

**Appendix to rule 5160-10-03**

**RESCINDED**  
Appendix  
5160-10-03

DATE: 04/27/2018 8:45 AM

BR -- Payment by report  
NC -- No coverage  
PA -- Payment by prior authorization

C -- Items to which the same limit applies both individually and in combination  
X -- Items that are mutually exclusive

HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	18 square inches	200 per month	No	\$0.08	10/01/2004		Purchase only	Non-institutional only	X -- A4450, A4452	
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	18 square inches	200 per month	No	\$0.32	10/01/2004		Purchase only	Non-institutional only	X -- A4450, A4452	
A6021	COLLAGEN DRESSING, LESS THAN 16 SQ IN	Each	10 per month	Yes	\$16.82	04/01/2006	PA	Purchase only	Non-institutional only	X -- A6021, A6022	
A6022	COLLAGEN DRESSING, MORE THAN 16 SQ IN, LESS THAN OR EQUAL TO 48 SQ IN	Each	10 per month	Yes	\$18.91	04/01/2006	PA	Purchase only	Non-institutional only	X -- A6021, A6022	
A6023	COLLAGEN DRESSING, MORE THAN 48 SQ IN	Each	20 per month	Yes	\$171.27	04/01/2006	PA	Purchase only	Non-institutional only		
A6154	WOUND POUCH, FOR SURGICAL WOUND DRAINAGE, PER WOUND	Each	15 per month	No	\$11.40	01/01/1997	NC	Purchase only	Non-institutional only		
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS	Each	30 per month	No	\$6.00	01/01/1997		Purchase only	Non-institutional only	C -- A6196, A6197	
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	30 per month	No	\$12.50	01/01/1997		Purchase only	Non-institutional only	C -- A6196, A6197	
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.	Each	30 per month	Yes	\$31.40	04/01/2006	PA	Purchase only	Non-institutional only		
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	No	\$3.02	01/01/1997		Purchase only	Non-institutional only	C -- A6203, A6204	
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	No	\$4.50	01/01/1997		Purchase only	Non-institutional only	C -- A6203, A6204	
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	Yes	PA	01/01/1997		Purchase only	Non-institutional only		
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS	Each	4 per month	Yes	PA	01/01/1997		Purchase only	Non-institutional only		
A6207	CONTACT LAYER, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	4 per month	No	\$5.30	01/01/1997		Purchase only	Non-institutional only		
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN.	Each	4 per month	Yes	\$11.98	04/01/2006	PA	Purchase only	Non-institutional only		
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	12 per month	No	\$6.17	01/01/1997		Purchase only	Non-institutional only	C -- A6209, A6210, A6211, A6212, A6214	
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	12 per month	No	\$14.35	01/01/1997		Purchase only	Non-institutional only	C -- A6209, A6210, A6211, A6212, A6214	
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	12 per month	No	\$25.21	01/01/1999		Purchase only	Non-institutional only	C -- A6209, A6210, A6211, A6212, A6214	
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN., OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	No	\$7.00	01/01/1997		Purchase only	Non-institutional only	C -- A6209, A6210, A6211, A6212, A6214	
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	Yes	\$12.54	04/01/2006	PA	Purchase only	Non-institutional only		
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	No	\$7.45	01/01/1997		Purchase only	Non-institutional only	C -- A6209, A6210, A6211, A6212, A6214	
A6216	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	\$50 per month	No	\$0.05	04/01/2006	\$50.00	Purchase only	Non-institutional only	C -- A6216, A6217, A6218, A6219, A6220, A6221	
A6217	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	\$50 per month	No	\$0.64	04/01/2006	\$50.00	Purchase only	Non-institutional only	C -- A6216, A6217, A6218, A6219, A6220, A6221	
A6218	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	\$50 per month	No	\$1.27	04/01/2006	\$50.00	Purchase only	Non-institutional only	C -- A6216, A6217, A6218, A6219, A6220, A6221	
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER	Each	\$50 per month	No	\$0.95	04/01/2006	\$50.00	Purchase only	Non-institutional only	C -- A6216, A6217, A6218, A6219, A6220, A6221	
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	\$50 per month	No	\$2.58	04/01/2006	\$50.00	Purchase only	Non-institutional only	C -- A6216, A6217, A6218, A6219, A6220, A6221	
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	\$50 per month	No	\$0.52	04/01/2006	\$50.00	Purchase only	Non-institutional only	C -- A6216, A6217, A6218, A6219, A6220, A6221	
A6222	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	30 per month	No	\$1.65	01/01/1997		Purchase only	Non-institutional only	C -- A6222, A6223, A6224	
A6223	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	30 per month	No	\$1.75	01/01/1997		Purchase only	Non-institutional only	C -- A6222, A6223, A6224	
A6224	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	30 per month	No	\$2.60	01/01/1997		Purchase only	Non-institutional only	C -- A6222, A6223, A6224	
A6231	GAUZE, IMPREGNATED, HYDROGEL, 16 SQ IN OR LESS	Each	12 per month	No	\$1.65	01/01/2001		Purchase only	Non-institutional only	C -- A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238	
A6232	GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ IN	Each	12 per month	No	\$1.75	01/01/2001		Purchase only	Non-institutional only	C -- A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238	
A6233	GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 48 SQ IN	Each	12 per month	No	\$2.60	01/01/2001		Purchase only	Non-institutional only	C -- A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238	
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	12 per month	No	\$4.80	01/01/1997		Purchase only	Non-institutional only	C -- A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238	
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	12 per month	No	\$12.15	01/01/1997		Purchase only	Non-institutional only	C -- A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238	
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	12 per month	No	\$19.65	01/01/1997		Purchase only	Non-institutional only	C -- A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238	
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	No	\$5.80	01/01/1997		Purchase only	Non-institutional only	C -- A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238	
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	No	\$16.75	01/01/1997		Purchase only	Non-institutional only	C -- A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238	
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	Yes	PA	01/01/1997		Purchase only	Non-institutional only		
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	30 per month	No	\$4.80	01/01/1997		Purchase only	Non-institutional only	C -- A6242, A6243, A6244	

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A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	30 per month	No	\$8.75	01/01/1997		Purchase only	Non-institutional only	C -- A6242, A6243, A6244	
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	30 per month	No	\$28.30	01/01/1997		Purchase only	Non-institutional only	C -- A6242, A6243, A6244	
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	No	\$5.90	01/01/1997	\$100.00	Purchase only	Non-institutional only	C -- A6245, A6246, A6247	
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	No	\$7.15	01/01/1997	\$100.00	Purchase only	Non-institutional only	C -- A6245, A6246, A6247	
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	12 per month	No	\$17.15	01/01/1997		Purchase only	Non-institutional only	C -- A6245, A6246, A6247	
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER	Each	30 per month	No	\$0.90	01/01/1997		Purchase only	Non-institutional only	C -- A6251, A6252, A6253, A6254, A6255, A6256	
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	30 per month	No	\$2.35	01/01/1997		Purchase only	Non-institutional only	C -- A6251, A6252, A6253, A6254, A6255, A6256	
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	30 per month	No	\$4.60	01/01/1997	\$100.00	Purchase only	Non-institutional only	C -- A6251, A6252, A6253, A6254, A6255, A6256	
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	30 per month	No	\$0.90	01/01/1997	\$100.00	Purchase only	Non-institutional only	C -- A6251, A6252, A6253, A6254, A6255, A6256	
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	30 per month	No	\$2.20	01/01/1997		Purchase only	Non-institutional only	C -- A6251, A6252, A6253, A6254, A6255, A6256	
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	30 per month	Yes	PA	01/01/1997		Purchase only	Non-institutional only	C -- A6251, A6252, A6253, A6254, A6255, A6256	
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS	Each	12 per month	No	\$1.10	01/01/1997		Purchase only	Non-institutional only	C -- A6257, A6258, A6259	
A6258	TRANSPARENT FILM, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	12 per month	No	\$3.10	01/01/1997		Purchase only	Non-institutional only	C -- A6257, A6258, A6259	
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN.	Each	12 per month	No	\$7.90	01/01/1997		Purchase only	Non-institutional only	C -- A6257, A6258, A6259	
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH	Linear yard	100 yards per month	No	\$1.75	08/01/1997		Purchase only	Non-institutional only		
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	\$50 per month	No	\$0.12	04/01/2006	\$50.00	Purchase only	Non-institutional only	C -- A6402, A6403, A6404	Submitted charge must not exceed manufacturer's suggested list price.
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	\$50 per month	No	\$0.43	04/01/2006	\$50.00	Purchase only	Non-institutional only	C -- A6402, A6403, A6404	Submitted charge must not exceed manufacturer's suggested list price.
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	\$50 per month	No	\$0.61	04/01/2006	\$50.00	Purchase only	Non-institutional only	C -- A6402, A6403, A6404	Submitted charge must not exceed manufacturer's suggested list price.
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	100 per month	No	\$0.54	01/01/2005		Purchase only	Non-institutional only		
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	150 per month	No	\$0.14	01/01/2005		Purchase only	Non-institutional only	C -- A6442, A6443, A6444, A6445, A6446, A6447	
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	150 per month	No	\$0.23	01/01/2005		Purchase only	Non-institutional only	C -- A6442, A6443, A6444, A6445, A6446, A6447	
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	150 per month	No	\$0.45	01/01/2005		Purchase only	Non-institutional only	C -- A6442, A6443, A6444, A6445, A6446, A6447	
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	150 per month	No	\$0.26	01/01/2005		Purchase only	Non-institutional only	C -- A6442, A6443, A6444, A6445, A6446, A6447	
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	150 per month	No	\$0.33	01/01/2005		Purchase only	Non-institutional only	C -- A6442, A6443, A6444, A6445, A6446, A6447	
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	150 per month	No	\$0.54	01/01/2005		Purchase only	Non-institutional only	C -- A6442, A6443, A6444, A6445, A6446, A6447	
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	18 per 3 months	No	\$1.04	10/01/2004		Purchase only	Non-institutional only	C -- A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455	
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	18 per 3 months	No	\$1.05	10/01/2004		Purchase only	Non-institutional only	C -- A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455	
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	18 per 3 months	No	\$1.60	01/01/2005		Purchase only	Non-institutional only	C -- A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455	
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50 PERCENT MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	18 per 3 months	No	\$3.19	01/01/2005		Purchase only	Non-institutional only	C -- A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455	
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	18 per 3 months	No	\$5.32	10/01/2004		Purchase only	Non-institutional only	C -- A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455	
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	18 per 3 months	No	\$0.55	10/01/2004		Purchase only	Non-institutional only	C -- A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455	
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	18 per 3 months	No	\$0.69	10/01/2004		Purchase only	Non-institutional only	C -- A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455	
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	18 per 3 months	No	\$1.25	10/01/2004		Purchase only	Non-institutional only	C -- A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455	
<b>WOUND FILLERS</b>											
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM	Gram	\$100 per month	No	\$30.96	09/01/2005	\$100.00	Purchase only	Non-institutional only	C -- A6010, A6011, A6199, A6215, A6240, A6241, A6248, A6261, A6262	Submitted charge must not exceed manufacturer's suggested list price.
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM	Gram	\$100 per month	No	\$1.82	01/01/2005		Purchase only	Non-institutional only	C -- A6010, A6011, A6199, A6215, A6240, A6241, A6248, A6261, A6262	Submitted charge must not exceed manufacturer's suggested list price.
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 IN.	6 inches	\$100 per month	No	\$5.29	09/01/2005	\$100.00	Purchase only	Non-institutional only	C -- A6010, A6011, A6199, A6215, A6240, A6241, A6248, A6261, A6262	Submitted charge must not exceed manufacturer's suggested list price.
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	Gram	\$100 per month	No	\$1.23	04/01/2006	\$100.00	Purchase only	Non-institutional only	C -- A6010, A6011, A6199, A6215, A6240, A6241, A6248, A6261, A6262	Submitted charge must not exceed manufacturer's suggested list price.

