01 | limb Addition to lower | \$400.36 | 01/01/2010 | All | Purchase only Purchase only | Medical necessity | Limit-based | |
| L5705 | CUSTOM SHAPED PROTECTIVE COVER, ABOVE NIVE CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION | Each | 5160-10-01 | limb Addition to lower | \$715.93 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| 1.5707 | CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION | Each | 5160-10-01 | limb Addition to lower | \$961.85 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| 1.5710 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK | Each | 5160-10-01 | limb Addition to lower | \$228.91 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5711 | ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM. SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT | Fach | 5160-10-01 | limb Addition to lower | \$384.17 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5712 | MATERIAL ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE | Each | 5160-10-01 | limb Addition to lower | \$274.25 | 01/01/2010 | All | Purchase only | 1 per 4 vears | Limit-based | |
| L5714 | PHASE CONTROL (SAFETY KNEE) ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING | Each | 5160-10-01 | limb Addition to lower | \$279.04 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5716 | PHASE CONTROL ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE | Each | 5160-10-01 | limb Addition to lower | \$551.77 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5718 | LOCK ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND | Each | 5160-10-01 | limb Addition to lower | \$590.02 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5722 | STANCE PHASE CONTROL ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION | Each | 5160-10-01 | limb Addition to lower | \$717.50 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5724 | STANCE PHASE CONTROL ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL | Each | 5160-10-01 | limb Addition to lower | \$1,105.92 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5728 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE | Each | 5160-10-01 | limb Addition to lower | \$1,542.94 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5785 | PHASE CONTROL ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, | Each | 5160-10-01 | limb Addition to lower | \$330.67 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5790 | CARBON FIBER OR EQUAL) ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) | Each | 5160-10-01 | Addition to lower | \$477.25 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5795 | CARBON FIBER OR EQUAL) ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (ITTANIUM, CARBON FIBER OR EQUAL) | Each | 5160-10-01 | limb Addition to lower limb | \$683.36 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Limit-based | |
| L5810 | ADDITION, EARBON FIBER OK EQUAL) ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK | Each | 5160-10-01 | Addition to lower | \$364.10 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5811 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAI | Each | 5160-10-01 | Addition to lower | \$502.44 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5812 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE) | Each | 5160-10-01 | Addition to lower limb | \$378.10 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5814 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK | Each | 5160-10-01 | Addition to lower limb | \$2,377.43 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Limit-based | |
| L5816 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK | Each | 5160-10-01 | Addition to lower limb | \$541.27 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Limit-based | |
| L5818 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$611.21 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Limit-based | |
| L5822 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,121.22 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5824 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,059.89 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5826 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME | Each | 5160-10-01 | Addition to lower limb | \$1,999.12 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5828 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,886.34 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5830 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,271.88 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| • | | | | | | | | | | • | |

BR – Payment by report Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity PA – Payment by prior authorization

| | | | | | PA Payment by | prior authorization | | | | | |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|---------------------------|--------------------------|--------------------------|------------|--------------------------------|--------------------------------|------------------------------------|--|
| L5840 | ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC | Each | 5160-10-01 | Addition to lower | \$2,496.40 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5845 | SWING PHASE CONTROL ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE | Each | 5160-10-01 | limb Addition to lower | \$1,147.38 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| 1.5850 | ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICULATION KNEE | Fach | 5160-10-01 | limb Addition to lower | \$81.42 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| | EXTENSION ASSIST | | | limb | | | - | , | | | |
| L5855 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST | Each | 5160-10-01 | Addition to lower limb | \$196.55 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5857 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE | Each | 5160-10-01 | Addition to lower limb | \$3,470.01 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5910 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM | Each | 5160-10-01 | Addition to lower limb | \$230.50 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5920 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM | Each | 5160-10-01 | Addition to lower limb | \$337.70 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5925 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION. MANUAL LOCK | Each | 5160-10-01 | Addition to lower limb | \$213.86 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5930 | ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME | Each | 5160-10-01 | Addition to lower | \$2,154.68 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5940 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, | Each | 5160-10-01 | limb Addition to lower | \$319.25 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5950 | CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, | Each | 5160-10-01 | limb Addition to lower | \$495.17 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5960 | CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL | Each | 5160-10-01 | limb Addition to lower | \$740.39 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| | (TITANIUM, CARBON FIBER OR EQUAL) | | | limb | | | | | | | |
| L5961 | ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL | Each | 5160-10-01 | Addition to lower limb | \$3,835.00 | 07/01/2021 | All | Purchase only | 1 per 4 years | Always required | |
| L5962 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM | Each | 5160-10-01 | Addition to lower | \$374.10 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5964 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE | Each | 5160-10-01 | Addition to lower | \$717.60 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5966 | COVERING SYSTEM ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER | Each | 5160-10-01 | limb Addition to lower | \$924.38 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5968 | SURFACE COVERING SYSTEM ADDITION TO LOWER LIMB PROSTHESIS. MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE | Each | 5160-10-01 | limb Addition to lower | \$2,920.00 | 07/01/2021 | All | Purchase only | 1 per 2 years | Limit-based | |
