

# CSI - Ohio

## The Common Sense Initiative

### Business Impact Analysis

Agency Name: Ohio Department of Medicaid (ODM)

Regulation/Package Title: BHPP DMEPOS 5160-10-03 and -20 for PA reassignment

Rule Number(s):

SUBJECT TO BUSINESS IMPACT ANALYSIS:

Amended: 5160-10-03 with appendix

To Be Rescinded: 5160-10-20 with appendix

New: 5160-10-20 with appendix

Date: September 23, 2015

Rule Type:

☒ New

☒ Amended

☐ 5-Year Review

☒ Rescinded

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. Under the CSI Initiative, agencies should balance the critical objectives of all regulations with the costs of compliance by the regulated parties. Agencies should promote transparency, consistency, predictability, and flexibility in regulatory activities. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

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## **Regulatory Intent**

**1. Please briefly describe the draft regulation in plain language.**

**Please include the key provisions of the regulation as well as any proposed amendments.**

Existing rule 5160-10-03, "Medical supplies and the medicaid supply list," sets forth coverage and payment policies for medical supplies and related services. Coverage and payment provisions are moved from the body of the rule to the revised appendix, prior authorization (PA) requirements are removed for certain items and services, and the reference to form ODM 01913 is updated.

Existing rule 5160-10-20, "Covered orthotic and prosthetic services and associated limitations," sets forth coverage and payment policies for orthotic devices, prosthetic devices, and related services. It is being rescinded and replaced by a new rule of the same number.

New rule 5160-10-20, "Orthotic devices, prosthetic devices, and related services," sets forth coverage and payment policies for orthotic devices, prosthetic devices, and related services. It replaces a rescinded rule of the same number. The body of the rule is streamlined, and prior authorization (PA) requirements are removed for certain items and services listed in the revised appendix.

**2. Please list the Ohio statute authorizing the Agency to adopt this regulation.**

The Ohio Department of Medicaid (ODM) is promulgating these rules under section 5164.02 of the Ohio Revised Code.

**3. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?**

**If yes, please briefly explain the source and substance of the federal requirement.**

The changes in these rules are not being made in response to a federal requirement. Elimination of prior authorization of payment for certain items and services is a recent ODM initiative.

**4. If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.**

These rules do not exceed federal requirements.

- 5. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?**

Medicaid rules perform several core business functions: They establish and update coverage and payment policies for medical goods and services. They set limits on the types of entities that can receive Medicaid payment for these goods and services. They publish payment formulas or fee schedules for the use of providers and the general public.

- 6. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?**

The success of these rules will be measured by the extent to which suppliers can submit claims and receive correct payment for certain items and services without first obtaining prior authorization of payment (PA).

### **Development of the Regulation**

- 7. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.**

**If applicable, please include the date and medium by which the stakeholders were initially contacted.**

Elimination of the PA requirement for certain items and services is a recent ODM initiative. In early September 2015, information about this initiative was shared with the executive director of the Ohio Association of Medical Equipment Services (OAMES), who passed it on to the OAMES governing board. The information was also presented at an OAMES general membership meeting and training seminar.

- 8. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?**

Initial response from stakeholders indicates that the direction taken by ODM in implementing the initiative is being well received.

- 9. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?**

ODM conducted a comprehensive review of its PA policy for DMEPOS and concluded that the PA requirement should be eliminated for many of the items. Eliminating the requirement could reduce administrative costs for both providers and ODM, and it could remove potential barriers to access to care for recipients. Utilization and expenditure data drawn from ODM's Quality Decision Support System were used in projecting the fiscal impact of the proposed changes.

**10. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?**

There is no readily apparent regulatory alternative to the elimination of PA requirements.

**11. Did the Agency specifically consider a performance-based regulation? Please explain. Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.**

The concept of performance-based rule-making does not apply to these items and services.

**12. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?**

Rules involving Medicaid providers are housed exclusively within agency 5160 of the Ohio Administrative Code. Within this division, rules are generally separated out by topic. It is clear which rules apply to which type of provider and item or service; in this instance, there was no duplication.

**13. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.**

The policies set forth in the new rule will be incorporated into the Medicaid Information Technology System (MITS) as of the effective date of the rule. They will therefore be automatically and consistently applied by ODM's electronic claim-payment system whenever an appropriate provider submits a claim for an applicable service.

**Adverse Impact to Business**

**14. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:**

**a. Identify the scope of the impacted business community;**

Changes to policies, payment formulas, or payment amounts affect suppliers of durable medical equipment, prostheses, orthoses, and supplies (DMEPOS).

**b. Identify the nature of the adverse impact (e.g., license fees, fines, employer time for compliance); and**

Existing rule 5160-10-20 requires providers to be licensed under Chapter 4779. of the Revised Code or to be exempt from licensure in accordance with section 4779.02 of the Revised Code.

New rule 5160-10-20 specifies (1) that a provider enrolled in Medicaid as a durable medical equipment (DME) supplier with orthotic/prosthetic specification may furnish and receive payment for an orthotic device or prosthetic device that must comply with section 4779.02 of the Ohio Revised Code and (2) that a provider enrolled as a basic DME supplier may furnish and receive payment for all other items and services (within the context of the subject of the rule). This statement serves as enrollment guidance. Suppliers of ORC-compliant items enroll as "DME O&P" providers; suppliers of items not subject to ORC compliance enroll as "DME Basic" providers. Enrollment criteria may or may not include licensure requirements, but such requirements are not spelled out in this rule, nor is there any intent to incorporate them by reference.

The reporting requirements laid out in these rules involve the documentation of medical necessity, which helps to substantiate the appropriateness of the equipment dispensed to Medicaid-eligible individuals.

**c. Quantify the expected adverse impact from the regulation.**

**The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a "representative business." Please include the source for your information/estimated impact.**

Licensure of orthotists, prosthetists, and pedorthists is required by existing rule 5160-10-20, which is being rescinded.

New rule 5160-10-20 describes the providers that may furnish and receive Medicaid payment for an orthotic device, prosthetic device, or related service.

A DMEPOS supplier must fill out paperwork for a PA request, which includes the entry of certain information on a certificate of medical necessity (e.g., customer identification, part numbers, descriptions of repairs). Completing a PA request takes between five and thirty minutes of supplier staff time. This estimate is based on the professional experience of ODM staff members and on figures reported by other Medicaid providers. The wage cost depends on who performs the task. The median statewide hourly wage for a billing clerk, according to Labor Market Information (LMI) data published by the Ohio Department of Job and Family Services, is \$16.10; for a medical equipment repairer, it is \$24.23; for a higher-level manager, it is \$36.32. With an additional 30% for fringe benefits, submitting a PA request costs between \$1.75 (five minutes at \$20.93 per hour) and \$23.61 (thirty minutes at \$47.22 per hour). With the elimination of a PA requirement for certain items and services under amended rule 5160-10-03 and

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new rule 5160-10-20, there will be less need for providers to incur these costs, and ODM anticipates an overall reduction in adverse impact.

**15. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?**

Prior authorization of payment, which is often set as a requirement for processing certain claims, is an effective tool for preventing fraud, waste, and abuse and for promoting quality and cost-effectiveness; it helps to ensure that the Ohio Medicaid program pays for medical equipment that is most appropriate to the needs of the person who will use it. The elimination of a PA requirement for certain items and services will reduce the overall adverse impact on the regulated business community.

**Regulatory Flexibility**

**16. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.**

These rules outline actions all providers must take in order to receive Medicaid payment. They do not set forth requirements for engaging in business, and no exception is made on the basis of an entity's size.

**17. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?**

These rules impose no sanctions on providers.

**18. What resources are available to assist small businesses with compliance of the regulation?**

Providers that submit claims through an electronic clearinghouse (a "trading partner") can generally rely on the clearinghouse to know current Medicaid claim-submission procedures.

Information sheets and instruction manuals on various claim-related topics are readily available on the ODM website.

The Bureau of Provider Services renders technical assistance to providers through its hotline, (800) 686-1516.

Policy questions may be directed via e-mail to the Non-Institutional Benefit Management section of ODM's policy bureau, at [noninstitutional\\_policy@medicaid.ohio.gov](mailto:noninstitutional_policy@medicaid.ohio.gov).

For questions about program coverage of and limitations on DME, ODM maintains the DME Question Line and Voice Mailbox, (614) 466-1503.

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\*\*\* DRAFT - NOT YET FILED \*\*\*

5160-10-03

**Medical supplies and the medicaid supply list.**

(A) This rule sets forth in its appendix (the "medicaid supply list") a table of medical/surgical supplies, durable medical equipment, and supplier services, along with coverage and payment information. Columns in the table display the following information:

(1) ~~"Current code": Alphanumeric healthcare common procedure coding system (HCPCS) codes to be used on claims submitted to the department for medical supplier services. Each code is intended to encompass all trade names of the particular product represented. A "not otherwise specified (NOS)" code should be used only when an item is not adequately represented by a specific code.~~

(2) ~~"Item description": A brief description of the supply or equipment item.~~

(3) ~~"Unit" indicator: The unit of measure (each one, each pair, box of fifty, etc.).~~

(4) ~~"Medicaid" indicator: The medicaid coverage for an item.~~

(a) ~~"Y" indicates that the item is covered by medicaid for all recipients, in accordance with rule 5160-10-02 of the Administrative Code, and the provider may submit claims directly to the department.~~

(b) ~~"H" indicates that payment may be made only when the item is provided to recipients living in their personal residence.~~

(c) ~~"H\*" indicates that payment will not be made if the item is provided to a recipient living in a nursing facility.~~

(5) ~~"Prior auth" indicator: Prior authorization requirements.~~

(a) ~~"Y" indicates that prior authorization by the department is required before payment can be made, in accordance with rule 5160-10-06 of the Administrative Code.~~

(b) ~~"N" indicates that no prior authorization is required for payment for units up to the maximum number allowable.~~

(6) ~~"Max units" indicator: The greatest quantity of an item for which payment may be made without prior authorization for the time period specified. This quantity has been established as a guideline rather than a definitive amount. If no maximum quantity is indicated, the quantity authorized will be based on medical necessity as determined by the department. (Note: A provider may receive payment without prior authorization for up to thirty one units per~~

~~month of an item with an indicator of "one per day.")~~

~~(7) "RNT/P" indicator: Rental/purchase.~~

~~(a) "RO" indicates that the item is always rented.~~

~~(b) "PP" indicates that the item is always purchased.~~

~~(c) "R/P" indicates that the item is subject to the rent-to-purchase provision set forth in rule 5160-10-05 of the Administrative Code.~~

- (B) In order to be eligible for payment for medical supplier services rendered, a provider must either meet the conditions set forth in Chapter 4752. of the Revised Code or be exempt from licensure under Chapter 4752. of the Revised Code.
- (C) Medical supplier services must be prescribed by a ~~prescriber~~ practitioner actively involved in managing the recipient's medical care through a comprehensive plan of care that addresses the need for medical supplier services, and the medical necessity of the services must be documented in the recipient's medical record. By signing a prescription, the ordering prescriber attests to the medical necessity of the services.
- (D) The following documentation must be submitted with all requests for prior authorization:
- (1) A fully completed form ~~JFS 01913, "Certificate of Medical Necessity/Prescription; General Medical Supplies: Overage" (rev. 11/2011)~~ ODM 01913, "Certificate of Medical Necessity/Prescription; Medical Supplies" (01/2016), that is signed and dated no more than thirty days before the first date of service; and
  - (2) Any other document required or requested by the department for certain specific medical supplier services, as detailed in Chapter 5160-10 of the Administrative Code.
- (E) Requests that exceed the specified maximum for an item but do not otherwise require prior authorization must be submitted to the department for review before payment for the item will be considered.
- (F) The submitted charge for gauze pads and for items described as "wound fillers/packing" must not exceed the manufacturer's suggested list price for the item. Providers must maintain a detailed record in the recipient's file of all such items that have been dispensed and for which claims have been submitted to medicaid.



- (G) ~~Providers must apply any rebate or discount to the~~ The charge submitted on a claim:  
~~A "discount" is~~ must reflect any rebate or discount (a reduction in the amount charged to a buyer for a purchase made either directly or through a wholesaler or a group purchasing organization) received by the provider.

Effective:

Five Year Review (FYR) Dates: 12/31/2018

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 5164.02  
Rule Amplifies: 5164.02, Section 323.236 of Am. Sub. H.B. 59 (130th G.A.)  
Prior Effective Dates: 03/01/1984, 12/30/1984, 10/01/1988, 12/01/1989, 05/01/1990, 06/20/1990 (Emer), 09/05/1990, 02/17/1991, 05/25/1991, 12/30/1991, 04/01/1992 (Emer), 07/01/1992, 11/16/1992, 12/31/1992 (Emer), 04/01/1993, 07/08/1993, 12/10/1993, 12/30/1993 (Emer), 03/31/1994, 07/01/1994, 02/01/1995, 12/29/1995 (Emer), 03/21/1996, 12/31/1996 (Emer), 03/31/1997, 08/01/1997, 08/01/1998, 12/31/1998 (Emer), 03/31/1999, 01/04/2000 (Emer), 03/20/2000, 12/29/2000 (Emer), 03/30/2001, 12/31/2001 (Emer), 03/29/2002, 03/24/2003, 10/01/2004, 12/30/2004 (Emer), 03/28/2005, 12/30/2005 (Emer), 03/27/2006, 10/15/2006, 12/29/2006 (Emer), 03/29/2007, 07/30/2007, 12/16/2007, 12/31/2007 (Emer), 03/30/2008, 04/01/2009, 07/31/2009 (Emer), 10/29/2009, 12/31/2009 (Emer), 02/01/2010 (Emer), 03/31/2010, 12/30/2010 (Emer), 03/30/2011, 03/29/2012, 12/31/2013

# RESCINDED

## Appendix 5160-10-03

### Appendix to rule 5160-10-03

|                               |                                                                                                                                                                                                | MEDICAL SUPPLIES |          |            |           |       |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|------------|-----------|-------|
| CURRENT CODE                  | ITEM DESCRIPTION                                                                                                                                                                               | UNIT             | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/P |
| DRESSINGS/TAPE/GAUZE/BANDAGES |                                                                                                                                                                                                |                  |          |            |           |       |
| A4450                         | X TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES                                                                                                                                                   | per 18 sq in     | H        | N          | 200/MO    | PP    |
| A4452                         | X TAPE, WATERPROOF, PER 18 SQUARE INCHES                                                                                                                                                       | per 18 sq in     | H        | N          | 200/MO    | PP    |
| A6021                         | X COLLAGEN DRESSING, LESS THAN 16 SQ IN                                                                                                                                                        | EACH (1)         | H        | Y          | 10/MO     | PP    |
| A6022                         | X COLLAGEN DRESSING, MORE THAN 16 SQ IN, LESS THAN OR EQUAL TO 48 SQ IN                                                                                                                        | EACH (1)         | H        | Y          | 10/MO     | PP    |
| A6023                         | COLLAGEN DRESSING, MORE THAN 48 SQ IN                                                                                                                                                          | EACH (1)         | H        | Y          | 20/MO     | PP    |
| A6154*                        | WOUND POUCH, FOR SURGICAL WOUND DRAINAGE                                                                                                                                                       | EACH (1)         | H        | N          | 15/MO     | PP    |
| NOTE:                         | * MAX UNITS INDICATES THE MAXIMUM NUMBER OF UNITS (DRESSINGS) COVERED PER WOUND                                                                                                                |                  |          |            |           |       |
| X                             | Consumer is allowed only one Code per MO per tape and dressing                                                                                                                                 |                  |          |            |           |       |
| A6196*                        | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS                                                                                                             | EACH (1)         | H        | N          | 30/MO     | PP    |
| A6197*                        | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.                                                                              | EACH (1)         | H        | N          | 30/MO     | PP    |
| A6198                         | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.                                                                                                           | EACH (1)         | H        | Y          | 30/MO     | PP    |
| NOTE:                         | * FOR ALGINATE DRESSING CODES A6196 and A6197, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.                                                                                           |                  |          |            |           |       |
| A6203*                        | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER                                                                                                                 | EACH (1)         | H        | N          | 12/MO     | PP    |
| A6204*                        | COMPOSITE DRESSING, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER                                                                                  | EACH (1)         | H        | N          | 12/MO     | PP    |
| A6205                         | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ.IN.,WITH ANY SIZE ADHESIVE BORDER                                                                                                                 | EACH (1)         | H        | Y          | 12/MO     | PP    |
| NOTE:                         | * FOR COMPOSITE DRESSING CODES A6203 AND A6204, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.                                                                                          |                  |          |            |           |       |
| A6206                         | CONTACT LAYER, 16 SQ. IN. OR LESS                                                                                                                                                              | EACH (1)         | H        | Y          | 4/MO      | PP    |
| A6207                         | CONTACT LAYER, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.                                                                                                                               | EACH (1)         | H        | N          | 4/MO      | PP    |
| A6208                         | CONTACT LAYER, MORE THAN 48 SQ. IN.                                                                                                                                                            | EACH (1)         | H        | Y          | 4/MO      | PP    |
| A6209*                        | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER                                                                                                               | EACH (1)         | H        | N          | 12/MO     | PP    |
| A6210*                        | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER                                                                                | EACH (1)         | H        | N          | 12/MO     | PP    |
| A6211*                        | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER                                                                                                             | EACH (1)         | H        | N          | 12/MO     | PP    |
| A6212*                        | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN., OR LESS, WITH ANY SIZE ADHESIVE BORDER                                                                                                        | EACH (1)         | H        | N          | 12/MO     | PP    |
| A6213                         | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER                                                                          | EACH (1)         | H        | Y          | 12/MO     | PP    |
| A6214*                        | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER                                                                                                       | EACH (1)         | H        | N          | 12/MO     | PP    |
| NOTE:                         | * FOR FOAM DRESSING CODES A6209, A6210, A6211, A6212 AND A6214, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.                                                                          |                  |          |            |           |       |
| A6216*                        | GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER                                                                                                                   | EACH (1)         | H        | N          | \$50/MO   | PP    |
| A6217*                        | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER                                                                                    | EACH (1)         | H        | N          | \$50/MO   | PP    |
| A6218*                        | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER                                                                                                                 | EACH (1)         | H        | N          | \$50/MO   | PP    |
| A6219*                        | GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER                                                                                                              | EACH (1)         | H        | N          | \$50/MO   | PP    |
| A6220*                        | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER                                                                              | EACH (1)         | H        | N          | \$50/MO   | PP    |
| A6221*                        | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER                                                                                                           | EACH (1)         | H        | N          | \$50/MO   | PP    |
| NOTE:                         | * FOR NON-IMPREGNATED GAUZE CODES A6216 - A6221, THE COMBINED MAXIMUM ALLOWABLE PAYMENT IS \$50 PER MONTH PER RANGE AND CHARGES ARE NOT TO EXCEED MANUFACTURER'S SUGGESTED LIST PRICE PER UNIT |                  |          |            |           |       |
| A6222*                        | GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER                                                                          | EACH (1)         | H        | N          | 30/MO     | PP    |
| A6223*                        | GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER                                           | EACH (1)         | H        | N          | 30/MO     | PP    |
| A6224*                        | GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER                                                                        | EACH (1)         | H        | N          | 30/MO     | PP    |
| NOTE:                         | * FOR IMPREGNATED GAUZE CODES A6222 - A6224, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.                                                                                             |                  |          |            |           |       |
| A6231*                        | GAUZE, IMPREGNATED, HYDROGEL, 16 SQ IN OR LESS                                                                                                                                                 | EACH (1)         | H        | N          | 12/MO     | PP    |

Appendix to rule 5160-10-03

| CURRENT<br>CODE                                                                                                                                                                                                | ITEM DESCRIPTION                                                                                                                      | UNIT       | MEDICAL SUPPLIES |            |            |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|------------|------------|-------|
|                                                                                                                                                                                                                |                                                                                                                                       |            | MEDICAID         | PRIOR AUTH | MAX UNITS  | RNT/P |
| A6232*                                                                                                                                                                                                         | GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ IN                                                         | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6233*                                                                                                                                                                                                         | GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 48 SQ IN                                                                                      | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6234*                                                                                                                                                                                                         | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER                                              | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6235*                                                                                                                                                                                                         | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER               | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6236*                                                                                                                                                                                                         | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER                                            | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6237*                                                                                                                                                                                                         | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER                                        | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6238*                                                                                                                                                                                                         | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER         | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6239                                                                                                                                                                                                          | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER                                      | EACH (1)   | H                | Y          | 12/MO      | PP    |
| <b>NOTE: * FOR HYDROCOLLOID CODES A6231- A6238, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.</b>                                                                                                      |                                                                                                                                       |            |                  |            |            |       |
| A6242*                                                                                                                                                                                                         | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER                                                  | EACH (1)   | H                | N          | 30/MO      | PP    |
| A6243*                                                                                                                                                                                                         | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE                          | EACH (1)   | H                | N          | 30/MO      | PP    |
| A6244*                                                                                                                                                                                                         | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER                                                | EACH (1)   | H                | N          | 30/MO      | PP    |
| A6245*                                                                                                                                                                                                         | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER                                            | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6246*                                                                                                                                                                                                         | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER             | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6247*                                                                                                                                                                                                         | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER                                          | EACH (1)   | H                | N          | 12/MO      | PP    |
| <b>NOTE: * FOR HYDROGEL CODES A6242, A6243 AND A6244 THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH. FOR HYDROGEL CODES A6245, A6246 AND A6247 THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.</b> |                                                                                                                                       |            |                  |            |            |       |
| A6251*                                                                                                                                                                                                         | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER                                       | EACH (1)   | H                | N          | 30/MO      | PP    |
| A6252*                                                                                                                                                                                                         | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER       | EACH (1)   | H                | N          | 30/MO      | PP    |
| A6253*                                                                                                                                                                                                         | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER                                    | EACH (1)   | H                | N          | 30/MO      | PP    |
| A6254*                                                                                                                                                                                                         | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER                                | EACH (1)   | H                | N          | 30/MO      | PP    |
| A6255*                                                                                                                                                                                                         | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER | EACH (1)   | H                | N          | 30/MO      | PP    |
| A6256*                                                                                                                                                                                                         | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER                               | EACH (1)   | H                | Y          | 30/MO      | PP    |
| <b>NOTE: * FOR ABSORPTIVE DRESSING CODES A6251 - A6255, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.</b>                                                                                              |                                                                                                                                       |            |                  |            |            |       |
| A6257*                                                                                                                                                                                                         | TRANSPARENT FILM, 16 SQ. IN. OR LESS                                                                                                  | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6258*                                                                                                                                                                                                         | TRANSPARENT FILM, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.                                                                   | EACH (1)   | H                | N          | 12/MO      | PP    |
| A6259*                                                                                                                                                                                                         | TRANSPARENT FILM, MORE THAN 48 SQ. IN.                                                                                                | EACH (1)   | H                | N          | 12/MO      | PP    |
| <b>NOTE: * FOR TRANSPARENT FILM CODES A6257 - A6259, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.</b>                                                                                                 |                                                                                                                                       |            |                  |            |            |       |
| A6266                                                                                                                                                                                                          | GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH                                                         | LINEAR YD. | H                | N          | 100 YD /MO | PP    |
| A6402*                                                                                                                                                                                                         | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER                                                 | EACH (1)   | H                | N          | \$50/MO    | PP    |
| A6403*                                                                                                                                                                                                         | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN. WITHOUT ADHESIVE                          | EACH (1)   | H                | N          | \$50/MO    | PP    |

## Appendix to rule 5160-10-03

| CURRENT CODE  | ITEM DESCRIPTION                                                                                                                                                                                                    | UNIT          | MEDICAL SUPPLIES                                                                                                                  |            |           |       |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------|------------|-----------|-------|
|               |                                                                                                                                                                                                                     |               | MEDICAID                                                                                                                          | PRIOR AUTH | MAX UNITS | RNT/P |
| A6404*        | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER                                                                                                                             | EACH (1)      | H                                                                                                                                 | N          | \$50/MO   | PP    |
| NOTE:         | * FOR NON-IMPREGNATED GAUZE CODES A6402 - A6404, THE COMBINED MAXIMUM ALLOWABLE PAYMENT IS \$50 PER MONTH PER RANGE AND CHARGES ARE NOT TO EXCEED MANUFACTURER'S SUGGESTED LIST PRICE                               |               |                                                                                                                                   |            |           |       |
| A6441         | PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD                                                                                | EACH YARD     | H                                                                                                                                 | N          | 100/MO    | PP    |
| A6442*        | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD                                                                                                                 | EACH YARD     | H                                                                                                                                 | N          | 150/MO    | PP    |
| A6443*        | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD                                                                        | EACH YARD     | H                                                                                                                                 | N          | 150/MO    | PP    |
| A6444*        | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD                                                                                                   | EACH YARD     | H                                                                                                                                 | N          | 150/MO    | PP    |
| A6445*        | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD                                                                                                                     | EACH YARD     | H                                                                                                                                 | N          | 150/MO    | PP    |
| A6446*        | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD                                                                            | EACH YARD     | H                                                                                                                                 | N          | 150/MO    | PP    |
| A6447*        | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER                                                                                                            | EACH YARD     | H                                                                                                                                 | N          | 150/MO    | PP    |
| NOTE:         | * FOR CONFORMING BANDAGE CODES A6442 THROUGH A6447, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 150 YARDS PER MONTH.                                                                                                    |               |                                                                                                                                   |            |           |       |
| A6448 *       | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD                                                                                                                           | EACH YARD     | H                                                                                                                                 | N          | 18/3 MOS  | PP    |
| A6449 *       | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD                                                                                  | EACH YARD     | H                                                                                                                                 | N          | 18/3 MOS  | PP    |
| A6450*        | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD                                                                                                             | EACH YARD     | H                                                                                                                                 | N          | 18/3 MOS  | PP    |
| A6451*        | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50 PERCENT MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD    | EACH YARD     | H                                                                                                                                 | N          | 18/3 MOS  | PP    |
| A6452 *       | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | EACH YARD     | H                                                                                                                                 | N          | 18/3 MOS  | PP    |
| A6453 *       | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD                                                                                                                       | EACH YARD     | H                                                                                                                                 | N          | 18/3 MOS  | PP    |
| A6454 *       | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD                                                                              | EACH YARD     | H                                                                                                                                 | N          | 18/3 MOS  | PP    |
| A6455 *       | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD                                                                                                         | EACH YARD     | H                                                                                                                                 | N          | 18/3 MOS  | PP    |
| NOTE:         | * FOR COMPRESSION BANDAGE CODES A6448 THROUGH A6455, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 18 YARDS PER 3 MONTHS.                                                                                                 |               |                                                                                                                                   |            |           |       |
| WOUND FILLERS |                                                                                                                                                                                                                     |               |                                                                                                                                   |            |           |       |
| A6010 *       | COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM                                                                                                                                                                     | PER GRAM      | H                                                                                                                                 | N          | \$100/MO  | PP    |
| A6011 *       | COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM                                                                                                                                                                    | PER GRAM      | H                                                                                                                                 | N          | \$100/MO  | PP    |
| A6199 *       | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 IN.                                                                                                                                                   | PER 6 IN.     | H                                                                                                                                 | N          | \$100/MO  | PP    |
| A6215 *       | FOAM DRESSING, WOUND FILLER,PER GRAM                                                                                                                                                                                | PER GRAM      | H                                                                                                                                 | N          | \$100/MO  | PP    |
| A6240 *       | HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OZ.                                                                                                                                                           | PER FLUID OZ. | H                                                                                                                                 | N          | \$100/MO  | PP    |
| A6241 *       | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER                                                                                                                                                                  | PER GRAM      | H                                                                                                                                 | N          | \$100/MO  | PP    |
| A6248 *       | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ.                                                                                                                                                                 | PER FLUID OZ. | H                                                                                                                                 | N          | \$100/MO  | PP    |
| A6261 *       | WOUND FILLER, NOT ELSEW CLASSIFIED, GEL/PASTE, PER FLUID                                                                                                                                                            | ONE MONTH     | H                                                                                                                                 | N          | \$100/MO  | PP    |
| A6262 *       | WOUND FILLER, NOT ELSEWHERE CLASSIFIED, DRY FORM, PER                                                                                                                                                               | ONE MONTH     | H                                                                                                                                 | N          | \$100/MO  | PP    |
| NOTE:         | * CHARGES FOR FILLER CODES ARE NOT TO EXCEED MFG. SUGGESTED LIST PRICE. COMBINED MAXIMUM ALLOWABLE PAYMENT FOR FILLER CODES IS \$100 PER MONTH.                                                                     |               | Surgical dressings and related supplies are dispensed in accordance with the provisions of OAC rule 5101:3-10-34 when applicable. |            |           |       |