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A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OZ.	Fluid ounce	\$100 per month	No	\$5.00	07/26/2007	\$12.24	Purchase only	Non-institutional only	C -- A6010, A6011, A6199, A6215, A6240, A6241, A6248, A6261, A6262	Submitted charge must not exceed manufacturer's suggested list price.
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	Gram	\$100 per month	No	\$2.57	09/01/2005	\$100.00	Purchase only	Non-institutional only	C -- A6010, A6011, A6199, A6215, A6240, A6241, A6248, A6261, A6262	Submitted charge must not exceed manufacturer's suggested list price.
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ.	Fluid ounce	\$100 per month	No	\$5.76	07/26/2007	\$16.24	Purchase only	Non-institutional only	C -- A6010, A6011, A6199, A6215, A6240, A6241, A6248, A6261, A6262	Submitted charge must not exceed manufacturer's suggested list price.
A6261	WOUND FILLER, NOT ELSEW CLASSIFIED, GEL/PASTE, PER FLUID OZ.	Month	\$100 per month	No	\$100.00	01/01/1997		Purchase only	Non-institutional only	C -- A6010, A6011, A6199, A6215, A6240, A6241, A6248, A6261, A6262	Submitted charge must not exceed manufacturer's suggested list price.
A6262	WOUND FILLER, NOT ELSEWHERE CLASSIFIED, DRY FORM, PER GRAM	Month	\$100 per month	No	\$100.00	01/01/1997		Purchase only	Non-institutional only	C -- A6010, A6011, A6199, A6215, A6240, A6241, A6248, A6261, A6262	Submitted charge must not exceed manufacturer's suggested list price.
<b>SYRINGES / NEEDLES</b>											
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC	Each	100 per month	No	\$0.23	05/01/1990		Purchase only	Non-institutional only	X -- A4207, A4208, A4209	
A4208	SYRINGE WITH NEEDLE, STERILE 3 CC	Each	100 per month	No	\$0.17	05/01/1990		Purchase only	Non-institutional only	X -- A4207, A4208, A4209	
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER	Each	100 per month	No	\$0.27	05/01/1990		Purchase only	Non-institutional only	X -- A4207, A4208, A4209	
A4212	NON-CORING (HUBER-TYPE) NEEDLE	Each	30 per month	No	\$3.60	04/01/1997		Purchase only	Non-institutional only		
A4213	SYRINGE W/O NEEDLE, STERILE 20 CC OR GREATER	Each	50 per year	No	\$0.60	11/22/1990	\$0.25	Purchase only	Non-institutional only		
<b>ANTISEPTIC SOLUTION</b>											
A4244	PEROXIDE/ALCOHOL, PER PINT	16 ounces	15 per month	No	\$0.56	05/01/1990		Purchase only	Non-institutional only		
A4246	BETADINE, POVIDONE IODINE, OR PHISOHEX SOLUTION, PER PINT	16 ounces	6 per month	No	\$10.00	06/20/1990		Purchase only	Non-institutional only	X -- A4246, A4247	
A4247	BETADINE/POVIDONE IODINE WIPE/SWAB, PER BOX	Box	2 per month	No	\$19.00	01/01/2005	\$0.19	Purchase only	Non-institutional only	X -- A4246, A4247	
<b>DISTILLED WATER / STERILE SALINE</b>											
A4216	STERILE WATER/SALINE, 10 ML	10-milliliter vial	90 per month	No	\$0.25	10/01/2004		Purchase only	Non-institutional only		
A4217	STERILE WATER/SALINE, 500 ML	500-milliliter bottle	36 per month	No	\$2.50	10/01/2004		Purchase only	Non-institutional only		
A7018	WATER, DISTILLED, 1000 ML	Liter	16 per month	No	\$0.28	01/01/2001		Purchase only	Non-institutional only		
<b>INCONTINENCE GARMENTS AND RELATED SUPPLIES</b>											
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.55	01/01/2010	\$0.61	Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.63	01/01/2010	\$0.70	Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.71	01/01/2010	\$0.79	Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.79	01/01/2010	\$0.88	Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.55	01/01/2010	\$0.61	Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.63	01/01/2010	\$0.70	Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.71	01/01/2010	\$0.79	Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.79	01/01/2010	\$0.88	Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.40	01/01/2005		Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.40	01/01/2005		Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.40	01/01/2005		Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.40	01/01/2005		Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.46	01/01/2005		Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	

NC -- No coverage  
 PA -- Payment by prior authorization

C -- Items to which the same limit applies both individually and in combination  
 X -- Items that are mutually exclusive

HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP (C / X)	NOTES
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.46	01/01/2005		Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.40	01/01/2005		Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	Each	12 per year	No	\$11.00	01/01/2005		Purchase only	Non-institutional only		
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	Each	6 per year	No	\$20.00	01/01/2005		Purchase only	Non-institutional only		
T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH	Each	300 per month, 3-20 years; 200 per month, 21+ years	No	\$0.53	01/01/2005		Purchase only	Non-institutional only	C -- T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538	
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	Each	6 per year	No	\$10.00	01/01/2005		Purchase only	Non-institutional only		
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	Each	300 per 2 months	No	\$0.28	01/01/2005		Purchase only	Non-institutional only	C -- T4541, T4542	
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	Each	300 per 2 months	No	\$0.28	01/01/2005		Purchase only	Non-institutional only	C -- T4541, T4542	
T4543	DISP BARIATIC BRIEF/DIAPER	Each	150 per month	No	\$2.12	01/01/2010	\$2.35	Purchase only	Non-institutional only		
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	Each	12 per year	No	\$11.00	01/01/2005	PA	Purchase only	Non-institutional only		
<b>UROLOGICAL SUPPLIES</b>											
A4310	FOLEY CATH INSERTION TRAY WITHOUT DRAINAGE BAG, WITHOUT CATHETER	Each	3 per month	No	\$3.90	05/01/1990		Purchase only	Non-institutional only	X -- A4310, A4311, A4312, A4313, A4314, A4315, A4316	
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Each	3 per month	No	\$6.75	05/01/1990		Purchase only	Non-institutional only	X -- A4310, A4311, A4312, A4313, A4314, A4315, A4316	
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	Each	3 per month	No	\$10.00	05/01/1990		Purchase only	Non-institutional only	X -- A4310, A4311, A4312, A4313, A4314, A4315, A4316	
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, THREE WAY, FOR CONTINUOUS	Each	3 per month	No	\$14.00	05/01/1990		Purchase only	Non-institutional only	X -- A4310, A4311, A4312, A4313, A4314, A4315, A4316	
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Each	3 per month	No	\$10.75	05/01/1990		Purchase only	Non-institutional only	X -- A4310, A4311, A4312, A4313, A4314, A4315, A4316	
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	Each	3 per month	No	\$14.00	05/01/1990		Purchase only	Non-institutional only	X -- A4310, A4311, A4312, A4313, A4314, A4315, A4316	
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, 3 WAY, FOR CONTINUOUS IRRIGATION	Each	3 per month	No	\$18.00	05/01/1990		Purchase only	Non-institutional only	X -- A4310, A4311, A4312, A4313, A4314, A4315, A4316	
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE	Each	30 per month	No	\$2.50	04/01/1992		Purchase only	Non-institutional only		
A4322	IRRIGATION SYRINGE, WITH BULB OR PISTON	Each	30 per month	No	\$1.60	06/20/1990	\$2.50	Purchase only	Non-institutional only		
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	Each	60 per month	No	\$1.39	01/01/2005		Purchase only	Non-institutional only		A4349 replaces A4324, A4325, and A4247.
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	Each	5 per year	No	\$9.00	08/01/1997		Purchase only	Non-institutional only		
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP	Each	2 per year	No	\$37.00	08/01/1997		Purchase only	Non-institutional only		
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH	Each	1 per month	No	\$8.33	04/01/2001	\$7.79	Purchase only	Non-institutional only		
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE	Each	20 per month	No	\$5.80	04/01/2001	\$11.06	Purchase only	Non-institutional only		
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	Each	2 per month	No	\$3.04	04/01/2001	\$2.90	Purchase only	Non-institutional only		
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	Each	12 per month	No	\$1.37	04/01/2001	\$1.27	Purchase only	Non-institutional only		
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP	Each	1 per month	No	\$3.00	01/01/2001		Purchase only	Non-institutional only		
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Each		Yes	PA	05/01/1990		Purchase only	Non-institutional only		
A4338	INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	Each	3 per month	No	\$4.20	05/01/1990		Purchase only	Non-institutional only	X - A4338, A4340, A4344, A4346, A4351, A4353	
A4340	INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC)	Each	3 per month	No	\$24.00	08/01/1997		Purchase only	Non-institutional only	X - A4338, A4340, A4344, A4346, A4351, A4353	
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	Each	3 per month	No	\$9.39	04/01/1992		Purchase only	Non-institutional only	X - A4338, A4340, A4344, A4346, A4351, A4353	
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION	Each	3 per month	No	\$12.50	05/01/1990		Purchase only	Non-institutional only	X - A4338, A4340, A4344, A4346, A4351, A4353	
A4351	INTERMITTENT URINARY CATHETER, STRAIGHT TIP	Each	200 per month	No	\$0.79	01/01/1996		Purchase only	Non-institutional only	X - A4338, A4340, A4344, A4346, A4351, A4353	
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP	Each	200 per month	No	\$2.00	01/01/1996		Purchase only	Non-institutional only	X - A4338, A4340, A4344, A4346, A4351, A4353	
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Each	60 per month	No	\$3.49	10/01/2004		Purchase only	Non-institutional only	X - A4338, A4340, A4344, A4346, A4351, A4353	Payment for A4353 includes lubricant.
A4354	CATHETER INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Each	3 per month	No	\$7.40	05/01/1990		Purchase only	Non-institutional only		
A4355	IRRIGATION TUBING SET 3-WAY INDWELLING FOLEY CATHETER	Each	3 per month	No	\$2.70	05/01/1990	\$1.39	Purchase only	Non-institutional only		
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, (NOT TO BE USED FOR CATHETER CLAMP)	Each	1 per year	No	\$30.01	05/01/1990		Purchase only	Non-institutional only		
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE	Each	2 per month	No	\$6.00	06/20/1990		Purchase only	Non-institutional only		
A4358	URINARY LEG/ABDOMINAL BAG, VINYL, WITH OR WITHOUT TUBE WITH STRAPS	Each	4 per month	No	\$6.26	04/01/2001	\$3.35	Purchase only	Non-institutional only		
A4402	LUBRICANT ( FOR NON-STERILE CATHETERIZATION)	Ounce	8 per month	No	\$0.65	08/01/1998	\$1.50	Purchase only	Non-institutional only		