| 1.5970 | DORSIFLEXION FEATURE ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT | Each | 5160-10-01 | limb Addition to lower | \$139.06 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| | | | | limb | | | | - | | | |
| L5972 | ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL | Each | 5160-10-01 | Addition to lower limb | \$253.31 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5974 | ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT | Each | 5160-10-01 | Addition to lower limb | \$148.31 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5975 | ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KFFL FOOT | Each | 5160-10-01 | Addition to lower | \$345.64 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5976 | ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II | Each | 5160-10-01 | Addition to lower | \$376.20 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5978 | OR EQUAL) ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT | Each | 5160-10-01 | limb Addition to lower | \$199.35 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5979 | ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE | Each | 5160-10-01 | limb Addition to lower | \$1,596.06 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| 1.5980 | PIECE SYSTEM ALL LOWER EXTREMITY PROSTHESES. FLEX FOOT SYSTEM | Each | 5160-10-01 | limb Addition to lower | \$2.431.74 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| | | | | limb | | | | - | | | |
| L5981 | ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL | Each | 5160-10-01 | Addition to lower limb | \$2,184.31 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5982 | ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT | Each | 5160-10-01 | Addition to lower limb | \$410.34 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5984 | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY | Each | 5160-10-01 | Addition to lower limb | \$411.61 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5985 | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON | Each | 5160-10-01 | Addition to lower | \$180.77 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5986 | ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL) | Each | 5160-10-01 | limb Addition to lower | \$496.50 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5987 | ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING | Each | 5160-10-01 | limb Addition to lower | \$4,605.07 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| 1.5988 | PYLON ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE | Each | | limb Addition to lower | \$1,489.41 | 01/01/2010 | All | Purchase only | | Limit-based | |
| | | | 5160-10-01 | limb | | | | , | 1 per 2 years | | |
| L5999 | LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | Addition to lower limb | PA | 10/01/1988 | All | Purchase only | Medical necessity | · · | |
| L6000 | PARTIAL HAND, THUMB REMAINING PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING | Each | 5160-10-01 5160-10-01 | Upper limb | \$1,127.52 \$1,254.75 | 01/01/2010 | All | Purchase only Purchase only | 1 per 4 years | Always required Always required | |
| | PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING PARTIAL HAND, NO FINGER REMAINING | Each | 5160-10-01 5160-10-01 | Upper limb Upper limb | \$1,254.75 \$1,169.86 | 01/01/2010 | All | Purchase only Purchase only | 1 per 4 years 1 per 4 years | | |
| L6050 | WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD | Each | 5160-10-01 | Upper limb | \$1,591.24 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6055 | WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD | Each | 5160-10-01 | Upper limb | \$2,029.71 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| | BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD | Each | 5160-10-01 | Upper limb | \$1,610.29 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6110 | BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES) BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALE CUEF | Each | 5160-10-01 5160-10-01 | Upper limb Upper limb | \$1,703.56 \$1,926.74 | 01/01/2010 | All | Purchase only Purchase only | 1 per 4 years 1 per 4 years | Limit-based | |
| L6130 | BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF | Each | 5160-10-01 | Upper limb | \$2,032.76 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L6200 L6205 | ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE | Each Each | 5160-10-01 5160-10-01 | Upper limb Upper limb | \$2,093.98 \$2,888.62 | 01/01/2010 01/01/2010 | Ali Ali | Purchase only Purchase only | 1 per 4 years 1 per 4 years | Always required Always required | |
| L6250 | LOCKING HINGES, FOREARM ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM | Each | 5160-10-01 | Upper limb | \$2,060.12 | 01/01/2010 | All | Purchase only | 1 per 4 vears | | |
| L6250 | SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL | Each | 5160-10-01 | Upper limb | \$2,841.46 | 01/01/2010 | All | Purchase only | 1 per 4 years 1 per 4 years | Always required | |
| L6310 | SECTION, INTERNAL LOCKING ELBOW, FOREARM SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS) | Each | 5160-10-01 | Upper limb | \$2.575.16 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L6320 | SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY) | Each | 5160-10-01 | Upper limb | \$1,342.11 | 01/01/2010 | All | Purchase only | 1 per 4 years | | |
| L6350 | INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, | Each | 5160-10-01 | Upper limb | \$3,113.36 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L | INTERNAL LOCKING ELBOW, FOREARM | | | | | | | I | 1 | ı | |

| | | | | | Frequency limits r | prior authorization | | ical necessity | | | |
|---------|---------------------------------------------------------------------------------------------------------|-------|------------|---------------------------|-----------------------|---------------------|------|-----------------|------------------|------------------|--|
| 1 6360 | INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS) | Each | 5160-10-01 | Upper limb | \$2,702.94 | 01/01/2010 | All | Purchase only | 1 per 4 vears | Always required | |
| L6370 | INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY) | Each | 5160-10-01 | Upper limb | \$1,567.52 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L6400 | BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC | Each | 5160-10-01 | Upper limb | \$1,741.93 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6450 | TISSUE SHAPING ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT | Each | 5160-10-01 | Upper limb | \$2,276.62 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| | PROSTHETIC TISSUE SHAPING | | | | | | | , | | | |
| L6500 | ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING | Each | 5160-10-01 | Upper limb | \$2,235.58 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6550 | TISSUE SHAPING SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING | Each | 5160-10-01 | Upper limb | \$2,895.52 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| 20000 | SOFT PROSTHETIC TISSUE SHAPING | Eddin | 0100 10 01 | oppor milio | \$2,000.02 | 0110112010 | 74 | T drondbo only | i poi i jouro | / indjo roquilou | |
| L6570 | INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT | Each | 5160-10-01 | Upper limb | \$3,232.48 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L6600 | PROSTHETIC TISSUE SHAPING UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR | Pair | 5160-10-01 | Addition to upper | \$145.21 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| | | | | limb | | | | - | | | |
| L6605 | UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR | Pair | 5160-10-01 | Addition to upper | \$149.46 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6610 | UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR | Pair | 5160-10-01 | limb Addition to upper | \$141.28 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| 20010 | | i da | 0100 10 01 | limb | ¢111.20 | 0110112010 | 7 41 | T drondbo only | i poi i jouro | / indjo roquilou | |