Appendix to rule 5160-10-03

|                                                                                                              |                                                                                                                                                                    | MEDICAL SUPPLIES |          |            |           |       |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|------------|-----------|-------|
| CURRENT CODE                                                                                                 | ITEM DESCRIPTION                                                                                                                                                   | UNIT             | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/P |
| SYRINGES/NEEDLES                                                                                             |                                                                                                                                                                    |                  |          |            |           |       |
| A4207                                                                                                        | X SYRINGE WITH NEEDLE, STERILE 2 CC                                                                                                                                | EACH (1)         | H        | N          | 100/MO    | PP    |
| A4208                                                                                                        | X SYRINGE WITH NEEDLE, STERILE 3 CC                                                                                                                                | EACH (1)         | H        | N          | 100/MO    | PP    |
| A4209                                                                                                        | X SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER                                                                                                                      | EACH (1)         | H        | N          | 100/MO    | PP    |
| A4212                                                                                                        | NON-CORING (HUBER-TYPE) NEEDLE                                                                                                                                     | EACH (1)         | H        | N          | 30/MO     | PP    |
| A4213                                                                                                        | SYRINGE W/O NEEDLE, STERILE 20 CC OR GREATER                                                                                                                       | EACH (1)         | H        | N          | 50/YR     | PP    |
| X <b>Consumer is allowed only one Code per MC</b>                                                            |                                                                                                                                                                    |                  |          |            |           |       |
| ALCOHOL/BETADINE                                                                                             |                                                                                                                                                                    |                  |          |            |           |       |
| A4244                                                                                                        | PEROXIDE/ALCOHOL, PER PINT                                                                                                                                         | EACH (16 OZ)     | H        | N          | 15/MO     | PP    |
| A4246                                                                                                        | X BETADINE, POVIDONE IODINE, OR PHISOHEX SOLUTION, PER PINT                                                                                                        | EACH (16 OZ)     | H        | N          | 6/MO      | PP    |
| A4247                                                                                                        | X BETADINE/POVIDONE IODINE WIPE/SWAB, PER BOX                                                                                                                      | BOX              | H        | N          | 2/MO      | PP    |
| X <b>Consumer is allowed only one Code per applicable Month or Year</b>                                      |                                                                                                                                                                    |                  |          |            |           |       |
| DISTILLED WATER/STERILE SALINE/DISINFECTANT SOLUTION                                                         |                                                                                                                                                                    |                  |          |            |           |       |
| A4216                                                                                                        | STERILE WATER/SALINE, 10 ML                                                                                                                                        | EACH VIAL        | H        | N          | 90/MO     | PP    |
| A4217                                                                                                        | STERILE WATER/SALINE, 500 ML                                                                                                                                       | EACH BTL         | H        | N          | 36/MO     | PP    |
| A7018                                                                                                        | WATER, DISTILLED, 1000 ML                                                                                                                                          | EACH LTR         | H        | N          | 16/MO     | PP    |
| INCONTINENCE GARMENTS AND RELATED SUPPLIES                                                                   |                                                                                                                                                                    |                  |          |            |           |       |
| T4521*                                                                                                       | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH                                                                                             | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4522*                                                                                                       | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH                                                                                            | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4523*                                                                                                       | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH                                                                                             | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4524*                                                                                                       | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH                                                                                       | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4525*                                                                                                       | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH                                                                        | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4526*                                                                                                       | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH                                                                       | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4527*                                                                                                       | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH                                                                        | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4528*                                                                                                       | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH                                                                  | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4529*                                                                                                       | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH                                                                             | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4530*                                                                                                       | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH                                                                                    | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4531*                                                                                                       | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH                                                             | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4532*                                                                                                       | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH                                                                    | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4533*                                                                                                       | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH                                                                                                    | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4534*                                                                                                       | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH                                                                                    | EACH (1)         | H        | N          | 200/MO^   | PP    |
| T4535*                                                                                                       | DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH                                                                                             | EACH (1)         | H        | N          | 200/MO    | PP    |
| T4536                                                                                                        | INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH                                                                                       | EACH (1)         | H        | N          | 12/YR     | PP    |
| T4537                                                                                                        | INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH                                                                                                | EACH (1)         | H        | N          | 6/YR      | PP    |
| T4538*                                                                                                       | DIAPER SERVICE, REUSABLE DIAPER, EACH                                                                                                                              | EACH (1)         | H        | N          | 200/MO    | PP    |
| T4540                                                                                                        | INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH                                                                                              | EACH (1)         | H        | N          | 6/YR      | PP    |
| ^ <b>Max Units is 300 per month for ages 3 to 20 years old and 200 per month for ages 21 years or older.</b> |                                                                                                                                                                    |                  |          |            |           |       |
| NOTE:                                                                                                        | * <b>THE COMBINED MONTHLY ALLOWABLE FOR T4521-T4535 AND T4538 IS 300 UNITS (GARMENTS) FOR AGES 3 TO 20 YEARS OLD AND 200 PER MONTH FOR AGES 21 YEARS OR OLDER.</b> |                  |          |            |           |       |
| T4541 *                                                                                                      | INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH                                                                                                             | EACH (1)         | H        | N          | 300/2 MO  | PP    |
| T4542 *                                                                                                      | INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH                                                                                                        | EACH (1)         | H        | N          | 300/2 MO  | PP    |
| NOTE:                                                                                                        | * <b>THE COMBINED ALLOWABLE FOR T4541 AND T4542 IS 300 UNITS (PADS) EVERY 2 MONTHS</b>                                                                             |                  |          |            |           |       |
| T4543                                                                                                        | DISP BARIATIC BRIEF/DIAPER                                                                                                                                         | EACH (1)         | H        | N          | 150/MO    | PP    |
| T4539                                                                                                        | INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE,                                                                                                            | EACH (1)         | H        | N          | 12/YR     | PP    |

Appendix to rule 5160-10-03

|                     |                                                                                                                                                               | MEDICAL SUPPLIES |                                                                                                               |            |           |       |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------|------------|-----------|-------|
| CURRENT CODE        | ITEM DESCRIPTION                                                                                                                                              | UNIT             | MEDICAID                                                                                                      | PRIOR AUTH | MAX UNITS | RNT/P |
| UROLOGICAL SUPPLIES |                                                                                                                                                               |                  |                                                                                                               |            |           |       |
| A4310               | X FOLEY CATH INSERTION TRAY WITHOUT DRAINAGE BAG, WITHOUT CATHETER                                                                                            | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4311               | X INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4312               | X INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE                                                            | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4313               | X INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, THREE WAY, FOR CONTINUOUS                                                        | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4314               | X INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC,     | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4315               | X INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE                                                                | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4316               | X INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, 3 WAY, FOR CONTINUOUS IRRIGATION                                                     | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4320               | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE                                                                                                                   | EACH (1)         | H                                                                                                             | N          | 30/MO     | PP    |
| A4322               | IRRIGATION SYRINGE, WITH BULB OR PISTON                                                                                                                       | EACH (1)         | H                                                                                                             | N          | 30/MO     | PP    |
| A4349               | MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH                                                                                            | EACH (1)         | H                                                                                                             | N          | 60/MO     | PP    |
| NOTE:               | X Consumer is allowed only one Code per MC<br>USE CODE A4349 IN PLACE OF A4324, A4325, OR A4347                                                               |                  |                                                                                                               |            |           |       |
| A4326               | MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH                                                                                  | EACH (1)         | H                                                                                                             | N          | 5/YR      | PP    |
| A4327               | X FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP                                                                                                        | EACH (1)         | H                                                                                                             | N          | 2/YR      | PP    |
| A4328               | X FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH                                                                                                            | EACH (1)         | H                                                                                                             | N          | 1/MO      | PP    |
| A4330               | PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE                                                                                                                 | EACH (1)         | H                                                                                                             | N          | 20/MO     | PP    |
| A4331               | EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH                                   | EACH (1)         | H                                                                                                             | N          | 2/MO      | PP    |
| A4333               | URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH                                                                                             | EACH (1)         | H                                                                                                             | N          | 12/MO     | PP    |
| A4334               | URINARY CATHETER ANCHORING DEVICE, LEG STRAP                                                                                                                  | EACH (1)         | H                                                                                                             | N          | 1/MO      | PP    |
| A4335               | INCONTINENCE SUPPLY; MISCELLANEOUS                                                                                                                            | EACH (1)         | H                                                                                                             | Y          |           | PP    |
| A4338               | X INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR                                                         | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4340               | X INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC)                                                                                       | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4344               | X INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE                                                                                                      | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4346               | X INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION                                                                                       | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4351               | X INTERMITTENT URINARY CATHETER, STRAIGHT TIP                                                                                                                 | EACH (1)         | H                                                                                                             | N          | 200/MO    | PP    |
| A4352               | X INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP                                                                                                           | EACH (1)         | H                                                                                                             | N          | 200/MO    | PP    |
| A4353 *             | X INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES                                                                                                      | EACH (1)         | H                                                                                                             | N          | 60/MO     | PP    |
| NOTE:               | X Consumer is allowed only one Code per MC<br>PAYMENT FOR A4353 INCLUDES LUBRICANT                                                                            |                  |                                                                                                               |            |           |       |
| A4354               | CATHETER INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER                                                                                                | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4355               | IRRIGATION TUBING SET 3-WAY INDWELLING FOLEY CATHETER                                                                                                         | EACH (1)         | H                                                                                                             | N          | 3/MO      | PP    |
| A4356               | EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, (NOT TO BE USED FOR CATHETER CLAMP)                                                                            | EACH (1)         | H                                                                                                             | N          | 1/YR      | PP    |
| A4357               | BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE                                                                  | EACH (1)         | H                                                                                                             | N          | 2/MO      | PP    |
| A4358               | URINARY LEG/ABDOMINAL BAG, VINYL, WITH OR WITHOUT TUBE WITH STRAPS                                                                                            | EACH (1)         | H                                                                                                             | N          | 4/MO      | PP    |
| A4402               | LUBRICANT ( FOR NON-STERILE CATHETERIZATION)                                                                                                                  | EACH OZ.         | H                                                                                                             | N          | 8/MO      | PP    |
| A5102               | BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE                                                                                                                  | EACH (1)         | H                                                                                                             | N          | 2/YR      | PP    |
| A5105               | X URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE                                                                                                      | EACH (1)         | H                                                                                                             | N          | 2/YR      | PP    |
| A5112               | X URINARY LEG BAG; LATEX                                                                                                                                      | EACH (1)         | H                                                                                                             | N          | 3/YR      | PP    |
| A5113               | X LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)                                                                                  | EACH (1)         | H                                                                                                             | N          | 4/YR      | PP    |
| A5114               | X LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)                                                                         | EACH (1)         | H                                                                                                             | N          | 4/YR      | PP    |
| A5131               | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.                                                                                             | EACH (1) PINT    | H                                                                                                             | N          | 1/3 MO    | PP    |
|                     | X Consumer is allowed only one Code per YR, per Leg Bag/Strap                                                                                                 |                  | Urological supplies are dispensed in accordance with the provisions of OAC rule 5101:3-10-32 when applicable. |            |           |       |

Appendix to rule 5160-10-03

| MEDICAL SUPPLIES       |                                                                                                                               |          |          |            |           |       |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------|-----------|-------|
| CURRENT CODE           | ITEM DESCRIPTION                                                                                                              | UNIT     | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/P |
| <b>OSTOMY SUPPLIES</b> |                                                                                                                               |          |          |            |           |       |
| A4361                  | OSTOMY, FACE PLATE                                                                                                            | EACH (1) | H        | N          | 4/YR      | PP    |
| A4362                  | X SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH                                                                              | EACH (1) | H        | N          | 20/MO     | PP    |
| A4364                  | ADHESIVE FOR FACIAL PROSTHESIS ONLY; LIQUID OR EQUAL, PER OZ.                                                                 | EACH OZ. | H        | N          | 4/2 MO    | PP    |
| A4367                  | OSTOMY BELT                                                                                                                   | EACH (1) | H        | N          | 2/6 MOS   | PP    |
| A4369                  | X OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ.                                                                    | EACH OZ. | H        | N          | 4/MO      | PP    |
| A4371                  | X OSTOMY SKIN BARRIER, POWDER, PER OZ                                                                                         | EACH OZ. | H        | N          | 4/MO      | PP    |
| A4372                  | X OSTOMY SKIN BARRIER, SOLID, 4X4 OR EQUIV. STANDARD WEAR W/ BUILT-IN CONVEXITY                                               | EACH (1) | H        | N          | 20/MO     | PP    |
| A4373                  | X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH                    | EACH (1) | H        | N          | 20/MO     | PP    |
| A4375                  | X OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC                                                                   | EACH (1) | H        | N          | 5/MO      | PP    |
| A4376                  | X OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED,                                                                           | EACH (1) | H        | N          | 5/MO      | PP    |
| A4377                  | X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC                                                                      | EACH (1) | H        | N          | 10/MO     | PP    |
| A4378                  | X OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER                                                                       | EACH (1) | H        | N          | 10/MO     | PP    |
| A4379                  | X OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC                                                                     | EACH (1) | H        | N          | 5/MO      | PP    |
| A4380                  | X OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER                                                                      | EACH (1) | H        | N          | 5/MO      | PP    |
| A4381                  | X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC                                                                        | EACH (1) | H        | N          | 10/MO     | PP    |
| A4382                  | X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC                                                                  | EACH (1) | H        | N          | 10/MO     | PP    |
| A4383                  | X OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER                                                                         | EACH (1) | H        | N          | 10/MO     | PP    |
| A4384                  | X OSTOMY FACEPLATE EQUIVALENT, SILICONE, RING                                                                                 | EACH (1) | H        | N          | 4/YR      | PP    |
| A4385                  | X OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY                                     | EACH (1) | H        | N          | 5/MO      | PP    |
| A4387                  | X OSTOMY POUCH, CLOSED, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)                                | EACH (1) | H        | N          | 45/MO     | PP    |
| A4388                  | X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)                          | EACH (1) | H        | N          | 10/MO     | PP    |
| A4389                  | X OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH                                     | EACH (1) | H        | N          | 20/MO     | PP    |
| A4390                  | X OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH                       | EACH (1) | H        | N          | 5/MO      | PP    |
| A4391                  | X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)                            | EACH (1) | H        | N          | 10/MO     | PP    |
| A4392                  | X OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)                               | EACH (1) | H        | N          | 20/MO     | PP    |
| A4393                  | X OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)                               | EACH (1) | H        | N          | 5/MO      | PP    |
| A4396                  | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT                                                                                    | EACH (1) | H        | N          | 1/3MO     | PP    |
| A4397                  | X IRRIGATION SUPPLY; SLEEVE                                                                                                   | EACH (1) | H        | N          | 10/MO     | PP    |
| A4398                  | X IRRIGATION SUPPLY; BAG                                                                                                      | EACH (1) | H        | N          | 4/YR      | PP    |
| A4399                  | X IRRIGATION SUPPLY; CONE/CATHETER                                                                                            | EACH (1) | H        | N          | 1/6 MO    | PP    |
| A4400                  | OSTOMY IRRIGATION SET                                                                                                         | EACH (1) | H        | N          | 2/YR      | PP    |
| A4402                  | LUBRICANT, PER OUNCE                                                                                                          | EACH OZ. | H        | N          | 8/MO      | PP    |
| A4404                  | OSTOMY RING, EACH                                                                                                             | EACH (1) | H        | N          | 5/ MO     | PP    |
| A4405                  | X OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE                                                                                 | EACH OZ. | H        | N          | 4/MO      | PP    |
| A4406                  | X OSTOMY SKIN BARRIER, PECTIN BASED PASTE                                                                                     | EACH OZ. | H        | N          | 4/MO      | PP    |
| A4407                  | X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER     | EACH (1) | H        | N          | 5/MO      | PP    |
| A4408                  | X OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4     | EACH (1) | H        | N          | 5/MO      | PP    |
| A4409                  | X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER   | EACH (1) | H        | N          | 5/MO      | PP    |
| A4410                  | X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4 | EACH (1) | H        | N          | 5/MO      | PP    |
| A4414                  | X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION, WITHOUT BUILT-IN CONVEXITY; 4X4 OR SMALLER                  | EACH (1) | H        | N          | 20/MO     | PP    |
| A4415                  | X OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4                | EACH (1) | H        | N          | 20/MO     | PP    |
| A4421                  | OSTOMY SUPPLY; MISCELLANEOUS                                                                                                  | EACH (1) | H        | Y          |           | PP    |
| A5051                  | X OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE);                                                                      | EACH (1) | H        | N          | 45/MO     | PP    |
| A5052                  | X OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1                                                                           | EACH (1) | H        | N          | 45/MO     | PP    |
| A5053                  | X OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE                                                                                  | EACH (1) | H        | N          | 45/MO     | PP    |
| A5054                  | X OSTOMY POUCH, CLOSED FOR USE ON BARRIER W/FLANGE (2 PC)                                                                     | EACH (1) | H        | N          | 45/MO     | PP    |
| A5055                  | STOMA CAP                                                                                                                     | EACH (1) | H        | N          | 30/MO     | PP    |
| A5061                  | X POUCH, DRAINABLE WITH BARRIER ATTACHED (1 PIECE)                                                                            | EACH (1) | H        | N          | 30/MO     | PP    |
| A5062                  | X OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH                                                           | EACH (1) | H        | N          | 20/MO     | PP    |



Appendix to rule 5160-10-03

|              |                                                                                                                                      | MEDICAL SUPPLIES                                                                                          |          |            |           |       |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------|------------|-----------|-------|--|
| CURRENT CODE | ITEM DESCRIPTION                                                                                                                     | UNIT                                                                                                      | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/P |  |
| A5063        | X OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)                                                           | EACH (1)                                                                                                  | H        | N          | 10/MO     | PP    |  |
| A5071        | X OSTOMY POUCH URINARY; WITH BARRIER ATTACHED, (1 PIECE)                                                                             | EACH (1)                                                                                                  | H        | N          | 20/MO     | PP    |  |
| A5072        | X OSTOMY POUCH URINARY; WITHOUT BARRIER ATTACHED (1                                                                                  | EACH (1)                                                                                                  | H        | N          | 20/MO     | PP    |  |
| A5073        | X OSTOMY POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2                                                                            | EACH (1)                                                                                                  | H        | N          | 10/MO     | PP    |  |
|              | PIECE)                                                                                                                               |                                                                                                           |          |            |           |       |  |
| A5081        | X OSTOMY CONTINENT DEVICE; PLUG FOR CONTINENT STOMA                                                                                  | EACH (1)                                                                                                  | H        | N          | 40/MO     | PP    |  |
| A5082        | X OSTOMY CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA                                                                              | EACH (1)                                                                                                  | H        | N          | 1/2 MO    | PP    |  |
| A5093        | OSTOMY ACCESSORY; CONVEX INSERT                                                                                                      | EACH (1)                                                                                                  | H        | N          | 10/MO     | PP    |  |
| A5120        | X SKIN BARRIER, WIPES OR SWABS, EACH                                                                                                 | EACH (1)                                                                                                  | H        | N          | 50/MO     | PP    |  |
| A5121        | X OSTOMY SKIN BARRIER; SOLID 6 X 6, OR EQUIVALENT                                                                                    | EACH (1)                                                                                                  | H        | N          | 5/MO      | PP    |  |
| A5122        | X OSTOMY SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT                                                                                    | EACH (1)                                                                                                  | H        | N          | 6/MO      | PP    |  |
| A5126        | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD                                                                                           | EACH (1)                                                                                                  | H        | N          | 20/MO     | PP    |  |
| A5131        | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.                                                                    | EACH (1)                                                                                                  | H        | N          | 1/3 MO    | PP    |  |
|              | X <b>Consumer is allowed only one Code per MO per Ostomy, Urinary Ostomy, Ostomy Faceplate, Skin Barrier and Irrigation Supplies</b> | Ostomy supplies are dispensed in accordance with the provisions of OAC rule 5101:3-10-32 when applicable. |          |            |           |       |  |

**SURGICAL STOCKINGS AND BURN GARMENTS**

|       |                                                                                                                                 |          |   |   |      |    |  |
|-------|---------------------------------------------------------------------------------------------------------------------------------|----------|---|---|------|----|--|
| A4490 | X PRESSURE GRADIENT SURGICAL STOCKING, ABOVE KNEE                                                                               | EACH (1) | H | Y | 6/YR | PP |  |
| A4495 | X PRESSURE GRADIENT SURGICAL STOCKING, THIGH LENGTH                                                                             | EACH (1) | H | Y | 6/YR | PP |  |
| A4500 | X PRESSURE GRADIENT SURGICAL STOCKING, BELOW KNEE                                                                               | EACH (1) | H | Y | 6/YR | PP |  |
| A4510 | X PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH,                                                                             | EACH (1) | H | Y | 3/YR | PP |  |
| A6501 | COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED                                                            | EACH (1) | H | Y | 3/YR | PP |  |
| A6502 | COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM                                                                                    | EACH (1) | H | Y | 3/YR | PP |  |
| A6503 | COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED                                                                        | EACH (1) | H | Y | 3/YR | PP |  |
| A6504 | X COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED                                                                   | EACH (1) | H | Y | 4/YR | PP |  |
| A6505 | X COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED                                                                   | EACH (1) | H | Y | 4/YR | PP |  |
| A6506 | X COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED                                                                  | EACH (1) | H | Y | 4/YR | PP |  |
| A6507 | X COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED                                                              | EACH (1) | H | Y | 4/YR | PP |  |
| A6508 | X COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED                                                             | EACH (1) | H | Y | 4/YR | PP |  |
| A6509 | X COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED                               | EACH (1) | H | Y | 3/YR | PP |  |
| A6510 | X COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED                             | EACH (1) | H | Y | 3/YR | PP |  |
| A6511 | X COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED                                       | EACH (1) | H | Y | 3/YR | PP |  |
| A6512 | COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED                                                                              | EACH (1) | H | Y | 4/YR | PP |  |
|       | X <b>Consumer is allowed only one Code per Max Unit per Surgical Stocking, Burn Glove, Foot to Knee/Thigh and Trunk Garment</b> |          |   |   |      |    |  |

**ELASTIC SUPPORTS**

|       |                                                                                                 |          |   |   |      |    |  |
|-------|-------------------------------------------------------------------------------------------------|----------|---|---|------|----|--|
| A4466 | X GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC ANY                                          | EACH (1) | H | N | 2/YR | PP |  |
| A6530 | X COMPRESSION STOCKING BK18-30, EACH                                                            | EACH (1) | H | Y | 6/YR | PP |  |
| A6531 | X COMPRESSION STOCKING BK30-40                                                                  | EACH (1) | H | Y | 6/YR | PP |  |
| A6532 | X COMPRESSION STOCKING BK40-50                                                                  | EACH (1) | H | Y | 6/YR | PP |  |
| A6533 | X GC STOCKING THIGHLENGTH 18-30                                                                 | EACH (1) | H | Y | 6/YR | PP |  |
| A6534 | X GC STOCKING THIGHLENGTH 30-40                                                                 | EACH (1) | H | Y | 6/YR | PP |  |
| A6535 | X GC STOCKING THIGHLENGTH 40-50                                                                 | EACH (1) | H | Y | 6/YR | PP |  |
| A6536 | X GC STOCKING FULL LENGTH 18-30                                                                 | EACH (1) | H | Y | 6/YR | PP |  |
| A6537 | X GC STOCKING FULL LENGTH 30-40                                                                 | EACH (1) | H | Y | 6/YR | PP |  |
| A6538 | X GC STOCKING FULL LENGTH 40-50                                                                 | EACH (1) | H | Y | 6/YR | PP |  |
| A6539 | X GC STOCKING WAISTLENGTH 18-30                                                                 | EACH (1) | H | Y | 3/YR | PP |  |
| A6540 | X GC STOCKING WAISTLENGTH 30-40                                                                 | EACH (1) | H | Y | 3/YR | PP |  |
| A6541 | X GC STOCKING WAISTLENGTH 40-50                                                                 | EACH (1) | H | Y | 3/YR | PP |  |
| A6549 | X G COMPRESSION STOCKING, NOS                                                                   | EACH (1) | H | Y | 6/YR | PP |  |
| S8420 | X CUSTOM GRADIENT SLEEVE/GLOVE                                                                  | EACH (1) | H | Y | 4/YR | PP |  |
| S8421 | X READY GRADIENT SLEEVE/GLOVE                                                                   | EACH (1) | H | Y | 4/YR | PP |  |
| S8422 | X CUSTOM GRAD SLEEVE MED                                                                        | EACH (1) | H | Y | 4/YR | PP |  |
| S8423 | X CUSTOM GRAD SLEEVE HEAVY                                                                      | EACH (1) | H | Y | 4/YR | PP |  |
| S8424 | X READY GRADIENT SLEEVE                                                                         | EACH (1) | H | Y | 4/YR | PP |  |
| S8425 | X CUSTOM GRAD GLOVE MED                                                                         | EACH (1) | H | Y | 4/YR | PP |  |
| S8426 | X CUSTOM GRAD GLOVE HEAVY                                                                       | EACH (1) | H | Y | 4/YR | PP |  |
| S8427 | X READY GRADIENT GLOVE                                                                          | EACH (1) | H | Y | 4/YR | PP |  |
| S8428 | X READY GRADIENT GAUNTLET                                                                       | EACH (1) | H | Y | 4/YR | PP |  |
|       | X <b>Consumer is allowed only one Code per Max Unit per stocking, sleeve, glove or gauntlet</b> |          |   |   |      |    |  |