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HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES
A5102	BESIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE	Each	2 per year	No	\$21.39	04/01/2001	\$23.00	Purchase only	Non-institutional only		
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	Each	2 per year	No	\$40.32	07/01/2002	\$59.00	Purchase only	Non-institutional only	X -- A5105, A5112	
A5112	URINARY LEG BAG; LATEX	Each	3 per year	No	\$31.16	07/01/2002	\$31.25	Purchase only	Non-institutional only	X -- A5105, A5112	
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)	Each	4 per year	No	\$1.30	11/15/1993		Purchase only	Non-institutional only	X -- A5113, A5114	
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)	Each	4 per year	No	\$4.25	04/01/2001	\$4.00	Purchase only	Non-institutional only	X -- A5113, A5114	
A5131	APPLANCE CLEANER, INCONTINENCE AND OSTOMY APPLANCES, PER 16 OZ.	16 ounces	1 per 3 months	No	\$12.25	01/01/1998	\$12.00	Purchase only	Non-institutional only		
<b>OSTOMY SUPPLIES</b>											
A4361	OSTOMY, FACE PLATE	Each	4 per year	No	\$17.52	04/01/2001	\$23.34	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	Each	20 per month	No	\$3.22	04/01/2001	\$3.16	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4364	ADHESIVE FOR FACIAL PROSTHESIS ONLY; LIQUID OR EQUAL, PER OZ.	Ounce	4 per 2 months	No	\$2.38	04/01/2001	\$3.05	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4367	OSTOMY BELT	Each	2 per 6 MOS	No	\$6.96	04/01/2001	\$6.65	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ.	Ounce	4 per month	No	\$2.30	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	Ounce	4 per month	No	\$3.48	04/01/2001	\$3.30	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4372	OSTOMY SKIN BARRIER, SOLID, 4X4 OR EQUIV. STANDARD WEAR W/ BUILT-IN CONVEXITY	Each	20 per month	No	\$3.78	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Each	20 per month	No	\$5.99	04/01/2001	\$5.69	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC	Each	5 per month	No	\$15.56	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER	Each	5 per month	No	\$43.11	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC	Each	10 per month	No	\$3.89	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER	Each	10 per month	No	\$27.86	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC	Each	5 per month	No	\$13.61	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER	Each	5 per month	No	\$33.82	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC	Each	10 per month	No	\$4.18	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC	Each	10 per month	No	\$22.31	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER	Each	10 per month	No	\$25.55	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE, RING	Each	4 per year	No	\$8.72	01/01/2000		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY	Each	5 per month	No	\$4.00	04/01/2001	\$4.62	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4387	OSTOMY POUCH, CLOSED, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	45 per month	No	\$2.74	04/01/2001	\$3.64	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)	Each	10 per month	No	\$3.87	04/01/2001	\$3.95	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Each	20 per month	No	\$5.55	04/01/2001	\$5.63	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Each	5 per month	No	\$8.94	04/01/2001	\$8.71	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)	Each	10 per month	No	\$6.04	04/01/2001	\$6.40	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	20 per month	No	\$6.34	04/01/2001	\$6.02	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	5 per month	No	\$7.81	04/01/2001	\$8.31	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Each	1 per 3 months	No	\$24.20	10/01/2004	NC	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4397	IRRIGATION SUPPLY; SLEEVE	Each	10 per month	No	\$4.41	04/01/2001	\$4.35	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4398	IRRIGATION SUPPLY; BAG	Each	4 per year	No	\$13.17	04/01/2001	\$21.88	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4399	IRRIGATION SUPPLY; CONE/CATHETER	Each	1 per 6 months	No	\$9.95	01/01/1998	\$8.96	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4400	OSTOMY IRRIGATION SET	Each	2 per year	No	\$45.00	08/01/1997	\$42.00	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4402	LUBRICANT, PER OUNCE	Ounce	8 per month	No	\$0.65	08/01/1998	\$1.50	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4404	OSTOMY RING, EACH	Each	5 per month	No	\$1.47	04/01/2001	\$1.45	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE	Ounce	4 per month	No	\$3.27	04/01/2003		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4406	OSTOMY SKIN BARRIER, PECTIN BASED PASTE	Ounce	4 per month	No	\$3.27	04/01/2003		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4407	OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER	Each	5 per month	No	\$7.67	04/01/2003		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4408	OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4	Each	5 per month	No	\$7.67	04/01/2003		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER	Each	5 per month	No	\$5.68	04/01/2003		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.

NC -- No coverage  
PA -- Payment by prior authorization

C -- Items to which the same limit applies both individually and in combination  
X -- Items that are mutually exclusive

HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP (C / X)	NOTES
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4	Each	5 per month	No	\$5.68	04/01/2003		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION, WITHOUT BUILT-IN CONVEXITY; 4X4 OR SMALLER	Each	20 per month	No	\$4.24	04/01/2003		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4	Each	20 per month	No	\$4.24	04/01/2003		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Each		Yes	PA	05/01/1990		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE)	Each	45 per month	No	\$1.91	04/01/2001	\$2.00	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)	Each	45 per month	No	\$1.36	04/01/2001	\$1.55	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	Each	45 per month	No	\$1.58	01/01/1998	\$1.49	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5054	OSTOMY POUCH, CLOSED FOR USE ON BARRIER W/FLANGE (2 PC)	Each	45 per month	No	\$1.35	04/01/2001	\$1.30	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5055	STOMA CAP	Each	30 per month	No	\$1.27	04/01/2001	\$1.52	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5061	POUCH, DRAINABLE WITH BARRIER ATTACHED (1 PIECE)	Each	30 per month	No	\$2.45	04/01/2001	\$2.89	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	Each	20 per month	No	\$1.90	08/01/1997	\$1.83	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)	Each	10 per month	No	\$2.13	04/01/2001	\$2.11	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5071	OSTOMY POUCH URINARY; WITH BARRIER ATTACHED, (1 PIECE)	Each	20 per month	No	\$4.15	04/01/2001	\$4.53	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5072	OSTOMY POUCH URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)	Each	20 per month	No	\$3.10	04/01/2001	\$3.16	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5073	OSTOMY POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	Each	10 per month	No	\$2.98	04/01/2001	\$3.35	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5081	OSTOMY CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	Each	40 per month	No	\$3.00	01/01/1998	\$2.83	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5082	OSTOMY CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Each	1 per 2 months	No	\$10.75	01/01/1998	\$10.21	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5093	OSTOMY ACCESSORY; CONVEX INSERT	Each	10 per month	No	\$1.58	04/01/2001	\$1.51	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	Each	50 per month	No	\$0.17	01/01/2006		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5121	OSTOMY SKIN BARRIER; SOLID 6 X 6, OR EQUIVALENT	Each	5 per month	No	\$6.70	05/01/1990		Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5122	OSTOMY SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT	Each	6 per month	No	\$12.26	04/01/2001	\$11.65	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Each	20 per month	No	\$1.11	07/01/2002	\$1.15	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	Each	1 per 3 months	No	\$12.25	01/01/1998	\$12.00	Purchase only	Non-institutional only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
<b>SURGICAL STOCKINGS AND BURN GARMENTS</b>											
A4490	PRESSURE GRADIENT SURGICAL STOCKING, ABOVE KNEE LENGTH	Each	6 per year	Yes	\$25.00	10/15/2006	\$50.00	Purchase only	Non-institutional only	X -- A4490, A4495, A4500, A4510	
A4495	PRESSURE GRADIENT SURGICAL STOCKING, THIGH LENGTH	Each	6 per year	Yes	\$25.00	10/15/2006	\$50.00	Purchase only	Non-institutional only	X -- A4490, A4495, A4500, A4510	
A4500	PRESSURE GRADIENT SURGICAL STOCKING, BELOW KNEE LENGTH	Each	6 per year	Yes	\$22.00	10/15/2006	\$44.00	Purchase only	Non-institutional only	X -- A4490, A4495, A4500, A4510	
A4510	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, LEOTARD	Each	3 per year	Yes	\$75.00	01/01/2008	\$37.50	Purchase only	Non-institutional only	X -- A4490, A4495, A4500, A4510	
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	Each	3 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only		
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Each	3 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only		
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	Each	3 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only		
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	Each	4 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only	X -- A6504, A6505, A6506	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	Each	4 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only	X -- A6504, A6505, A6506	
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	Each	4 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only	X -- A6504, A6505, A6506	
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	Each	4 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only	X -- A6507, A6508	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	Each	4 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only	X -- A6507, A6508	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	Each	3 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only	X -- A6509, A6510, A6511	
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	Each	3 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only	X -- A6509, A6510, A6511	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	Each	3 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only	X -- A6509, A6510, A6511	
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	Each	4 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only		
<b>ELASTIC SUPPORTS</b>											
A4466	GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC ANY TYPE	Each	2 per year	No	\$40.00	12/07/2010	NC	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6530	COMPRESSION STOCKING BK18-30, EACH	Each	6 per year	Yes	\$21.64	07/26/2007	\$43.27	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6531	COMPRESSION STOCKING BK30-40	Each	6 per year	Yes	\$26.06	07/26/2007	\$43.27	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	