| L6615 | UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT | Each | 5160-10-01 | Addition to upper | \$137.13 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| 1 66 16 | UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT | Each | 5160-10-01 | limb Addition to upper | \$41.28 | 01/01/2010 | All | Purchase only | 3 per 4 years | Limit-based | |
| | , | | | limb | | | | , | | | |
| L6620 | UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION | Each | 5160-10-01 | Addition to upper limb | \$239.75 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6623 | UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH | Each | 5160-10-01 | Addition to upper | \$456.72 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| | RELEASE | | | limb | | | | - | | | |
| L6625 | UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK | Each | 5160-10-01 | Addition to upper limb | \$338.50 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| 1 6628 | UPPER EXTREMITY ADDITION. QUICK DISCONNECT HOOK ADAPTER. OTTO BOCK OR EQUAL | Each | 5160-10-01 | Addition to upper | \$364.35 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| | | | | limb | | | | | i por il youro | | |
| L6629 | UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL | Each | 5160-10-01 | Addition to upper | \$124.16 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6630 | PIECE, OTTO BOCK OR EQUAL UPPER EXTREMITY ADDITION. STAINLESS STEEL, ANY WRIST | Each | 5160-10-01 | limb Addition to upper | \$182.89 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| 20030 | | EBGIT | 5100-10-01 | limb | \$102.03 | 01/01/2010 | 201 | T di chase only | i pei 4 years | | |
| L6632 | UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE | Each | 5160-10-01 | Addition to upper | \$41.35 | 01/01/2010 | All | Purchase only | 6 per year | Limit-based | |
| L6635 | UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW | Each | 5160-10-01 | limb Addition to upper | \$132.19 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L0033 | OFFER EXTREMIT ADDITION, LIFT ASSIST FOR ELBOW | Eduli | 5100-10-01 | limb | φ132.19 | 01/01/2010 | 24 | Fulcilase only | i pei 4 years | Linit-based | |
| L6637 | UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK | Each | 5160-10-01 | Addition to upper | \$258.81 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6640 | UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR | Pair | 5160-10-01 | limb Addition to upper | \$215.53 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L0040 | OFFER EXTREMITY ADDITIONS, SHOULDER ADDUCTION JOINT, PAIR | r ali | 5100-10-01 | limb | φz10.00 | 01/01/2010 | 24 | Furchase only | i pei 4 years | Aiways required | |
| L6641 | UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE | Each | 5160-10-01 | Addition to upper | \$125.51 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L6642 | UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE | Each | 5160-10-01 | limb Addition to upper | \$184.52 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| 20042 | | EBGIT | 3100-10-01 | limb | \$10 4 .52 | 01/01/2010 | 74 | T dronase only | i pei 4 years | Linitebased | |
| L6645 | UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT | Each | 5160-10-01 | Addition to upper | \$233.08 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6650 | UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT | Each | 5160-10-01 | limb Addition to upper | \$252.80 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L0030 | OFFER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT | Eduli | 3100-10-01 | limb | φ232.80 | 01/01/2010 | 24 | Furchase only | i pei 4 years | Linit-based | |
| L6655 | UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA | Each | 5160-10-01 | Addition to upper | \$49.02 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L6660 | UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE | Each | 5160-10-01 | limb Addition to upper | \$65.62 | 01/01/2010 | All | Purchase only | 1 per vear | Limit-based | |
| LOUGO | | EBGIT | 3100-10-01 | limb | φ03.02 | 01/01/2010 | 74 | T dronase only | i per year | Linitebased | |
| L6665 | UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING | Each | 5160-10-01 | Addition to upper | \$29.31 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L6670 | UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER | Each | 5160-10-01 | limb Addition to upper | \$30.53 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| 20070 | OF EX EXTREMIT ADDITION, HOOK TO HAND, GADLE ADAFTER | Lacii | 5100-10-01 | limb | φ00.00 | 01/01/2010 | ~\II | . uronase uniy | i poi year | LITTIC DOSCU | |
| L6672 | UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE | Each | 5160-10-01 | Addition to upper | \$140.08 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| 16675 | UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE | Each | 5160-10-01 | limb Addition to upper | \$76.43 | 01/01/2010 | All | Purchase only | 1 per year | l imit-based | |
| L00/5 | DESIGN | ⊏aGII | 5100-10-01 | limb | φr0.43 | 01/01/2010 | All | - uronase only | i per year | LITTIC-DaSed | |
| L6676 | UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE | Each | 5160-10-01 | Addition to upper | \$79.96 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L6680 | DESIGN UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW | Each | 5160-10-01 | limb Addition to upper | \$196.88 | 01/01/2010 | All | Purchase only | 2 per prosthesis | Limit-based | |
| L0000 | OFFER EXTREMITE ADDITION, TEST SOURET, WRIST DISARTICULATION OR BELOW ELBOW | ⊑aGII | 5100-10-01 | Addition to upper limb | \$130.00 | 01/01/2010 | All | - uronase only | ∠ per prosinesis | LITTIC-DaSed | |
| L6682 | UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW | Each | 5160-10-01 | Addition to upper | \$217.68 | 01/01/2010 | All | Purchase only | 2 per prosthesis | Limit-based | |
| 1 6684 | UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR | Fach | 5160-10-01 | limb Addition to upper | \$295.80 | 01/01/2010 | All | Purchase only | 2 per prosther:- | l imit-based | |
| L0004 | INTERSCAPULAR THORACIC | Each | 3100-10-01 | limb | \$290.0U | 01/01/2010 | All | Furchase only | 2 per prosthesis | Limit-Dased | |
| L6686 | UPPER EXTREMITY ADDITION, SUCTION SOCKET | Each | 5160-10-01 | Addition to upper | \$438.93 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6687 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST | Each | 5160-10-01 | limb Addition to upper | \$367.11 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| 20007 | DISARTICULATION | | 3100-10-01 | limb | φ007.11 | | ~\II | . uronase uniy | i poi + years | LITTIC DOSCU | |
| L6688 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW | Each | 5160-10-01 | Addition to upper | \$406.28 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6689 | DISARTICULATION UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION | Each | 5160-10-01 | limb Addition to upper | \$484.22 | 01/01/2010 | All | Purchase only | 1 per Aveore | Always required | |
| L0009 | OF EXEXTLEMENT ADDITION, FRAME THE SOURET, SHOULDER DISARTICULATION | ⊏aCII | 5100-10-01 | Iimb | φ 4 04.22 | 01/01/2010 | All | - urundse only | 1 per 4 years | Always required | |
| L6690 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC | Each | 5160-10-01 | Addition to upper | \$570.12 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6691 | UPPER EXTREMITY ADDITION, REMOVABLE INSERT | Each | 5160-10-01 | limb | \$225.03 | 01/01/2010 | All | Purchase only | 1 per vees | Limit-based | |
| F0081 | | ⊑aGII | 5100-10-01 | Addition to upper limb | φ220.U3 | 01/01/2010 | All | - uronase only | 1 per year | LITTIC-DaSed | |
| L6692 | UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL | Each | 5160-10-01 | Addition to upper | \$409.41 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L6693 | UPPER EXTREMITY ADDITION, EXTERNAL LOCKING ELBOW | Each | 5160-10-01 | limb Addition to upper | \$2,370.00 | 07/16/2018 | All | Purchase only | 1 per 2 vears | Limit-based | |
| F0082 | OFFER EXTREMITE ADDITION, EXTENDED LOUKING ELDUW | ⊑aGII | 5100-10-01 | Addition to upper limb | φ2,370.00 | 07710/2010 | All | - urundse only | i per z years | LITTIC-DaSed | |