Appendix to rule 5160-10-03

| MEDICAL SUPPLIES         |                  |                                                                                                                                                                                   |          |          |            |            |       |
|--------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------|------------|-------|
| CURRENT CODE             | ITEM DESCRIPTION |                                                                                                                                                                                   | UNIT     | MEDICAID | PRIOR AUTH | MAX UNITS  | RNT/P |
| FAMILY PLANNING SUPPLIES |                  |                                                                                                                                                                                   |          |          |            |            |       |
| A4266                    |                  | DIAPHRAGM FOR CONTRACEPTIVE USE                                                                                                                                                   | EACH (1) | H        | N          | 1/YR       | PP    |
| A4267                    |                  | CONTRACEPTIVE SUPPLY, CONDOM, MALE                                                                                                                                                | EACH (1) | H        | N          | 36/MO      | PP    |
| A4268                    |                  | CONTRACEPTIVE SUPPLY, CONDOM, FEMALE                                                                                                                                              | EACH (1) | H        | N          | 36/MO      | PP    |
| A4269                    |                  | CONTRACEPTIVE SUPPLY, SPERMICIDE                                                                                                                                                  | EACH (1) | H        | N          | 1/MO       | PP    |
| MISCELLANEOUS SUPPLIES   |                  |                                                                                                                                                                                   |          |          |            |            |       |
| A4455                    |                  | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE) <b>NOT COVERED FOR USE WITH UROLOGICAL</b>                                                                       | EACH OZ. | H        | N          | 8/MO       | PP    |
| A4458                    |                  | ENEMA BAG WITH TUBING, REUSABLE                                                                                                                                                   | EACH (1) | H        | N          | 1/2 YRS    | PP    |
| A4561                    | X                | PESSARY, RUBBER, ANY TYPE                                                                                                                                                         | EACH (1) | H        | N          | 1/YR       | PP    |
| A4562                    | X                | PESSARY, NON-RUBBER, ANY TYPE                                                                                                                                                     | EACH (1) | H        | N          | 1/YR       | PP    |
| A4565                    |                  | SLINGS                                                                                                                                                                            | EACH (1) | H        | N          | 2/YR       | PP    |
| A4570                    |                  | SPLINT                                                                                                                                                                            | EACH (1) | H        | N          | 1/YR       | PP    |
| A4580                    |                  | CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY                                                                                                                                         | ONE ROLL | H        | N          | 1/YR       | PP    |
| A4590                    |                  | CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY                                                                                                                          | ONE ROLL | H        | N          | 1/YR       | PP    |
| A4649                    |                  | SURGICAL SUPPLY, MISCELLANEOUS (DO NOT USE FOR OSTOMY SUPPLIES)                                                                                                                   | EACH (1) | H        | Y          |            | PP    |
| A4927                    |                  | GLOVES, NON-STERILE                                                                                                                                                               | PER 100  | H        | N          | 2/MO       | PP    |
| A4930                    |                  | GLOVES, STERILE                                                                                                                                                                   | PER PAIR | H        | N          | 100 PR /MO | PP    |
| E0190                    |                  | POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES                                                                                      | EACH (1) | H        | N          | 1/2 YRS    | PP    |
| E0602                    | X                | BREAST PUMP, MANUAL, ANY TYPE                                                                                                                                                     | EACH (1) | H        | N          | 1/2 YRS    | PP    |
| E0603                    | X                | BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE                                                                                                                                    | EACH (1) | H        | N          | 1/ 5 YRS   | PP    |
| E0604                    | X                | BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGULATOR, SUPPLIES, TRANSFORMER, ELECTRIC (AC AND/OR DC) (RENTAL ONLY) | PER DAY  | H        | N          | 90 DAYS    | RO    |
| E0700                    |                  | SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)                                                                                                                                    | EACH (1) | H        | N          | 2/YR       | PP    |
| E0705                    |                  | TRANSFER BOARD OR DEVICE, ANY TYPE, EACH                                                                                                                                          | EACH (1) | H        | N          | 1/2 YRS    | PP    |
| E1399                    |                  | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS                                                                                                                                          |          | H        | Y          |            |       |
| Y9167                    |                  | SHARPS CONTAINER FOR DISPOSAL, CAPACITY 200                                                                                                                                       | EACH (1) | H        | N          | 1/2 MO     | PP    |
| K0730                    |                  | CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM                                                                                                                                   | EACH (1) | H        | N          | 1/5 YRS    | PP    |
|                          | X                | Consumer is allowed only one Code per Max Unit per Pessary and one Breast Pump                                                                                                    |          |          |            |            |       |
| DECUBITUS CARE EQUIPMENT |                  |                                                                                                                                                                                   |          |          |            |            |       |
| A4640                    | X                | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY CONSUMER                                                                                       | EACH (1) | H        | N          | 1/YR       | PP    |
| E0181                    | X                | PRESSURE PAD, ALTERNATING, WITH PUMP, HEAVY DUTY                                                                                                                                  | EACH (1) | H        | N          | 1/4 YRS    | PP    |
| E0182                    |                  | PUMP FOR ALTERNATING PRESSURE PAD                                                                                                                                                 | EACH (1) | H        | N          | 1/4 YRS    | PP    |
| E0184                    | X                | DRY PRESSURE MATTRESS                                                                                                                                                             | EACH (1) | H        | Y          | 1/4 YRS    | PP    |
| E0185                    | X                | GEL PRESSURE PAD FOR MATTRESS                                                                                                                                                     | EACH (1) | H        | N          | 1/2 YRS    | PP    |
| E0186                    | X                | AIR PRESSURE MATTRESS                                                                                                                                                             | EACH (1) | H        | Y          | 1/2 YRS    | PP    |
| E0187                    | X                | WATER PRESSURE MATTRESS (E.G., AQUAPEDIC)                                                                                                                                         | EACH (1) | H        | N          | 1/2 YRS    | PP    |
| E0188                    |                  | SYNTHETIC SHEEPSKIN PAD, WHEELCHAIR SIZE                                                                                                                                          | EACH (1) | H        | N          | 2/6 MOS    | PP    |
| E0189                    |                  | LAMBSWOOL/SHEEPSKIN PAD, ANY BED SIZE                                                                                                                                             | EACH (1) | H        | N          | 2/YR       | PP    |
| E0191                    |                  | HEEL OR ELBOW PROTECTOR                                                                                                                                                           | EACH (1) | H        | N          | 4/6 MOS    | PP    |
| E0193                    | X                | POWERED FLotation BED (LOW AIR LOSS THERAPY)                                                                                                                                      | PER DAY  | H        | Y          | 180/YR     | RO    |
| E0194                    | X                | AIR FLUIDIZED BED (BEAD BED)                                                                                                                                                      | PER DAY  | H        | Y          | 180/YR     | RO    |
| E0196                    | X                | GEL PRESSURE MATTRESS                                                                                                                                                             | EACH (1) | H        | Y          | 1/4YR      | PP    |
| E0197                    | X                | AIR PRESSURE PAD FOR MATTRESS                                                                                                                                                     | EACH (1) | H        | Y          | 1/4YR      | PP    |
| E0198                    | X                | WATER PRESSURE PAD FOR MATTRESS                                                                                                                                                   | EACH (1) | H        | Y          | 1/4YR      | PP    |
| E0199                    | X                | DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (E.G., EGG CRATE)                                                                                               | EACH (1) | H        | N          | 1/YR       | PP    |
| E0277                    | X                | ALTERNATING PRESSURE MATTRESS                                                                                                                                                     | EACH (1) | H        | Y          | 1/4 YRS    | R/P   |
| E0371                    | X                | NONPOWER ADVANCED PRESSURE-REDUCING MATTRESS                                                                                                                                      | EACH (1) | H        | Y          | 1/4 YRS    | R/P   |
| E0372                    | X                | POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH                                                                                                                | EACH (1) | H        | Y          | 1/4 YRS    | R/P   |
| E0373                    | X                | NON-POWERED , ADVANCED PRESSURE-REDUCING MATTRESS                                                                                                                                 | EACH (1) | H        | Y          | 1/4 YRS    | R/P   |
|                          | X                | Consumer is allowed only one Code per Max Unit per Pressure Pad, Bed and Mattress                                                                                                 |          |          |            |            |       |
| HOSPITAL BEDS            |                  |                                                                                                                                                                                   |          |          |            |            |       |
| E0255                    | X                | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS                                                                                                     | EACH (1) | H        | Y          | 1/8 YRS    | R/P   |
| E0256                    | X                | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS                                                                                                  | EACH (1) | H        | Y          | 1/8 YRS    | R/P   |
| E0260                    | X                | HOSPITAL BED,SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT),WITH ANY TYPE SIDE RAILS, WITH MATTRESS                                                                                       | EACH (1) | H        | Y          | 1/8 YRS    | R/P   |
| E0261                    | X                | HOSPITAL BED,SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT),WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS                                                                                    | EACH (1) | H        | Y          | 1/8 YRS    | R/P   |
| E0271                    | X                | MATTRESS, INNERSPRING                                                                                                                                                             | EACH (1) | H        | Y          | 1/4 YRS    | PP    |
| E0272                    | X                | MATTRESS, FOAM RUBBER                                                                                                                                                             | EACH (1) | H        | Y          | 1/4 YRS    | PP    |
| E0275                    | X                | BED PAN, STANDARD, METAL OR PLASTIC                                                                                                                                               | EACH (1) | H        | N          | 1/4 YRS    | PP    |
| E0276                    | X                | BED PAN, FRACTURE, METAL OR PLASTIC                                                                                                                                               | EACH (1) | H        | N          | 1/4 YRS    | PP    |

Appendix to rule 5160-10-03

| CURRENT CODE                                  |                                                                                                                                                                                                                           | ITEM DESCRIPTION                                                                                                                                                      | UNIT        | MEDICAL SUPPLIES |            |                    |       |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|------------|--------------------|-------|
|                                               |                                                                                                                                                                                                                           |                                                                                                                                                                       |             | MEDICAID         | PRIOR AUTH | MAX UNITS          | RNT/P |
| E0292                                         | X                                                                                                                                                                                                                         | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS                                                                                               | EACH (1)    | H                | Y          | 1/8 YRS            | R/P   |
| E0293                                         | X                                                                                                                                                                                                                         | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS                                                                                            | EACH (1)    | H                | Y          | 1/8 YRS            | R/P   |
| E0294                                         | X                                                                                                                                                                                                                         | HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS                                                                              | EACH (1)    | H                | Y          | 1/8 YRS            | R/P   |
| E0295                                         | X                                                                                                                                                                                                                         | HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS                                                                           | EACH (1)    | H                | Y          | 1/8 YRS            | R/P   |
| E0301                                         | X                                                                                                                                                                                                                         | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT           | EACH (1)    | H                | Y          | 1/8 YRS            | R/P   |
| E0302                                         | X                                                                                                                                                                                                                         | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS                                        | EACH (1)    | H                | Y          | 1/8 YRS            | R/P   |
| E0303                                         | X                                                                                                                                                                                                                         | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH              | EACH (1)    | H                | Y          | 1/8 YRS            | R/P   |
| E0304                                         | X                                                                                                                                                                                                                         | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS                                           | EACH (1)    | H                | Y          | 1/8 YRS            | R/P   |
| E0328                                         | X                                                                                                                                                                                                                         | 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)    | H                | Y          | 1/8 YRS            | R/P   |
| E0329                                         | X                                                                                                                                                                                                                         | HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES | EACH (1)    | H                | Y          | 1/8 YRS            | R/P   |
|                                               | X                                                                                                                                                                                                                         | <i>Consumer is allowed only one Code per Max Unit per Bed, Bed Pan and Mattress</i>                                                                                   |             |                  |            |                    |       |
| TRACTION EQUIPMENT & HOSPITAL BED ACCESSORIES |                                                                                                                                                                                                                           |                                                                                                                                                                       |             |                  |            |                    |       |
| E0305                                         | X                                                                                                                                                                                                                         | BED, SIDE RAILS, HALF LENGTH, ATTACHMENT                                                                                                                              | EACH (1)    | H                | N          | 2/8 YRS            | PP    |
| E0310                                         | X                                                                                                                                                                                                                         | BED, SIDE RAILS, FULL LENGTH, ATTACHMENT                                                                                                                              | EACH (1)    | H                | N          | 2/8 YRS            | PP    |
| E0325                                         |                                                                                                                                                                                                                           | URINAL; MALE, JUG TYPE, ANY MATERIAL                                                                                                                                  | EACH (1)    | H                | N          | 1/4 YRS            | PP    |
| E0326                                         |                                                                                                                                                                                                                           | URINAL; FEMALE, JUG TYPE, ANY MATERIAL                                                                                                                                | EACH (1)    | H                | N          | 1/4 YRS            | PP    |
| E0840                                         | X                                                                                                                                                                                                                         | TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL                                                                                                                        | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0850                                         | X                                                                                                                                                                                                                         | TRACTION STAND, FREE STANDING, CERVICAL TRACTION                                                                                                                      | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0860                                         | X                                                                                                                                                                                                                         | TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE                                                                                                                      | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0870                                         | X                                                                                                                                                                                                                         | TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)                                                                                               | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0880                                         |                                                                                                                                                                                                                           | TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S)                                                                                                       | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0890                                         | X                                                                                                                                                                                                                         | TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION                                                                                                                | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0900                                         | X                                                                                                                                                                                                                         | TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G.,                                                                                                                 | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0910                                         | X                                                                                                                                                                                                                         | TRAPEZE BAR, BED MOUNTED WITH GRAB BAR                                                                                                                                | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0912                                         | X                                                                                                                                                                                                                         | TRAPEZE BAR, HEAVY DUTY, FREE STANDING                                                                                                                                | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0920                                         | X                                                                                                                                                                                                                         | TRACTION FRAME, ATTACHED TO BED, INCLUDES WEIGHTS                                                                                                                     | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0930                                         | X                                                                                                                                                                                                                         | FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS                                                                                                                        | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0935                                         |                                                                                                                                                                                                                           | PASSIVE MOTION EXRCISE DEVICE; (Total Knee Replacement only)                                                                                                          | PER MEDICAL | H                | N          | 21 Days/ MED EVENT | RO    |
| E0940                                         | X                                                                                                                                                                                                                         | TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR                                                                                                                        | EACH (1)    | H                | N          | 1/8 YRS            | PP    |
| E0941                                         |                                                                                                                                                                                                                           | GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE                                                                                                                            | EACH (1)    | H                | Y          | 1/YR               | R/P   |
| E0942                                         |                                                                                                                                                                                                                           | CERVICAL HEAD HARNESS/HALTER                                                                                                                                          | EACH (1)    | H                | N          | 1/MED EVENT        | PP    |
| E0944                                         |                                                                                                                                                                                                                           | PELVIC BELT/HARNESS/BOOT                                                                                                                                              | EACH (1)    | H                | N          | 1/MED EVENT        | PP    |
| E0945                                         |                                                                                                                                                                                                                           | EXTREMITY BELT/HARNESS                                                                                                                                                | EACH (1)    | H                | N          | 1/MED EVENT        | PP    |
| E0946                                         | X                                                                                                                                                                                                                         | FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G. BALKEN, 4 POSTER)                                                                                        | EACH (1)    | H                | Y          | 1/MED EVENT        | R/P   |
| E0947                                         | X                                                                                                                                                                                                                         | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC                                                                                                                        | EACH (1)    | H                | Y          | 1/MED EVENT        | R/P   |
| E0948                                         | X                                                                                                                                                                                                                         | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION                                                                                                             | EACH (1)    | H                | Y          | 1/MED EVENT        | R/P   |
| E1820                                         |                                                                                                                                                                                                                           | REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/ FLEXION DEVICE                                                                                     | PER MEDICAL | H                | N          | 1/MED EVENT        | PP    |
|                                               | X                                                                                                                                                                                                                         | <i>Consumer is allowed only one Code per Max Unit per side rail, traction frame/stand cervical and pelvic, trapeze bar and fraction frame</i>                         |             |                  |            |                    |       |
| EQUIPMENT AND SUPPLIES FOR ESRD               |                                                                                                                                                                                                                           |                                                                                                                                                                       |             |                  |            |                    |       |
| NOTE:                                         | ALL SUPPLIES & EQUIPMENT FOR HOME DIALYSIS OF ESRD RECIPIENTS ARE TO BE BILLED UNDER A SINGLE CODE. MAXIMUM ALLOWED PAYMENT FOR EQUIPMENT AND SUPPLIES COMBINED IS \$1200/MO FOR Y2090 AND Y2091, AND \$1500/MO FOR Y2092 |                                                                                                                                                                       |             |                  |            |                    |       |
| Y2090                                         |                                                                                                                                                                                                                           | HOME HEMODIALYSIS FOR ESRD                                                                                                                                            | 1 MONTH     | H                | N          | 1/MO               | RO    |
| Y2091                                         |                                                                                                                                                                                                                           | CAPD HOME DIALYSIS                                                                                                                                                    | 1 MONTH     | H                | N          | 1/MO               | RO    |
| Y2092                                         |                                                                                                                                                                                                                           | CCPD HOME DIALYSIS                                                                                                                                                    | 1 MONTH     | H                | N          | 1/MO               | RO    |

## Appendix to rule 5160-10-03

|                                                                                                                                                         |   | MEDICAL SUPPLIES                                                                                                                                                                                                                                                                                            |              |          |            |           |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|------------|-----------|--------|
| CURRENT CODE                                                                                                                                            |   | ITEM DESCRIPTION                                                                                                                                                                                                                                                                                            | UNIT         | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/PP |
| ENTERAL AND PARENTERAL NUTRITION THERAPY (FORMULA, SOLUTION, FEEDING TUBES, SUPPLIES)                                                                   |   |                                                                                                                                                                                                                                                                                                             |              |          |            |           |        |
| B4034                                                                                                                                                   | X | ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY                                                                                                                                                                                                                                                                | PER DAY      | H        | Y          | 1/DAY     | PP     |
| B4035                                                                                                                                                   | X | ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY                                                                                                                                                                                                                                                               | PER DAY      | H        | Y          | 1/DAY     | PP     |
| B4036                                                                                                                                                   | X | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCLUDES BAGS/CONTAINERS)                                                                                                                                                                                                                                 | PER DAY      | H        | Y          | 1/DAY     | PP     |
| B4081                                                                                                                                                   | X | NASOGASTRIC TUBING WITH STYLET                                                                                                                                                                                                                                                                              | EACH (1)     | H        | N          | 2/MO      | PP     |
| B4082                                                                                                                                                   | X | NASOGASTRIC TUBING WITHOUT STYLET                                                                                                                                                                                                                                                                           | EACH (1)     | H        | N          | 2/MO      | PP     |
| B4083                                                                                                                                                   |   | STOMACH TUBE, LEVINE TYPE                                                                                                                                                                                                                                                                                   | EACH (1)     | H        | N          | 8/MO      | PP     |
| B4087                                                                                                                                                   | X | GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD                                                                                                                                                                                                                                                                      | EACH (1)     | H        | N          | 4/YR      | PP     |
| B4088                                                                                                                                                   | X | GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE                                                                                                                                                                                                                                                                   | EACH (1)     | H        | N          | 4/YR      | PP     |
| B4150*                                                                                                                                                  |   | ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                                                                                        | 100 calories | H        | Y          |           | PP     |
| B4152*                                                                                                                                                  |   | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS,CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                               | 100 calories | H        | Y          |           | PP     |
| B4153*                                                                                                                                                  |   | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS ANDPEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1UNIT                                                                     | 100 calories | H        | Y          |           | PP     |
| B4154*                                                                                                                                                  |   | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS,FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT              | 100 calories | H        | Y          |           | PP     |
| B4155*                                                                                                                                                  |   | ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | H        | Y          |           | PP     |
| B4157*                                                                                                                                                  |   | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                                             | 100 calories | H        | Y          |           | PP     |
| B4158*                                                                                                                                                  |   | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                                                            | 100 calories | H        | Y          |           | PP     |
| B4159*                                                                                                                                                  |   | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                                                  | 100 calories | H        | Y          |           | PP     |
| B4160*                                                                                                                                                  |   | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT               | 100 calories | H        | Y          |           | PP     |
| B4161*                                                                                                                                                  |   | ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100                                                                                               | 100 calories | H        | Y          |           | PP     |
| B4162*                                                                                                                                                  |   | ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                                                         | 100 calories | H        | Y          |           | PP     |
| NOTE: * FOR ENTERAL NUTRITION ADMINISTERED ORALLY, NOT BY FEEDING TUBE, USE MODIFIER BO WHEN INSTRUCTED TO DO SO BY THE PRIOR AUTHORIZATION DEPARTMENT. |   |                                                                                                                                                                                                                                                                                                             |              |          |            |           |        |

Appendix to rule 5160-10-03

|                                                         |                                                                                                                                                                                                                                                                                              | MEDICAL SUPPLIES |          |            |             |       |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|------------|-------------|-------|
| CURRENT CODE                                            | ITEM DESCRIPTION                                                                                                                                                                                                                                                                             | UNIT             | MEDICAID | PRIOR AUTH | MAX UNITS   | RNT/P |
| B4220*                                                  | X PARENTERAL NUTRITION SUPPLY KIT; PREMIX, COMPLETE - PER DAY                                                                                                                                                                                                                                | PER DAY          | H        | N          | 1/DAY       | PP    |
| B4222*                                                  | X PARENTERAL NUTRITION SUPPLY KIT; HOMEMIX, COMPLETE - PER DAY                                                                                                                                                                                                                               | PER DAY          | H        | N          | 1/DAY       | PP    |
| B4224*                                                  | PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY,                                                                                                                                                                                                                                            | PER DAY          | H        | N          | 1/DAY       | PP    |
|                                                         | X <i>Consumer is allowed only one Code per Max Unit per enteral/parenteral supply kit code per day. Only one Nasogastric code B4081-B4082 per month or Gastro/Jejuno tube B4087-B4088 per year. Nasogastric tubes are not to be billed in conjunction with parenteral codes B4220-B4224.</i> |                  |          |            |             |       |
| NOTE:                                                   | * <i>Provider must have on file a current consumer specific order for parenteral products approved by Medicaid in order to bill these codes.</i>                                                                                                                                             |                  |          |            |             |       |
| ENTERAL AND PARENTERAL NUTRITION PUMPS (INCLUDES POLES) |                                                                                                                                                                                                                                                                                              |                  |          |            |             |       |
| B9000                                                   | X ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM                                                                                                                                                                                                                                            | EACH             | H        | Y          | 1/8 YRS     | R/P   |
| B9002                                                   | X ENTERAL NUTRITION INFUSION PUMP - WITH ALARM                                                                                                                                                                                                                                               | EACH             | H        | Y          | 1/8 YRS     | R/P   |
| B9004                                                   | X PARENTERAL NUTRITION INFUSION PUMP - PORTABLE                                                                                                                                                                                                                                              | EACH             | H        | Y          | 1/8 YRS     | R/P   |
| B9006                                                   | X PARENTERAL NUTRITION INFUSION PUMP - STATIONARY                                                                                                                                                                                                                                            | EACH             | H        | Y          | 1/8 YRS     | R/P   |
| B9998                                                   | ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED                                                                                                                                                                                                                                                    |                  | H        | Y          |             | PP    |
| B9999                                                   | PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED                                                                                                                                                                                                                                                 |                  | H        | Y          |             | PP    |
|                                                         | X <i>Consumer is allowed only one Code per Max Unit per enteral/parenteral infusion pump</i>                                                                                                                                                                                                 |                  |          |            |             |       |
| INFUSION PUMP EQUIPMENT (NON-NUTRITION) AND ACCESSORIES |                                                                                                                                                                                                                                                                                              |                  |          |            |             |       |
| A4305                                                   | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR                                                                                                                                                                                                                            | ONE DAY          | H        | N          | 1/DAY       | PP    |
| A4306                                                   | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 5 ML OR LESS PER HOUR                                                                                                                                                                                                                             | ONE DAY          | H        | N          | 1/DAY       | PP    |
| E0776                                                   | IV POLE (IF PUMP IS AUTHORIZED, PAYMENT FOR POLE IS INCLUDED IN PUMP RENTAL)                                                                                                                                                                                                                 | EACH (1)         | H        | N          | 1/8 YRS     | PP    |
| E0781                                                   | AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT                                                                                                                                                          | ONE DAY          | H        | N          | 1/DAY       | RO    |
| E0784                                                   | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN                                                                                                                                                                                                                                                   | EACH (1)         | H        | Y          | 1/8 YRS     | R/P   |
| E0791                                                   | PARENTERAL INFUSION PUMP,STATIONARY, SINGLE OR MULTI-CHANNEL (NON-NUTRITION) (INCLUDING POLE)                                                                                                                                                                                                | ONE DAY          | H        | N          | 1/DAY       | RO    |
| INFUSION SUPPLIES                                       |                                                                                                                                                                                                                                                                                              |                  |          |            |             |       |
| A4221                                                   | SUPPLIES FOR MAINTENANCE OF A DRUG INFUSION CATHETER, PER WEEK                                                                                                                                                                                                                               | 1 SET            | H        | N          | 4/MO        | PP    |
| A4222                                                   | INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)                                                                                                                                                                                                | 1 SET            | H        | N          | 60/MO       | PP    |
| A4223                                                   | INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)                                                                                                                                                                                          | 1 SET            | H        | N          | 30/MO       | PP    |
| A4230                                                   | X INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE                                                                                                                                                                                                                            | 1 SET            | H        | N          | 30/MO       | PP    |
| A4231                                                   | X INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE STYLE                                                                                                                                                                                                                                       | 1 SET            | H        | N          | 30/MO       | PP    |
| A4232                                                   | SYRINGE W/ NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE 3CC                                                                                                                                                                                                                                     | EACH (1)         | H        | N          | 30/MO       | PP    |
| A4719                                                   | "Y SET" TUBING FOR PERITONEAL DIALYSIS                                                                                                                                                                                                                                                       | 1 SET            | H        | N          | 30/MO       | PP    |
| K0552                                                   | SUPPLIES FOR EXT. DRUG INFUSION PUMP, SYRINGE, CART, EA                                                                                                                                                                                                                                      | EACH (1)         | H        | N          | 30/MO       | PP    |
|                                                         | X <i>Consumer is allowed only one Code per Max Unit per Infusion Set</i>                                                                                                                                                                                                                     |                  |          |            |             |       |
| HEAT/COLD APPLICATION                                   |                                                                                                                                                                                                                                                                                              |                  |          |            |             |       |
| A4265                                                   | PARAFFIN FOR USE IN MEDICALLY NECESSARY UNIT APPROVED BY THE DEPARTMENT, REFILL                                                                                                                                                                                                              | PER POUND        | H        | N          | 2/MO        | PP    |
| E0202                                                   | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER                                                                                                                                                                                                                                               | RENTAL PERIOD    | H        | N          | 1/ LIFETIME | RO    |
| E0210                                                   | X ELECTRIC HEAT PAD, STANDARD                                                                                                                                                                                                                                                                | EACH (1)         | H        | N          | 1/5 YRS     | PP    |
| E0215                                                   | X ELECTRIC HEAT PAD, MOIST                                                                                                                                                                                                                                                                   | EACH (1)         | H        | N          | 1/5 YRS     | PP    |
| A9273                                                   | HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE                                                                                                                                                                                                                         | EACH (1)         | H        | N          | 1/5 YRS     | PP    |
| E0235                                                   | PARAFFIN BATH UNIT, PORTABLE COMPLETE WITH WAX                                                                                                                                                                                                                                               | EACH (1)         | H        | N          | 1/5 YRS     | PP    |
|                                                         | X <i>Consumer is allowed only one Code per Max unit per heat pad</i>                                                                                                                                                                                                                         |                  |          |            |             |       |