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HCP/CS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP (C / X)	NOTES
A6532	COMPRESSION STOCKING BK40-50	Each	6 per year	Yes	\$30.48	07/26/2007	\$60.96	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6533	GC STOCKING THIGHLNGTH 18-30	Each	6 per year	Yes	\$24.64	07/26/2007	\$43.27	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6534	GC STOCKING THIGHLNGTH 30-40	Each	6 per year	Yes	\$29.06	07/26/2007	\$43.27	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6535	GC STOCKING THIGHLNGTH 40-50	Each	6 per year	Yes	\$33.48	07/26/2007	\$60.96	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6536	GC STOCKING FULL LNGTH 18-30	Each	6 per year	Yes	\$43.27	01/01/2006		Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6537	GC STOCKING FULL LNGTH 30-40	Each	6 per year	Yes	\$52.12	07/26/2007	\$43.27	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6538	GC STOCKING FULL LNGTH 40-50	Each	6 per year	Yes	\$60.96	01/01/2006		Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6539	GC STOCKING WAISTLNGTH 18-30	Each	3 per year	Yes	\$50.00	07/26/2007	\$43.27	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6540	GC STOCKING WAISTLNGTH 30-40	Each	3 per year	Yes	\$62.50	07/26/2007	\$43.29	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6541	GC STOCKING WAISTLNGTH 40-50	Each	3 per year	Yes	\$75.00	07/26/2007	\$60.96	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
A6549	G COMPRESSION STOCKING, NOS	Each	6 per year	Yes	PA	01/01/2011	BR	Purchase only	Non-institutional only	X -- A4466, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549	
S8420	CUSTOM GRADIENT SLEEVE/GLOVE	Each	4 per year	Yes	PA	10/15/2006	NC	Purchase only	Non-institutional only	X -- A4466, S8420, S8421, S8422, S8423, S8424	
S8421	READY GRADIENT SLEEVE/GLOV	Each	4 per year	Yes	PA	10/15/2006	NC	Purchase only	Non-institutional only	X -- A4466, S8420, S8421, S8422, S8423, S8424	
S8422	CUSTOM GRAD SLEEVE MED	Each	4 per year	Yes	PA	10/15/2006	NC	Purchase only	Non-institutional only	X -- A4466, S8420, S8421, S8422, S8423, S8424	
S8423	CUSTOM GRAD SLEEVE HEAVY	Each	4 per year	Yes	PA	10/15/2006	NC	Purchase only	Non-institutional only	X -- A4466, S8420, S8421, S8422, S8423, S8424	
S8424	READY GRADIENT SLEEVE	Each	4 per year	Yes	PA	10/15/2006	NC	Purchase only	Non-institutional only	X -- A4466, S8420, S8421, S8422, S8423, S8424	
S8425	CUSTOM GRAD GLOVE MED	Each	4 per year	Yes	PA	10/15/2006	NC	Purchase only	Non-institutional only	X -- A4466, S8420, S8421, S8425, S8426, S8427, S8428	
S8426	CUSTOME GRAD GLOVE HEAVY	Each	4 per year	Yes	PA	10/15/2006	NC	Purchase only	Non-institutional only	X -- A4466, S8420, S8421, S8425, S8426, S8427, S8428	
S8427	READY GRADIENT GLOVE	Each	4 per year	Yes	PA	10/15/2006	NC	Purchase only	Non-institutional only	X -- A4466, S8420, S8421, S8425, S8426, S8427, S8428	
S8428	READY GRADIENT GAUNTLET	Each	4 per year	Yes	PA	10/15/2006	NC	Purchase only	Non-institutional only	X -- A4466, S8420, S8421, S8425, S8426, S8427, S8428	
<b>FAMILY PLANNING SUPPLIES</b>											
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	Each	1 per year	No	\$25.46	04/01/2003		Purchase only	Non-institutional only		
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE	Each	36 per month	No	\$0.40	04/01/2003		Purchase only	Non-institutional only		
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE	Each	36 per month	No	\$2.10	04/01/2003		Purchase only	Non-institutional only		
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE	Each	1 per month	No	\$10.05	04/01/2003		Purchase only	Non-institutional only		
<b>MISCELLANEOUS SUPPLIES</b>											
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE). NOT COVERED FOR USE WITH UROLOGICAL SUPPLIES	Ounce	8 per month	No	\$1.36	04/01/2001	\$8.80	Purchase only	Non-institutional only		
A4458	ENEMA BAG WITH TUBING, REUSABLE	Each	1 per 2 years	No	\$8.00	10/01/2004		Purchase only	Non-institutional only		
A4561	PESSARY, RUBBER, ANY TYPE	Each	1 per year	No	\$10.24	01/01/2001		Purchase only	Non-institutional only	X -- A4561, A4562	
A4562	PESSARY, NON-RUBBER, ANY TYPE	Each	1 per year	No	\$10.24	01/01/2001		Purchase only	Non-institutional only	X -- A4561, A4562	
A4565	SLINGS	Each	2 per year	No	\$6.30	07/01/2002	\$8.00	Purchase only	Non-institutional only		
A4570	SPLINT	Each	1 per year	No	\$10.00	05/01/1990		Purchase only	Non-institutional only		
A4580	CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY	Roll	1 per year	No	\$2.55	11/01/1992		Purchase only	Non-institutional only		
A4590	CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY	Roll	1 per year	No	\$15.00	11/01/1992		Purchase only	Non-institutional only		
A4649	SURGICAL SUPPLY, MISCELLANEOUS (DO NOT USE FOR OSTOMY SUPPLIES)	Each		Yes	PA	05/01/1990		Purchase only	Non-institutional only		
A4927	GLOVES, NON-STERILE	100	2 per month	No	\$8.69	04/01/2003	\$0.22	Purchase only	Non-institutional only		

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HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES
A4930	GLOVES, STERILE	Pair	100 pair per month	No	\$0.55	04/01/2003		Purchase only	Non-institutional only		
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	1 per 2 years	No	\$100.00	04/01/2009	\$232.00	Purchase only	Non-institutional only		
E0602	BREAST PUMP, MANUAL, ANY TYPE	Each	1 per 2 years	No	\$15.00	10/01/2004		Purchase only	Non-institutional only	X -- E0602, E0603, E0604	
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	Each	1 per 5 years	No	\$202.50	07/26/2007	\$31.00	Purchase only	Non-institutional only	X -- E0602, E0603, E0604	
E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGULATOR, SUPPLIES, TRANSFORMER, ELECTRIC (AC AND/OR DC) (RENTAL ONLY)	Day	90 days	No	\$2.25	01/01/2002		Rental only	Non-institutional only	X -- E0602, E0603, E0604	
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	Each	2 per year	No	\$10.82	05/01/1990		Purchase only	Non-institutional only		
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	Each	1 per 2 years	No	\$46.62	01/01/2006		Purchase only	Non-institutional only		
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS			Yes	PA	05/01/1990			Non-institutional only		
Y9167	SHARPS CONTAINER FOR DISPOSAL, CAPACITY 200	Each	1 per 2 months	No	\$4.00	06/20/1990		Purchase only	Non-institutional only		
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Each	1 per 5 years	No	\$1,379.20	10/15/2006		Purchase only	Non-institutional only		
<b>DECUBITUS CARE EQUIPMENT</b>											
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY CONSUMER	Each	1 per year	No	\$31.28	05/25/1991		Purchase only	Non-institutional only	X -- A4640, E0181, E0185, E0197, E0198, E0199, E0371, E0372	
E0181	PRESSURE PAD, ALTERNATING, WITH PUMP, HEAVY DUTY	Each	1 per 4 years	No	\$148.00	05/01/1990		Purchase only	Non-institutional only	X -- A4640, E0181, E0185, E0197, E0198, E0199, E0371, E0372	
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Each	1 per 4 years	No	\$105.00	11/01/1992		Purchase only	Non-institutional only		
E0184	DRY PRESSURE MATTRESS	Each	1 per 4 years	No	\$194.70	09/01/2005	\$463.00	Purchase only	Non-institutional only	X -- E0184, E0186, E0187, E0196, E0277, E0373	
E0185	GEL PRESSURE PAD FOR MATTRESS	Each	1 per 2 years	No	\$102.00	05/01/1990		Purchase only	Non-institutional only	X -- A4640, E0181, E0185, E0197, E0198, E0199, E0371, E0372	
E0186	AIR PRESSURE MATTRESS	Each	1 per 2 years	Yes	\$219.74	04/01/2006	PA	Purchase only	Non-institutional only	X -- E0184, E0186, E0187, E0196, E0277, E0373	
E0187	WATER PRESSURE MATTRESS (E.G., AQUAPEDIC)	Each	1 per 2 years	No	\$231.00	12/15/2002	\$463.00	Purchase only	Non-institutional only	X -- E0184, E0186, E0187, E0196, E0277, E0373	
E0188	SYNTHETIC SHEEPSKIN PAD, WHEELCHAIR SIZE	Each	2 per 6 months	No	\$5.00	05/01/1990	\$53.00	Purchase only	Non-institutional only		
E0189	LAMBSWOOL/SHEEPSKIN PAD, ANY BED SIZE	Each	2 per year	No	\$43.95	07/01/2002	\$463.00	Purchase only	Non-institutional only		
E0191	HEEL OR ELBOW PROTECTOR	Each	4 per 6 months	No	\$9.00	04/01/2001	\$5.55	Purchase only	Non-institutional only		
E0193	POWERED FLOTATION BED (LOW AIR LOSS THERAPY)	Day	180 per year	No	\$32.50	01/01/1992		Rental only	Non-institutional only	X -- E0193, E0194	
E0194	AIR FLUIDIZED BED (BEAD BED)	Day	180 per year	Yes	\$38.00	01/01/1992		Rental only	Non-institutional only	X -- E0193, E0194	
E0196	GEL PRESSURE MATTRESS	Each	1 per 4 years	No	\$351.69	04/01/2006	PA	Purchase only	Non-institutional only	X -- E0184, E0186, E0187, E0196, E0277, E0373	
E0197	AIR PRESSURE PAD FOR MATTRESS	Each	1 per 4 years	No	\$199.42	04/01/2006	PA	Purchase only	Non-institutional only	X -- A4640, E0181, E0185, E0197, E0198, E0199, E0371, E0372	
E0198	WATER PRESSURE PAD FOR MATTRESS	Each	1 per 4 years	Yes	\$177.26	07/26/2007	PA	Purchase only	Non-institutional only	X -- A4640, E0181, E0185, E0197, E0198, E0199, E0371, E0372	
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (E.G., EGG CRATE)	Each	1 per year	No	\$20.00	05/25/1991		Purchase only	Non-institutional only	X -- A4640, E0181, E0185, E0197, E0198, E0199, E0371, E0372	
E0277	ALTERNATING PRESSURE MATTRESS	Each	1 per 4 years	Yes	\$7,615.20	04/01/2006	PA	Rental / purchase	Non-institutional only	X -- E0184, E0186, E0187, E0196, E0277, E0373	
E0371	NONPOWER ADVANCED PRESSURE-REDUCING MATTRESS OVERLAY	Each	1 per 4 years	Yes	\$4,644.81	04/01/2006	PA	Rental / purchase	Non-institutional only	X -- A4640, E0181, E0185, E0197, E0198, E0199, E0371, E0372	
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH	Each	1 per 4 years	Yes	\$5,838.28	04/01/2006	PA	Rental / purchase	Non-institutional only	X -- A4640, E0181, E0185, E0197, E0198, E0199, E0371, E0372	
E0373	NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS	Each	1 per 4 years	Yes	\$6,651.27	04/01/2006	PA	Rental / purchase	Non-institutional only	X -- E0184, E0186, E0187, E0196, E0277, E0373	
<b>HOSPITAL BEDS</b>											
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	1 per 8 years	Yes	\$677.00	05/25/1991		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0271, E0272, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	1 per 8 years	No	\$580.00	05/25/1991		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0260	HOSPITAL BED, SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	1 per 8 years	Yes	\$989.00	05/01/1990		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0271, E0272, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0261	HOSPITAL BED, SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	1 per 8 years	Yes	\$892.00	05/25/1991		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0271	MATTRESS, INNERSPRING	Each	1 per 4 years	No	\$97.00	05/01/1990		Purchase only	Non-institutional only	X -- E0255, E0260, E0271, E0272, E0292, E0294, E0302, E0303, E0304	
E0272	MATTRESS, FOAM RUBBER	Each	1 per 4 years	No	\$92.00	05/01/1990		Purchase only	Non-institutional only	X -- E0255, E0260, E0271, E0272, E0292, E0294, E0302, E0303, E0304	
E0275	BED PAN, STANDARD, METAL OR PLASTIC	Each	1 per 4 years	No	\$4.00	05/01/1990		Purchase only	Non-institutional only	X -- E0275, E0276	
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Each	1 per 4 years	No	\$3.00	05/01/1990		Purchase only	Non-institutional only	X -- E0275, E0276	