| · | | | | | | | | | | | |

| _ | | | | | PA Payment by | prior authorization | | iour nooddolky | | | |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|-----------------------------------------------|------------------------|--------------------------|------------|--------------------------------|----------------------------------------|-----------------------------------|--|
| L6704 | TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE | Each | 5160-10-01 | Addition to upper limb, terminal device | \$352.81 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6706 | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED | Each | 5160-10-01 | Addition to upper limb, terminal device | \$261.92 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6707 | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED | Each | 5160-10-01 | Addition to upper limb, terminal device | \$740.62 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Limit-based | |
| L6708 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE | Each | 5160-10-01 | Addition to upper limb, terminal device | \$589.16 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6709 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE | Each | 5160-10-01 | Addition to upper limb, terminal device | \$795.89 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Limit-based | |
| L6805 | ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT | Each | 5160-10-01 | Addition to upper limb, terminal device | \$245.52 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6810 | ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE | Each | 5160-10-01 | Addition to upper limb, terminal device | \$130.51 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L6890 | ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Addition to upper limb, terminal device | \$127.85 | 01/01/2010 | Ali | Purchase only | 2 per year | Limit-based | |
| L6900 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING | Each | 5160-10-01 | Addition to upper limb, terminal device | \$1,241.44 | 01/01/2010 | Ali | Purchase only | 1 per 4 years | Always required | |
| L6905 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING | Each | 5160-10-01 | Addition to upper limb, terminal device | \$1,228.68 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L6910 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING | Each | 5160-10-01 | Addition to upper limb, terminal device | \$1,207.87 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L6915 | HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE | Each | 5160-10-01 | Addition to upper limb, terminal device | \$518.99 | 01/01/2010 | Ali | Purchase only | 1 per 2 years | Always required | |
| L7368 | LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY | Each | 5160-10-01 | Supply | \$366.30 | 09/01/2011 | All | Purchase only | 1 per 5 years | Never required | |
| L7499 | UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | Upper limb | PA | 10/01/1991 | All | Purchase only | Medical necessity | Always required | |
| L7510 | REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS | Each | 5160-10-01 | Labor | \$12.17 | 07/01/2021 | All | | 1 per 120 days | Limit-based | |
| L7520 | REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES BREAST PROSTHESIS MASTECTOMY BRA WITHOUT INTEGRATED BREAST PROSTHESIS | Each | 5160-10-01 5160-10-01 | Labor Breast prosthesis | \$12.17 \$29.10 | 07/01/2021 01/01/2010 | All | Purchase only | 1 per 120 days 2 per year | Limit-based Never required | |
| L8010 | BREAST PROSTHESIS, MASTECTOMY SLEEVE | Each | 5160-10-01 | Breast prosthesis | \$46.67 | 01/01/2010 | All | Purchase only | 3 per vear | Never required | |
| L8010 | EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST | Each | 5160-10-01 | Breast prosthesis | \$42.21 | 01/01/2010 | All | Purchase only | 3 per year | Never required | |
| L8020 | BREAST PROSTHESIS, MASTECTOMY FORM | Each | 5160-10-01 | Breast prosthesis | \$144.73 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L8030 | BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL | Each | 5160-10-01 5160-10-01 | Breast prosthesis | \$232.80 \$2.579.86 | 01/01/2010 | All | Purchase only Purchase only | 1 per 2 years | Limit-based | |
| L8035 L8300 | TRUSS, SINGLE WITH STANDARD PAD | Each | 5160-10-01 | Breast prosthesis Truss | \$2,579.86 \$59.12 | 01/01/2010 | All | Purchase only Purchase only | 1 per 2 years 2 per year | Always required Never required | |
| L8310 | TRUSS, DOUBLE WITH STANDARD PADS | Each | 5160-10-01 | Truss | \$95.12 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| | TRUSS, ADDITION TO STANDARD PAD, WATER PAD | Each | 5160-10-01 | Truss | \$41.52 | 01/01/2010 | All | Purchase only | 2 per year | Always required | |
| L8330 L8400 | TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD PROSTHETIC SHEATH, BELOW KNEE | Each Each | 5160-10-01 5160-10-01 | Truss Sock | \$31.42 \$10.02 | 01/01/2010 01/01/2010 | All All | Purchase only Purchase only | 2 per year 12 per year | Never required Never required | |
| L8410 | PROSTHETIC SHEATH, ABOVE KNEE | Each | 5160-10-01 | Sock | \$13.19 | 01/01/2010 | All | Purchase only | 12 per year | Never required | |
| L8415 | PROSTHETIC SHEATH, UPPER LIMB | Each | 5160-10-01 | Sock | \$13.65 | 01/01/2010 | All | Purchase only | 12 per year | Never required | |
| L8417 | PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE | Each | 5160-10-01 | Sock | \$48.14 | 01/01/2010 | All | Purchase only | 12 per year | Never required | |
| L8420 L8430 | PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE | Each Each | 5160-10-01 5160-10-01 | Sock Sock | \$13.36 \$15.11 | 01/01/2010 01/01/2010 | All | Purchase only Purchase only | 12 per year 12 per year | Never required Never required | |
| L8435 | PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB | Each | 5160-10-01 | Sock | \$14.37 | 01/01/2010 | All | Purchase only | 12 per year | Limit-based | |
| L8440 | PROSTHETIC SHRINKER, BELOW KNEE | Each | 5160-10-01 | Sock | \$29.85 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L8460 | PROSTHETIC SHRINKER, ABOVE KNEE PROSTHETIC SHRINKER, UPPER LIMB | Each | 5160-10-01 5160-10-01 | Sock Sock | \$42.42 \$39.22 | 01/01/2010 01/01/2010 | All | Purchase only Purchase only | 2 per year 2 per year | Limit-based | |
| L8470 | PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE | Each | 5160-10-01 | Sock | \$4.25 | 01/01/2010 | All | Purchase only | 24 per year | Never required | |
| L8480 | PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE | Each | 5160-10-01 | Sock | \$5.86 | 01/01/2010 | All | Purchase only | 24 per year | Limit-based | |
| L8485 L8499 | PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES | Each Each | 5160-10-01 5160-10-01 | Sock Miscellaneous procedure | \$7.89 PA | 01/01/2010 10/01/1988 | All All | Purchase only Purchase only | 24 per year Medical necessity | Limit-based Always required | |
| 18500 | ARTIFICIAL LARYNX ANY TYPE | Each | 5160-10-01 | Speech aid | \$421.25 | 01/01/2010 | All | Purchase only | 1 per 4 vears | Limit-based | |
| L8501 | TRACHEOSTOMY SPEAKING VALVE | Each | 5160-10-01 | Speech aid | \$83.66 | 01/01/2010 | All | Purchase only | 1 per 4 months | Never required | |
| L8615 | HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT | Each | 5160-10-11 | Cochlear implant | \$346.02 | 01/01/2016 | All | Purchase only | Medical necessity | Always required | |
| L8616 | MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT | Each | 5160-10-11 5160-10-11 | Cochlear implant | \$80.58 \$70.39 | 01/01/2016 | All | Purchase only Purchase only | Medical necessity Medical necessity | Always required | |
| L8618 | TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY | Each | 5160-10-11 | Cochlear implant | \$20.12 | 01/01/2016 | All | Purchase only Purchase only | Medical necessity | Always required | |
| L8619 | OSSEGINTEGRATED DEVICE, REPLACEMENT COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT | Each | 5160-10-11 | Cochlear implant | \$6,448.80 | 01/01/2016 | All | Purchase only | 1 per 5 years | Never required | |