Appendix to rule 5160-10-03

|                                         |                                                                                                                                    | MEDICAL SUPPLIES |          |            |           |       |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|------------|-----------|-------|
| CURRENT CODE                            | ITEM DESCRIPTION                                                                                                                   | UNIT             | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/P |
| COMMODOES                               |                                                                                                                                    |                  |          |            |           |       |
| E0163*                                  | COMMODE CHAIR, STATIONARY WITH FIXED ARMS                                                                                          | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
| E0165*                                  | COMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS                                                                                | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
| E0167                                   | PAIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT                                                                                | EACH (1)         | H        | N          | 1/YR      | PP    |
| E0168*                                  | EXTRA WIDE/HEAVY DUTY COMMODE CHAIR                                                                                                | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
|                                         | EXTRA WIDE/HEAVY DUTY COMMODE CHAIRS HAVE A WIDTH OF > 23 INCHES AND ARE CAPABLE OF SUPPORTING PATIENTS WEIGHING 300 LBS. OR MORE. |                  |          |            |           |       |
|                                         | EXTRA WIDE/HEAVY DUTY COMMODE CHAIRS ARE ONLY COVERED FOR PATIENTS WEIGHING 300 LBS. OR MORE.                                      |                  |          |            |           |       |
|                                         | PROVIDERS MUST MAINTAIN DOCUMENTATION OF PATIENT'S WEIGHT.                                                                         |                  |          |            |           |       |
| NOTE:                                   | * REIMBURSEMENT IS LIMITED TO ONE COMMODE CHAIR PER 5 YEAR PERIOD.                                                                 |                  |          |            |           |       |
| BATH AND TOILET AIDS                    |                                                                                                                                    |                  |          |            |           |       |
| E0241                                   | BATHROOM WALL RAIL, STRAIGHT                                                                                                       | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
| E0243                                   | TOILET RAIL                                                                                                                        | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
| E0244                                   | RAISED TOILET SEAT                                                                                                                 | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
| E0245                                   | TUB STOOL OR BENCH (ANY TYPE)                                                                                                      | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
| E0246                                   | TRANSFER TUB RAIL ATTACHMENT                                                                                                       | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
| E0247                                   | X TRANSFER BENCH FOR TUB OR TOILET                                                                                                 | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
| E0248                                   | X TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET                                                                                    | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
|                                         | X Consumer is allowed only one Code per Max unit per transfer bench                                                                |                  |          |            |           |       |
| TRACHEOSTOMY CARE                       |                                                                                                                                    |                  |          |            |           |       |
| A4483                                   | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION                                                       | EACH (1)         | H        | N          | 100/MO    | PP    |
| A4623                                   | TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)                                                                                     | EACH (1)         | H        | N          | 30 /MO    | PP    |
| A4625 *                                 | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY (CLEANING STARTER KIT)                                                                  | EACH (1)         | H        | N          | 30/MO     | PP    |
| NOTE:                                   | * A4625 COVERED ONLY FOR FIRST TWO WEEKS FOLLOWING OPEN SURGICAL TRACHEOSTOMY                                                      |                  |          |            |           |       |
| A4626                                   | TRACHEOSTOMY CLEANING BRUSH                                                                                                        | EACH (1)         | H        | N          | 10/MO     | PP    |
| A4629                                   | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY                                                                                 | EACH (1)         | H        | N          | 30/MO     | PP    |
| A7504                                   | FILTER FOR USE IN A TRACHEOSTOMY HEAT AND MOISTURE EXCHANGE SYSTEM                                                                 | EACH (1)         | H        | N          | 100 /MO   | PP    |
| A7505                                   | HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE                | EACH (1)         | H        | N          | 4/MO      | PP    |
| A7506                                   | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE                              | EACH (1)         | H        | N          | 100/MO    | PP    |
| A7507                                   | X FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE                       | EACH (1)         | H        | N          | 100/MO    | PP    |
| A7508                                   | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE      | EACH (1)         | H        | N          | 100/MO    | PP    |
| A7509                                   | X FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM           | EACH (1)         | H        | N          | 100/MO    | PP    |
| A7520                                   | X TRACHEOSTOMY/LARYGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL                                                                | EACH (1)         | H        | N          | 2/MO      | PP    |
| A7521                                   | X TRACHEOSTOMY/LARYGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL                                                                    | EACH (1)         | H        | N          | 2/MO      | PP    |
| A7522                                   | X TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)                                             | EACH (1)         | H        | N          | 2/MO      | PP    |
| A7525                                   | TRACHEOSTOMY MASK                                                                                                                  | EACH (1)         | H        | N          | 4/MO      | PP    |
| A7526                                   | * TRACHEOSTOMY TUBE COLLAR/HOLDER                                                                                                  | EACH (1)         | H        | N          | 15 /MO    | PP    |
|                                         | X Consumer is allowed only one Code per Max unit per filter holder and trach tube                                                  |                  |          |            |           |       |
| NOTE:                                   | * DO NOT BILL CODE A7526 IN CONJUNCTION WITH TWILL TAPE. ONLY ONE TYPE OF TRACH TIE (TWILL TAPE OR OTHER) IS MEDICALLY NECESSARY   |                  |          |            |           |       |
| MISCELLANEOUS RESPIRATORY CARE SUPPLIES |                                                                                                                                    |                  |          |            |           |       |
| A4616                                   | TUBING, AEROSOL, (PER FOOT)                                                                                                        | EACH (1 FT.)     | H        | N          | 15/ MO    | PP    |
| A7003                                   | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE                                                  | EACH (1)         | H        | N          | 4/MO      | PP    |
| A7004                                   | SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,                                                                                      | EACH (1)         | H        | N          | 4/MO      | PP    |
| A7005                                   | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE                                              | EACH (1)         | H        | N          | 2/YR      | PP    |
| A7006                                   | ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER                                                                 | EACH (1)         | H        | N          | 4/MO      | PP    |
| A7007                                   | LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR                                                         | EACH (1)         | H        | N          | 4/MO      | PP    |

| CURRENT CODE                                              | ITEM DESCRIPTION                                                                                                                                                                                                                     | UNIT                                                                                                                        | MEDICAL SUPPLIES |                               |             |           |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|-------------|-----------|
|                                                           |                                                                                                                                                                                                                                      |                                                                                                                             | MEDICAID         | PRIOR AUTH                    | MAX UNITS   | RNT/P     |
| A7012                                                     | WATER COLLECTION DEVICE, USED WITH LARGE VOLUME                                                                                                                                                                                      | EACH (1)                                                                                                                    | H                | N                             | 4/MO        | PP        |
| A7015                                                     | AEROSOL MASK, USED WITH DME NEBULIZER                                                                                                                                                                                                | EACH (1)                                                                                                                    | H                | N                             | 4/MO        | PP        |
| E0605                                                     | VAPORIZER, ROOM TYPE                                                                                                                                                                                                                 | EACH (1)                                                                                                                    | H                | N                             | 1/4 YRS     | PP        |
| S8101                                                     | HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER, WITH MASK (SEE A4627 FOR SPACER)                                                                                                                                     | EACH (1)                                                                                                                    | H                | N                             | 1/YR        | PP        |
| <b>VENTILATORS, CPAP, AND OTHER RESPIRATORY EQUIPMENT</b> |                                                                                                                                                                                                                                      |                                                                                                                             |                  |                               |             |           |
| A4611                                                     | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR                                                                                                                                                                        | EACH (1)                                                                                                                    | H                | Y                             | 1/YR        | PP        |
| A4612                                                     | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED                                                                                                                                                                                        | EACH (1)                                                                                                                    | H                | Y                             | 1/2 YRS     | PP        |
| A4613                                                     | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR                                                                                                                                                                            | EACH (1)                                                                                                                    | H                | Y                             | 1/3 YRS     | PP        |
| A4618                                                     | BREATHING CIRCUITS, IPPB (FOR CONSUMER-OWNED IPPB ONLY)                                                                                                                                                                              | EACH (1)                                                                                                                    | H                | Y                             | 4/MO        | PP        |
| A7025                                                     | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, ONLY FOR ADDITIONAL FAMILY MEMBER USING EQUIPMENT                                                                                                                                 | EACH (1)                                                                                                                    | H                | Y                             | 1/ LIFETIME | PP        |
| A7030                                                     | FULL FACEMASK INTERFACE, CPAP                                                                                                                                                                                                        | EACH (1)                                                                                                                    | H                | N                             | 1/YR        | PP        |
| A7032                                                     | REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH                                                                                                                                                                               | EACH (1)                                                                                                                    | H                | N                             | 2/YR        | PP        |
| A7033                                                     | REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR                                                                                                                                                                               | PAIR                                                                                                                        | H                | N                             | 2/YR        | PP        |
| A7034                                                     | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD                                                                                                                               | EACH (1)                                                                                                                    | H                | N                             | 1/YR        | PP        |
| A7035                                                     | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                   | EACH (1)                                                                                                                    | H                | N                             | 1/YR        | PP        |
| A7036                                                     | CHINSTRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                 | EACH (1)                                                                                                                    | H                | N                             | 2/YR        | PP        |
| A7037                                                     | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                     | EACH (1)                                                                                                                    | H                | N                             | 1/YR        | PP        |
| A7038                                                     | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                        | EACH (1)                                                                                                                    | H                | N                             | 1/MO        | PP        |
| A7039                                                     | FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                    | EACH (1)                                                                                                                    | H                | N                             | 4/YR        | PP        |
| E0450                                                     | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)                                                                                  | PER MONTH                                                                                                                   | Y                | N (For initial 3 months only) | 1/MO        | RO        |
| Y2032                                                     | BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS)                                                                                                                                                                                      | PER MONTH                                                                                                                   | Y                | Y                             | 1/MO        | RO        |
| E0463                                                     | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)                                                                                       | EACH (1)                                                                                                                    | Y                | Y                             | 1/MO        | RO        |
| <u>E0464</u>                                              | <u>PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)</u>                                                                                         | <u>EACH (1)</u>                                                                                                             | <u>Y</u>         | <u>Y</u>                      | <u>1/MO</u> | <u>RO</u> |
| E0457                                                     | CHEST SHELL (CUIRASS)                                                                                                                                                                                                                | EACH (1)                                                                                                                    | H                | N                             | 1/8 YRS     | PP        |
| E0459                                                     | CHEST WRAP                                                                                                                                                                                                                           | EACH (1)                                                                                                                    | H                | N                             | 1/8 YRS     | PP        |
| E0460                                                     | NEGATIVE PRESSURE VENTILATOR; PORTABLE/STATIONARY                                                                                                                                                                                    | EACH (1)                                                                                                                    | Y                | Y                             | 1/MO        | RO        |
| E0470                                                     | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP) | EACH (1)                                                                                                                    | H                | Y                             | 1/5 YRS     | R/P       |
| E0471                                                     | X RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--       | PER MONTH                                                                                                                   | H                | Y                             | 1/MO        | RO        |
| E0472                                                     | X RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPACITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP)          | PER MONTH                                                                                                                   | H                | Y                             | 1/MO        | RO        |
| E0480                                                     | PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL                                                                                                                                                                                         | EACH (1)                                                                                                                    | H                | N                             | 1/3 YRS     | PP        |
| E0481                                                     | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES                                                                                                                                                                 | EACH                                                                                                                        | H                | Y                             | 1/8 YRS     | R/P       |
| E0482                                                     | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE                                                                                                                                                          | EACH (1)                                                                                                                    | H                | Y                             | 1/8 YRS     | R/P       |
| E0483*                                                    | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (INCLUDES HOSES AND VEST)                                                                                                                                           | EACH (1)                                                                                                                    | H                | Y                             | 1/ LIFETIME | R/P       |
|                                                           | X <b>Consumer is allowed only one Code per Max unit per respiratory assist device</b>                                                                                                                                                |                                                                                                                             |                  |                               |             |           |
| <b>NOTE:</b>                                              | <b>* HFCWO SYSTEM IS APPROVABLE ONLY FOR PATIENTS WITH A DIAGNOSIS OF CYSTIC FIBROSIS AND WHEN OTHER TREATMENTS ARE INEFFECTIVE.</b>                                                                                                 | Ventilator supplies and equipment are dispensed in accordance with the provisions of OAC rule 5101:3-10-22 when applicable. |                  |                               |             |           |
| E0500                                                     | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION                                                                                                                                                                                  | PER MONTH                                                                                                                   | H                | Y                             | 1/MO        | RO        |
| E0561                                                     | X HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                  | EACH (1)                                                                                                                    | H                | Y                             | 1/4 YRS     | PP        |
| E0562                                                     | X HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                      | EACH (1)                                                                                                                    | H                | Y                             | 1/4 YRS     | PP        |
| E0601                                                     | NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE                                                                                                                                                                                       | EACH (1)                                                                                                                    | H                | Y                             | 1/4 YRS     | R/P       |
|                                                           | X <b>Consumer is allowed only one Code per Max unit per humidifier</b>                                                                                                                                                               |                                                                                                                             |                  |                               |             |           |

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| CURRENT CODE                                                                                                                                                                                                                                                                                                                                                                                      |  | ITEM DESCRIPTION                                                                                                                                                | UNIT             | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/P |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|------------|-----------|-------|
| <b>OXYGEN EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                 |                  |          |            |           |       |
| A4617                                                                                                                                                                                                                                                                                                                                                                                             |  | MOUTH PIECE                                                                                                                                                     | EACH (1)         | H        | N          | 1/2 MO    | PP    |
| A4619                                                                                                                                                                                                                                                                                                                                                                                             |  | OXYGEN FACE TENT                                                                                                                                                | EACH (1)         | H        | N          | 6/MO      | PP    |
| A4620                                                                                                                                                                                                                                                                                                                                                                                             |  | VARIABLE CONCENTRATION MASK                                                                                                                                     | EACH (1)         | H        | N          | 6/MO      | PP    |
| E0455                                                                                                                                                                                                                                                                                                                                                                                             |  | OXYGEN TENT/CANOPY (REPLACEMENT FOR RECIPIENT- OWNED EQUIPMENT)                                                                                                 | EACH (1)         | H        | N          | 6/MO      | PP    |
| <b>OXYGEN</b>                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |                  |          |            |           |       |
| E0424                                                                                                                                                                                                                                                                                                                                                                                             |  | STATIONARY COMPRESSED GAS SYSTEM RENTAL, includes contents regulator with flow gauge, humidifier, cannula or mask & tubing.                                     | 1 MO             | H        | N ^        | 1/MO      | RO    |
| E0431                                                                                                                                                                                                                                                                                                                                                                                             |  | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing                              | 1 MO             | H        | N ^        | 1/MO      | RO    |
| E0434                                                                                                                                                                                                                                                                                                                                                                                             |  | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing                               | 1 MO             | H        | N ^        | 1/MO      | RO    |
| E0439                                                                                                                                                                                                                                                                                                                                                                                             |  | STATIONARY LIQUID OXYGEN SYSTEM RENTAL, includes contents, use of reservoir, contents indicator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. | 1 MO             | H        | N ^        | 1/MO      | RO    |
| E0441                                                                                                                                                                                                                                                                                                                                                                                             |  | OXYGEN CONTENTS, GASEOUS, INCLUDING SUPPLIES for use with owned gaseous stationary system or when both stationary & portable are owned                          | 1 MO             | H*       | N          | 1/MO      | RO    |
| E0442                                                                                                                                                                                                                                                                                                                                                                                             |  | OXYGEN CONTENTS, LIQUID, INCLUDES SUPPLIES, for use with owned stationary liquid systems or when both stationary & portable liquid systems are owned            | 1 MO             | H*       | N          | 1/MO      | RO    |
| E1390                                                                                                                                                                                                                                                                                                                                                                                             |  | OXYGEN CONCENTRATOR, Singe delivery port                                                                                                                        | 1 MO             | H*       | N ^        | 1/MO      | RO    |
| E1391                                                                                                                                                                                                                                                                                                                                                                                             |  | OXYGEN CONCENTRATOR, Dual delivery port                                                                                                                         | 1 MO             | H*       | N ^        | 1/MO      | RO    |
| E1392                                                                                                                                                                                                                                                                                                                                                                                             |  | PORTABLE OXYGEN CONCENTRATOR                                                                                                                                    | 1 MO             | H        | N ^        | 1/MO      | RO    |
| K0738                                                                                                                                                                                                                                                                                                                                                                                             |  | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL, TRANSFILL                                                                                                               | 1 MO             | H        | N ^        | 1/MO      | RO    |
| <p><b>NOTE:</b> * H* indicates code is <u>was</u> not reimbursable for a consumer residing in a nursing home <u>for dates of service from August 1, 2009 through December 31, 2013.</u></p> <p>^ OXYGEN SERVICES FOR CONSUMERS NOT HAVING DOCUMENTED TYPE I OR TYPE II HYPOXEMIA DO REQUIRE PA. REFER TO OAC RULE 5101:3-10-13 FOR FURTHER DETAILS.</p>                                           |  |                                                                                                                                                                 |                  |          |            |           |       |
| <b>HUMIDIFIERS/NEBULIZERS FOR USE W/OXYGEN IPPB EQUIP &amp; COMPRESSORS</b>                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                 |                  |          |            |           |       |
| E0484                                                                                                                                                                                                                                                                                                                                                                                             |  | OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH                                                                                   | EACH(1)          | H        | N          | 1/8 YRS   | PP    |
| E0565                                                                                                                                                                                                                                                                                                                                                                                             |  | COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT NOT SELF-CONTAINED OR CYLINDER                                                                                       | EACH (1)         | H        | Y          | 1/4 YRS   | R/P   |
| E0570 *                                                                                                                                                                                                                                                                                                                                                                                           |  | NEBULIZER, W/COMPRESSOR, (PULMO-AID)                                                                                                                            | EACH (1)         | H        | N          | 1/5 YRS   | PP    |
| <p><b>NOTE:</b> * Effective for dates of service after 12/16/07, E0570 is covered without prior authorization for consumers who have a documented ICD-9 Respiratory System diagnosis (464, 466, or 480 - 519).</p> <p><b>DIAGNOSIS AND APPLICABLE MEDICATIONS MUST BE LISTED ON THE PHYSICIAN PRESCRIPTION. NEBULIZERS ARE ONLY REIMBURSABLE IN ASSOCIATION WITH A PRESCRIBED MEDICATION.</b></p> |  |                                                                                                                                                                 |                  |          |            |           |       |
| E0575                                                                                                                                                                                                                                                                                                                                                                                             |  | NEBULIZER, ULTRASONIC, LARGE VOLUME                                                                                                                             | EACH (1)         | H        | N          | 1/4 YRS   | PP    |
| E0580                                                                                                                                                                                                                                                                                                                                                                                             |  | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER                                                             | EACH (1)         | H        | N          | 2/1 YR    | PP    |
| E1372                                                                                                                                                                                                                                                                                                                                                                                             |  | IMMERSION EXTERNAL HEATER FOR NEBULIZER                                                                                                                         | EACH (1)         | H        | N          | 1/4 YRS   | PP    |
| <b>SUCTION PUMPS AND SUCTIONING SUPPLIES</b>                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                 |                  |          |            |           |       |
| A4624*                                                                                                                                                                                                                                                                                                                                                                                            |  | TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, ADULT                                                                                             | EACH (1)         | H        | N          | 150/MO    | PP    |
| A4605*                                                                                                                                                                                                                                                                                                                                                                                            |  | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH                                                                                                                  | EACH (1)         | H        | N          | 10/MO     | PP    |
| <p><b>NOTE:</b> * <b>BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH</b></p>                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                 |                  |          |            |           |       |
| A4628                                                                                                                                                                                                                                                                                                                                                                                             |  | OROPHARYNGEAL SUCTION CATHETER                                                                                                                                  | EACH (1)         | H        | N          | 4/MO      | PP    |
| A7000                                                                                                                                                                                                                                                                                                                                                                                             |  | CANISTER, DISPOSABLE, USED WITH SUCTION PUMP                                                                                                                    | EACH (1)         | H        | N          | 3/MO      | PP    |
| A7002                                                                                                                                                                                                                                                                                                                                                                                             |  | TUBING, USED WITH SUCTION PUMP, INCLUDING CONNECTOR/ADAPTOR                                                                                                     | EACH (1)         | H        | N          | 4/MO      | PP    |
| E0600                                                                                                                                                                                                                                                                                                                                                                                             |  | SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE                                                                                                      | EACH (1)         | H        | N          | 1/4 YRS   | PP    |
| <b>MONITORING EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                 |                  |          |            |           |       |
| A4556 *                                                                                                                                                                                                                                                                                                                                                                                           |  | ELECTRODES, PER PAIR (E.G., APNEA MONITOR)                                                                                                                      | EACH (1)<br>PAIR | H        | N          | 1/MO      | PP    |
| A4557 *                                                                                                                                                                                                                                                                                                                                                                                           |  | LEAD WIRES, PER PAIR (E.G. APNEA MONITOR)                                                                                                                       | EACH (1)<br>PAIR | H        | N          | 1/MO      | PP    |
| A4558 *                                                                                                                                                                                                                                                                                                                                                                                           |  | CONDUCTIVE PASTE OR GEL                                                                                                                                         | EACH (1)         | H        | N          | 1/MO      | PP    |
| <p><b>NOTE:</b> * <b>APNEA MONITOR SUPPLIES ARE NOT REIMBURSABLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE</b></p>                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                 |                  |          |            |           |       |



## Appendix to rule 5160-10-03

| CURRENT CODE                                                                                         | ITEM DESCRIPTION                                                                                | UNIT      | MEDICAL SUPPLIES |            |           |       |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------|------------------|------------|-----------|-------|
|                                                                                                      |                                                                                                 |           | MEDICAID         | PRIOR AUTH | MAX UNITS | RNT/P |
| A4606                                                                                                | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE,                                                      | EACH (1)  | H                | Y          | 4/YR      | PP    |
| A4660 *                                                                                              | SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF & STETHOSCOPE                               | EACH SET  | H                | N          | 1/8 YRS   | PP    |
| A4663                                                                                                | BLOOD PRESSURE CUFF ONLY (REPLACEMENT)                                                          | EACH (1)  | H                | N          | 1/8 YRS   | PP    |
| A4670 *                                                                                              | AUTOMATIC BLOOD PRESSURE MONITOR                                                                | EACH (1)  | H                | N          | 1/8 YRS   | PP    |
| <b>NOTE: * COVERAGE IS LIMITED TO EITHER CODE A4660 OR A4670. BOTH CODES ARE NOT REIMBURSABLE.</b>   |                                                                                                 |           |                  |            |           |       |
| E0445                                                                                                | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY.                               | EACH (1)  | H                | Y          | 1/5 YRS   | R/P   |
| E0618                                                                                                | X APNEA MONITOR WITHOUT RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, & SUPPLIES            | EACH (1)  | H                | Y          | 1/5 YRS   | R/P   |
| E0619                                                                                                | X APNEA MONITOR WITH RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, SUPPLIES & DOWNLOADS     | EACH (1)  | H                | Y          | 1/5 YRS   | R/P   |
| <b>X Consumer is allowed only one Code per Max unit per apnea monitor</b>                            |                                                                                                 |           |                  |            |           |       |
| <b>PNEUMATIC COMPRESSOR AND APPLIANCES (LYMPHEDEMA PUMP)</b>                                         |                                                                                                 |           |                  |            |           |       |
| E0650                                                                                                | X PNEUMATIC COMPRESSOR, NONSEGMENTAL, HOME MODEL (LYMPHEDEMA PUMP)                              | EACH (1)  | H                | Y          | 1/5 YRS   | R/P   |
| E0651                                                                                                | X PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE               | EACH (1)  | H                | Y          | 1/5 YRS   | R/P   |
| E0655                                                                                                | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM                   | EACH (1)  | H                | Y          | 1/2 YRS   | PP    |
| E0660                                                                                                | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG                   | EACH (1)  | H                | Y          | 1/2 YRS   | PP    |
| E0665                                                                                                | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM                   | EACH (1)  | H                | Y          | 1/2 YRS   | PP    |
| E0666                                                                                                | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG                   | EACH (1)  | H                | Y          | 1/2 YRS   | PP    |
| E0667                                                                                                | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG                       | EACH (1)  | H                | Y          | 1/2 YRS   | PP    |
| E0668                                                                                                | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM                       | EACH (1)  | H                | Y          | 1/2 YRS   | PP    |
| E0669                                                                                                | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG                       | EACH (1)  | H                | Y          | 1/2 YRS   | PP    |
| <b>X Consumer is allowed only one Code per Max unit per pneumatic compressor</b>                     |                                                                                                 |           |                  |            |           |       |
| <b>PATIENT LIFTS</b>                                                                                 |                                                                                                 |           |                  |            |           |       |
| E0621*                                                                                               | SLING OR SEAT FOR PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)                              | EACH (1)  | H                | N          | 1/2 YRS   | PP    |
| <b>NOTE: * COVERED ONLY FOR REPLACEMENT WITH RECIPIENT-OWNED LIFT.</b>                               |                                                                                                 |           |                  |            |           |       |
| E0625                                                                                                | PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE                                                 | EACH (1)  | H                | N          | 1/6 YRS   | PP    |
| E0630                                                                                                | PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING, PORTABLE, COMPLETE                                 | EACH (1)  | H                | N          | 1/6 YRS   | PP    |
| <b>TENS (All TENS units must include battery charger and battery pack) AND OTHER STIMULATORS</b>     |                                                                                                 |           |                  |            |           |       |
| A4595*                                                                                               | TENS SUPPLIES, FOR 2 OR 4 LEAD (ONLY WHEN CONSUMER OWNS UNIT)                                   | ONE MONTH | H                | N          | 1/MO      | PP    |
| E0720                                                                                                | X TENS UNIT, TWO LEAD, LOCALIZED STIMULATION (INCLUDES SUPPLIES DURING RENTAL)                  | EACH (1)  | H                | N          | 1/4 YRS   | R/P   |
| E0730                                                                                                | X TENS UNIT, FOUR LEAD, LARGE AREA/MULTIPLE NERVE STIMULATION (INCLUDES SUPPLIES DURING RENTAL) | EACH (1)  | H                | N          | 1/4 YRS   | R/P   |
| E0747                                                                                                | X OSTEOGENESIS STIMULATOR, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS                          | EACH (1)  | H                | Y          | 1/8 YRS   | PP    |
| E0748                                                                                                | X OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE,                                            | EACH (1)  | H                | Y          | 1/8 YRS   | PP    |
| E0760                                                                                                | X OSTEOGENESIS STIM, LOW INTEN U/S NON INVASIS                                                  | EACH (1)  | H                | Y          | 1/8 YRS   | PP    |
| <b>X Consumer is allowed only one Code per Max unit per tens unit and osteogenesis stimulator</b>    |                                                                                                 |           |                  |            |           |       |
| <b>NOTE: * TENS SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE</b> |                                                                                                 |           |                  |            |           |       |

Appendix to rule 5160-10-03

| CURRENT<br>CODE                                                | ITEM DESCRIPTION                                                                                                                                                                                                                        | UNIT     | MEDICAL SUPPLIES |            |           |       |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|------------|-----------|-------|
|                                                                |                                                                                                                                                                                                                                         |          | MEDICAID         | PRIOR AUTH | MAX UNITS | RNT/P |
| CANES, CRUTCHES, WALKERS                                       |                                                                                                                                                                                                                                         |          |                  |            |           |       |
| E0100                                                          | CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP                                                                                                                                                                                      | EACH (1) | H                | N          | 1/3 YRS   | PP    |
| E0105                                                          | CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS                                                                                                                                                               | EACH (1) | H                | N          | 1/3 YRS   | PP    |
| E0110*                                                         | CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS                                                                                                                                                          | PAIR (1) | H                | N          | 1/2 YRS   | PP    |
| E0111*                                                         | CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS                                                                                                                                                            | EACH (1) | H                | N          | 1/2 YRS   | PP    |
| E0112*                                                         | CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS                                                                                                                                                            | PAIR (1) | H                | N          | 1/2 YRS   | PP    |
| E0113*                                                         | CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS                                                                                                                                                               | EACH (1) | H                | N          | 1/2 YRS   | PP    |
| E0114*                                                         | CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS                                                                                                                                                          | PAIR (1) | H                | N          | 1/2 YRS   | PP    |
| E0116*                                                         | CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS                                                                                                                                                             | EACH (1) | H                | N          | 1/2 YRS   | PP    |
| NOTE:                                                          | * REIMBURSEMENT IS LIMITED TO ONE PAIR (E0110, E0112, E0114) OR ONE CRUTCH (E0111, E0113, E0116) PER TWO-YEAR PERIOD                                                                                                                    |          |                  |            |           |       |
| E0130                                                          | X WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS                                                                                                                                                           | EACH (1) | H                | N          | 1/5 YRS   | PP    |
| E0135                                                          | X WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS                                                                                                                                                         | EACH (1) | H                | N          | 1/5 YRS   | PP    |
| E0140                                                          | X WALKER WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE                                                                                                                                                                       | EACH (1) | H                | N          | 1/5 YRS   | PP    |
| E0141                                                          | X WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT                                                                                                                                                                                    | EACH (1) | H                | N          | 1/5 YRS   | PP    |
| E0143                                                          | X WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT                                                                                                                                                                                  | EACH (1) | H                | N          | 1/5 YRS   | PP    |
| E0144                                                          | X WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT                                                                                                                                                    | EACH (1) | H                | N          | 1/5 YRS   | PP    |
| A4635                                                          | UNDERARM PAD, CRUTCH, REPLACEMENT, EACH                                                                                                                                                                                                 | EACH (1) | H                | N          | 2/YR      | PP    |
| A4636                                                          | HANDGRIP, REPLACEMENT, CANE, CRUTCH, OR WALKER, EACH                                                                                                                                                                                    | EACH (1) | H                | N          | 4/YR      | PP    |
| A4637                                                          | REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH                                                                                                                                                                                             | EACH (1) | H                | N          | 4/YR      | PP    |
| X Consumer is allowed only one Code per Max unit per walker    |                                                                                                                                                                                                                                         |          |                  |            |           |       |
| HEAVY DUTY WALKERS                                             |                                                                                                                                                                                                                                         |          |                  |            |           |       |
| E0147                                                          | X WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE                                                                                                                                                                | EACH (1) | H                | N          | 1/5 YRS   | PP    |
| E0148                                                          | X WALKER , HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH                                                                                                                                                                 | EACH (1) | H                | N          | 1/5 YR    | PP    |
| E0149                                                          | X WALKER, HEAVY DUTY, WHEELED , RIGID OR FOLDING, ANY TYPE<br>A HEAVY DUTY WALKER IS COVERED FOR PATIENTS WHO WEIGH MORE THAN 300 POUNDS.<br>MEDICAL NECESSITY DOCUMENTATION MAINTAINED BY PROVIDERS MUST INCLUDE THE PATIENT'S WEIGHT. | EACH (1) | H                | N          | 1/5 YR    | PP    |
| X Consumer is allowed only one Code per Max unit per HD walker |                                                                                                                                                                                                                                         |          |                  |            |           |       |
| ACCESSORIES FOR AMBULATION DEVICES (CRUTCHES, WALKERS)         |                                                                                                                                                                                                                                         |          |                  |            |           |       |
| E0154                                                          | PLATFORM ATTACHMENT, WALKER                                                                                                                                                                                                             | EACH (1) | H                | N          | 2/3 YRS   | PP    |
| E0155                                                          | WHEEL ATTACHMENT, RIGID PICK-UP WALKER , PAIR                                                                                                                                                                                           | PAIR     | H                | N          | 4/3 YRS   | PP    |
| E0156                                                          | SEAT ATTACHMENT, WALKER                                                                                                                                                                                                                 | EACH (1) | H                | N          | 1/3 YRS   | PP    |
| E0157                                                          | CRUTCH ATTACHMENT, WALKER                                                                                                                                                                                                               | EACH (1) | H                | N          | 2/3 YRS   | PP    |
| E0158                                                          | LEG EXTENSIONS FOR WALKER , PER SET OF FOUR                                                                                                                                                                                             | SET OF 4 | H                | N          | 4/3 YRS   | PP    |
| E0159                                                          | BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT.                                                                                                                                                                                       | EACH (1) | H                | N          | 2/5 YRS   | PP    |

**WHEELCHAIRS**

**Notes:** Procedures codes that may be eligible for payment at the time of the initial wheelchair purchase:

The procedure codes listed under "PART I: Wheelchair Parts and Accessories" that do not require prior authorization are eligible for separate reimbursement at the time of the initial wheelchair purchase if submitted on the claim.