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E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Each	1 per 8 years	Yes	\$567.00	05/25/1991		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0271, E0272, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	1 per 8 years	Yes	\$470.00	05/25/1991		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	Each	1 per 8 years	Yes	\$879.00	05/25/1991		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0271, E0272, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	1 per 8 years	Yes	\$782.00	05/25/1991		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	1 per 8 years	Yes	\$2,096.80	01/01/2005	\$97.00	Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0302	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	1 per 8 years	Yes	\$5,723.50	01/01/2005		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	1 per 8 years	Yes	\$2,431.80	01/01/2005		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0271, E0272, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0304	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	1 per 8 years	Yes	\$6,165.40	01/01/2005		Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0271, E0272, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Each	1 per 8 years	Yes	\$5,560.00	09/01/2013	\$1,300.00	Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0271, E0272, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Each	1 per 8 years	Yes	\$6,000.00	09/01/2013	\$1,600.00	Rental / purchase	Non-institutional only	X -- E0255, E0256, E0260, E0261, E0271, E0272, E0292, E0293, E0294, E0295, E0301, E0302, E0303, E0304, E0328, E0329	
<b>TRACTION EQUIPMENT AND HOSPITAL BED ACCESSORIES</b>											
E0305	BED, SIDE RAILS, HALF LENGTH, ATTACHMENT	Each	2 per 8 years	No	\$185.01	01/01/2010	\$185.02	Purchase only	Non-institutional only	X -- E0305, E0310	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.
E0310	BED, SIDE RAILS, FULL LENGTH, ATTACHMENT	Each	2 per 8 years	No	\$143.74	04/01/2009	\$155.31	Purchase only	Non-institutional only	X -- E0305, E0310	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.
E0325	URINAL; MALE, JUG TYPE, ANY MATERIAL	Each	1 per 4 years	No	\$2.50	05/01/1990		Purchase only	Non-institutional only		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.
E0326	URINAL; FEMALE, JUG TYPE, ANY MATERIAL	Each	1 per 4 years	No	\$3.50	05/01/1990		Purchase only	Non-institutional only		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.
E0840	TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION	Each	1 per 8 years	No	\$58.62	07/26/2007	\$42.21	Purchase only	Non-institutional only	X -- E0840, E0850, E0860, E0920, E0930, E0946, E0948	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.
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	Each	1 per 8 years	No	\$84.05	07/26/2007	\$64.56	Purchase only	Non-institutional only	X -- E0840, E0850, E0860, E0920, E0930, E0946, E0948	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.
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE	Each	1 per 8 years	No	\$30.82	07/26/2007	\$15.35	Purchase only	Non-institutional only	X -- E0840, E0850, E0860, E0920, E0930, E0946, E0948	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.
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)	Each	1 per 8 years	No	\$93.05	07/26/2007	\$115.73	Purchase only	Non-institutional only	X -- E0870, E0880, E0920, E0930	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	1 per 8 years	No	\$100.43	07/26/2007	\$94.00	Purchase only	Non-institutional only	X -- E0870, E0880, E0920, E0930	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.
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	Each	1 per 8 years	No	\$96.33	07/26/2007	\$75.25	Purchase only	Non-institutional only		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.
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G. BUCK'S)	Each	1 per 8 years	No	\$102.50	07/26/2007	\$79.39	Purchase only	Non-institutional only		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.
E0910	TRAPEZE BAR, BED MOUNTED WITH GRAB BAR	Each	1 per 8 years	No	\$208.00	07/26/2007	\$101.00	Purchase only	Non-institutional only	X -- E0910, E0912, E0940	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.
E0912	TRAPEZE BAR, HEAVY DUTY, FREE STANDING	Each	1 per 8 years	No	\$1,190.49	07/26/2007	\$91.58	Purchase only	Non-institutional only	X -- E0910, E0912, E0940	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.
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	Each	1 per 8 years	No	\$479.86	07/26/2007	\$315.00	Purchase only	Non-institutional only	X -- E0870, E0880, E0920, E0930	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.
E0930	FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS	Each	1 per 8 years	No	\$475.17	07/26/2007	\$352.00	Purchase only	Non-institutional only	X -- E0870, E0880, E0920, E0930	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	PASSIVE MOTION EXROISE DEVICE; (Total Knee Replacement only)	Day	21 per medical event	No	\$18.18	04/01/2006	\$75.00	Rental only	Non-institutional only		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.
E0940	TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR	Each	1 per 8 years	No	\$361.61	07/26/2007	\$130.00	Purchase only	Non-institutional only	X -- E0910, E0912, E0940	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.
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	Each	1 per year	No	\$451.46	07/26/2007	\$430.54	Rental / purchase	Non-institutional only		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	1 per medical event	No	\$15.88	07/26/2007	\$7.44	Purchase only	Non-institutional only		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	1 per medical event	No	\$36.70	07/26/2007	\$22.40	Purchase only	Non-institutional only		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.
E0945	EXTREMITY BELT/HARNESS	Each	1 per medical event	No	\$35.46	07/26/2007	\$37.07	Purchase only	Non-institutional only		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	1 per medical event	Yes	\$615.26	07/26/2007	\$509.18	Rental / purchase	Non-institutional only	X -- E0840, E0850, E0860, E0946, E0948	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.
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	Each	1 per medical event	Yes	\$485.17	07/26/2007	\$463.94	Rental / purchase	Non-institutional only		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	1 per medical event	Yes	\$469.27	07/26/2007	\$448.74	Rental / purchase	Non-institutional only	X -- E0840, E0850, E0860, E0946, E0948	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.
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/ FLEXION DEVICE	Each	1 per medical event	No	\$65.39	04/01/2006	NC	Purchase only	Non-institutional only		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.

NC -- No coverage  
 PA -- Payment by prior authorization

C -- Items to which the same limit applies both individually and in combination  
 X -- Items that are mutually exclusive