| L8621 | ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT | Each | 5160-10-01 | Supply | \$0.45 | 09/01/2011 | All | Purchase only | 25 per month per implant | Limit-based | |
| L8622 | ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT | Each | 5160-10-01 | Supply | \$0.24 | 09/01/2011 | All | Purchase only | 31 per month per implant | Limit-based | |
| L8623 L8624 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT | Each | 5160-10-01 | Supply | \$46.94 | 09/01/2011 | All | Purchase only | 2 per year per implant | Limit-based | |
| | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY | Each | 5160-10-01 | Supply | \$117.04 | 09/01/2011 | All | Purchase only | 2 per year per implant | Limit-based | |

BR – Payment by report Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity PA – Payment by prior authorization

| | | | | | PA Payment by | | on the basis of medi | cal necessity | | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|------------------------------|---------------|------------|-----------------------------------|---------------|-----------------------------------------------------------------------|-----------------|--|
| L8627 | COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT | Each | 5160-10-11 | Cochlear implant | \$5,473.60 | 01/01/2016 | All | Purchase only | Medical necessity | Always required | |
| L8628 | COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT | Each | 5160-10-11 | Cochlear implant | \$975.19 | 01/01/2016 | All | Purchase only | Medical necessity | Always required | |
| L8629 | TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT | Each | 5160-10-11 | Cochlear implant | \$137.06 | 01/01/2016 | All | Purchase only | Medical necessity | Always required | |
| L8691 | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES | Each | 5160-10-01 | Other equipment | \$2,045.83 | 01/01/2016 | All | Purchase only | Medical necessity | Always required | |
| L8692 | TRANSDUCER/ACTUATOR, REPLACEMENT ONLY AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT | Each | 5160-10-01 | Other equipment | \$3,500.00 | 07/01/2021 | All | Purchase only | Medical necessity | Always required | |
| S1040 | ATTACHMENT CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S) | Each | 5160-10-35 | Cranial remolding device | \$2,000.00 | 09/01/2011 | Ali | Purchase only | Medical necessity | Never required | |
| S8101 | HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITH MASK | Each | 5160-10-01 | Respiratory care | \$8.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per year | Limit-based | |
| S8420 | GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE | Each | 5160-10-14 | supplies Elastic supports | PA | 10/15/2006 | Non-institutional | Purchase only | 4 per year | Always required | |
| S8421 | GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY MADE | Each | 5160-10-14 | Elastic supports | \$95.00 | 07/01/2021 | only Non-institutional only | Purchase only | 4 per year | Never required | |
| S8422 | GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT | Each | 5160-10-14 | Elastic supports | PA | 10/15/2006 | Non-institutional only | Purchase only | 4 per year | Always required | |
| S8423 | GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT | Each | 5160-10-14 | Elastic supports | PA | 10/15/2006 | Non-institutional only | Purchase only | 4 per year | Always required | |
| S8424 | GRADIENT PRESSURE AID (SLEEVE), READY MADE | Each | 5160-10-14 | Elastic supports | \$50.00 | 07/01/2021 | Non-institutional only | Purchase only | 4 per year | Never required | |
| S8425 | GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT | Each | 5160-10-14 | Elastic supports | PA | 10/15/2006 | Non-institutional only | Purchase only | 4 per year | Always required | |
| S8426 | GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT | Each | 5160-10-14 | Elastic supports | PA | 10/15/2006 | Non-institutional only | Purchase only | 4 per year | Always required | |
| S8427 | GRADIENT PRESSURE AID (GLOVE), READY MADE | Each | 5160-10-14 | Elastic supports | \$70.00 | 07/01/2021 | Non-institutional only | Purchase only | 4 per year | Never required | |
| S8428 | GRADIENT PRESSURE AID (GAUNTLET), READY MADE | Each | 5160-10-14 | Elastic supports | \$35.00 | 07/01/2021 | Non-institutional only | Purchase only | 4 per year | Never required | |
| S9435 | MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM | | 5160-10-26 | Medical food | BR | 12/31/2014 | Non-institutional only | Purchase only | | Never required | |
| T2101 | HUMAN BREAST MILK PROCESSING, STORAGE AND DISTRIBUTION ONLY | Ounce | 5160-10-26 | Donor human milk | \$4.75 | 07/16/2018 | Non-institutional only | Purchase only | Medical necessity | Never required | |
| T4521 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL | Each | 5160-10-21 | Incontinence garment | \$0.55 | 01/01/2010 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 | Limit-based | |
| | | | | | | | | | per month, 21+ years old | | |
| T4522 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM | Each | 5160-10-21 | Incontinence garment | \$0.63 | 01/01/2010 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ vears old | Limit-based | |
| T4523 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH | Each | 5160-10-21 | Incontinence garment | \$0.71 | 01/01/2010 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4524 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH | Each | 5160-10-21 | Incontinence garment | \$0.79 | 01/01/2010 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE | Each | 5160-10-21 | Incontinence garment | \$0.55 | 01/01/2010 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4526 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE | Each | 5160-10-21 | Incontinence garment | \$0.63 | 01/01/2010 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE | Each | 5160-10-21 | Incontinence garment | \$0.71 | 01/01/2010 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4528 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE | Each | 5160-10-21 | Incontinence garment | \$0.79 | 01/01/2010 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4529 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE | Each | 5160-10-21 | Incontinence garment | \$0.40 | 01/01/2005 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4530 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE | Each | 5160-10-21 | Incontinence garment | \$0.40 | 01/01/2005 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4531 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, SMALL/MEDIUM SIZE | Each | 5160-10-21 | Incontinence garment | \$0.40 | 01/01/2005 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4532 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, LARGE SIZE | Each | 5160-10-21 | Incontinence garment | \$0.40 | 01/01/2005 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |

| BR Payment by report |
|--------------------------------------------------------------------|
| Limit-based - PA is required when the frequency limit is exceeded |
| Frequency limits may be exceeded on the basis of medical necessity |
| PA Payment by prior authorization |

| | | | | | PA Payment by | prior authorization | 1 | | | | |
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| T4533 | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER | Each | 5160-10-21 | Incontinence garment | \$0.46 | 01/01/2005 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4534 | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON | Each | 5160-10-21 | Incontinence garment | \$0.46 | 01/01/2005 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4535 | DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE | Each | 5160-10-21 | Incontinence garment | \$0.40 | 01/01/2005 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ vears old | Limit-based | |
| T4536 | INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE | Each | 5160-10-21 | Incontinence | \$11.00 | 01/01/2005 | Non-institutional only | Purchase only | 12 per year | Limit-based | |