The procedure codes listed under "PART I: Wheelchair Parts and Accessories" that require prior authorization are eligible for separate reimbursement at the time of the initial wheelchair purchase if the procedure code was specifically approved by the department.

The procedure codes listed under "Part II Wheelchair Repair and Replacement Parts" are never eligible for separate reimbursement at the time of the initial wheelchair purchase.

**Procedure codes used in requesting PA for repair and replacement parts (see paragraph (J) of Rule 5101:3-10-16 for instructions).**

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

Appendix to rule 5160-10-03

| CURRENT CODE                                         | ITEM DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UNIT                                                                                                                   | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/P    |    |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------|------------|-----------|----------|----|
| Part I:<br>Notes:                                    | <p><u>The department</u> will continue to approve all the approved parts under a single local level procedure code for wheelchair repair (See Part IV). Providers must submit the code(s) and modifier(s) approved in the PA approval letter issued by <u>the department</u> for reimbursement of repair or replacement parts.</p> <p><b>WHEELCHAIR PARTS AND ACCESSORIES</b></p> <p>The procedure codes listed under "PART I: Wheelchair Parts and Accessories" not requiring PA are eligible for separate reimbursement at the time of the initial wheelchair purchase if submitted on the claim. separately and not already included in the price of the base chair or Power operated vehicle (POV) upon purchase or rental as per OAC rule 5101:10-16.</p> <p>The procedure codes listed under "PART I: Wheelchair Parts and Accessories" requiring PA are eligible for separate reimbursement at the time of the initial wheelchair purchase if they are specifically approved during the PA process and are submitted on the claim separately.</p> <p>The Medicaid maximum reimbursement amount for the codes listed under Part I will be used in determining the overall reimbursement of the wheelchair.</p> <p>The approval for the wheelchair will indicate the codes that are to be separately billed to the department.</p> <p>Valid HIPAA compliant codes that are not listed in this Appendix are considered non-covered and are not eligible for reimbursement, even under miscellaneous procedure codes.</p> |                                                                                                                        |          |            |           |          |    |
|                                                      | <b>Arm of Chair</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |          |            |           |          |    |
|                                                      | E0973                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH                                   | EACH (1) | Y*         | Y         | 2/ YR    | PP |
|                                                      | K0020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR                                                                                 | PAIR     | Y*         | Y         | 1/2 YRS  | PP |
|                                                      | <b>Positioning Accessories</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |          |            |           |          |    |
|                                                      | E0955                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE                            | EACH (1) | Y*         | Y         | 1/3 YRS  | PP |
|                                                      | E0956                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WHEELCHAIR ACCESSORY (Adductors), LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INLCUDING FIXED MOUNTING HARDWARE, EACH | EACH (1) | Y*         | Y         | 2/ 3 YRS | PP |
|                                                      | E0957                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WHEELCHAIR ACCESSORY (Abductors), MEDIAL THIGH SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE               | EACH (1) | Y*         | Y         | 2/ 3 YRS | PP |
|                                                      | E0960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING                              | EACH (1) | Y*         | Y         | 1/3 YRS  | PP |
|                                                      | E0966                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION,                                                                       | EACH (1) | Y*         | Y         | 1/3 YRS  | PP |
| <b>Back of Chair: Reclining, manual or pediatric</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |          |            |           |          |    |
| E1014                                                | RECLINING BACK, ADD TO PEDIATRIC SIZE WHEELCHAIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EACH (1)                                                                                                               | Y*       | Y          | 1/5 YRS   | PP       |    |
| E1225                                                | MANUAL WHEELCHAIR ACCESSORY, SEMI-RECLINING BACK (RECLINE GREATER THAN 15 DEGRESS, BUT LESS THAN 80 DEGREES), EACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EACH (1)                                                                                                               | Y*       | Y          | 1/5 YRS   | PP       |    |
| E1226                                                | MANUAL WHEELCHAIR ACCESSORY, FULLY RECLINING BACK,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EACH (1)                                                                                                               | Y*       | Y          | 1/5 YRS   | PP       |    |
| E0978                                                | WHEELCHAIR ACCESSORY, SAFETY BELT/PELVIC, EACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EACH (1)                                                                                                               | Y*       | Y          | 1/2 YRS   | PP       |    |
| E0992                                                | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EACH (1)                                                                                                               | H        | Y          | 1/5 YRS   | PP       |    |
| E2291                                                | PEDIATRIC WHEELCHAIR, BACK PLANAR, INCLUDING FIXED ATTACHING HARDWARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EACH (1)                                                                                                               | H        | Y          | 1/3 YRS   | PP       |    |
| E2292                                                | PEDIATRIC WHEELCHAIR, SEAT PLANAR, INCLUDING FIXED ATTACHING HARDWARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EACH (1)                                                                                                               | H        | Y          | 1/3 YRS   | PP       |    |
| E2293                                                | PEDIATRIC WHEELCHAIR, BACK CONTOURED, INCLUDING FIXED ATTACHING HARDWARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EACH (1)                                                                                                               | Y*       | Y          | 1/5 YRS   | PP       |    |
| E2294                                                | PEDIATRIC WHEELCHAIR, SEAT CONTOURED, INCLUDING FIXED ATTACHING HARDWARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EACH (1)                                                                                                               | Y*       | Y          | 1/5 YRS   | PP       |    |
| E2295                                                | MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EACH (1)                                                                                                               | Y*       | Y          | 1/5 YRS   | PP       |    |
| E2601                                                | GENERAL USE WHEELCHAIR CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EACH (1)                                                                                                               | H        | Y          | 1/2YRS    | PP       |    |
| E2602                                                | GENERAL USE WHEELCHAIR CUSHION, WIDTH, 22 INCHES OR GREATER ANY DEPTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EACH (1)                                                                                                               | H        | Y          | 1/2YRS    | PP       |    |
| E2603                                                | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EACH (1)                                                                                                               | H        | Y          | 1/2YRS    | PP       |    |
| E2604                                                | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EACH (1)                                                                                                               | H        | Y          | 1/2YRS    | PP       |    |
| E2605                                                | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EACH (1)                                                                                                               | H        | Y          | 1/2YRS    | PP       |    |
| E2606                                                | POSITIONING CUSHION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EACH (1)                                                                                                               | H        | Y          | 1/2YRS    | PP       |    |
| E2607                                                | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION,WIDTH 22 INCHES, ANY DEPTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EACH (1)                                                                                                               | H        | Y          | 1/2YRS    | PP       |    |

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| CURRENT<br>CODE                     | ITEM DESCRIPTION                                                                                                                                                             | UNIT     | MEDICAL SUPPLIES |            |                  |       |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|------------|------------------|-------|
|                                     |                                                                                                                                                                              |          | MEDICAID         | PRIOR AUTH | MAX UNITS        | RNT/P |
| E2608                               | SKIN PROTECTION AND POSITIONING SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                          | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2609                               | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE                                                                                                                          | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |
| E2610                               | WHEELCHAIR SEAT CUSHION, POWERED                                                                                                                                             | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2611                               | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                             | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2612                               | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                            | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2613                               | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                  | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2614                               | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                 | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2615                               | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                          | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2616                               | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE OF MOUNTING HARDWARE                                      | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2617                               | CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE OF MOUNTING HARDWARE                                                                                 | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |
| E2620                               | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                          | EACH (1) | H                | Y          | 1/3 YRS          | PP    |
| E2621                               | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN GREATER THAN OR EQUAL TO 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE | EACH (1) | H                | Y          | 1/3 YRS          | PP    |
| E2622                               | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES,                                                                                              | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2623                               | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR                                                                                                      | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2624                               | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS                                                                                              | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| E2625                               | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22                                                                                                | EACH (1) | H                | Y          | 1/2YRS           | PP    |
| <b>Footrest/Legrest</b>             |                                                                                                                                                                              |          |                  |            |                  |       |
| E0951                               | HEEL LOOP/HOLDER, WITH OR WITHOUT ANKLE STRAP, EACH                                                                                                                          | EACH (1) | Y*               | N          | 2/ YR            | PP    |
| E0952                               | TOE LOOP/HOLDER, EACH                                                                                                                                                        | EACH (1) | Y*               | N          | 4/ YR            | PP    |
| E0990                               | WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ASSEMBLY, EACH                                                                                                             | EACH (1) | Y*               | Y          | 2/5 YRS          | PP    |
| K0037                               | HIGH MOUNT FLIP-UP FOOTREST                                                                                                                                                  | EACH (1) | Y*               | Y          | 2/5 YRS          | PP    |
| K0038                               | LEG STRAP                                                                                                                                                                    | EACH (1) | Y*               | N          | 2/ YR            | PP    |
| K0039                               | LEG STRAP, H STYLE                                                                                                                                                           | EACH (1) | Y*               | N          | 2/ YR            | PP    |
| K0040                               | ADJUSTABLE ANGLE FOOTPLATE                                                                                                                                                   | EACH (1) | Y*               | Y          | 2/5 YRS          | PP    |
| K0041                               | LARGE SIZE (NO. 2) FOOTPLATE                                                                                                                                                 | EACH (1) | Y*               | Y          | 2/5 YRS          | PP    |
| K0052                               | SWING AWAY DETACHABLE FOOT REST, EACH                                                                                                                                        | EACH (1) | Y*               | Y          | 1/5 YRS PER SIDE | PP    |
| K0053                               | ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH                                                                                                                        | EACH (1) | Y*               | Y          | 2/5 YRS          | PP    |
| <b>Frames: Non-standard, manual</b> |                                                                                                                                                                              |          |                  |            |                  |       |
| E2201                               | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES                                                        | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |
| E2202                               | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES                                                                                                      | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |
| E2203                               | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES                                                                                         | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |
| E2204                               | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES                                                                                                   | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |
| <b>Frames: Non-standard, power</b>  |                                                                                                                                                                              |          |                  |            |                  |       |
| E2340                               | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20 THROUGH 23 INCHES                                                                                               | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |
| E2341                               | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24 THROUGH 27 INCHES                                                                                               | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |
| E2342                               | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES                                                                                                    | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |
| E2343                               | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 22 THROUGH 25 INCHES                                                                                                | EACH (1) | Y*               | Y          | 1/5 YRS          | PP    |

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| CURRENT<br>CODE | ITEM DESCRIPTION                                                                                                                       | UNIT     | MEDICAL SUPPLIES |            |           |       |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|------------|-----------|-------|
|                 |                                                                                                                                        |          | MEDICAID         | PRIOR AUTH | MAX UNITS | RNT/P |
|                 | <b>Seat height</b>                                                                                                                     |          |                  |            |           |       |
| K0056           | SEAT HEIGHT LESS THAN 17 INCHES OR EQUAL TO OR GREATER THAN 21 INCHES FOR HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR   | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
|                 | <b>Manual Wheelchair Conversion to Power/ Power Assist Accessories</b>                                                                 |          |                  |            |           |       |
| E0983           | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL                       | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E0984           | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL                         | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E0986           | MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST, EACH                                                                     | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
|                 | <b>Power Seating System Accessory</b>                                                                                                  |          |                  |            |           |       |
| E1002           | WHEELCHAIR ACCESSORY , POWER SEATING SYSTEM, TILT ONLY                                                                                 | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E1003           | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION                                                      | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E1004           | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION                                              | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E1005           | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION                                                   | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E1006           | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION                                      | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E1007           | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR                                        | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E1008           | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR                                             | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E1009           | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E1010           | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INLCUDING LEG REST,                                | PER PAIR | Y*               | Y          | 1/5 YRS   | PP    |
|                 | <b>Handrims</b>                                                                                                                        |          |                  |            |           |       |
| E0967           | MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, EACH                                                                           | EACH (1) | Y*               | Y          | 2/ YR     | PP    |
|                 | <b>Wheels</b>                                                                                                                          |          |                  |            |           |       |
| E2211           | PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH                                                                                              | EACH (1) | Y*               | Y          | 4/YR      | PP    |
| E2213           | PNEUMATIC PROP TIRE INSERT                                                                                                             | EACH (1) | Y*               | Y          | 4/5 YRS   | PP    |
| K0065           | SPOKE PROTECTORS, EACH                                                                                                                 | EACH (1) | Y*               | Y          | 4/YR      | PP    |
|                 | <b>Front Casters</b>                                                                                                                   |          |                  |            |           |       |
| E2214           | PNEUMATIC CASTER TIRE, ANY SIZE, EACH                                                                                                  | EACH (1) | Y*               | Y          | 2/5 YRS   | PP    |
| E2217           | FOAM FILLED CASTER TIRE, EACH                                                                                                          | EACH (1) | Y*               | Y          | 2/5 YRS   | PP    |
| K0073           | CASTER PIN LOCK                                                                                                                        | EACH (1) | Y*               | Y          | 2/5 YRS   | PP    |
|                 | <b>Wheel Lock</b>                                                                                                                      |          |                  |            |           |       |
| E0961           | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH                                                                 | EACH     | Y*               | Y          | 2/2 YRS   | PP    |
| E0974           | MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE,                                                                                     | EACH     | Y*               | Y          | 2/4 YRS   | PP    |
|                 | <b>Batteries/Chargers for Motorized/Power Wheelchairs (Bill using the indicated code.)</b>                                             |          |                  |            |           |       |
| E2360           | PWR W/C ACCES, 22 NF NON-SEALED LEAD ACID BATTERY                                                                                      | EACH (1) | Y*               | N          | 2/YR      | PP    |
| E2361           | PWR W/C ACCES, 22 NF SEALED LEAD ACID BATTERY                                                                                          | EACH (1) | Y*               | N          | 2/YR      | PP    |
| E2362           | PWR W/C ACCES, GROUP 24 NON-SEALED LEAD ACID BATTERY                                                                                   | EACH (1) | Y*               | N          | 2/YR      | PP    |
| E2363           | PWR W/C ACCES, GROUP 24 SEALED LEAD ACID BATTERY                                                                                       | EACH (1) | Y*               | N          | 2/YR      | PP    |
| E2364           | PWR W/C ACCES, U-1 NON-SEALED LEAD ACID BATTERY                                                                                        | EACH (1) | Y*               | N          | 2/YR      | PP    |
| E2365           | PWR W/C ACCES, U-1 SEALED LEAD ACID BATTERY                                                                                            | EACH (1) | Y*               | N          | 2/YR      | PP    |
| E2371           | PWR W/C ACCES, GR 27 SEALED LEAD ACID BATTERY                                                                                          | EACH (1) | Y*               | N          | 2/YR      | PP    |
|                 | <b>Miscellaneous Accessories</b>                                                                                                       |          |                  |            |           |       |
| E0950           | WHEELCHAIR ACCESSORY, TRAY EACH                                                                                                        | EACH (1) | Y*               | Y          | 1/5 YRS   | PP    |
| E0958           | MANUAL WHEELCHAIR ACCESSORY, ONE ARM DRIVE ATTACHMENT, EACH                                                                            | EACH (1) | Y*               | Y          | 2/5 YRS   | PP    |
| E0959           | MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE,                                                                                      | EACH (1) | Y*               | N          | 2 /YR     | PP    |
| E0968           | COMMODE SEAT, WHEELCHAIR                                                                                                               | EACH (1) | Y*               | N          | 1/5 YRS   | PP    |
| E0971           | ANTI-TIPPING DEVICE, WHEELCHAIR                                                                                                        | EACH (1) | Y*               | Y          | 2/2 YRS   | PP    |
| E1015           | SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH                                                                                             | EACH (1) | Y*               | Y          | 2/5 YRS   | PP    |
| E1016           | SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH                                                                                              | EACH (1) | Y*               | Y          | 2/5 YRS   | PP    |

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| CURRENT<br>CODE                                                                                                                                                                                                             | ITEM DESCRIPTION                                                                                                                                                                                                                                     | UNIT     | MEDICAL SUPPLIES |            |           |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|------------|-----------|--------|
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                      |          | MEDICAID         | PRIOR AUTH | MAX UNITS | RNT/PP |
| E1017                                                                                                                                                                                                                       | HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH                                                                                                                                                                 | EACH (1) | Y*               | Y          | 2/5 YRS   | PP     |
| E1018                                                                                                                                                                                                                       | HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH                                                                                                                                                                  | EACH (1) | Y*               | Y          | 2/5 YRS   | PP     |
| E1020                                                                                                                                                                                                                       | RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR                                                                                                                                                                                                          | EACH (1) | Y*               | Y          | 2/5 YRS   | PP     |
| E1028*                                                                                                                                                                                                                      | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY                                                                                                    | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2377                                                                                                                                                                                                                       | EXPANDABLE CONTROLLER PWC                                                                                                                                                                                                                            | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| <b>NOTE:</b> * E1028 may be billed once within a five year period for each swingaway positioning accessory approved for replacement of the original or approval to change from fixed to swingaway, retractable or removable |                                                                                                                                                                                                                                                      |          |                  |            |           |        |
| E1029*                                                                                                                                                                                                                      | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED                                                                                                                                                                                                         | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E1030*                                                                                                                                                                                                                      | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED                                                                                                                                                                                                      | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| <b>NOTE:</b> * REIMBURSEMENT IS LIMITED TO ONE VENTILATOR TRAY (E1029 OR E1030) PER 5 YEARS                                                                                                                                 |                                                                                                                                                                                                                                                      |          |                  |            |           |        |
| E2207                                                                                                                                                                                                                       | WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH                                                                                                                                                                                                   | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2208                                                                                                                                                                                                                       | WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH                                                                                                                                                                                                    | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2209                                                                                                                                                                                                                       | WHEELCHAIR ACCESSORY, ARM TROUGH, EACH                                                                                                                                                                                                               | EACH (1) | Y*               | Y          | 2/5 YRS   | PP     |
| E2310                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE          | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2311                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2373                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL,                                                                                                                                                                       | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2321                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE                                                                          | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2322                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE                                                            | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2323                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED                                                                                                                                                      | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2324                                                                                                                                                                                                                       | POWER WHEELCAHIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE                                                                                                                                                                                      | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2325                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE                                                                               | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2326                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF                                                                                                                                                                                         | EACH (1) | Y*               | Y          | 2/5 YRS   | PP     |
| E2327                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL , PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE                                                                    | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2328                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING                                                                                              | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2329                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, HEAD CONTOL INTERFACE, CONTACT SWITCH MECHNISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE                  | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |
| E2330                                                                                                                                                                                                                       | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NOPORPORTIONAL , INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE              | EACH (1) | Y*               | Y          | 1/5 YRS   | PP     |

## Appendix to rule 5160-10-03

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                   | MEDICAL SUPPLIES |          |            |           |       |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|------------|-----------|-------|
| CURRENT CODE    | ITEM DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                  | UNIT             | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/P |
| K0105           | IV HANGER                                                                                                                                                                                                                                                                                                                                                                                                         | EACH (1)         | Y*       | N          | 1/5 YRS   | PP    |
| K0108           | OTHER ACCESSORIES                                                                                                                                                                                                                                                                                                                                                                                                 | EACH (1)         | Y*       | Y          | 1/5 YRS   | PP    |
| <b>NOTE:</b>    | * <b>FOR CODE K0108, EACH DISTINCT &amp; SEPARATE ITEM APPROVED UNDER THE CODE MAY BE REPLACED ONCE PER FIVE YEAR PERIOD. PROVIDERS MUST KEEP DOCUMENTATION WHICH SUPPORTS THE ITEMS BILLED UNDER THESE CODES.</b>                                                                                                                                                                                                |                  |          |            |           |       |
| <b>NOTE:</b>    | Y* indicates the item is covered for a ICF-MR LTCF resident only if it is a component of a custom wheelchair (i.e., wheelchair with a custom seating system) approved by the department. These items <del>are</del> were not covered for a NF resident for dates of service from August 1, 2009 through December 31, 2013 as they were the responsibility of the NF and reimbursed to the NF through the facility |                  |          |            |           |       |
| <b>PART II:</b> | <b>WHEELCHAIR - REPAIR AND REPLACEMENT PARTS</b>                                                                                                                                                                                                                                                                                                                                                                  |                  |          |            |           |       |
| <b>NOTE:</b>    | The parts and accessories listed below in Part II are covered ONLY for Repair or Replacement. When requesting authorization, itemize the parts by individual code as specified in OAC Rule 5101:3-10-16.                                                                                                                                                                                                          |                  |          |            |           |       |
|                 | Codes contained in Part II of this appendix which are also contained in Appendix DD of rule 5101:3-1-60 shall be reimbursed in accordance with that rule.                                                                                                                                                                                                                                                         |                  |          |            |           |       |
|                 | <b>Arm of Chair</b>                                                                                                                                                                                                                                                                                                                                                                                               |                  |          |            |           |       |
| E0994           | * ARMREST, EACH                                                                                                                                                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
| K0015           | * DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH                                                                                                                                                                                                                                                                                                                                                                 |                  |          |            |           |       |
| K0017           | * DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH                                                                                                                                                                                                                                                                                                                                                               |                  |          |            |           |       |
| K0018           | * DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH                                                                                                                                                                                                                                                                                                                                                      |                  |          |            |           |       |
| K0019           | * ARM PAD, EACH                                                                                                                                                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
|                 | <b>Back of Chair</b>                                                                                                                                                                                                                                                                                                                                                                                              |                  |          |            |           |       |
| E0982           | * WHEELCHAIR ACCESS, BACK UPHOLSTERY, REPLACE ONLY, EACH                                                                                                                                                                                                                                                                                                                                                          |                  |          |            |           |       |
|                 | <b>Seat</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                  |          |            |           |       |
| E0981           | * WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH                                                                                                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
|                 | <b>Back or Seat of Chair</b>                                                                                                                                                                                                                                                                                                                                                                                      |                  |          |            |           |       |
| E2619           | * REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH                                                                                                                                                                                                                                                                                                                                             |                  |          |            |           |       |
|                 | <b>Footrest/Legrest</b>                                                                                                                                                                                                                                                                                                                                                                                           |                  |          |            |           |       |
| E0995           | * WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH                                                                                                                                                                                                                                                                                                                                                                       |                  |          |            |           |       |
| K0042           | * STANDARD SIZE FOOTPLATE, EACH                                                                                                                                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
| K0043           | * FOOTREST, LOWER EXTENSION TUBE, EACH                                                                                                                                                                                                                                                                                                                                                                            |                  |          |            |           |       |
| K0044           | * FOOTREST, UPPER HANGER BRACKET, EACH                                                                                                                                                                                                                                                                                                                                                                            |                  |          |            |           |       |
| K0045           | * FOOTREST, COMPLETE ASSEMBLY                                                                                                                                                                                                                                                                                                                                                                                     |                  |          |            |           |       |
| K0046           | * ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH                                                                                                                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
| K0047           | * ELEVATING LEGREST, UPPER HANGER BRACKET, EACH                                                                                                                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
| K0050           | * RATCHET ASSEMBLY                                                                                                                                                                                                                                                                                                                                                                                                |                  |          |            |           |       |
| K0051           | * CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH                                                                                                                                                                                                                                                                                                                                                                 |                  |          |            |           |       |
|                 | <b>Handrims Without Projections</b>                                                                                                                                                                                                                                                                                                                                                                               |                  |          |            |           |       |
| E2205           | * HANDRIM WITHOUT PROJEC, ANY, REPLACE ONLY EACH                                                                                                                                                                                                                                                                                                                                                                  |                  |          |            |           |       |
|                 | <b>Rear Wheels</b>                                                                                                                                                                                                                                                                                                                                                                                                |                  |          |            |           |       |
| E2216           | * FOAM FILLED PROPULSION TIRE, EACH                                                                                                                                                                                                                                                                                                                                                                               |                  |          |            |           |       |
| E2218           | * FOAM PROPULSION TIRE, EACH                                                                                                                                                                                                                                                                                                                                                                                      |                  |          |            |           |       |
| E2220           | * SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH                                                                                                                                                                                                                                                                                                                                                          |                  |          |            |           |       |
| K0069           | * REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH                                                                                                                                                                                                                                                                                                                                          |                  |          |            |           |       |
| K0070           | * REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH                                                                                                                                                                                                                                                                                                                                      |                  |          |            |           |       |
| E2224           | * PROPULSION WHL EXCLUDES TIRE, EACH                                                                                                                                                                                                                                                                                                                                                                              |                  |          |            |           |       |
| E2381           | * PNEUM DRIVE WHEEL TIRE                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |            |           |       |
| E2382           | * TUBE, PNEUM WHEEL DRIVE TIRE                                                                                                                                                                                                                                                                                                                                                                                    |                  |          |            |           |       |
| E2383           | * INSERT, PNEUM WHEEL DRIVE                                                                                                                                                                                                                                                                                                                                                                                       |                  |          |            |           |       |
| E2386           | * FOAM FILLED DRIVE WHEEL TIRE                                                                                                                                                                                                                                                                                                                                                                                    |                  |          |            |           |       |
| E2388           | * FOAM DRIVE WHEEL TIRE                                                                                                                                                                                                                                                                                                                                                                                           |                  |          |            |           |       |
| E2390           | * SOLID DRIVE WHEEL TIRE                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |            |           |       |
| E2394           | * DRIVE WHEEL EXCLUDES TIRE                                                                                                                                                                                                                                                                                                                                                                                       |                  |          |            |           |       |