HCP/CS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES
Y2090	HOME HEMODIALYSIS FOR ESRD	Each	1 per month	No	\$1,200.00	05/01/1990		Rental only	Non-institutional only	X -- Y2090, Y2091, Y2092	All supplies and equipment for home dialysis are to be reported under a single code.
Y2091	CPD HOME DIALYSIS	Each	1 per month	No	\$1,200.00	05/01/1990		Rental only	Non-institutional only	X -- Y2090, Y2091, Y2092	All supplies and equipment for home dialysis are to be reported under a single code.
Y2092	CPD HOME DIALYSIS	Each	1 per month	No	\$1,500.00	09/05/1990		Rental only	Non-institutional only	X -- Y2090, Y2091, Y2092	All supplies and equipment for home dialysis are to be reported under a single code.
<b>ENTERAL AND PARENTERAL NUTRITION THERAPY (FORMULA, SOLUTION, FEEDING TUBES, SUPPLIES)</b>											
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	Each	1 per day	No	\$3.72	01/01/2010	\$3.84	Purchase only	Non-institutional only	X -- B4034, B4035, B4036	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Each	1 per day	No	\$6.79	01/01/2010	\$7.00	Purchase only	Non-institutional only	X -- B4034, B4035, B4036	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCLUDES BAGS/CONTAINERS)	Each	1 per day	No	\$4.85	01/01/2010	\$5.00	Purchase only	Non-institutional only	X -- B4034, B4035, B4036	
B4081	NASOGASTRIC TUBING WITH STYLET	Each	2 per month	No	\$19.19	01/01/2010	\$19.78	Purchase only	Non-institutional only	X -- B4081, B4082, B4087, B4088	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Each	2 per month	No	\$14.29	01/01/2010	\$14.73	Purchase only	Non-institutional only	X -- B4081, B4082, B4087, B4088	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4083	STOMACH TUBE, LEVINE TYPE	Each	8 per month	No	\$2.05	01/01/2010	\$2.11	Purchase only	Non-institutional only		
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD	Each	4 per year	No	\$29.66	01/01/2010	\$30.58	Purchase only	Non-institutional only	X -- B4081, B4082, B4087, B4088	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE	Each	4 per year	No	\$108.64	01/01/2010	\$112.00	Purchase only	Non-institutional only	X -- B4081, B4082, B4087, B4088	
B4100	FOOD THICKENER, ORAL, PER OUNCE	Each	30 units per day	No	\$0.65	01/01/2016	PA	Purchase only	Non-institutional only		
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	20 units per day	No	\$0.61	01/01/2010	\$0.63	Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	20 units per day	No	\$0.51	01/01/2010	\$0.53	Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	20 units per day	No	\$1.75	01/01/2010	\$1.80	Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
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	20 units per day	No	\$1.12	01/01/2010	\$1.15	Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	20 units per day	No	\$0.87	01/01/2010	\$0.90	Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
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	20 units per day	No	PA	01/01/2005		Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	20 units per day	Yes	PA	01/01/2005		Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	20 units per day	No	PA	01/01/2005		Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
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	20 units per day	Yes	PA	01/01/2005		Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
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	20 units per day	Yes	PA	01/01/2005	\$0.00	Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	20 units per day	No	PA	01/01/2005		Purchase only	Non-institutional only		Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, COMPLETE - PER DAY	Each	1 per day	No	\$4.53	01/01/2010	\$4.67	Purchase only	Non-institutional only	X -- B4220, B4222	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; HOMEMIX, COMPLETE - PER DAY	Each	1 per day	No	\$6.95	01/01/2010	\$7.17	Purchase only	Non-institutional only	X -- B4220, B4222	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, COMPLETE	Each	1 per day	No	\$14.55	01/01/2010	\$15.00	Purchase only	Non-institutional only		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.

HCPCS CODE	DESCRIPTION AND PARENTERAL NUTRITION PUMPS (INCLUDING POLES)	UNIT	LIMIT	PRIOR AUTHORIZA- TION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	EACH	1 per 8 years	No	\$485.00	01/01/2010	\$500.00	Rental / purchase	Non-institutional only	X -- B9000, B9002, B9004, B9006	
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	EACH	1 per 8 years	No	\$679.00	01/01/2010	\$700.00	Rental / purchase	Non-institutional only	X -- B9000, B9002, B9004, B9006	
B9004	PARENTERAL NUTRITION INFUSION PUMP - PORTABLE	EACH	1 per 8 years	No	\$2,170.86	01/01/2010	\$2,238.00	Rental / purchase	Non-institutional only	X -- B9000, B9002, B9004, B9006	
B9006	PARENTERAL NUTRITION INFUSION PUMP - STATIONARY	EACH	1 per 8 years	No	\$2,170.86	01/01/2010	\$2,238.00	Rental / purchase	Non-institutional only	X -- B9000, B9002, B9004, B9006	
B9998	ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED			Yes	PA	05/01/1990		Purchase only	Non-institutional only		
B9999	PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED			Yes	PA	05/01/1990		Purchase only	Non-institutional only		
<b>INFUSION PUMP EQUIPMENT (NON-NUTRITION) AND ACCESSORIES</b>											
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR	Each	1 per day	No	\$12.73	04/01/1993		Purchase only	Non-institutional only		
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 5 ML OR LESS PER HOUR	Each	1 per day	No	\$12.73	04/01/1993		Purchase only	Non-institutional only		
E0776	IV POLE (IF PUMP IS AUTHORIZED, PAYMENT FOR POLE IS INCLUDED IN PUMP RENTAL)	Each	1 per 8 years	No	\$75.00	05/01/1990		Purchase only	Non-institutional only		
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Each	1 per day	No	\$8.73	01/01/1992	\$4.35	Rental only	Non-institutional only		
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Each	1 per 8 years	Yes	\$4,000.00	01/01/1996		Rental / purchase	Non-institutional only		
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL (NON-NUTRITION) (INCLUDING POLE)	Each	1 per day	No	\$8.73	05/01/1990		Rental only	Non-institutional only		
<b>INFUSION SUPPLIES</b>											
A4221	SUPPLIES FOR MAINTENANCE OF A DRUG INFUSION CATHETER, PER WEEK	Set	4 per month	No	\$20.55	01/01/1998		Purchase only	Non-institutional only		
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)	Set	60 per month	No	\$40.00	01/01/2005	\$22.00	Purchase only	Non-institutional only		
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	Set	30 per month	No	\$15.00	01/01/2005		Purchase only	Non-institutional only		
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	Set	30 per month	No	\$8.66	03/29/2007	\$4.00	Purchase only	Non-institutional only	X -- A4230, A4231	
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE STYLE	Set	30 per month	No	\$5.27	03/29/2007	\$4.00	Purchase only	Non-institutional only	X -- A4230, A4231	
A4232	SYRINGE W/ NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE 3CC	Each	30 per month	No	\$4.00	10/15/2006	NC	Purchase only	Non-institutional only		
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	Set	30 per month	No	\$5.00	10/01/2004		Purchase only	Non-institutional only		
K0552	SUPPLIES FOR EXT. DRUG INFUSION PUMP, SYRINGE, CART, EA	Each	30 per month	No	\$2.65	10/15/2006	NC	Purchase only	Non-institutional only		
<b>HEAT / COLD APPLICATION</b>											
A4265	PARAFFIN FOR USE IN MEDICALLY NECESSARY UNIT APPROVED BY THE DEPARTMENT, REFILL	Pound	2 per month	No	\$3.37	12/15/2002	\$18.31	Purchase only	Non-institutional only		
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Each	1 per lifetime	No	\$95.50	01/01/1998		Rental only	Non-institutional only		
E0210	ELECTRIC HEAT PAD, STANDARD	Each	1 per 5 years	No	\$15.09	05/01/1990		Purchase only	Non-institutional only	X -- E0210, E0215	
E0215	ELECTRIC HEAT PAD, MOIST	Each	1 per 5 years	No	\$25.00	05/01/1990		Purchase only	Non-institutional only	X -- E0210, E0215	
A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	Each	1 per 5 years	No	\$7.50	01/01/2011		Purchase only	Non-institutional only		
E0235	PARAFFIN BATH UNIT, PORTABLE COMPLETE WITH WAX	Each	1 per 5 years	No	\$133.00	05/01/1990		Purchase only	Non-institutional only		
<b>COMMODOE CHAIRS</b>											
E0163	COMMODOE CHAIR, STATIONARY WITH FIXED ARMS	Each	1 per 5 years	No	\$52.80	05/01/1990		Purchase only	Non-institutional only	X -- E0163, E0165, E0168	
E0165	COMMODOE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS	Each	1 per 5 years	No	\$104.00	05/01/1990		Purchase only	Non-institutional only	X -- E0163, E0165, E0168	
E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR (REPLACEMENT ONLY)	Each	1 per year	No	\$5.25	05/01/1990		Purchase only	Non-institutional only		
E0168	EXTRA WIDE/HEAVY DUTY COMMODOE CHAIR	Each	1 per 5 years	No	\$129.56	01/01/2001		Purchase only	Non-institutional only	X -- E0163, E0165, E0168	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.
<b>BATH AND TOILET AIDS</b>											
E0241	BATHROOM WALL RAIL, STRAIGHT	Each	1 per 5 years	No	\$24.00	01/01/1997		Purchase only	Non-institutional only		
E0243	TOILET RAIL	Each	1 per 5 years	No	\$40.00	04/01/1999	\$34.59	Purchase only	Non-institutional only		
E0244	RAISED TOILET SEAT	Each	1 per 5 years	No	\$49.25	04/01/1999		Purchase only	Non-institutional only		
E0245	TUB STOOL OR BENCH (ANY TYPE)	Each	1 per 5 years	No	\$45.00	01/01/1997		Purchase only	Non-institutional only		
E0246	TRANSFER TUB RAIL ATTACHMENT	Each	1 per 5 years	No	\$57.90	04/01/2006		Purchase only	Non-institutional only		
E0247	TRANSFER BENCH FOR TUB OR TOILET	Each	1 per 5 years	No	\$80.00	10/01/2004		Purchase only	Non-institutional only	X -- E0247, E0248	
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET	Each	1 per 5 years	No	\$80.00	10/01/2004	NC	Purchase only	Non-institutional only	X -- E0247, E0248	
<b>TRACHEOSTOMY CARE</b>											
A4463	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	Each	100 per month	No	\$4.15	01/01/2005	NC	Purchase only	Non-institutional only		
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)	Each	30 per month	No	\$4.38	01/01/1994		Purchase only	Non-institutional only		
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY (CLEANING STARTER KIT)	Each	30 per month	No	\$3.55	01/01/1996	\$2.40	Purchase only	Non-institutional only		This item is covered only for the first two weeks following open surgical tracheostomy.
A4626	TRACHEOSTOMY CLEANING BRUSH	Each	10 per month	No	\$1.38	01/01/1993		Purchase only	Non-institutional only		
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Each	30 per month	No	\$2.55	01/01/1996		Purchase only	Non-institutional only		

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 X -- Items that are mutually exclusive

HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES
A7504	FILTER FOR USE IN A TRACHEOSTOMY HEAT AND MOISTURE EXCHANGE SYSTEM	Each	100 per month	No	\$0.54	10/01/2004	NC	Purchase only	Non-institutional only		
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE	Each	4 per month	No	\$3.74	10/01/2004	NC	Purchase only	Non-institutional only		
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE	Each	100 per month	No	\$0.26	10/01/2004	NC	Purchase only	Non-institutional only		
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Each	100 per month	No	\$1.99	10/01/2004	NC	Purchase only	Non-institutional only	X -- A7507, A7509	
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE	Each	100 per month	No	\$2.30	10/01/2004	NC	Purchase only	Non-institutional only		
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Each	100 per month	No	\$1.13	10/01/2004	NC	Purchase only	Non-institutional only	X -- A7507, A7509	
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL	Each	2 per month	No	\$47.48	10/01/2004		Purchase only	Non-institutional only	X -- A7520, A7521, A7522	
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL -- "CUSTOM-MADE"	Each	2 per month	Yes	\$389.55	04/01/2016		Purchase only	Non-institutional only	X -- A7520, A7521, A7522	
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL	Each	2 per month	No	\$47.05	10/01/2004		Purchase only	Non-institutional only	X -- A7520, A7521, A7522	
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL -- "CUSTOM-MADE"	Each	2 per month	Yes	\$404.25	04/01/2016		Purchase only	Non-institutional only	X -- A7520, A7521, A7522	
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)	Each	2 per month	No	\$45.16	10/01/2004		Purchase only	Non-institutional only	X -- A7520, A7521, A7522	
A7525	TRACHEOSTOMY MASK	Each	4 per month	No	\$1.39	10/01/2004		Purchase only	Non-institutional only		
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER	Each	15 per month	No	\$3.00	10/01/2004		Purchase only	Non-institutional only		This item is not payable in conjunction with tape. Only one type of tracheostomy tie is medically necessary.
<b>MISCELLANEOUS RESPIRATORY CARE SUPPLIES</b>											
A4616	TUBING, AEROSOL, (PER FOOT)	Foot	15 per month	No	\$0.05	01/01/2008	\$0.25	Purchase only	Non-institutional only		
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	4 per month	No	\$2.15	01/01/2000		Purchase only	Non-institutional only		
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	4 per month	No	\$1.44	10/01/2004		Purchase only	Non-institutional only		
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	Each	2 per year	No	\$20.00	01/01/2000		Purchase only	Non-institutional only		
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Each	4 per month	No	\$8.00	01/01/2000		Purchase only	Non-institutional only		
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	Each	4 per month	No	\$4.00	10/01/2004		Purchase only	Non-institutional only		
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Each	4 per month	No	\$1.80	01/01/2000		Purchase only	Non-institutional only		
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	Each	4 per month	No	\$1.63	07/01/2002	\$1.67	Purchase only	Non-institutional only		
E0605	VAPORIZER, ROOM TYPE	Each	1 per 4 years	No	\$20.00	05/01/1990		Purchase only	Non-institutional only		
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER, WITH MASK (SEE A4627 FOR SPACER)	Each	1 per year	No	\$8.00	04/01/2006	NC	Purchase only	Non-institutional only		
<b>VENTILATORS, CPAP, AND OTHER RESPIRATORY EQUIPMENT</b>											
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR PAP	Each	1 per year	No	\$53.40	02/08/2016		Purchase only	Non-institutional only		
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	1 per year	Yes	\$100.00	05/01/1990		Purchase only	Non-institutional only		
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	1 per 2 years	Yes	\$60.00	05/01/1990		Purchase only	Non-institutional only		
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	1 per 3 years	Yes	\$60.00	05/01/1990		Purchase only	Non-institutional only		
A4618	BREATHING CIRCUITS, IPPB (FOR CONSUMER-OWNED IPPB ONLY)	Each	4 per month	Yes	\$2.60	05/01/1990		Purchase only	Non-institutional only		
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, ONLY FOR ADDITIONAL FAMILY MEMBER USING EQUIPMENT	Each	1 per lifetime	Yes	\$400.00	10/01/2004		Purchase only	Non-institutional only		
A7030	FULL FACEMASK INTERFACE, CPAP	Each	1 per year	No	\$113.18	04/01/2006	NC	Purchase only	Non-institutional only		
A7031	FACE MASK INTERFACE, REPLACEMENT FULL FACE MASK	Each	1 per year	No	\$51.12	02/08/2016		Purchase only	Non-institutional only		
A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	Each	2 per year	No	\$21.36	10/01/2004		Purchase only	Non-institutional only		
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	Pair	2 per year	No	\$21.36	10/01/2004		Purchase only	Non-institutional only		
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	Each	1 per year	No	\$66.71	10/01/2004		Purchase only	Non-institutional only		
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	1 per year	No	\$34.95	04/01/2003		Purchase only	Non-institutional only		
A7036	CHINSTRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	2 per year	No	\$13.60	04/01/2003		Purchase only	Non-institutional only		
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	1 per year	No	\$28.75	04/01/2003		Purchase only	Non-institutional only		
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	1 per month	No	\$3.25	04/01/2003		Purchase only	Non-institutional only		
A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	4 per year	No	\$12.30	04/01/2003		Purchase only	Non-institutional only		
Y2032	BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS)	Each	1 per month	Yes	\$375.00	05/01/1990		Rental only	All		
E0457	CHEST SHELL (CUIRASS)	Each	1 per 8 years	No	\$450.00	05/01/1990		Purchase only	Non-institutional only		
E0459	CHEST WRAP	Each	1 per 8 years	No	\$352.00	05/01/1990		Purchase only	Non-institutional only		
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G. TRACHEOSTOMY TUBE)	Each	1 per month	No	\$900.00	01/01/2016		Rental only	All		
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK, CHEST SHELL)	Each	1 per month	No	\$900.00	01/01/2016		Rental only	All		

NC -- No coverage  
PA -- Payment by prior authorization

C -- Items to which the same limit applies both individually and in combination  
X -- Items that are mutually exclusive

HCP CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP)	Each	1 per 5 years	Yes	\$1,900.00	10/01/2004		Rental / purchase	Non-institutional only		
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP)	Each	1 per month	Yes	\$320.00	10/01/2004		Rental only	Non-institutional only	X -- E0471, E0472	
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP)	Each	1 per month	No	\$320.00	10/01/2004		Rental only	Non-institutional only	X -- E0471, E0472	
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Each	1 per 3 years	No	\$321.00	05/01/1990		Purchase only	Non-institutional only		
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	Each	1 per 8 years	No	\$4,724.50	10/01/2004		Rental / purchase	Non-institutional only		
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Each	1 per 8 years	Yes	\$3,440.00	01/01/2005	NC	Rental / purchase	Non-institutional only		
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (INCLUDES HOSES AND VEST)	Each	1 per lifetime	No	\$12,190.00	10/01/2004		Rental / purchase	Non-institutional only		This item may be covered only for individuals with a diagnosis of cystic fibrosis when other treatments have not been effective.
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION	Each	1 per month	No	\$65.00	04/01/1992		Rental only	Non-institutional only		
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	1 per 4 years	No	\$92.00	04/01/2009	\$106.30	Purchase only	Non-institutional only	X -- E0561, E0562	
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	1 per 4 years	Yes	\$225.92	10/01/2004		Purchase only	Non-institutional only	X -- E0561, E0562	
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Each	1 per 4 years	Yes	\$775.00	04/01/1992		Rental / purchase	Non-institutional only		
<b>OXYGEN SUPPLIES</b>											
A4617	MOUTH PIECE	Each	1 per 2 months	No	\$1.00	05/01/1990		Purchase only	Non-institutional only		
A4619	OXYGEN FACE TENT	Each	6 per month	No	\$1.21	01/01/2002	\$1.89	Purchase only	Non-institutional only		
A4620	VARIABLE CONCENTRATION MASK	Each	6 per month	No	\$0.62	04/01/2009	\$0.69	Purchase only	Non-institutional only		
E0455	OXYGEN TENT/CANOPY (REPLACEMENT FOR RECIPIENT- OWNED EQUIPMENT)	Each	6 per month	No	\$8.00	05/01/1990		Purchase only	Non-institutional only		
<b>HUMIDIFIERS / NEBULIZERS FOR USE WITH OXYGEN IPPB EQUIPMENT AND COMPRESSORS</b>											
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	Each	1 per 8 years	No	\$27.70	09/01/2005	\$36.92	Purchase only	Non-institutional only		
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT NOT SELF-CONTAINED OR CYLINDER	Each	1 per 4 years	Yes	\$525.00	04/01/1996	\$155.00	Rental / purchase	Non-institutional only		
E0570	NEBULIZER, W/COMPRESSOR, (PULMO-AID)	Each	1 per 5 years	No	\$133.00	01/01/1992	\$123.00	Purchase only	Non-institutional only		This item is covered without prior authorization for individuals 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.
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	Each	1 per 4 years	No	\$430.00	04/01/1996	\$500.00	Purchase only	Non-institutional only		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	2 per year	No	\$115.00	05/01/1990		Purchase only	Non-institutional only		A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription.
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Each	1 per 4 years	No	\$118.00	05/01/1990		Purchase only	Non-institutional only		
<b>SUCTION PUMPS AND SUCTIONING SUPPLIES</b>											
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	Each	10 per month	No	\$13.12	01/01/2005		Purchase only	Non-institutional only	X -- A4624, A4605	A claim may be submitted for only one type of tracheal suction catheter per month.
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, ADULT	Each	150 per month	No	\$0.80	05/01/1990		Purchase only	Non-institutional only	X -- A4624, A4605	A claim may be submitted for only one type of tracheal suction catheter per month.
A4628	OROPHARYNGEAL SUCTION CATHETER	Each	4 per month	No	\$2.70	01/01/1996		Purchase only	Non-institutional only		
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	Each	3 per month	No	\$7.50	01/01/2000		Purchase only	Non-institutional only		
A7002	TUBING, USED WITH SUCTION PUMP, INCLUDING CONNECTOR/ADAPTOR	Each	4 per month	No	\$3.75	01/01/2000		Purchase only	Non-institutional only		
E0600	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE	Each	1 per 4 years	No	\$217.00	05/01/1990		Purchase only	Non-institutional only		
<b>MONITORING EQUIPMENT</b>											
A4556	ELECTRODES, PER PAIR (E.G., APNEA MONITOR)	Pair	1 per month	No	\$9.41	10/01/2004		Purchase only	Non-institutional only		No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4557	LEAD WIRES, PER PAIR (E.G. APNEA MONITOR)	Pair	1 per month	No	\$16.36	10/01/2004		Purchase only	Non-institutional only		No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4558	CONDUCTIVE PASTE OR GEL	Each	1 per month	No	\$4.23	10/01/2004		Purchase only	Non-institutional only		No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	Each	4 per year	Yes	PA	10/01/2004		Purchase only	Non-institutional only		
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF & STETHOSCOPE	Set	1 per 8 years	No	\$30.00	05/01/1990		Purchase only	Non-institutional only	X -- A4660, A4670	
A4663	BLOOD PRESSURE CUFF ONLY (REPLACEMENT)	Each	1 per 8 years	No	\$13.00	05/01/1990		Purchase only	Non-institutional only		
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	Each	1 per 8 years	No	\$47.00	05/01/1990		Purchase only	Non-institutional only	X -- A4660, A4670	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Each	1 per 5 years	Yes	\$2,250.00	03/29/2007	PA	Rental / purchase	Non-institutional only		
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, & SUPPLIES	Each	1 per 5 years	No	\$2,626.50	10/15/2006	\$250.00	Rental / purchase	Non-institutional only	X -- E0618, E0619	
E0619	APNEA MONITOR WITH RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, SUPPLIES & DOWNLOADS	Each	1 per 5 years	Yes	\$2,833.65	10/15/2006	\$265.00	Rental / purchase	Non-institutional only	X -- E0618, E0619	

HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES
<b>PNEUMATIC COMPRESSORS AND APPLIANCES (LYMPHEDEMA PUMP)</b>											
E0650	PNEUMATIC COMPRESSOR, NONSEGMENTAL, HOME MODEL (LYMPHEDEMA PUMP)	Each	1 per 5 years	No	\$510.00	01/01/1994		Rental / purchase	Non-institutional only	X -- E0650, E0651	
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	Each	1 per 5 years	No	\$776.80	07/01/2002		Rental / purchase	Non-institutional only	X -- E0650, E0651	
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	Each	1 per 2 years	Yes	\$77.50	01/01/1994		Purchase only	Non-institutional only		
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	1 per 2 years	No	\$135.12	07/01/2002		Purchase only	Non-institutional only		
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	1 per 2 years	Yes	\$101.50	01/01/1994		Purchase only	Non-institutional only		
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	1 per 2 years	No	\$95.00	01/01/1994		Purchase only	Non-institutional only		
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	1 per 2 years	No	\$172.30	01/01/1994		Purchase only	Non-institutional only		
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	1 per 2 years	No	\$150.00	01/01/1994		Purchase only	Non-institutional only		
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	1 per 2 years	No	\$143.75	01/01/1994		Purchase only	Non-institutional only		
<b>PORTABLE LIFTS</b>											
E0621	SLING OR SEAT FOR PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)	Each	1 per 2 years	No	\$89.70	01/01/1999	\$75.00	Purchase only	Non-institutional only		This item is covered only for a lift owned by the individual.
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	Each	1 per 6 years	No	\$447.00	05/01/1990		Purchase only	Non-institutional only		
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING, PORTABLE, COMPLETE	Each	1 per 6 years	No	\$952.00	01/01/1996	\$800.00	Purchase only	Non-institutional only		
<b>TENS UNITS AND OTHER STIMULATORS</b>											
A4595	TENS SUPPLIES, FOR 2 OR 4 LEAD (FOR A RECIPIENT-OWNED UNIT)	Each	1 per month	No	\$25.00	01/01/1996		Purchase only	Non-institutional only		No separate payment is made for TENS supplies during any month in which a TENS unit is rented.
E0720	TENS UNIT, TWO LEAD, LOCALIZED STIMULATION (INCLUDES SUPPLIES DURING RENTAL)	Each	1 per 4 years	No	\$300.00	05/01/1990		Rental / purchase	Non-institutional only	X -- E0720, E0730	All TENS units must include a battery charger and battery pack.
E0730	TENS UNIT, FOUR LEAD, LARGE AREA/MULTIPLE NERVE STIMULATION (INCLUDES SUPPLIES DURING RENTAL)	Each	1 per 4 years	No	\$322.39	03/31/1994		Rental / purchase	Non-institutional only	X -- E0720, E0730	All TENS units must include a battery charger and battery pack.
E0747	OSTEOGENESIS STIMULATOR, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS	Each	1 per 8 years	Yes	\$1,750.00	04/01/1992		Purchase only	Non-institutional only	X -- E0747, E0748, E0760	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL	Each	1 per 8 years	Yes	\$1,750.00	08/01/1997		Purchase only	Non-institutional only	X -- E0747, E0748, E0760	
E0760	OSTEOGENESIS STIM, LOW INTEN U/S NON INVASIS	Each	1 per 8 years	Yes	\$1,750.00	10/15/2006	NC	Purchase only	Non-institutional only	X -- E0747, E0748, E0760	
<b>CANES, CRUTCHES, AND WALKERS</b>											
E0100	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Each	1 per 3 years	No	\$10.19	05/01/1990		Purchase only	Non-institutional only		
E0105	CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	Each	1 per 3 years	No	\$39.28	04/01/2006	\$27.50	Purchase only	Non-institutional only		
E0110	CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS	Pair	1 per 2 years	No	\$50.00	01/01/1992		Purchase only	Non-institutional only	X -- E0110, E0111, E0112, E0113, E0114, E0116	
E0111	CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS	Each	1 per 2 years	No	\$25.00	01/01/1992		Purchase only	Non-institutional only	X -- E0110, E0111, E0112, E0113, E0114, E0116	
E0112	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS	Pair	1 per 2 years	No	\$19.25	05/01/1990		Purchase only	Non-institutional only	X -- E0110, E0111, E0112, E0113, E0114, E0116	
E0113	CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS	Each	1 per 2 years	No	\$10.30	05/01/1990		Purchase only	Non-institutional only	X -- E0110, E0111, E0112, E0113, E0114, E0116	
E0114	CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS	Pair	1 per 2 years	No	\$23.85	05/01/1990		Purchase only	Non-institutional only	X -- E0110, E0111, E0112, E0113, E0114, E0116	
E0116	CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS	Each	1 per 2 years	No	\$11.95	05/01/1990		Purchase only	Non-institutional only	X -- E0110, E0111, E0112, E0113, E0114, E0116	
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS	Each	1 per 5 years	No	\$35.00	05/01/1990		Purchase only	Non-institutional only	X -- E0130, E0135, E0140, E0141, E0143, E0144	
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS	Each	1 per 5 years	No	\$47.00	02/17/1991		Purchase only	Non-institutional only	X -- E0130, E0135, E0140, E0141, E0143, E0144	
E0140	WALKER WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	Each	1 per 5 years	No	\$200.00	09/01/2005		Purchase only	Non-institutional only	X -- E0130, E0135, E0140, E0141, E0143, E0144	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	1 per 5 years	No	\$58.00	11/01/1992		Purchase only	Non-institutional only	X -- E0130, E0135, E0140, E0141, E0143, E0144	
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	1 per 5 years	No	\$66.00	05/01/1990		Purchase only	Non-institutional only	X -- E0130, E0135, E0140, E0141, E0143, E0144	
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	Each	1 per 5 years	No	\$150.00	10/01/2004	\$100.00	Purchase only	Non-institutional only	X -- E0130, E0135, E0140, E0141, E0143, E0144	
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	Each	1 per 5 years	No	\$150.00	05/01/1990	\$59.00	Purchase only	Non-institutional only	X -- E0147, E0148, E0149	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	Each	1 per 5 years	No	\$109.07	01/01/2001		Purchase only	Non-institutional only	X -- E0147, E0148, E0149	Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight.
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	Each	1 per 5 years	No	\$135.00	01/01/2001		Purchase only	Non-institutional only	X -- E0147, E0148, E0149	Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight.
<b>PARTS AND ACCESSORIES FOR CANES, CRUTCHES, AND WALKERS</b>											
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	Each	2 per year	No	\$1.50	05/25/1991		Purchase only	Non-institutional only		
A4636	HANDGRIP, REPLACEMENT, CANE, CRUTCH, OR WALKER, EACH	Each	4 per year	No	\$1.66	05/25/1991		Purchase only	Non-institutional only		
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH	Each	4 per year	No	\$1.90	05/25/1991		Purchase only	Non-institutional only		
E0154	PLATFORM ATTACHMENT, WALKER	Each	2 per 3 years	No	\$51.44	01/01/1999	\$31.25	Purchase only	Non-institutional only		
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PAIR	Pair	4 per 3 years	No	\$16.25	05/01/1990		Purchase only	Non-institutional only		
E0156	SEAT ATTACHMENT, WALKER	Each	1 per 3 years	No	\$15.00	05/01/1990		Purchase only	Non-institutional only		
E0157	CRUTCH ATTACHMENT, WALKER	Each	2 per 3 years	No	\$62.50	05/01/1990		Purchase only	Non-institutional only		
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR	Set of 4	4 per 3 years	No	\$12.64	05/01/1990		Purchase only	Non-institutional only		
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	Each	2 per 5 years	No	\$15.00	10/01/2004		Purchase only	Non-institutional only		

NC -- No coverage  
 PA -- Payment by prior authorization

C -- Items to which the same limit applies both individually and in combination  
 X -- Items that are mutually exclusive

HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES
<b>STANDING FRAMES AND GAIT TRAINERS</b>											
E0636	STANDING FRAME SYSTEM, ANY SIZE W/WO WHEELS	Each	1 per 5 years	Yes	PA	04/01/2006	NC	Purchase only	Non-institutional only		
E8000	GAIT TRAINER, PED, POST SUPP, INCL ACCES AND COMP	Each	1 per 5 years	Yes	PA	04/01/2006	NC	Purchase only	Non-institutional only	X -- E8000, E8001, E8002	This item may be covered only for individuals younger than 14 years.
E8001	GAIT TRAINER, PED, UP SUPP, INCL ACCES AND COMP	Each	1 per 5 years	Yes	PA	04/01/2006	NC	Purchase only	Non-institutional only	X -- E8000, E8001, E8002	This item may be covered only for individuals younger than 14 years.
E8002	GAIT TRAINER, PED, ANT SUPP, INCL ACCES AND COMP	Each	1 per 5 years	Yes	PA	04/01/2006	NC	Purchase only	Non-institutional only	X -- E8000, E8001, E8002	This item may be covered only for individuals younger than 14 years.
<b>WHIRLPOOL EQUIPMENT</b>											
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	Each	1 per 8 years	No	\$170.00	05/01/1990		Purchase only	Non-institutional only		
<b>REPAIR OF NON-WHEELCHAIR ITEMS</b>											
E1340	NON-ROUTINE SERVICING OF DME, LABOR, PER 15 MIN.	Each			\$11.00	07/01/2008	\$9.02				
E1399	MINOR REPAIR OF DME, <=\$100, WITHIN FREQUENCY LIMIT	Each	1 per 120 days	No	Supplier charge	05/01/1990			All		
E1399	MINOR REPAIR OF DME, <=\$100, OUTSIDE FREQUENCY LIMIT	Each	1 per 120 days	Yes	PA	05/01/1990			All		
E1399	MAJOR REPAIR OF DME, >\$100	Each		Yes	PA	05/01/1990			Non-institutional only		
E1399	MAJOR REPAIR OF DME, >\$100, LTCF	Each		Yes	PA	05/01/1990			LTCF only		
K0739	REPAIR OF DME OTHER THAN OXYGEN EQUIPMENT, LABOR, PER 15 MIN.	Each			\$11.00	01/01/2014			All		