| T4537 | INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE | Each | 5160-10-21 | Incontinence supply | \$20.00 | 01/01/2005 | Non-institutional only | Purchase only | 6 per year | Limit-based | |
| T4538 | DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER | Each | 5160-10-21 | Incontinence service | \$0.53 | 01/01/2005 | Non-institutional only | Purchase only | 300 per month, 3- 20 years old; 200 per month, 21+ years old | Limit-based | |
| T4539 | INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE | Each | 5160-10-21 | Incontinence garment | \$11.00 | 03/28/2005 | Non-institutional only | Purchase only | 12 per year | Limit-based | |
| T4540 | INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE | Each | 5160-10-21 | Incontinence garment | \$10.00 | 01/01/2005 | Non-institutional only | Purchase only | 6 per year | Limit-based | |
| T4541 | INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE | Each | 5160-10-21 | Incontinence garment | \$0.28 | 01/01/2005 | Non-institutional only | Purchase only | 300 per 2 months | Limit-based | |
| T4542 | INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE | Each | 5160-10-21 | Incontinence | \$0.28 | 01/01/2005 | Non-institutional only | Purchase only | 300 per 2 months | Limit-based | |
| T4543 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE | Each | 5160-10-21 | Incontinence garment | \$2.12 | 01/01/2010 | Non-institutional only | Purchase only | 150 per month | Limit-based | |
| T4544 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE FXTRA I ARGE | Each | 5160-10-21 | Incontinence | \$2.12 | 07/16/2018 | Non-institutional only | Purchase only | 150 per month | Limit-based | |
| T5999 | SUPPLY, NOT OTHERWISE SPECIFIED [Used to represent insect repellent only] | Each | 5160-10-01 | Insect repellent | \$10.00 | 06/06/2016 | All | Purchase only | | Never required | Coverage was established to help prevent the spread of the Zika virus. |
| V5014 | REPAIRMODIFICATION OF A HEARING AID | Each | 5160-10-01 | Repair of hearing aid | Usual and customary charge (provider- performed); 125% of invoice | 01/01/2006 | All | | 1 per 120 days | Limit-based | Less than \$120.00 |
| V5014 | REPAIR/MODIFICATION OF A HEARING AID | Each | 5160-10-01 | Repair of hearing aid | (subcontracted) Usual and customary charge (provider- performed); 125% of invoice (subcontracted) | 01/01/2006 | All | | 1 per year | Limit-based | Greater than or equal to \$120.00 |
| | HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION | Each | 5160-10-11 | Hearing aid | \$339.50 | 01/01/2010 | All | | 1 per 4 years | | |
| | | | | | | | | | | | |
| | HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION | Each | 5160-10-11 | Hearing aid | \$339.50 | 01/01/2010 | All | | 1 per 4 years | | |
| V5050 | HEARING AID, MONAURAL, IN THE EAR | Each | 5160-10-11 5160-10-11 | Hearing aid | \$242.50 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| | | | 5160-10-11 5160-10-11 5160-10-11 | | \$242.50 \$242.50 | 01/01/2010 01/01/2010 | | | 1 per 4 years 1 per 4 years | Always required Always required | |
| V5050 V5060 V5070 V5080 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, AIR CONDUCTION GLASSES, BONE CONDUCTION | Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses | \$242.50 \$242.50 \$242.50 \$242.50 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 | All All All All | Purchase only Purchase only Purchase only Purchase only | 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years | Always required Always required Always required Always required | |
| V5050 V5060 V5070 V5080 V5130 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, AIR CONDUCTION GLASSES, BONE CONDUCTION BINAURAL, IN THE EAR | Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid | \$242.50 \$242.50 \$242.50 \$242.50 \$485.00 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 | All All All All All | Purchase only Purchase only Purchase only Purchase only Purchase only | 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years | Always required Always required Always required Always required Always required | |
| V5050 V5060 V5070 V5080 V5130 V5140 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, AIR CONDUCTION GLASSES, BORE CONDUCTION BINAURAL, IN THE EAR BINAURAL, EREIND THE EAR | Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid Hearing aid | \$242.50 \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 | All All All All All All | Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only | 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years | Always required Always required Always required Always required Always required Always required | |
| V5050 V5060 V5070 V5080 V5130 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, AIR CONDUCTION GLASSES, BONE CONDUCTION BINAURAL, IN THE EAR | Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid | \$242.50 \$242.50 \$242.50 \$242.50 \$485.00 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 | All All All All All | Purchase only Purchase only Purchase only Purchase only Purchase only | 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years | Always required Always required Always required Always required Always required Always required Always required | |
| V5050 V5060 V5070 V5080 V5130 V5140 V5150 V5160 V5171 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, AIR CONDUCTION GLASSES, BONE CONDUCTION BINAURAL, IN THE EAR BINAURAL, CHIND THE EAR BINAURAL, CLASSES DISPENSING FEE, BINAURAL HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) | Each Each Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid Hearing aid Glasses Fee Contralateral | \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 \$485.00 \$291.00 \$800.00 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 07/01/2021 | All All All All All All All All All | Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only | 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years | Always required Always required Always required Always required Always required Always required Always required Always required | Less than 21 years of age |
| V5050 V5060 V5070 V5080 V5130 V5140 V5150 V5160 V5171 V5171 | HEARING AID. MONAURAL, IN THE EAR HEARING AID. MONAURAL, BEHIND THE EAR GLASSES, AIR CONDUCTION GLASSES, BONE CONDUCTION BINAURAL, IN THE EAR BINAURAL, GLASSES DISPENSING FEE, BINAURAL HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) | Each Each Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid Hearing aid Glasses Fee Contralateral Contralateral | \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 \$485.00 \$485.00 \$291.00 \$800.00 \$400.00 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 07/01/2021 07/01/2021 | All All All All All All All All All All | Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only | 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years | Always required Always required Always required Always required Always required Always required Always required Always required Always required | 21 years of age or older |
| V5050 V5060 V5070 V5080 V5130 V5140 V5150 V5160 V5171 V5171 V5172 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, AIR CONDUCTION GLASSES, BONE CONDUCTION BINAURAL, IN THE EAR BINAURAL, CHIND THE EAR BINAURAL, CLASSES DISPENSING FEE, BINAURAL HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) | Each Each Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid Hearing aid Glasses Fee Contralateral | \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 \$485.00 \$291.00 \$800.00 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 07/01/2021 | All All All All All All All All All | Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only Purchase only | 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years | Always required Always required Always required Always required Always required Always required Always required Always required Always required Always required | 21 years of age or older Less than 21 years of age |