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|                                                                                                                                   |                                                                                                                                                                                                                                                                                                 | MEDICAL SUPPLIES |          |            |           |       |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|------------|-----------|-------|
| CURRENT CODE                                                                                                                      | ITEM DESCRIPTION                                                                                                                                                                                                                                                                                | UNIT             | MEDICAID | PRIOR AUTH | MAX UNITS | RNT/P |
| Front Casters                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                  |          |            |           |       |
| E2215                                                                                                                             | * TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH                                                                                                                                                                                                                                                |                  |          |            |           |       |
| E2219                                                                                                                             | * FOAM CASTER TIRE ANY SIZE EACH                                                                                                                                                                                                                                                                |                  |          |            |           |       |
| E2221                                                                                                                             | * SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), EACH                                                                                                                                                                                                                                          |                  |          |            |           |       |
| E2222                                                                                                                             | * SOLID CASTER INTEGRATED WHL, EACH                                                                                                                                                                                                                                                             |                  |          |            |           |       |
| K0071                                                                                                                             | * FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE,                                                                                                                                                                                                                                         |                  |          |            |           |       |
| K0072                                                                                                                             | * FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUM. TIRE, EACH                                                                                                                                                                                                                                  |                  |          |            |           |       |
| K0077                                                                                                                             | * FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH                                                                                                                                                                                                                                        |                  |          |            |           |       |
| E2225                                                                                                                             | * CASTER WHEEL EXCLUDES TIRE, EACH                                                                                                                                                                                                                                                              |                  |          |            |           |       |
| E2384                                                                                                                             | * PNEUMATIC CASTER TIRE                                                                                                                                                                                                                                                                         |                  |          |            |           |       |
| E2385                                                                                                                             | * TUBE, PNEUMATIC CASTER TIRE                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
| E2387                                                                                                                             | * FOAM FILLED CASTER TIRE                                                                                                                                                                                                                                                                       |                  |          |            |           |       |
| E2389                                                                                                                             | * FOAM CASTER TIRE                                                                                                                                                                                                                                                                              |                  |          |            |           |       |
| E2391                                                                                                                             | * SOLID CASTER TIRE                                                                                                                                                                                                                                                                             |                  |          |            |           |       |
| E2392                                                                                                                             | * SOLID CASTER TIRE, INTEGRATE                                                                                                                                                                                                                                                                  |                  |          |            |           |       |
| E2395                                                                                                                             | * CASTER WHEEL EXCLUDES TIRE                                                                                                                                                                                                                                                                    |                  |          |            |           |       |
| E2396                                                                                                                             | * CASTER FORK                                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
| Wheel Lock                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                  |          |            |           |       |
| E2206                                                                                                                             | * WHEEL LOCK ASSEMBLY, COMPLETE, EACH                                                                                                                                                                                                                                                           |                  |          |            |           |       |
| E2228                                                                                                                             | * MANUAL WC ACCESS, WHEEL BRAKING SYS AND LOCK, COMP, EACH                                                                                                                                                                                                                                      |                  |          |            |           |       |
| Other Miscellaneous Repair and Replacement Parts Codes<br>(Report Only When Requesting Prior Authorization, Not Used for Billing) |                                                                                                                                                                                                                                                                                                 |                  |          |            |           |       |
| K0098                                                                                                                             | * DRIVE BELT FOR POWER WHEELCHAIR                                                                                                                                                                                                                                                               |                  |          |            |           |       |
| E2224                                                                                                                             | * MWC ACC, PROP WHEEL EXCLUDES TIRE, ANY SIZE EACH                                                                                                                                                                                                                                              |                  |          |            |           |       |
| E2210                                                                                                                             | * BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH                                                                                                                                                                                                                                                    |                  |          |            |           |       |
| E2226                                                                                                                             | * CASTER FORK REPLACEMENT ONLY                                                                                                                                                                                                                                                                  |                  |          |            |           |       |
| E2227                                                                                                                             | * MANUAL WHEELCHAIR ACCESSORY, GEAR RED DRIVE WHEEL,                                                                                                                                                                                                                                            |                  |          |            |           |       |
| E2374                                                                                                                             | * HAND/CHIN CTRL STD JOYSTICK                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
| E2376                                                                                                                             | * EXPANDABLE CONTROLLER, REPL                                                                                                                                                                                                                                                                   |                  |          |            |           |       |
| Wheelchair Modification                                                                                                           |                                                                                                                                                                                                                                                                                                 |                  |          |            |           |       |
| E1011                                                                                                                             | * MODIFICATION TO PEDIATRIC WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH                                                                                                                                                                                                       |                  |          |            |           |       |
| Wheelchair Battery Chargers                                                                                                       |                                                                                                                                                                                                                                                                                                 |                  |          |            |           |       |
| E2366                                                                                                                             | * PWR W/C ACCES, BATT CHARG, SING MODE, FOR USE W/ ONLY ONE BATT TYPE, EACH                                                                                                                                                                                                                     |                  |          |            |           |       |
| E2367                                                                                                                             | * PWR W/C ACCES, BATT CHARG, DUAL MODE, FOR USE W/ EITHER BATT TYP, EACH                                                                                                                                                                                                                        |                  |          |            |           |       |
| NOTE:                                                                                                                             | * Do not include any of the parts codes on the Medicaid claim form, they will be denied. Only use these codes when requesting prior authorization.                                                                                                                                              |                  |          |            |           |       |
| Part III                                                                                                                          | WHEELCHAIRS: GENERAL BASE CODES<br>The following wheelchair base codes denoted with a double asterisk (**) may be billed without prior authorization as rentals for up to three months. When renting each unit represents one month's rental and the codes must be billed with the RR modifier. |                  |          |            |           |       |
| MANUAL WHEELCHAIR BASES                                                                                                           |                                                                                                                                                                                                                                                                                                 |                  |          |            |           |       |
| E1161                                                                                                                             | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE                                                                                                                                                                                                                                            | EACH (1)         | Y*       | Y          | 1/5 YRS   | PP    |
| E1231                                                                                                                             | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM                                                                                                                                                                                                               | EACH (1)         | Y*       | Y          | 1/5 YRS   | PP    |
| E1232                                                                                                                             | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING                                                                                                                                                                                                                    | EACH (1)         | Y*       | Y          | 1/5 YRS   | PP    |
| E1233                                                                                                                             | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, WITHOUT SEATING SYSTEM                                                                                                                                                                                                                        | EACH (1)         | Y*       | Y          | 1/5 YRS   | PP    |
| E1234                                                                                                                             | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM                                                                                                                                                                                                          | EACH (1)         | Y*       | Y          | 1/5 YRS   | PP    |
| E1235                                                                                                                             | ** WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM                                                                                                                                                                                                                           | EACH (1)         | Y*       | Y          | 1/5 YRS   | R/P   |
| E1236                                                                                                                             | ** WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM                                                                                                                                                                                                                         | EACH (1)         | Y*       | Y          | 1/5 YRS   | R/P   |
| E1237                                                                                                                             | ** WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM                                                                                                                                                                                                                        | EACH (1)         | Y*       | Y          | 1/5 YRS   | R/P   |
| E1238                                                                                                                             | ** WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM                                                                                                                                                                                                                      | EACH (1)         | Y*       | Y          | 1/5 YRS   | R/P   |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                            | MEDICAL SUPPLIES |          |            |            |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|------------|------------|-------|
| CURRENT CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ITEM DESCRIPTION                                                                                                                                                           | UNIT             | MEDICAID | PRIOR AUTH | MAX UNITS  | RNT/P |
| K0001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ** STANDARD WHEELCHAIR                                                                                                                                                     | EACH (1)         | Y*       | Y          | 1/5 YRS    | R/P   |
| K0002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ** STANDARD HEMI (LOW SEAT) WHEELCHAIR                                                                                                                                     | EACH (1)         | Y*       | Y          | 1/5 YRS    | R/P   |
| K0003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ** LIGHTWEIGHT WHEELCHAIR                                                                                                                                                  | EACH (1)         | Y*       | Y          | 1/5 YRS    | R/P   |
| K0004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR                                                                                                                                      | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| K0005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ULTRALIGHTWEIGHT WHEELCHAIR                                                                                                                                                | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| K0006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HEAVY DUTY WHEELCHAIR                                                                                                                                                      | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| K0007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EXTRA HEAVY DUTY WHEELCHAIR                                                                                                                                                | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| K0009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OTHER MANUAL WHEELCHAIR/BASE                                                                                                                                               | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| POWER WHEELCHAIR BASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                            |                  |          |            |            |       |
| K0010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR                                                                                                                           | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| K0011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL                         | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| K0012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR                                                                                                                            | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| K0014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OTHER MOTORIZED/POWER WHEELCHAIR BASE                                                                                                                                      | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| POWER OPERATED VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                            |                  |          |            |            |       |
| E1230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | POWER VEHICLE, 3 WHEEL, NON-HIGHWAY (E.G., SCOOTER)                                                                                                                        | EACH (1)         | Y*       | Y          | 1/5 YRS    | PP    |
| <b>"STANDARD" OR "NO-CHARGE" PARTS AND ACCESSORIES</b><br><b>REIMBURSEMENT AUTHORIZED FOR CODES E1161, E1231-E1238 &amp; K0001 - K0014 INCLUDES ANY PART OR ACCESSORY LISTED BY THE MANUFACTURER AS "STANDARD" OR "NO CHARGE"</b><br><b>CODES FOR PARTS OR ACCESSORIES LISTED AS "STANDARD" OR "NO CHARGE" WILL NOT BE AUTHORIZED IN ADDITION TO ONE OF THE WHEELCHAIR CODES LISTED ABOVE</b><br><b>SHORT-TERM RENTAL</b><br><b>THE BASE CODES DENOTED WITH A DOUBLE ASTERISK (**) ARE ELIGIBLE FOR SHORT TERM RENTAL FOR UP TO THREE MONTHS.</b><br><b>TO BILL FOR SHORT TERM RENTAL BILL THE MOST APPROPRIATE BASE CODE AND MODIFY THE CODE WITH THE "RR" MODIFIER.</b><br><b>REPORT ONLY 1 UNIT FOR EACH BASE CODE MODIFIED WITH THE "RR" MODIFIER.</b><br><b>EACH MONTH'S RENTAL MUST BE REPORTED ON A SEPARATE LINE ON THE CLAIM AND THE DATE OF SERVICE REPORTED FOR THE LINE MUST REFLECT THE MONTH THAT THE WHEELCHAIR RENTAL OCCURRED.</b><br><b>RENT-TO-PURCHASE</b><br><b>PURCHASE OF A WHEELCHAIR SUBSEQUENT TO A RENTAL PERIOD WILL REQUIRE PRIOR AUTHORIZATION.</b><br><b>PURCHASE SUBSEQUENT TO SHORT TERM RENTAL WILL BE AUTHORIZED UNDER THE APPROPRIATE WHEELCHAIR BASE CODE.</b><br><b>ANY RENTAL PERIOD PRIOR TO PURCHASE MUST BE NOTED ON THE AUTHORIZATION REQUEST FOR PURCHASE.</b><br><b>PAYMENT FOR RENTAL WILL BE APPLIED TO THE AUTHORIZED PURCHASE PRICE.</b> |                                                                                                                                                                            |                  |          |            |            |       |
| Part IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>WHEELCHAIR REPAIRS</b><br><b>See Repair Policy as set forth in Rule 5101:3-10-16 of the Ohio Administrative Code.</b>                                                   |                  |          |            |            |       |
| K0108 *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WHEELCHAIR MAJOR REPAIR >\$100 ICF-MR                                                                                                                                      | EACH (1)         | Y        | Y          |            |       |
| K0108 *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WHEELCHAIR MAJOR REPAIR >\$100 PERSONAL RESIDENCE                                                                                                                          | EACH (1)         | Y        | Y          |            |       |
| K0108 *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WHEELCHAIR MINOR REPAIR <\$100 PERSONAL RESIDENCE                                                                                                                          | EACH (1)         | Y        |            | 1/120 DAYS |       |
| E1340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | REPAIR FOR DME, LABOR PER 15 MIN                                                                                                                                           | EACH (1)         | Y*       |            |            |       |
| NOTE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | For the reimbursement of repairs requiring materials and labor, the appropriate procedure codes must be submitted together on the same claim for the same date of service. |                  |          |            |            |       |
| WHIRLPOOL EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                            |                  |          |            |            |       |
| E1300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WHIRLPOOL, PORTABLE (OVERTUB TYPE)                                                                                                                                         | EACH (1)         | H        | N          | 1/8 YRS    | PP    |

Appendix to rule 5160-10-03

| MEDICAL SUPPLIES                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |          |            |            |       |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------|------------|-------|
| CURRENT CODE                                                                         | ITEM DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNIT     | MEDICAID | PRIOR AUTH | MAX UNITS  | RNT/P |
| REPAIRS AND REPLACEMENT SUPPLIES; Non-wheelchairs                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |          |            |            |       |
| See Repair Policy as set forth in Rule 5101:3-10-08 of the Ohio Administrative Code. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |          |            |            |       |
| E1399 *                                                                              | DME EQUIP. NOS MINOR REPAIR<\$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EACH (1) | Y        |            | 1/120 DAYS |       |
| E1399 *                                                                              | DME EQUIP. NOS MAJOR REPAIR>\$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EACH (1) | Y        | Y          |            |       |
| E1399 *                                                                              | DME EQUIP. NOS MAJOR REPAIR>\$100, LTCF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EACH (1) | Y        | Y          |            |       |
| <del>E1340</del> K0739                                                               | REPAIR FOR DME, LABOR PER 15 MIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EACH (1) | Y        |            |            |       |
| NOTE:                                                                                | * <b>RP, RB MODIFIER MUST BE SUBMITTED WHEN E1399 or K0108 ARE USED FOR A REPAIR CLAIM . PRIOR AUTHORIZATION MUST BE OBTAINED FOR MAJOR REPAIRS (OVER \$100) OR MINOR REPAIRS IN EXCESS OF ONE PER RECIPIENT PER ONE HUNDRED TWENTY-DAY PERIOD AND FOR MINOR REPAIRS WITHIN NINETY DAYS AFTER THE DISPENSING DATE OF EQUIPMENT OR PRIOR TO THE EXPIRATION OF ANY WARRANTY.</b><br>For the reimbursement of repairs requiring materials and labor, the appropriate procedure codes must be submitted together on the same claim for the same date of service |          |          |            |            |       |
| STANDING FRAME AND GAIT TRAINERS                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |          |            |            |       |
| E0638                                                                                | STANDING FRAME SYSTEM, ANY SIZE W/O WHEELS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EACH (1) | H        | Y          | 1/5 YRS    | PP    |
| E8000                                                                                | X GAIT TRAINER, PED, POST SUPP, INCL ACCES AND COMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EACH (1) | H        | Y          | 1/5 YRS    | PP    |
| E8001                                                                                | X GAIT TRAINER, PED, UP SUPP, INCL ACCES AND COMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EACH (1) | H        | Y          | 1/5 YRS    | PP    |
| E8002                                                                                | X GAIT TRAINER, PED, ANT SUPP, INCL ACCES AND COMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EACH (1) | H        | Y          | 1/5 YRS    | PP    |
| NOTE:                                                                                | Codes E8000, E8001 and E8002 will be covered only for consumers under 14 years old.<br>X Consumer is allowed only one Code per Max unit per gait trainer                                                                                                                                                                                                                                                                                                                                                                                                    |          |          |            |            |       |

# ENACTED

## Appendix

### 5160-10-03

#### Appendix to rule 5160-10-03

| HCPCS<br>CODE DESCRIPTION           |                                                                                                                                                      | UNIT             | LIMIT          | PRIOR<br>AUTHORIZA-<br>TION | CURRENT<br>MAXIMUM<br>PAYMENT<br>AMOUNT | EFFECTIVE<br>DATE | PREVIOUS<br>MAXIMUM<br>PAYMENT<br>AMOUNT | RENTAL OR<br>PURCHASE | RESIDENCE              | RELATIONSHIP [C / X]                                        | NOTES |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-----------------------------|-----------------------------------------|-------------------|------------------------------------------|-----------------------|------------------------|-------------------------------------------------------------|-------|
| DRESSINGS / TAPE / GAUZE / BANDAGES |                                                                                                                                                      |                  |                |                             |                                         |                   |                                          |                       |                        |                                                             |       |
| 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 |                                                             |       |

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 | NC -- No coverage<br>PA -- Payment by prior authorization<br>CURRENT MAXIMUM PAYMENT AMOUNT | EFFECTIVE DATE | PREVIOUS MAXIMUM PAYMENT AMOUNT | RENTAL OR PURCHASE | RESIDENCE              | RELATIONSHIP [C / X]                                               | NOTES                                                                 |
|----------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|---------------------|---------------------------------------------------------------------------------------------|----------------|---------------------------------|--------------------|------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------|
| 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                                           |                                                                       |
| 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                                                                                                       | 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. |

| HCPCS CODE                                        |  | DESCRIPTION                                                                                       | UNIT                  | LIMIT                                               | PRIOR AUTHORIZATION | NC -- No coverage<br>PA -- Payment by prior authorization<br>CURRENT MAXIMUM PAYMENT AMOUNT | EFFECTIVE DATE | PREVIOUS MAXIMUM PAYMENT AMOUNT | RENTAL OR PURCHASE | RESIDENCE              | RELATIONSHIP (C / X)                                                                                                | NOTES                                                                 |
|---------------------------------------------------|--|---------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------|----------------|---------------------------------|--------------------|------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 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. |
| 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                  | 200 per month, 3-20 years; 300 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                  | 200 per month, 3-20 years; 300 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                  | 200 per month, 3-20 years; 300 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                  | 200 per month, 3-20 years; 300 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                  | 200 per month, 3-20 years; 300 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                  | 200 per month, 3-20 years; 300 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                  | 200 per month, 3-20 years; 300 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                  | 200 per month, 3-20 years; 300 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                  | 200 per month, 3-20 years; 300 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                  | 200 per month, 3-20 years; 300 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 |                                                                       |

| HCPCS CODE          |  | DESCRIPTION                                                                                                                                                       | UNIT | LIMIT                                               | PRIOR AUTHORIZATION | NC -- No coverage<br>PA -- Payment by prior authorization<br>CURRENT MAXIMUM PAYMENT AMOUNT | EFFECTIVE DATE | PREVIOUS MAXIMUM PAYMENT AMOUNT | RENTAL OR PURCHASE | RESIDENCE              | RELATIONSHIP (C / X)                                                                                                | NOTES                                   |
|---------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------|----------------|---------------------------------|--------------------|------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| T4531               |  | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH                                                            | Each | 200 per month, 3-20 years; 300 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 | 200 per month, 3-20 years; 300 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 | 200 per month, 3-20 years; 300 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 |                                         |
| T4534               |  | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH                                                                                   | Each | 200 per month, 3-20 years; 300 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 | 200 per month, 3-20 years; 300 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 | 200 per month, 3-20 years; 300 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 |                                                                                                                     |                                         |
| UROLOGICAL SUPPLIES |  |                                                                                                                                                                   |      |                                                     |                     |                                                                                             |                |                                 |                    |                        |                                                                                                                     |                                         |
| 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                                                               | 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                                                                        |                                         |

| NC -- No coverage<br>PA -- Payment by prior authorization<br>C -- Items to which the same limit applies both individually and in combination<br>X -- Items that are mutually exclusive |                                                                                                          |           |                |                      |                                |                |                                 |                    |                        |                                              |                                                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------|--------------------------------|----------------|---------------------------------|--------------------|------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| HCPCS CODE                                                                                                                                                                             | DESCRIPTION                                                                                              | UNIT      | LIMIT          | PRIOR AUTHORIZA-TION | CURRENT MAXIMUM PAYMENT AMOUNT | EFFECTIVE DATE | PREVIOUS MAXIMUM PAYMENT AMOUNT | RENTAL OR PURCHASE | RESIDENCE              | RELATIONSHIP (C / X)                         | NOTES                                                                                                                                                              |  |
| 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 |                                              |                                                                                                                                                                    |  |
| A5102                                                                                                                                                                                  | BEDSIDE 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                                                                                                                                                                                  | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.                                        | 16 ounces | 1 per 3 months | No                   | \$12.25                        | 01/01/1998     | \$12.00                         | Purchase only      | Non-institutional only |                                              |                                                                                                                                                                    |  |
| OSTOMY SUPPLIES                                                                                                                                                                        |                                                                                                          |           |                |                      |                                |                |                                 |                    |                        |                                              |                                                                                                                                                                    |  |
| 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. |  |

|                                             |                                                                                                                             |       |                |                             |                                         |                   |                                          |                       |                        |                                 |                                                                                                                                                                    | NC -- No coverage<br>PA -- Payment by prior authorization |  | C -- Items to which the same limit applies both individually and in combination<br>X -- Items that are mutually exclusive |  |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------|----------------|-----------------------------|-----------------------------------------|-------------------|------------------------------------------|-----------------------|------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|
| HCPCS<br>CODE                               | DESCRIPTION                                                                                                                 | UNIT  | LIMIT          | PRIOR<br>AUTHORIZA-<br>TION | CURRENT<br>MAXIMUM<br>PAYMENT<br>AMOUNT | EFFECTIVE<br>DATE | PREVIOUS<br>MAXIMUM<br>PAYMENT<br>AMOUNT | RENTAL OR<br>PURCHASE | RESIDENCE              | RELATIONSHIP [C / X]            | NOTES                                                                                                                                                              |                                                           |  |                                                                                                                           |  |
| 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 ACCORDION), 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 ACCORDION), 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 ACCORDION), 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. |                                                           |  |                                                                                                                           |  |
| 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               |                                                                                                                                                                    |                                                           |  |                                                                                                                           |  |



| HCPCS<br>CODE DESCRIPTION       |                                                                                                   | UNIT | LIMIT        | PRIOR<br>AUTHORIZA-<br>TION | NC -- No coverage<br>PA -- Payment by prior authorization<br>CURRENT<br>MAXIMUM<br>PAYMENT<br>AMOUNT | EFFECTIVE<br>DATE | PREVIOUS<br>MAXIMUM<br>PAYMENT<br>AMOUNT | RENTAL OR<br>PURCHASE | RESIDENCE              | RELATIONSHIP (C / X)                                                                                  | NOTES |
|---------------------------------|---------------------------------------------------------------------------------------------------|------|--------------|-----------------------------|------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------|-----------------------|------------------------|-------------------------------------------------------------------------------------------------------|-------|
| 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 |       |
| 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 |                                                                                                       |       |

| NC -- No coverage<br>PA -- Payment by prior authorization |                                                                                                                                                                                   |       |                    |                     |                                |                |                                 |                    |                        |                                                             |       |  | C -- Items to which the same limit applies both individually and in combination<br>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 |  |                                                                                                                           |
| A4269                                                     | CONTRACEPTIVE SUPPLY, SPERMICIDE                                                                                                                                                  | Each  | 1 per month        | No                  | \$10.05                        | 04/01/2003     |                                 | Purchase only      | Non-institutional only |                                                             |       |  |                                                                                                                           |
| MISCELLANEOUS SUPPLIES                                    |                                                                                                                                                                                   |       |                    |                     |                                |                |                                 |                    |                        |                                                             |       |  |                                                                                                                           |
| 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 |                                                             |       |  |                                                                                                                           |
| 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 |                                                             |       |  |                                                                                                                           |
| DECUBITUS CARE EQUIPMENT                                  |                                                                                                                                                                                   |       |                    |                     |                                |                |                                 |                    |                        |                                                             |       |  |                                                                                                                           |
| 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               |       |  |                                                                                                                           |

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

| NC -- No coverage<br>PA -- Payment by prior authorization<br>C -- Items to which the same limit applies both individually and in combination<br>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                                                                                                                                                             |  |
| 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                                                                                                   |                                                                                                                                                                   |  |
| 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 |                                                                                                                                                                   |  |
| TRACTION EQUIPMENT AND HOSPITAL BED ACCESSORIES                                                                                                                                        |                                                                                                                                                                                |      |               |                     |                                |                |                                 |                    |                        |                                                                                                                     |                                                                                                                                                                   |  |
| 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. |  |

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

| NC -- No coverage<br>PA -- Payment by prior authorization                             |                                                                                                                                                                                                                                                                                                             |              |                      |                      |                                |                |                                 |                    |                        |                                        |                                                                                                                                                                   | C -- Items to which the same limit applies both individually and in combination<br>X -- Items that are mutually exclusive |  |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|----------------------|--------------------------------|----------------|---------------------------------|--------------------|------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| HCPCS CODE                                                                            | DESCRIPTION                                                                                                                                                                                                                                                                                                 | UNIT         | LIMIT                | PRIOR AUTHORIZA-TION | CURRENT MAXIMUM PAYMENT AMOUNT | EFFECTIVE DATE | PREVIOUS MAXIMUM PAYMENT AMOUNT | RENTAL OR PURCHASE | RESIDENCE              | RELATIONSHIP (C / X)                   | NOTES                                                                                                                                                             |                                                                                                                           |  |
| 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 EXRCISE 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. |                                                                                                                           |  |
| EQUIPMENT AND SUPPLIES FOR ESRD                                                       |                                                                                                                                                                                                                                                                                                             |              |                      |                      |                                |                |                                 |                    |                        |                                        |                                                                                                                                                                   |                                                                                                                           |  |
| 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                                                                                 | CAPD 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                                                                                 | CCPD 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.                                                                              |                                                                                                                           |  |
| ENTERAL AND PARENTERAL NUTRITION THERAPY (FORMULA, SOLUTION, FEEDING TUBES, SUPPLIES) |                                                                                                                                                                                                                                                                                                             |              |                      |                      |                                |                |                                 |                    |                        |                                        |                                                                                                                                                                   |                                                                                                                           |  |
| 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        |                                                                                                                                                                   |                                                                                                                           |  |
| 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 |                      | 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 |                      | 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 |                      | 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 |                      | 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 |                      | 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 |                      | 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 |                      | 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.     |                                                                                                                           |  |

| HCPCS CODE                                                      |  | DESCRIPTION                                                                                                                                                                                                                                                                                   | UNIT         | LIMIT          | PRIOR AUTHORIZATION | NC -- No coverage<br>PA -- Payment by prior authorization<br>CURRENT MAXIMUM PAYMENT AMOUNT | EFFECTIVE DATE | PREVIOUS MAXIMUM PAYMENT AMOUNT | RENTAL OR PURCHASE | RESIDENCE              | RELATIONSHIP [C / X]            | NOTES                                                                                                                                                                                |
|-----------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|---------------------------------------------------------------------------------------------|----------------|---------------------------------|--------------------|------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                 |  |                                                                                                                                                                                                                                                                                               |              |                |                     |                                                                                             |                |                                 |                    |                        |                                 |                                                                                                                                                                                      |
| 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 |                | 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 |                | 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 |                | 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 |                | 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. |
| <b>ENTERAL AND PARENTERAL NUTRITION PUMPS (INCLUDING POLES)</b> |  |                                                                                                                                                                                                                                                                                               |              |                |                     |                                                                                             |                |                                 |                    |                        |                                 |                                                                                                                                                                                      |
| 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  | Yes                 | \$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>COMMODE CHAIRS</b>                                           |  |                                                                                                                                                                                                                                                                                               |              |                |                     |                                                                                             |                |                                 |                    |                        |                                 |                                                                                                                                                                                      |
| E0163                                                           |  | COMMODE 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                                                           |  | COMMODE 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 COMMODE CHAIR (REPLACEMENT ONLY)                                                                                                                                                                                                                                     | Each         | 1 per year     | No                  | \$5.25                                                                                      | 05/01/1990     |                                 | Purchase only      | Non-institutional only |                                 |                                                                                                                                                                                      |

| NC -- No coverage<br>PA -- Payment by prior authorization<br>C -- Items to which the same limit applies both individually and in combination<br>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                                                                                                                                                                    |  |
| E0168                                                                                                                                                                                  | EXTRA WIDE/HEAVY DUTY COMMODE 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. |  |
| BATH AND TOILET AIDS                                                                                                                                                                   |                                                                                                                               |      |                |                     |                                |                |                                 |                    |                        |                          |                                                                                                                                                                          |  |
| 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        |                                                                                                                                                                          |  |
| TRACHEOSTOMY CARE                                                                                                                                                                      |                                                                                                                               |      |                |                     |                                |                |                                 |                    |                        |                          |                                                                                                                                                                          |  |
| A4483                                                                                                                                                                                  | 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 |                          |                                                                                                                                                                          |  |
| 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                                                                                                                                                                                  | TRACHEOSTOMYLARYNGECTOMY 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 |                                                                                                                                                                          |  |
| A7521                                                                                                                                                                                  | TRACHEOSTOMYLARYNGECTOMY 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 |                                                                                                                                                                          |  |
| A7522                                                                                                                                                                                  | TRACHEOSTOMYLARYNGECTOMY 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 twill tape. Only one type of tracheostomy tie is medically necessary.                                                       |  |
| MISCELLANEOUS RESPIRATORY CARE SUPPLIES                                                                                                                                                |                                                                                                                               |      |                |                     |                                |                |                                 |                    |                        |                          |                                                                                                                                                                          |  |
| 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 |                          |                                                                                                                                                                          |  |
| VENTILATORS, CPAP, AND OTHER RESPIRATORY EQUIPMENT                                                                                                                                     |                                                                                                                               |      |                |                     |                                |                |                                 |                    |                        |                          |                                                                                                                                                                          |  |
| 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 |                          |                                                                                                                                                                          |  |
| A7032                                                                                                                                                                                  | REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH                                                                        | Each | 2 per year     | No                  | \$21.36                        | 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

| NC -- No coverage<br>PA -- Payment by prior authorization<br>CURRENT MAXIMUM PAYMENT AMOUNT<br>PREVIOUS MAXIMUM PAYMENT AMOUNT<br>RENTAL OR PURCHASE<br>RESIDENCE<br>RELATIONSHIP (C / X)<br>NOTES |                                                                                                                                                                                                                                     |      |                |                                |                                |                |                                 |                    |                        |                      |                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------|--------------------------------|--------------------------------|----------------|---------------------------------|--------------------|------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HCPCS CODE                                                                                                                                                                                         | DESCRIPTION                                                                                                                                                                                                                         | UNIT | LIMIT          | PRIOR AUTHORIZA-TION           | CURRENT MAXIMUM PAYMENT AMOUNT | EFFECTIVE DATE | PREVIOUS MAXIMUM PAYMENT AMOUNT | RENTAL OR PURCHASE | RESIDENCE              | RELATIONSHIP (C / X) | NOTES                                                                                                                                                                                                                                                                                            |
| 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                                                                                                                              | 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 |                      |                                                                                                                                                                                                                                                                                                  |
| E0450                                                                                                                                                                                              | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)                                                                                 | Each | 1 per month    | No (for initial 3 months only) | \$750.00                       | 05/01/1990     |                                 | Rental only        | All                    |                      |                                                                                                                                                                                                                                                                                                  |
| Y2032                                                                                                                                                                                              | BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS)                                                                                                                                                                                     | Each | 1 per month    | Yes                            | \$375.00                       | 05/01/1990     |                                 | Rental only        | All                    |                      |                                                                                                                                                                                                                                                                                                  |
| E0463                                                                                                                                                                                              | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)                                                                                     | Each | 1 per month    | Yes                            | \$900.00                       | 07/01/2006     | \$750.00                        | Rental only        | All                    |                      |                                                                                                                                                                                                                                                                                                  |
| E0464                                                                                                                                                                                              | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G., MASK)                                                                                              | Each | 1 per month    | Yes                            | NC                             | 01/01/2005     |                                 | 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 |                      |                                                                                                                                                                                                                                                                                                  |
| E0460                                                                                                                                                                                              | NEGATIVE PRESSURE VENTILATOR, PORTABLE/STATIONARY                                                                                                                                                                                   | Each | 1 per month    | Yes                            | \$205.00                       | 07/01/1992     |                                 | Rental only        | All                    |                      |                                                                                                                                                                                                                                                                                                  |
| E0470                                                                                                                                                                                              | RESPIRATORY ASSIST DEVICE, B-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, B-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, B-LEVEL PRESSURE CAPACITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE--CPAP)            | 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  | Yes                            | \$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 | Yes                            | \$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 |                      |                                                                                                                                                                                                                                                                                                  |
| OXYGEN SUPPLIES                                                                                                                                                                                    |                                                                                                                                                                                                                                     |      |                |                                |                                |                |                                 |                    |                        |                      |                                                                                                                                                                                                                                                                                                  |
| 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 |                      |                                                                                                                                                                                                                                                                                                  |
| HUMIDIFIERS / NEBULIZERS FOR USE WITH OXYGEN IPPB EQUIPMENT AND COMPRESSORS                                                                                                                        |                                                                                                                                                                                                                                     |      |                |                                |                                |                |                                 |                    |                        |                      |                                                                                                                                                                                                                                                                                                  |
| 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 |                      |                                                                                                                                                                                                                                                                                                  |
| SUCTION PUMPS AND SUCTIONING SUPPLIES                                                                                                                                                              |                                                                                                                                                                                                                                     |      |                |                                |                                |                |                                 |                    |                        |                      |                                                                                                                                                                                                                                                                                                  |
| 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.                                                                                                                                                                                                               |

| NC -- No coverage<br>PA -- Payment by prior authorization |                                                                                               |      |               |                      |                                |                |                                 |                    |                        |                                               |  |                                                                                                              | C -- Items to which the same limit applies both individually and in combination<br>X -- Items that are mutually exclusive |  |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|---------------|----------------------|--------------------------------|----------------|---------------------------------|--------------------|------------------------|-----------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| HCPCS CODE                                                | DESCRIPTION                                                                                   | UNIT | LIMIT         | PRIOR AUTHORIZA-TION | CURRENT MAXIMUM PAYMENT AMOUNT | EFFECTIVE DATE | PREVIOUS MAXIMUM PAYMENT AMOUNT | RENTAL OR PURCHASE | RESIDENCE              | RELATIONSHIP [C / X]                          |  | NOTES                                                                                                        |                                                                                                                           |  |
| 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 |                                               |  |                                                                                                              |                                                                                                                           |  |
| MONITORING EQUIPMENT                                      |                                                                                               |      |               |                      |                                |                |                                 |                    |                        |                                               |  |                                                                                                              |                                                                                                                           |  |
| 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                             |  |                                                                                                              |                                                                                                                           |  |
| PNEUMATIC COMPRESSORS AND APPLIANCES (LYMPHEDEMA PUMP)    |                                                                                               |      |               |                      |                                |                |                                 |                    |                        |                                               |  |                                                                                                              |                                                                                                                           |  |
| 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 |                                               |  |                                                                                                              |                                                                                                                           |  |
| PORTABLE LIFTS                                            |                                                                                               |      |               |                      |                                |                |                                 |                    |                        |                                               |  |                                                                                                              |                                                                                                                           |  |
| 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 |                                               |  |                                                                                                              |                                                                                                                           |  |
| TENS UNITS AND OTHER STIMULATORS                          |                                                                                               |      |               |                      |                                |                |                                 |                    |                        |                                               |  |                                                                                                              |                                                                                                                           |  |
| 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                      |  |                                                                                                              |                                                                                                                           |  |
| CANES, CRUTCHES, AND WALKERS                              |                                                                                               |      |               |                      |                                |                |                                 |                    |                        |                                               |  |                                                                                                              |                                                                                                                           |  |
| 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 |  |                                                                                                              |                                                                                                                           |  |