| V5050 V5060 V5070 V5130 V5130 V5140 V5150 V5160 V5171 V5171 V5172 V5172 V5181 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, BAR CONDUCTION BINAURAL, BARK CONDUCTION BINAURAL, BARK CONDUCTION BINAURAL, BARK BINAURAL, BARK BINAURAL | Each Each Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid Glasses Fee Contralateral Contralateral Contralateral Contralateral Contralateral | \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 \$485.00 \$485.00 \$480.00 \$800.00 \$400.00 \$400.00 \$800.00 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 07/01/2021 07/01/2021 07/01/2021 07/01/2021 | All All All All All All All All All All | Purchase only Purchase only | 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years 1 per 5 years 1 per 4 years | Always required Always required | 21 years of age or older Less than 21 years of age 21 years of age or older Less than 21 years of age |
| V5050 V5060 V5070 V5080 V5130 V5140 V5150 V5160 V5171 V5171 V5172 V5172 V5181 V5181 | HEARING AID. MONAURAL, IN THE EAR HEARING AID. MONAURAL, BEHIND THE EAR GLASSES, AIR CONDUCTION GLASSES, BONE CONDUCTION BINAURAL, IN THE EAR BINAURAL, GENIND THE EAR BINAURAL, GLASSES DISPENSING FEE, BINAURAL HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) | Each Each Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid Hearing aid Glasses Fee Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral | \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 \$485.00 \$485.00 \$485.00 \$485.00 \$490.00 \$400.00 \$400.00 \$400.00 \$400.00 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 07/01/2021 07/01/2021 07/01/2021 07/01/2021 | All All All All All All All All All All | Purchase only Purchase only | 1 per 4 years 1 per 5 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years 1 per 5 years 1 per 4 years | Always required Always required | 21 years of age or older Less than 21 years of age 21 years of age or older Less than 21 years of age |
| V5050 V5060 V5070 V5130 V5130 V5140 V5150 V5160 V5171 V5171 V5171 V5172 V5172 V5181 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, BAR CONDUCTION BINAURAL, BAR CONDUCTION BINAURAL, BAR CONDUCTION BINAURAL, BAR BINAURAL, | Each Each Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid Glasses Fee Contralateral Contralateral Contralateral Contralateral Contralateral | \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 \$485.00 \$485.00 \$480.00 \$800.00 \$400.00 \$400.00 \$800.00 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 07/01/2021 07/01/2021 07/01/2021 07/01/2021 | All All All All All All All All All All | Purchase only Purchase only | 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 4 years 1 per 4 years 1 per 5 years 1 per 4 years | Always required Always required | 21 years of age or older Less than 21 years of age 21 years of age or older Less than 21 years of age |
| V5050 V5060 V5070 V5080 V5130 V5140 V5150 V5171 V5171 V5171 V5172 V5172 V5172 V5172 V5181 V5181 V5181 V5181 V5190 V5200 V5211 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, BAR CONDUCTION BINAURAL, ENHO THE EAR BINAURAL, GLASSES DISPENSING FEE, BINAURAL HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) DISPENSING FEE, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) DISPENSING FEE, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) | Each Each Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid Glasses Fee Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral | 2242.50 \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 \$485.00 \$291.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 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7 years | Ahways required Ahways required | 21 years of age or older Less than 21 years of age 21 years of age or older Less than 21 years of age 21 years of age or older Less than 21 years of age Less than 21 years of age |
| V5050 V5060 V5070 V5080 V5130 V5140 V5150 V5150 V5171 V5172 V5171 V5172 V5172 V5172 V5181 V5172 V5181 V5190 V5200 V5211 | HEARING AID. MONAURAL, IN THE EAR HEARING AID. MONAURAL, BEHIND THE EAR GLASSES, ARI CONDUCTION GLASSES, BONE CONDUCTION BINAURAL, IN THE EAR BINAURAL, CAUSSES DISPENSING FEE, BINAURAL HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING MONAURAL, GLASSES DESPENSING FEE, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/TE HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/TE | Each Each Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Glasses Glasses Fee Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral | \$242.50 \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 \$485.00 \$485.00 \$480.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.0 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 07/01/2021 07/01/2021 07/01/2021 07/01/2021 01/01/2010 01/01/2010 01/01/2021 | All All All All All All All All All All | Purchase only Purchase only | 1 per 4 years 1 per 5 years 1 per 5 years 1 per 5 years 1 per 4 years | Ahways required Ahways required | 21 years of age or older Less than 21 years of age 21 years of age or older Less than 21 years of age 21 years of age or older 21 years of age or older Less than 21 years of age 21 years of age or older |
| V5050 V5060 V5070 V5080 V5130 V5140 V5150 V5171 V5171 V5171 V5172 V5172 V5172 V5172 V5181 V5181 V5181 V5181 V5181 V5190 V5200 | HEARING AID, MONAURAL, IN THE EAR HEARING AID, MONAURAL, BEHIND THE EAR GLASSES, BONE CONDUCTION BINAURAL, DENE CONDUCTION BINAURAL, DENE CONDUCTION BINAURAL, DENE CONDUCTION BINAURAL, DENE CONDUCTION BINAURAL, DENE CONTONALATERAL BINAURAL, CHASSES DISPENSING FEE, BINAURAL, ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CARAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CARAL (ITC) HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) HEARING AID, CONTRALATERAL ROUTING DIVICE, MONAURAL, BEHIND THE EAR (BTE) DISPENSING FEE, CONTRALATERAL ROUTING DIVICE, MONAURAL, CASSES DISPENSING FEE, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE | Each Each Each Each Each Each Each Each | 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 | Hearing aid Hearing aid Glasses Glasses Hearing aid Glasses Fee Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral Contralateral | 2242.50 \$242.50 \$242.50 \$242.50 \$485.00 \$485.00 \$485.00 \$291.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.00 \$400.0 | 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 07/01/2021 07/01/2021 07/01/2021 07/01/2021 01/01/2010 01/01/2010 | All All All All All All All All All All | Purchase only Purchase only | 1 per 4 years 1 per 5 years 1 per 4 years 1 per 4 years 1 per 4 years 1 per 4 years 1 per 5 years 1 per 5 years 1 per 5 years 1 per 4 years 1 per 5 years 1 per 4 years 1 per 5 years 1 per 4 years 1 per 4 years 1 per 5 years 1 per 4 years 1 per 4 years | Ahways required Ahways required | 21 years of age or older Less than 21 years of age 21 years of age or older Less than 21 years of age 21 years of age or older Less than 21 years of age Less than 21 years of age 21 years of age or older Less than 21 years of age |
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| | | | | | PA Payment by | prior authorization | 1 | | | | |
|-------|-------------------------------------------------------------------------------|------|------------|---------|---------------|---------------------|-------------------|---------------|-------------------|-----------------|---------------------------|
| | HEARING AID, DIGITAL, MONAURAL, BTE | Each | 5160-10-11 | Digital | \$727.50 | 01/01/2010 | All | Purchase only | 1 per 5 years | Always required | Less than 21 years of age |
| | HEARING AID, DIGITAL, MONAURAL, BTE | Each | 5160-10-11 | Digital | \$363.75 | 01/01/2010 | All | Purchase only | 1 per 5 years | Always required | 21 years of age or older |
| | HEARING AID, DIGITAL, BINAURAL, ITE | Each | 5160-10-11 | Digital | \$1,455.00 | 01/01/2010 | Ali | Purchase only | 1 per 5 years | Always required | Less than 21 years of age |
| | HEARING AID, DIGITAL, BINAURAL, ITE | Each | 5160-10-11 | Digital | \$727.50 | 01/01/2010 | All | Purchase only | 1 per 5 years | Always required | 21 years of age or older |
| V5261 | HEARING AID, DIGITAL, BINAURAL, BTE | Each | 5160-10-11 | Digital | \$1,455.00 | 01/01/2010 | All | Purchase only | 1 per 5 years | Always required | Less than 21 years of age |
| | HEARING AID, DIGITAL, BINAURAL, BTE | Each | 5160-10-11 | Digital | \$727.50 | 01/01/2010 | All | Purchase only | 1 per 5 years | Always required | 21 years of age or older |
| V5264 | EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE | Each | 5160-10-11 | Insert | \$24.25 | 01/01/2010 | All | Purchase only | 4 per year, < 5 | Limit-based | |
| | | | | | | | | | year old; 1 per 2 | | |
| | | | | | | | | | years per ear, 5+ | | |
| | | | | | | | | | years old | | |
| V5266 | BATTERY FOR USE IN HEARING DEVICE | Each | 5160-10-11 | Battery | \$0.97 | 01/01/2010 | All | Purchase only | 48 per year per | Never required | |
| | | | | | | | | | hearing aid | | |
| V5267 | HEARING AID OR ASSISTIVE LISTENING DEVICE/SUPPLIES/ACCESSORIES, NOT OTHERWISE | Each | 5160-10-11 | Supply | PA | 11/01/2004 | All | Purchase only | 1 per year | Always required | |
| | SPECIFIED | | | | | | | | | | |
| | BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS) | Each | 5160-10-22 | Back-up | \$375.00 | 08/01/2006 | All | Rental only | 1 per month | Always required | |
| Y9167 | SHARPS DISPOSAL CONTAINER, CAPACITY 200 | Each | 5160-10-01 | Supply | \$4.00 | 06/20/1990 | Non-institutional | Purchase only | 1 per 2 months | Limit-based | |
| | | | | | | | only | | | | |

Key to CATEGORY indicator

| DME: Image: anticipant and bits: anticipant and anticipant anticipant and anticipant anticipant antici | By DMEPOS category: | By OAC rule number: | | | | | | |
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| DME: bathing seats5160-10-775160-10-01Otholic devices and prostheses: other ortholic devicesDME: commodes5160-10-335160-10-01Medical supplies: other supplitemsDME: compression garments5160-10-145160-10-06DME: vearable cardioverter-defibrillatorsDME: compression garments5160-10-275160-10-08DME: vearable cardioverter-defibrillatorsDME: continuous passive motion (CPM) devices5160-10-275160-10-08DME: shing seatsDME: equipment and supplies categorized with oxygen5160-10-08DME: here dialysis equipment and suppliesDME: hospital beds and bed accessories5160-10-185160-10-10DME: home dialysis equipment and suppliesDME: hospital beds and bed accessories5160-10-295160-10-14DME: compression garmentsDME: insulin pumps5160-10-295160-10-14DME: compression summarisDME: insulin pumps5160-10-285160-10-14DME: compression summarisDME: pressure-devices and accessories5160-10-175160-10-14DME: compression devices and accessoriesDME: pressure-devices5160-10-185160-10-17DME: hospital beds and bed accessoriesDME: pressure-devices5160-10-245160-10-17DME: pressure-reducing support surfacesDME: pressure-devices5160-10-245160-10-21DME: pressure-reducing support surfacesDME: pressure-devices5160-10-255160-10-17DME: pressure-reducing support surfacesDME: pressure-devices5160-10-255160-10-27DME: pressure-reducing support surfacesDM | DME: ambulation aids | 5160-10-30 | 5160-10-01 | DME: other equipment items | | | | |
| DME: commodes5160-10-335160-10-21Medical supplies: other supply itemsDME: compression purm garments5160-10-145160-10-00DME: variable cardioverter-defibrillatorsDME: continuous passive motion (CPM) devices5160-10-275160-10-00DME: variable cardioverter-defibrillatorsDME: include the supplies categorized with oxygen5160-10-305160-10-08DME: how carable cardioverter-defibrillatorsDME: HOWO devices5160-10-085160-10-09DME: same amonitorsDME: how dialysis equipment and supplies5160-10-105160-10-10DME: how dialysis equipment and suppliesDME: how dialysis equipment and supplies5160-10-105160-10-10DME: norme dialysis equipment and suppliesDME: how dialysis equipment and supplies5160-10-125160-10-13DME: carable cardioverter-defibrillatorsDME: incluin pumps5160-10-255160-10-14DME: compression devices and accessories5160-10-15DME: postive airway pressure devices5160-10-195160-10-15DME: compression devices and accessoriesDME: postive airway pressure devices5160-10-195160-10-16DME: nospital beds and bed accessoriesDME: pressure-reducing support surfaces5160-10-245160-10-18DME: nospital beds and bed accessoriesDME: speech generating devices5160-10-255160-10-20ME: nospital beds and pressure devicesDME: speech generating devices5160-10-245160-10-25Medical supplies: incontinence garments and related suppliesDME: weritalors5160-10-255160-10-25Medical supplies: in | DME: apnea monitors | 5160-10-09 | 5160-10-01 | Orthotic devices and prostheses: other prostheses | | | | |
| DME: compression burn garments5160-10-145160-10-21DME: postive active product of the product of th | DME: bathing seats | 5160-10-07 | 5160-10-01 | Orthotic devices and prostheses: other orthotic devices | | | | |
| DME: compression gaments5160-10-145160-10-27DME: wearable cardioverter-defibrillatorsDME: continuous passive motion (CPM) devices5160-10-275160-10-07DME: batting seatsDME: equipment and supplies categorized with oxygen5160-10-085160-10-09DME: HFCWO devicesDME: horme dialysis equipment and supplies5160-10-105160-10-10DME: horme dialysis equipment and suppliesDME: horme dialysis equipment and supplies5160-10-105160-10-10DME: horme dialysis equipment and suppliesDME: horme dialysis equipment and supplies5160-10-295160-10-13DME: compression and prostheses: hearing aidsDME: isospital beds and bed accessories5160-10-255160-10-14DME: compression burn garmentsDME: positive airway pressure devices and accessories5160-10-175160-10-15DME: hormetals and accessoriesDME: positive airway pressure devices5160-10-195160-10-17DME: positive airway pressure devicesDME: positive airway pressure devices5160-10-235160-10-18DME: horspital beds and bed accessoriesDME: positive airway pressure devices5160-10-245160-10-19DME: positive airway pressure devicesDME: publies oximeters5160-10-245160-10-22DME: positive airway pressure devicesDME: speech generating devices5160-10-245160-10-22DME: positive airway pressure devicesDME: ventilators5160-10-245160-10-24DME: positive airway pressure devicesDME: ventilators5160-10-255160-10-25DME: positive airway pressure devices | DME: commodes | 5160-10-33 | 5160-10-01 | Medical supplies: other supply items | | | | |
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| Orthotic devices and prostheses: hearing aids5160-10-115160-10-27DME: continuous passive motion (CPM) devicesOrthotic devices and prostheses: orthopedic shoes5160-10-315160-10-28DME: osteogenesis stimulatorsOrthotic devices and prostheses: other orthotic devices5160-10-015160-10-29DME: insulin pumpsOrthotic devices and prostheses: other prostheses5160-10-015160-10-30DME: ambulation aidsMedical supplies: incontinence garments and related supplies5160-10-215160-10-31Orthotic devices and prostheses: orthopedic shoesMedical supplies: nutrition supplies5160-10-265160-10-31Orthotic devices and prostheses: foot orthosesMedical supplies: ostomy supplies5160-10-325160-10-32Medical supplies: ostomy suppliesMedical supplies: urological supplies5160-10-325160-10-32Medical supplies: urological supplies | Orthotic devices and prostheses: cranial remolding devices | 5160-10-35 | 5160-10-25 | DME: lactation pumps | | | | |
| Orthotic devices and prostheses: orthopedic shoes5160-10-315160-10-28DME: osteogenesis stimulatorsOrthotic devices and prostheses: other orthotic devices5160-10-015160-10-29DME: insulin pumpsOrthotic devices and prostheses: other prostheses5160-10-015160-10-30DME: ambulation aidsMedical supplies: incontinence garments and related supplies5160-10-215160-10-31Orthotic devices and prostheses: othopedic shoesMedical supplies: nutrition supplies5160-10-265160-10-31Orthotic devices and prostheses: foot orthosesMedical supplies: ostomy supplies5160-10-325160-10-32Medical supplies: ostomy suppliesMedical supplies: urological supplies5160-10-325160-10-32Medical supplies: urological supplies | | 5160-10-31 | 5160-10-26- | | | | | |
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| Medical supplies: urological supplies 5160-10-32 5160-10-32 Medical supplies: urological supplies | | | | • | | | | |
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| Medical supplies: other supply items 5160-10-01 5160-10-34 Medical supplies: wound dressings and related supplies | | | | | | | | |
| DMEPOS: labor 5160-10-01 5160-10-35 Orthotic devices and prostheses: cranial remolding devices | | 5160-10-01 | 5160-10-35 | | | | | |