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



| NC -- No coverage<br>PA -- Payment by prior authorization |                                                                                    |          |                |                     |                                |                |                                 |                    |                        |                                               |                                                                                                                                                        |  | C -- Items to which the same limit applies both individually and in combination<br>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                                                                                                                                                  |  |                                                                                                                           |  |
| 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. |  |                                                                                                                           |  |
| PARTS AND ACCESSORIES FOR CANES, CRUTCHES, AND WALKERS    |                                                                                    |          |                |                     |                                |                |                                 |                    |                        |                                               |                                                                                                                                                        |  |                                                                                                                           |  |
| 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 |                                               |                                                                                                                                                        |  |                                                                                                                           |  |
| STANDING FRAMES AND GAIT TRAINERS                         |                                                                                    |          |                |                     |                                |                |                                 |                    |                        |                                               |                                                                                                                                                        |  |                                                                                                                           |  |
| E0638                                                     | STANDING FRAME SYSTEM, ANY SIZE W/O 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.                                                                                   |  |                                                                                                                           |  |
| WHIRLPOOL EQUIPMENT                                       |                                                                                    |          |                |                     |                                |                |                                 |                    |                        |                                               |                                                                                                                                                        |  |                                                                                                                           |  |
| E1300                                                     | WHIRLPOOL, PORTABLE (OVERTUB TYPE)                                                 | Each     | 1 per 8 years  | No                  | \$170.00                       | 05/01/1990     |                                 | Purchase only      | Non-institutional only |                                               |                                                                                                                                                        |  |                                                                                                                           |  |
| REPAIR OF NON-WHEELCHAIR ITEMS                            |                                                                                    |          |                |                     |                                |                |                                 |                    |                        |                                               |                                                                                                                                                        |  |                                                                                                                           |  |
| 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                    |                                               |                                                                                                                                                        |  |                                                                                                                           |  |

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

\*\*\* DRAFT - NOT YET FILED \*\*\*

TO BE RESCINDED

5160-10-20                    **Covered orthotic and prosthetic services and associated limitations.**

Unless otherwise specified, any provider seeking reimbursement for orthotic and prosthetic services must meet the provisions contained within Chapter 4779. of the Revised Code or be exempt from licensure under section 4779.02 of the Revised Code in order to be eligible for reimbursement for services provided.

- (A) Medically necessary orthotic and prosthetic services are covered as listed in appendix A to this rule.
- (B) The allowed reimbursement amount for any orthotic or prosthetic device listed in appendix A to this rule includes, but is not limited to, the following:
  - (1) Labor;
  - (2) Casting, fitting, or measuring fees;
  - (3) Charges for travel; and
  - (4) Charges for shipping and mailing.
- (C) It is the provider's responsibility to assure that any orthotic or prosthetic device fits properly for three months from the date of dispensing. Any modifications, adjustments, or replacements within the three months are the responsibility of the provider that supplied the item and no additional charge may be made to the department or the consumer. The provision of these services by another provider will not be separately reimbursed.
- (D) "Unlisted procedure" and "not otherwise specified (NOS)" codes require complete description and itemization of charges when being submitted for prior authorization.
- (E) Coverage of repair or replacement of parts for orthotic or prosthetic devices.
  - (1) Orthotic devices.
    - (a) Prior authorization is not required for the repair or replacement of minor

parts for orthotic devices, which includes the amount for labor, when the repair or replacement of the orthotic device is less than or equal to one hundred twenty dollars with the exception listed in paragraph (F) of this rule.

- (b) Prior authorization is required for the repair or replacement of major parts for orthotic devices, which includes the amount for labor, when the repair or replacement of the orthotic device is greater than one hundred twenty dollars.
- (c) To bill for the repair of orthotic devices or the replacement of minor or major parts for orthotic devices, the provider must bill the appropriate code listed in appendix A to this rule.

(2) Prosthetic devices.

- (a) Prior authorization is not required for the repair or replacement of minor parts for prosthetic devices, which includes the amount for labor, when the repair or replacement of the prosthetic device is less than or equal to one hundred twenty dollars.
- (b) Prior authorization is required for the repair or replacement of major parts for prosthetic devices, which includes the amount for labor, when the repair or replacement of the prosthetic device is greater than one hundred twenty dollars with the exception listed in paragraph (F) of this rule.
- (c) To bill for the repair of prosthetic devices or the replacement of minor or major parts for prosthetic devices, the provider must bill the appropriate code listed in appendix A to this rule.

- (3) Prior authorization is required for orthotic and prosthetic device repair or replacement less than or equal to one hundred twenty dollars when the repair or replacement of the orthotic or prosthetic device is in excess of one repair or replacement per consumer per one hundred twenty day period.
- (4) Coverage and claims submission for the repair or replacement of parts for orthotic and prosthetic devices are subject to the requirements listed in paragraphs (A)(2) to (A)(12) of rule 5101:3-10-08 of the Administrative Code.

(F) For those codes listed in appendix A to this rule that are preceded by an asterisk, all

costs of repair are included in the reimbursement amount.

- (G) Preparatory prostheses will be considered for authorization when documentation is provided at the time of submission of the prior authorization. The documentation should include the reason for the amputation, the date of the amputation, and a statement of why the patient will benefit by the application of a preparatory prosthesis prior to the design of the definitive. It is recognized that not every amputee is a candidate for a preparatory prosthesis prior to the fitting of a definitive; however, he or she will be considered where unusual physical changes are anticipated or cardiovascular or other physical conditions require evaluation to determine if a patient will be successful as a user of a definitive prosthetic.
- (H) Twister (torsion) cables may be approved for only the treatment of children with neuromuscular diseases, and related diagnoses. Requests for torsion cables to treat positional deformities will not be covered by the Ohio department of job and family services (ODJFS) because of anticipated resolution that occurs with maturation.

Effective:

Five Year Review (FYR) Dates:

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 5164.02  
Rule Amplifies: 5164.02, Section 323.236 of Am. Sub. H.B. 59 (130th G.A.)  
Prior Effective Dates: 03/01/1984, 12/30/1984, 10/01/1988, 04/13/1989 (Emer), 05/15/1989, 05/01/1990, 06/20/1990 (Emer), 02/17/1991, 04/01/1992 (Emer), 07/01/1992, 12/10/1993, 12/30/1993 (Emer), 03/31/1994, 08/01/1995, 12/29/1995 (Emer), 03/21/1996, 01/04/2000 (Emer), 03/20/2000, 12/29/2000 (Emer), 03/30/2001, 12/31/2001 (Emer), 03/29/2002, 10/01/2004, 11/01/2004 (Emer), 01/16/2005, 09/01/2005, 12/30/2005 (Emer), 03/27/2006, 10/15/2006, 12/29/2006 (Emer), 03/29/2007, 12/16/2007, 12/31/2007 (Emer), 03/30/2008, 12/31/2008 (Emer), 03/31/2009, 12/30/2010 (Emer), 03/30/2011, 09/01/2011, 12/30/2011 (Emer), 03/29/2012

5101:3-10-20 APPENDIX A Amended  
1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC  
PROCEDURES

| CODE                                                                                  | DESCRIPTION                                                                                                            | PA | MEDICARE | MAX. UNITS          |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----|----------|---------------------|
| <b>SPINAL - CERVICAL - L0100-L0209</b>                                                |                                                                                                                        |    |          |                     |
| A8000                                                                                 | Soft protect helmet prefab                                                                                             | N  | N        | 1 per year          |
| A8001                                                                                 | Hard protect helmet prefab                                                                                             | N  | N        | 1 per year          |
| A8002                                                                                 | Soft protect helmet custom                                                                                             | N  | N        | 1 per medical event |
| A8003                                                                                 | Hard protect helmet custom                                                                                             | N  | N        | 1 per medical event |
| S1040                                                                                 | Cranial remolding orthosis, peds, custom, rigid                                                                        | N  | N        | 1 per Lifetime      |
| L0120                                                                                 | Cervical, Flexible, Non-Adjustable Foam Collar                                                                         | N  | Y        | 1 per year          |
| L0140                                                                                 | Cervical, Semi-Rigid, Adjustable Plastic Collar                                                                        | Y  | Y        | 1 per year          |
| L0170                                                                                 | Cervical, Collar Semi-Rigid, Molded To Patient Model                                                                   | Y  | Y        | 1 per medical event |
| L0172                                                                                 | Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece                                                            | Y  | Y        | 1 per year          |
| L0174                                                                                 | Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension                                    | Y  | Y        | 1 per year          |
| <b>SPINAL- MULTIPLE POST COLLAR - L0180-L0200</b>                                     |                                                                                                                        |    |          |                     |
| L0180                                                                                 | Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable                                              | Y  | Y        | 1 per medical event |
| L0190                                                                                 | Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars (Somi, Guilford, Taylor Types) | Y  | Y        | 1 per medical event |
| L0200                                                                                 | Cervical, Multiple Post, Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars, And Thoracic Extension       | Y  | Y        | 1 per medical event |
| <b>SPINAL - THORACIC - L0210-L0490</b>                                                |                                                                                                                        |    |          |                     |
| A Rib Belt Is A Covered Service Only When Provided In Association With a Rib Fracture |                                                                                                                        |    |          |                     |
| L0220                                                                                 | Thoracic, Rib Belt, Custom Fabricated                                                                                  | Y  | Y        | 1 per year          |

5101:3-10-20 APPENDIX A

Amended  
1/1/2012LIST OF ORTHOTIC AND PROSTHETIC  
PROCEDURES

| CODE  | DESCRIPTION                                                                                                                                                                       | PA | MEDICARE | MAX. UNITS          |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|---------------------|
| L0450 | TLSO, Flexible, Trunk Support, upper thoracic region, Y with rigid stays or panel(s), prefabricated, includes fitting and adjustment                                              |    | Y        | 2 per year          |
| L0452 | TLSO, Flexible, Trunk Support, upper thoracic region, Y with rigid stays or panel(s), custom fabricated                                                                           |    | Y        | 2 per year          |
| L0454 | TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, prefabricated, includes fitting and adjustment                                | Y  | Y        | 1 per year          |
| L0466 | TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, includes fitting and adjustment                  | Y  | Y        | 1 per 2 years       |
| L0468 | TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, prefabricated, includes fitting and adjustment          | Y  | Y        | 1 per 2 years       |
| L0470 | TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron, extends from sacrococcygeal junction to scapula, prefabricated, including fitting and adjustment | Y  | Y        | 1 per 2 years       |
| L0472 | TLSO, triplanar control, hyperextension, rigid anterior Y and lateral frame extends from symphysis pubis to sternal notch, prefabricated, includes fitting and adjustment         |    | Y        | 1 per medical event |
| L0480 | TLSO, triplanar control, one piece rigid plastic shell without interface liner, custom fabricated                                                                                 | Y  | Y        | 1 per medical event |
| L0482 | TLSO, triplanar control, one piece rigid plastic shell with interface liner, custom fabricated                                                                                    | Y  | Y        | 1 per medical event |
| L0484 | TLSO, triplanar control, two piece rigid plastic shell without interface liner, custom fabricated                                                                                 | Y  | Y        | 1 per medical event |
| L0486 | TLSO, triplanar control, two piece rigid plastic shell with interface liner, custom fabricated                                                                                    | Y  | Y        | 1 per medical event |
| L0488 | TLSO, triplanar control, one piece rigid plastic shell with interface liner, prefabricated, includes fitting and adjustment                                                       | Y  | Y        | 1 per medical event |

SPINAL - LUMBAR - SACRAL - L0625-L0640

| 5101:3-10-20 | APPENDIX A                                                                        | Amended<br>1/1/2012 |          |                     |
|--------------|-----------------------------------------------------------------------------------|---------------------|----------|---------------------|
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                     |                     |          |                     |
| CODE         | DESCRIPTION                                                                       | PA                  | MEDICARE | MAX. UNITS          |
| L0625        | LUMBAR SUPPORT, POSTERIOR EXTENDS<br>FROM L-1                                     | Y                   | Y        | 2 per year          |
| L0626        | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH<br>RIGID POSTERIOR PANEL(S), POSTERIOR    | Y                   | Y        | 2 per year          |
| L0627        | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH<br>RIGID POSTERIOR PANEL(S), POSTERIOR    | Y                   | Y        | 2 per year          |
| L0628        | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE,<br>PROVIDES LUMBO-SACRAL SUPPORT,<br>POSTERIOR  | Y                   | Y        | 2 per year          |
| L0629        | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE,<br>PROVIDES LUMBO-SACRAL SUPPORT,<br>POSTERIOR  | Y                   | Y        | 2 per year          |
| L0630        | LUMBAR-SACRAL ORTHOSIS, SAGITTAL<br>CONTROL, WITH RIGID POSTERIOR PANEL(S),       | Y                   | Y        | 2 per year          |
| L0631        | LUMBAR-SACRAL ORTHOSIS, SAGITTAL<br>CONTROL, WITH RIGID ANTERIOR AND<br>POSTERIOR | Y                   | Y        | 2 per year          |
| L0632        | LUMBAR-SACRAL ORTHOSIS, SAGITTAL<br>CONTROL, WITH RIGID ANTERIOR AND<br>POSTERIOR | Y                   | Y        | 2 per year          |
| L0633        | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-<br>CORONAL CONTROL, WITH RIGID POSTERIOR        | Y                   | Y        | 1 per 2 years       |
| L0634        | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-<br>CORONAL CONTROL, WITH RIGID POSTERIOR        | Y                   | Y        | 1 per 2 years       |
| L0635        | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-<br>CORONAL CONTROL, LUMBAR FLEXION, RIGID       | Y                   | Y        | 1 per 2 years       |
| L0636        | LUMBAR SACRAL ORTHOSIS, SAGITTAL-<br>CORONAL CONTROL, LUMBAR FLEXION, RIGID       | Y                   | Y        | 1 per 2 years       |
| L0639        | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-<br>CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),    | Y                   | Y        | 1 per medical event |
| L0640        | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-<br>CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),    | Y                   | Y        | 1 per medical event |



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1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC  
PROCEDURES

| CODE | DESCRIPTION                | PA | MEDICARE | MAX. UNITS |
|------|----------------------------|----|----------|------------|
|      | <u>SPINAL - SACROILIAC</u> |    |          |            |

|       |                                                                               |   |   |            |
|-------|-------------------------------------------------------------------------------|---|---|------------|
| L0621 | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION | Y | Y | 2 per year |
|-------|-------------------------------------------------------------------------------|---|---|------------|

SPINAL - CERVICAL - THORACIC - LUMBAR -  
SACRAL - ORTHOSIS- L0700-L0999

Anterior-Posterior-Lateral Control

|       |                                                                                                                              |   |   |                     |
|-------|------------------------------------------------------------------------------------------------------------------------------|---|---|---------------------|
| L0700 | Cervical-Thoracic-Lumbar-Sacral-Orthosis (CTLSO), Anterior-Posterior Lateral Control, Molded To Patient Model (Minerva type) | Y | Y | 1 per medical event |
|-------|------------------------------------------------------------------------------------------------------------------------------|---|---|---------------------|

|       |                                                                                                         |   |   |                     |
|-------|---------------------------------------------------------------------------------------------------------|---|---|---------------------|
| L0710 | CTLSO, Anterior-Posterior-Lateral Control, Molded To Patient Model, W/Interface Material (Minerva Type) | Y | Y | 1 per medical event |
|-------|---------------------------------------------------------------------------------------------------------|---|---|---------------------|

**Halo Procedure**

|       |                                                             |   |   |                     |
|-------|-------------------------------------------------------------|---|---|---------------------|
| L0810 | Halo Procedure, Cervical Halo Incorporated Into Jacket Vest | Y | Y | 1 per medical event |
|-------|-------------------------------------------------------------|---|---|---------------------|

|       |                                                                                |   |   |                     |
|-------|--------------------------------------------------------------------------------|---|---|---------------------|
| L0859 | ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS | Y | Y | 1 per medical event |
|-------|--------------------------------------------------------------------------------|---|---|---------------------|

Additions to Spinal Orthosis

|       |                    |   |   |               |
|-------|--------------------|---|---|---------------|
| L0970 | TLSO, Corset Front | Y | Y | 1 per 2 years |
|-------|--------------------|---|---|---------------|

|       |                   |   |   |               |
|-------|-------------------|---|---|---------------|
| L0972 | LSO, Corset Front | Y | Y | 1 per 2 years |
|-------|-------------------|---|---|---------------|

|       |                   |   |   |               |
|-------|-------------------|---|---|---------------|
| L0974 | TLSO, Full Corset | Y | Y | 1 per 2 years |
|-------|-------------------|---|---|---------------|

|       |                  |   |   |               |
|-------|------------------|---|---|---------------|
| L0976 | LSO, Full Corset | Y | Y | 1 per 2 years |
|-------|------------------|---|---|---------------|

|       |                            |   |   |               |
|-------|----------------------------|---|---|---------------|
| L0978 | Auxiliary Crutch Extension | Y | Y | 1 per 2 years |
|-------|----------------------------|---|---|---------------|

|       |                                                 |   |   |            |
|-------|-------------------------------------------------|---|---|------------|
| L0980 | Peroneal Straps, Pair (Addition Or Replacement) | N | Y | 2 per year |
|-------|-------------------------------------------------|---|---|------------|

|       |                            |   |   |            |
|-------|----------------------------|---|---|------------|
| L0984 | Protective Body Sock, each | N | Y | 6 per year |
|-------|----------------------------|---|---|------------|

ORTHOTIC DEVICES - SCOLIOSIS PROCEDURES  
- L01000-L1499

Scoliosis Procedures

5101:3-10-20 APPENDIX A Amended  
1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC  
PROCEDURES

| CODE  | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PA | MEDICARE | MAX. UNITS    |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|---------------|
| Note: | <p>The orthotic care of scoliosis differs from other orthotic care in that the treatment is more dynamic in nature and utilizes ongoing, continual modification of the orthosis to the patient's changing condition. This coding structure uses the proper names-- or eponyms -- of the procedures because they have historic and universal acceptance in the profession. It should be recognized that variations to the basic procedures described by the founders/developers are accepted in various medical and orthotic practices throughout the country. All procedures include model of patient when indicated.</p> <p>SCOLIOSIS - CERVICAL - THORACIC - LUMBAR - SACRAL (MILWAUKEE) - L1000-L1120</p> |    |          |               |
| L1000 | Cervical-Thoracic-Lumbar-Sacral Orthosis (CTL SO) (Milwaukee), Inclusive Of Furnishing Initial Orthosis, Including Model<br><br>Correction Pads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Y  | Y        | 1 per 2 years |
| L1010 | Addition To Cervical-Thoracic-Lumbar-Sacral Orthosis (CTL SO) Or Scoliosis Orthosis, Axilla Sling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Y  | Y        | 1 per 2 years |
| L1020 | Addition To CTL SO Or Scoliosis Orthosis, Kyphosis Pads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Y  | Y        | 1 per 2 years |
| L1025 | Addition To CTL SO Or Scoliosis Orthosis, Kyphotic Pad Floating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Y  | Y        | 1 per 2 years |
| L1030 | Addition To CTL SO Or Scoliosis Orthosis, Lumbar Bolster Pad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y  | Y        | 1 per 2 years |
| L1040 | Addition To CTL SO Or Scoliosis Orthosis, Lumbar Or Lumbar Rib Pad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Y  | Y        | 1 per 2 years |
| L1050 | Addition To CTL SO Or Scoliosis Orthosis, Sternal Pad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Y  | Y        | 1 per 2 years |
| L1060 | Addition To CTL SO Or Scoliosis Orthosis, Thoracic Pad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Y  | Y        | 1 per 2 years |
| L1070 | Addition To CTL SO Or Scoliosis Orthosis, Trapeze Sling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Y  | Y        | 1 per 2 years |

| 5101:3-10-20 | APPENDIX A                                                                                              | Amended<br>1/1/2012 |          |               |
|--------------|---------------------------------------------------------------------------------------------------------|---------------------|----------|---------------|
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                           |                     |          |               |
| CODE         | DESCRIPTION                                                                                             | PA                  | MEDICARE | MAX. UNITS    |
| L1080        | Addition To CTLSO Or Scoliosis Orthosis,<br>Outrigger                                                   | Y                   | Y        | 1 per 2 years |
| L1085        | Addition To CTLSO Or Scoliosis Orthosis,<br>Outrigger Bilateral W/Vertical Extensions                   | Y                   | Y        | 1 per 2 years |
| L1090        | Addition To CTLSO Or Scoliosis Orthosis<br>Lumbar Sling                                                 | Y                   | Y        | 1 per 2 years |
| L1100        | Addition To CTLSO Or Scoliosis Orthosis,<br>Ring Flange, Plastic Or Leather                             | Y                   | Y        | 1 per 2 years |
| L1110        | Addition To CTLSO Or Scoliosis Orthosis,<br>Ring Flange, Plastic Or Leather, Molded<br>To Patient Model | Y                   | Y        | 1 per 2 years |
| L1120        | Addition To CTLSO Or Scoliosis Orthosis,<br>Cover For Upright, Each                                     | Y                   | Y        | 6 per year    |
|              | <b>THORACIC-LUMBAR-SACRAL (LOW PROFILE)<br/>L1200-L1290</b>                                             |                     |          |               |
| L1200        | Thoracic-Lumbar-Sacral-Orthosis (TLSO),<br>Inclusive Of Furnishing Initial Orthosis Only                | Y                   | Y        | 1 per 2 years |
| L1210        | Addition To TLSO Low Profile, Lateral<br>Thoracic Extension                                             | Y                   | Y        | 1 per 2 years |
| L1220        | Addition To TLSO, Low Profile, Anterior<br>Thoracic Extension                                           | Y                   | Y        | 1 per 2 years |
| L1230        | Addition To TLSO, Low Profile, Milwaukee<br>Type Super Structure                                        | Y                   | Y        | 1 per 2 years |
| L1240        | Addition To TLSO, Low Profile, Lumbar<br>Derotation Pad                                                 | Y                   | Y        | 1 per 2 years |
| L1250        | Addition To TLSO, Low Profile, Anterior Asis Pad                                                        | Y                   | Y        | 1 per 2 years |
| L1260        | Addition To TLSO, Low Profile, Anterior<br>Thoracic Derotation Pad                                      | Y                   | Y        | 1 per 2 years |
| L1270        | Addition To TLSO, Low Profile, Abdominal Pad                                                            | Y                   | Y        | 1 per 2 years |
| L1280        | Addition To TLSO, Low Profile, Rib Gusset<br>(Elastic), Each                                            | Y                   | Y        | 1 per 2 years |

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1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC  
PROCEDURES

| CODE  | DESCRIPTION                                             | PA | MEDICARE | MAX. UNITS    |
|-------|---------------------------------------------------------|----|----------|---------------|
| L1290 | Addition To TLSO, Low Profile, Lateral Trochanteric Pad | Y  | Y        | 1 per 2 years |

**OTHER SCOLIOSIS PROCEDURES - L1300-L1399**

|       |                                                                            |   |   |                     |
|-------|----------------------------------------------------------------------------|---|---|---------------------|
| L1300 | Other Scoliosis Procedure, Body Jacket Molded To Patient Model             | Y | Y | 1 per 2 years       |
| L1310 | Other Scoliosis Procedure, Post-Operative Body Jacket                      | Y | Y | 1 per medical event |
| L1499 | Unlisted Procedures For Spinal Orthosis- Must Include Detailed Description | Y | Y |                     |

**THORACIC - HIP - KNEE - ANKLE - L1500-L1599**

|                  |                                                                                                   |              |              |                           |
|------------------|---------------------------------------------------------------------------------------------------|--------------|--------------|---------------------------|
| <del>L1500</del> | <del>Thoracic-Hip-Knee-Ankle Orthosis (THKAO), Mobility Frame (Newington, Parapodium Types)</del> | <del>Y</del> | <del>Y</del> | <del>1 per lifetime</del> |
| <del>L1510</del> | <del>THKAO, Standing Frame, w/ or w/o tray and accessories</del>                                  | <del>Y</del> | <del>Y</del> | <del>1/lifetime</del>     |
| <del>L1520</del> | <del>THKAO, Swivel Walker</del>                                                                   | <del>Y</del> | <del>Y</del> | <del>1/lifetime</del>     |

**ORTHOTIC DEVICES - LOWER LIMB - L1600-**

Note: The procedures in L1600-L2999 are considered as "Base" or "Basic Procedures" and may be modified by listing procedures from the "Additions Sections" and adding them to the base procedure.

**LOWER LIMB - HIP - L1600-L1699**

**Flexible**

|       |                                                                                               |   |   |            |
|-------|-----------------------------------------------------------------------------------------------|---|---|------------|
| L1600 | Hip Orthosis (HO), Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover, Prefab  | Y | Y | 1/lifetime |
| L1620 | HO, Abduction Control Of Hip Joints, Flexible, Pavlik Harness, Prefab                         | Y | Y | 1/lifetime |
| L1630 | HO, Abduction Control of Hip Joints, Semi-Flexible, Von Rosen Type                            | N | Y | 1/lifetime |
| L1640 | HO, Abduction Control of Hip Joints, Static, Pelvic Band Or Spreader Bar, Thigh Cuffs, Custom | Y | Y | 1/lifetime |
| L1650 | HO, Abduction Control of Hip Joints, Static                                                   | Y | Y | 1/lifetime |

|              |                                                                                                                                               |                     |          |                        |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|------------------------|
| 5101:3-10-20 | APPENDIX A                                                                                                                                    | Amended<br>1/1/2012 |          |                        |
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                                                                 |                     |          |                        |
| CODE         | DESCRIPTION<br>Adjustable, Ilfled Type, Prefab                                                                                                | PA                  | MEDICARE | MAX. UNITS             |
| L1660        | HO, Abduction Control Of Hip Joints, Static,<br>Plastic, Prefab                                                                               | Y                   | Y        | 1/lifetime             |
| L1680        | HO, Abduction Control Of Hip Joints, Dynamic,<br>Pelvic Control, Adjustable Hip Motion Control,<br>Thigh Cuffs Rancho Hip Action Type, Custom | Y                   | Y        | 1 per medical<br>event |
| L1685        | HO, Abduction Control Of Hip Joints,<br>Post-Operative Hip Abduction Type,<br>Custom Fabricated                                               | Y                   | Y        | 1 per medical<br>event |
| L1686        | HO, Abduction Control Of Hip Joints,<br>Post-Operative Hip Abduction Type, Prefab                                                             | Y                   | Y        | 1 per medical<br>event |
| L1690        | Combo, bilateral, lumbo-sacral, hip, femur orthosis,<br>prefab                                                                                | Y                   | Y        | 1 per medical          |
|              | <b><u>LOWER LIMB - LEGG PERTHES - L1700-L1799</u></b>                                                                                         |                     |          |                        |
| L1720        | Legg Perthes Orthosis, Trilateral, Tachdijan Type<br>Custom                                                                                   | Y                   | Y        | 1 per medical<br>event |
| L1730        | Legg Perthes Orthosis, Scottish Rite Type, Custom                                                                                             | Y                   | Y        | 1 per medical<br>event |
| L1755        | Legg Perthes Orthosis, Patten Bottom Type, Custom                                                                                             | Y                   | Y        | 1 per medical event    |
|              | <b><u>LOWER LIMB - KNEE - L1800-L1899</u></b>                                                                                                 |                     |          |                        |
| L1810        | KO, Elastic With Joints, Prefab                                                                                                               | Y                   | Y        | 2 per year             |
| L1820        | KO, Elastic With Condyle Pads And Joints, Prefab                                                                                              | Y                   | Y        | 2 per year             |
| L1830        | KO, Immobilizer, Canvas Longitudinal, Prefab                                                                                                  | N                   | Y        | 2 per year             |
| L1832        | KO, Adjustable Knee Joints, Positional<br>Orthosis, Rigid Support, Prefab                                                                     | Y                   | Y        | 1 per 2 years          |
| L1834        | KO, Without Knee Joint, Rigid, Molded<br>To Patient Model                                                                                     | Y                   | Y        | 1 per 2 years          |
| L1840        | KO, Derotation, Medial-Lateral, Anterior<br>Cruciate Ligament, Custom Fabricated To                                                           | Y                   | Y        | 1 per 2 years          |

|                                                |                                                                                                                                               |                     |          |                     |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|---------------------|
| 5101:3-10-20                                   | APPENDIX A                                                                                                                                    | Amended<br>1/1/2012 |          |                     |
| LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES  |                                                                                                                                               |                     |          |                     |
| CODE                                           | DESCRIPTION<br>Patient Model                                                                                                                  | PA                  | MEDICARE | MAX. UNITS          |
| L1843                                          | KO, single, upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, Prefab                 | Y                   | Y        | 1 per 2 years       |
| L1844                                          | KO, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint, Medial-Lateral and Rotation Control, Molded To Patient Model | Y                   | Y        | 1 per 2 years       |
| L1845                                          | KO, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint, Medial-Lateral And Rotation Control, Prefab                  | Y                   | Y        | 1 per 2 years       |
| L1846                                          | KO, Double Upright, Thigh & Calf, W/Adjustable Flexion & Extension Joint, Medial-Lateral & Rotation Control, Molded To Patient Model          | Y                   | Y        | 1 per 2 years       |
| L1847                                          | KO, double upright with adjustable joint with air support cham. Prefab                                                                        | Y                   | Y        | 1 per 2 years       |
| L1850                                          | KO, Swedish Type, Prefab                                                                                                                      | Y                   | Y        | 1 per 2 years       |
| L1860                                          | KO, Modification of Supracondylar Prosthetic Socket, Molded To Patient Model, SK                                                              | Y                   | Y        | 1 per 2 years       |
| <u>LOWER LIMB - ANKLE - FOOT - L1900-L1999</u> |                                                                                                                                               |                     |          |                     |
| L1900                                          | Ankle-Foot Orthosis (AFO), Spring Wire, Dorsiflexion Assist, Calf Band, Custom                                                                | Y                   | Y        | 1 per 2 years       |
| L1902                                          | AFO, Ankle Gauntlet, Prefab                                                                                                                   | N                   | Y        | 2 per year          |
| L1906                                          | AFO, Multiligamentus Ankle Support (Including Ankle Air Cast), Prefab                                                                         | N                   | Y        | 1 per medical event |
| L1907                                          | AFO, supramalleolar w/straps, custom                                                                                                          | Y                   | Y        | 1 per 2 years       |
| L1920                                          | AFO, Single Upright With Static Or Adjsutable Stop, Phelps Or Perlstein Type, Custom                                                          | Y                   | Y        | 1 per 2 years       |
| L1930                                          | AFO, Plastic or other material, Prefab                                                                                                        | Y                   | Y        | 1 per 2 years       |
| L1940                                          | AFO, Molded To Patient Model, Plastic or other material                                                                                       | Y                   | Y        | 1 per 2 years       |
| L1945                                          | AFO, Molded To Patient Model, Plastic,                                                                                                        | Y                   | Y        | 1 per 2 years       |

|                                                                                |                                                                                                                                                   |                     |          |               |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|---------------|
| 5101:3-10-20                                                                   | APPENDIX A                                                                                                                                        | Amended<br>1/1/2012 |          |               |
| LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                  |                                                                                                                                                   |                     |          |               |
| CODE                                                                           | DESCRIPTION                                                                                                                                       | PA                  | MEDICARE | MAX. UNITS    |
|                                                                                | Rigid Anterior Tibial Section, Floor Reaction                                                                                                     |                     |          |               |
| L1960                                                                          | AFO, Posterior, Solid Ankle, Molded To Patient Model, Plastic                                                                                     | Y                   | Y        | 1 per 2 years |
| L1970                                                                          | AFO, Plastic, Molded To Patient Model, With Ankle Joint                                                                                           | Y                   | Y        | 1 per 2 years |
| L1980                                                                          | AFO, Single Upright, Free Plantar Dorsiflexion, Solid Stirrup, Calf Bank/Cuff, Single Bar, "BK" Orthosis, Custom                                  | Y                   | Y        | 1 per 2 years |
| L1990                                                                          | AFO, Double Upright, Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff, Double Bar, "BK" Orthosis, Custom                                  | Y                   | Y        | 1 per 2 years |
| <u>LOWER LIMB - HIP - KNEE - ANKLE - FOOT (OR ANY COMBINATION) L2000-L2199</u> |                                                                                                                                                   |                     |          |               |
| Note:                                                                          | L2000, L2020 and L2036 are base procedures to be used with any knee joint. L2010 and L2030 are to be used only with no knee joint.                |                     |          |               |
| L2000                                                                          | Knee-Ankle-Foot-Orthosis (KAFO), Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh & Calf Bands/Cuffs, Single Bar, "AK" Orthosis Custom | Y                   | Y        | 1 per 2 years |
| L2010                                                                          | KAFO, Single Upright, Free Ankle, Solid Stirrup, Thigh & Calf Bands/Cuffs (Single Bar "AK" Orthosis), Without Knee Joint, Custom                  | Y                   | Y        | 1 per 2 years |
| L2020                                                                          | KAFO, Double Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh & Calf Bands/Cuffs, Double Bar, "AK" Orthosis, Custom                           | Y                   | Y        | 1 per 2 years |
| L2030                                                                          | KAFO, Double Upright, Free Ankle, Solid Stirrup, Thigh & Calf Bands/Cuffs, Double Bar, "AK" Orthosis, Without Knee Joint, Custom                  | Y                   | Y        | 1 per 2 years |
| L2034                                                                          | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE                                                                      | Y                   | Y        | 1 per 2 years |
| L2035                                                                          | KAFO, full plastic, static prefabricated, pediatric size                                                                                          | Y                   | Y        | 1 per 2 years |
| L2036                                                                          | KAFO, Full Plastic, Double Upright, Free Knee, Molded To Patient Model                                                                            | Y                   | Y        | 1 per 2 years |

|                                               |                                                                                                                       |                     |          |                        |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------|----------|------------------------|
| 5101:3-10-20                                  | APPENDIX A                                                                                                            | Amended<br>1/1/2012 |          |                        |
| LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES |                                                                                                                       |                     |          |                        |
| CODE                                          | DESCRIPTION                                                                                                           | PA                  | MEDICARE | MAX. UNITS             |
| L2037                                         | KAFO, Full Plastic, Single Upright, Free Knee<br>Molded To Patient Model                                              | Y                   | Y        | 1 per 2 years          |
| L2038                                         | KAFO, Full Plastic, With Knee Joint,<br>Multi-Axis Ankle, Molded To Patient Model,<br>Lively Orthosis Or Equal        | Y                   | Y        | 1 per 2 years          |
| <b>Torsion Control</b>                        |                                                                                                                       |                     |          |                        |
| L2040                                         | Hip-Knee-Ankle-Foot Orthosis (HKAFO), Torsion<br>Control, Bilateral Rotation Straps, Pelvic<br>Band/Belt, Custom      | Y                   | Y        | 1 per year             |
| L2050                                         | HKAFO, Torsion Control, Bilateral Torsion Cables,<br>Hip Joint, Straps, Pelvic Band/Belt, Custom                      | Y                   | Y        | 1 per year             |
| L2060                                         | HKAFO, Torsion Control, Bilateral Torsion Cables,<br>Ball Bearing Hip Joint, Pelvic Band/Belt, Custom                 | Y                   | Y        | 1 per year             |
| Fracture Orthoses                             |                                                                                                                       |                     |          |                        |
| L2106                                         | AFO, Fracture Orthosis, Tibial Fracture<br>Cast Orthosis, Thermoplastic Type Casting<br>Material, Molded To Patient   | Y                   | Y        | 1 per medical<br>event |
| L2108                                         | AFO, Fracture Orthosis, Tibial Fracture<br>Cast Orthosis, Molded To Patient Model                                     | Y                   | Y        | 1 per medical<br>event |
| L2112                                         | AFO, Fracture Orthosis, Tibial Fracture Cast<br>Orthosis, Soft, Prefab                                                | Y                   | Y        | 1 per medical<br>event |
| L2114                                         | AFO, Fracture Orthosis, Tibial Fracture<br>Orthosis, Semi-Rigid, Prefab                                               | Y                   | Y        | 1 per medical<br>event |
| L2116                                         | AFO, Fracture Orthosis, Tibial Fracture<br>Orthosis, Rigid, Prefab                                                    | Y                   | Y        | 1 per medical<br>event |
| L2126                                         | KAFO, Fracture Orthosis, Femoral Fracture Cast<br>Orthosis, Thermoplastic Type Casting Material,<br>Molded To Patient | Y                   | Y        | 1 per medical          |
| L2128                                         | KAFO, Fracture Orthosis, Femoral Fracture<br>Cast Orthosis, Molded To Patient Model                                   | Y                   | Y        | 1 per medical<br>event |
| L2132                                         | KAFO, Fracture Orthosis, Femoral Fracture Cast<br>Orthosis, Soft, Prefab                                              | Y                   | Y        | 1 per medical<br>event |



|                                                                       |                                                                                                            |                     |          |                            |
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| 5101:3-10-20                                                          | APPENDIX A                                                                                                 | Amended<br>1/1/2012 |          |                            |
| LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                         |                                                                                                            |                     |          |                            |
| CODE                                                                  | DESCRIPTION                                                                                                | PA                  | MEDICARE | MAX. UNITS                 |
| L2134                                                                 | KAFO, Fracture Orthosis, Femoral Fracture Cast<br>Orthosis, Semi-Rigid, Prefab                             | Y                   | Y        | 1 per medical              |
| L2136                                                                 | KAFO, Fracture Orthosis, Femoral Fracture Cast<br>Orthosis, Rigid, Prefab                                  | Y                   | Y        | 1 per medical<br>event     |
| Additions To Fracture Orthosis                                        |                                                                                                            |                     |          |                            |
| L2180                                                                 | Addition To Lower Extremity Fracture Orthosis,<br>Plastic Shoe Insert With Ankle Joints                    | Y                   | Y        | 1 per medical<br>event     |
| L2182                                                                 | Addition To Lower Extremity Fracture<br>Orthosis, Drop Lock Knee Joint                                     | Y                   | Y        | 2 per fracture<br>orthosis |
| L2184                                                                 | Addition To Lower Extremity Fracture<br>Orthosis, Limited Motion Knee Joint                                | Y                   | Y        | 2 per fracture<br>orthosis |
| L2186                                                                 | Addition To Lower Extremity Fracture Orthosis,<br>Adjustable Motion Knee Joint, Lerman Type                | Y                   | Y        | 2 per fracture<br>orthosis |
| L2188                                                                 | Addition To Lower Extremity Fracture<br>Orthosis, Quadrilateral Brim                                       | Y                   | Y        | 1 per fracture<br>orthosis |
| L2190                                                                 | Addition To Lower Extremity Fracture<br>Orthosis, Waist Belt                                               | N                   | Y        | 1 per year                 |
| L2192                                                                 | Addition To Lower Extremity Fracture<br>Orthosis, Hip Joint, Pelvic Band, Thigh<br>Flange, And Pelvic Belt | Y                   | Y        | 1 per fracture<br>orthosis |
| <b><u>ADDITIONS TO LOWER EXTREMITY ORTHOSES -<br/>L2200-L2999</u></b> |                                                                                                            |                     |          |                            |
| L2200                                                                 | Addition To Lower Extremity, Limited Ankle<br>Motion, Each Joint                                           | N                   | Y        | 2 per year                 |
| L2210                                                                 | Addition To Lower Extremity, Dorsiflexion<br>Assist, Plantar Flexion Resist, Each Joint                    | N                   | Y        | 2 per year                 |
| L2220                                                                 | Addition To lower Extremity, Dorsiflexion<br>And Plantar Flexion Assist/Resist, Each Joint                 | N                   | Y        | 2 per year                 |
| L2230                                                                 | Addition To Lower Extremity, Split Flat<br>Caliper Stirrups And Plate Attachment                           | Y                   | Y        | 1 per<br>orthosis          |
| L2240                                                                 | Addition To Lower Extremity, Round Caliper<br>And Plate Attachment                                         | N                   | Y        | 1 per year                 |
| L2250                                                                 | Addition To Lower Extremity, Foot Plate,                                                                   | Y                   | Y        | 1 per                      |

| 5101:3-10-20 | APPENDIX A                                                                                                              | Amended<br>1/1/2012 |          |                   |
|--------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|----------|-------------------|
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                                           |                     |          |                   |
| CODE         | DESCRIPTION                                                                                                             | PA                  | MEDICARE | MAX. UNITS        |
|              | Molded To Patient Model, Stirrup Attachment                                                                             |                     |          | orthosis          |
| L2260        | Addition To Lower Extremity, Reinforced<br>Solid Stirrup (Scott-Craig Type)                                             | Y                   | Y        | 1 per<br>orthosis |
| L2265        | Addition To Lower Extremity, Long Tongue<br>Stirrup                                                                     | Y                   | Y        | 1 per<br>orthosis |
| L2270        | Addition To Lower Extremity,.Varus/Valgus<br>Correction("T")Strap,Padded/Lined Or Malleolus Pad                         | N                   | Y        | 2 per year        |
| L2275        | Addition to lower extremity, varus/valgus correction,<br>plastic modification, padded/lined                             | Y                   | Y        | 2 per<br>orthosis |
| L2280        | Addition To Lower Extremity, Molded Inner Boot                                                                          | Y                   | Y        | 1 per 3 years     |
| L2300        | Addition To Lower Extremity, Abduction Bar<br>(Bilateral Hip Involvement), Jointed, Adjustable                          | Y                   | Y        | 1 per<br>2 years  |
| L2310        | Addition To Lower Extremity, Abduction Bar,<br>Straight                                                                 | Y                   | Y        | 1 per<br>2 years  |
| L2320        | Addition To Lower Extremity, Non-Molded Lacer                                                                           | Y                   | Y        | 1 per orthosis    |
| L2330        | Addition To Lower Extremity, Lacer Molded To<br>Patient Model                                                           | Y                   | Y        | 1 per<br>orthosis |
| L2335        | Addition To Lower Extremity, Anterior Swing Band                                                                        | Y                   | Y        | 1 per orthosis    |
| L2340        | Addition To Lower Extremity, Pre-Tibial Shell,<br>Molded To Patient Model                                               | Y                   | Y        | 1 per orthosis    |
| L2350        | Addition To Lower Extremity, Prosthetic<br>Type "BK" Socket, Molded To Patient Model<br>(Used For "PTB" "AFO" Orthoses) | Y                   | Y        | 1 per orthosis    |
| L2360        | Addition To Lower Extrem., Extended Steel Shank                                                                         | N                   | Y        | 2 per year        |
| L2370        | Addition To Lower Extremity, Patten Bottom                                                                              | Y                   | Y        | 1 per orthosis    |
| L2375        | Addition To Lower Extremity, Torsion Control,<br>Ankle Joint And Half Solid Stirrup                                     | Y                   | Y        | 2 per<br>orthosis |
| L2380        | Addition To Lower Extremity, Torsion Control,<br>Straight Knee Joint, Each Joint                                        | Y                   | Y        | 2 per<br>orthosis |
| L2385        | Addition To Lower Extremity, Straight Knee                                                                              | Y                   | Y        | 2 per             |

|                                                                         |                                                                                                                      |                     |          |                   |
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| 5101:3-10-20                                                            | APPENDIX A                                                                                                           | Amended<br>1/1/2012 |          |                   |
| LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                           |                                                                                                                      |                     |          |                   |
| CODE                                                                    | DESCRIPTION                                                                                                          | PA                  | MEDICARE | MAX. UNITS        |
|                                                                         | Joint, Heavy Duty, Each Joint                                                                                        |                     |          | orthosis          |
| L2390                                                                   | Addition To Lower Extremity, Offset Knee<br>Joint, Each Joint                                                        | Y                   | Y        | 2 per<br>orthosis |
| L2395                                                                   | Addition To Lower Extremity, Offset Knee<br>Joint, Heavy Duty, Each Joint                                            | Y                   | Y        | 2 per<br>orthosis |
| L2397                                                                   | Addition to Lower Extremity, Orthosis<br>Suspension Sleeve                                                           | N                   | Y        | 4 Per Year        |
| <u>ADDITIONS TO STRAIGHT KNEE OR OFFSET<br/>KNEE JOINTS L2400-L2499</u> |                                                                                                                      |                     |          |                   |
| L2405                                                                   | Addition To Knee Joint, Drop Lock, Each Joint                                                                        | N                   | Y        | 2 per year        |
| L2415                                                                   | Addition To Knee Lock<br>w/ integrated release mechanism,<br>Each Joint                                              | Y                   | Y        | 2 per<br>orthosis |
| L2425                                                                   | Addition To Knee Joint, Disc Or Dial Lock<br>For Adjustable Knee Flexion, Each Joint                                 | Y                   | Y        | 2 per<br>orthosis |
| L2430                                                                   | Addition to lower extremity, orthosis, incr. lock at<br>knee joint                                                   | Y                   | Y        | 2 per orthosis    |
| L2492                                                                   | Addition To Knee Joint, Lift Loop For<br>Drop Lock Ring                                                              | Y                   | Y        | 1 per<br>orthosis |
| <u>ADDITIONS - THIGH/WEIGHT BEARING - L2500-<br/>L2599</u>              |                                                                                                                      |                     |          |                   |
| L2500                                                                   | Addition To Lower Extremity, Thigh/Weight<br>Bearing, Gluteal/Ischial Weight Bearing, Ring                           | Y                   | Y        | 1 per<br>orthosis |
| L2510                                                                   | Addition To Lower Extremity, Thigh/Weight<br>Bearing, Quadrilateral Brim, Molded To<br>Patient Model                 | Y                   | Y        | 1 per<br>orthosis |
| L2520                                                                   | Addition To Lower Extremity, Thigh/Weight<br>Bearing, Quadrilateral Brim, Custom Fitted                              | Y                   | Y        | 1 per<br>orthosis |
| L2525                                                                   | Addition To Lower Extremity, Thigh/Weight<br>Bearing, Ischial Containment/Narrow M-L Brim<br>Molded To Patient Model | Y                   | Y        | 1 per<br>orthosis |
| L2526                                                                   | Addition To Lower Extremity, Thigh/Weight<br>Bearing, Ischial Containment/Narrow M-L Brim,<br>Custom Fitted          | Y                   | Y        | 1 per<br>orthosis |

|              |                                                                                                                         |                     |          |                   |
|--------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|----------|-------------------|
| 5101:3-10-20 | APPENDIX A                                                                                                              | Amended<br>1/1/2012 |          |                   |
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                                           |                     |          |                   |
| CODE         | DESCRIPTION                                                                                                             | PA                  | MEDICARE | MAX. UNITS        |
| L2530        | Addition To Lower Extremity, Thigh/Weight<br>Bearing, Lacer, Non-Molded                                                 | Y                   | Y        | 1 per<br>orthosis |
| L2540        | Addition To Lower Extremity, Thigh/Weight<br>Bearing, Lacer, Molded To Patient Model                                    | Y                   | Y        | 1 per<br>orthosis |
| L2550        | Addition To Lower Extremity, Thigh/Weight<br>Bearing, High Roll Cuff                                                    | Y                   | Y        | 1 per<br>orthosis |
|              | <u>ADDITIONS - PELVIC AND THORACIC CONTROL -<br/>L2570-L2699</u>                                                        |                     |          |                   |
| L2570        | Addition To Lower Extremity, Pelvic Control Hip<br>Joint, Clevis Type Two-Position Joint, Each                          | Y                   | Y        | 1 per orthosis    |
| L2580        | Addition To Lower Extremity, Pelvic Control,<br>Pelvic Sling                                                            | Y                   | Y        | 1 per 2 years     |
| L2600        | Addition To Lower Extremity, Pelvic Control, Hip<br>Joint, Clevis Type, Or Thrust Bearing, Free, Each                   | Y                   | Y        | 1 per orthosis    |
| L2610        | Addition To Lower Extremity, Pelvic Control, Hip<br>Joint, Clevis Type, Or Thrust Bearing, Lock, Each                   | Y                   | Y        | 1 per orthosis    |
| L2620        | Addition To Lower Extremity, Pelvic Control, Hip<br>Joint, Heavy Duty, Each                                             | Y                   | Y        | 1 per orthosis    |
| L2622        | Addition To Lower Extremity, Pelvic Control,<br>Hip Joint, Adjustable Flexion, Each                                     | Y                   | Y        | 1 per orthosis    |
| L2624        | Addition To Lower Extremity, Pelvic Control,<br>Hip Joint, Adjustable Flexion, Extension,<br>Abduction Control, Each    | Y                   | Y        | 1 per orthosis    |
| L2627        | Addition To Lower Extremity, Pelvic Control,<br>Plastic, Molded To Patient Model,<br>Reciprocating Hip Joint And Cables | Y                   | Y        | 1 set per 2 years |
| L2628        | Addition To Lower Extremity, Pelvic Control, Metal<br>Frame, Reciprocating Hip Joint And Cables                         | Y                   | Y        | 1 set per 2 years |
| L2630        | Addition To Lower Extremity, Pelvic Control,<br>Band And Belt, Unilateral                                               | Y                   | Y        | 1 per orthosis    |
| L2640        | Addition To Lower Extremity, Pelvic Control,<br>Band And Belt, Bilateral                                                | Y                   | Y        | 1 per 2 years     |

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| CODE  | DESCRIPTION                                                                 | PA | MEDICARE | MAX. UNITS        |
|-------|-----------------------------------------------------------------------------|----|----------|-------------------|
| L2650 | Addition To Lower Extremity, Pelvic And Thoracic Control, Gluteal Pad, Each | Y  | Y        | 1 per 2 years     |
| L2660 | Addition To Lower Extremity, Thoracic Control, Thoracic Band                | Y  | Y        | 1 per 2 years     |
| L2680 | Addition To Lower Extremity, Thoracic Control, Lateral Support Uprights     | Y  | Y        | 1 set per 2 years |

**ADDITIONS - GENERAL - L2750-L2899**

|       |                                                                                                            |   |   |                     |
|-------|------------------------------------------------------------------------------------------------------------|---|---|---------------------|
| L2755 | Addition to lower extremity orthosis, - high strength, light weight material                               | Y | Y | 4 per year          |
| L2760 | Addition To Lower Extremity Orthosis, Extension, Per Extension, Per Bar (For Lineal Adjustment For Growth) | N | Y | 4 per year          |
| L2785 | Addition To Lower Extremity Orthosis Drop Lock Retainer, Each                                              | N | Y | 2 per year          |
| L2795 | Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap                                           | N | Y | 1 per year          |
| L2800 | Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull                       | Y | Y | 1 per orthosis      |
| L2810 | Addition To Lower Extremity Orthosis, Knee Control, Condylar Pad                                           | N | Y | 1 per year          |
| L2820 | Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section                | N | Y | 1 per year          |
| L2830 | Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section                | N | Y | 1 per year          |
| L2840 | Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each                          | N | Y | 3 per year          |
| L2850 | Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture Or Equal, Each                         | Y | Y | 3 per medical event |
| L2999 | Unlisted Procedures For Lower Extremity Orthosis-Must Include Detailed Description                         | Y | Y |                     |

**FOOT - ORTHOPEDIC SHOES - SHOE  
MODIFICATIONS - TRANSFERS - L3000-L3649**

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PROCEDURES

| CODE  | DESCRIPTION<br>FOOT - L3000-L3199                                                      | PA | MEDICARE | MAX. UNITS             |
|-------|----------------------------------------------------------------------------------------|----|----------|------------------------|
| L3000 | Foot, Insert, Removable, Molded To Patient Model, "UCB" Type, Berkeley Shell, Each     | Y  | Y        | 1 per foot per 2 years |
| L3001 | Foot, Insert, Removable, Spenco, Each                                                  | N  | Y        | 2 per foot per year    |
| L3002 | Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each            | Y  | Y        | 2 per foot per year    |
| L3010 | Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each      | Y  | Y        | 1 per foot per 2 years |
| L3020 | Foot, Insert, Removable, Molded To Patient Model Longitudinal/Metatarsal Support, Each | Y  | Y        | 1 per foot per 2 years |
| L3030 | Foot, Insert, Removable, Formed To Patient Foot, Plastazote Or Equal, Each             | N  | Y        | 2 per foot per year    |
|       | Arch-Supports, Removable, Premolded                                                    |    |          |                        |
| L3040 | Foot, Arch Support, Removable, Premolded, Longitudinal, Each                           | N  | Y        | 2 per foot per year    |
| L3050 | Foot, Arch Support, Removable, Premolded, Metatarsal, Each                             | N  | Y        | 2 per foot per year    |
| L3060 | Foot, Arch Support, Removable, Premolded, Longitudinal/Metatarsal, Each                | N  | Y        | 2 per foot per year    |
|       | Arch Support, Non-Removable, Attached To Shoe                                          |    |          |                        |
| L3100 | Hallus-Valgus Night Dynamic Splint, Each                                               | N  | Y        | 1 per medical event    |
|       | Abduction And Rotation                                                                 |    |          |                        |
| L3140 | Foot, Abduction Rotation Bar (Dennis Browne Type), Attached To Shoe Including Shoes    | N  | Y        | 2 per year             |
| L3150 | Foot, Abduction Rotation Bar (Dennis Browne Type), Clamped To Shoe Without Shoes       | N  | Y        | 2 per year             |
| L3160 | Foot, Adjustable Shoe-Styled Positioning Device                                        | Y  | Y        | 2 per orthosis         |
| L3170 | Foot, Plastic Heel Stabilizer                                                          | N  | Y        | 2 per foot per year    |

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| CODE  | DESCRIPTION                                                                                  | PA | MEDICARE | MAX. UNITS             |
|-------|----------------------------------------------------------------------------------------------|----|----------|------------------------|
|       | <u>ORTHOPEDIC FOOTWEAR - L3200-L3299</u>                                                     |    |          |                        |
|       | <u>DIABETIC SHOES-A5500-A5513</u>                                                            |    |          |                        |
| L3201 | Orthopedic Shoes, Oxford With Supinator<br>Or Pronator, Infant                               | Y  | N        | 3 pair<br>per year     |
| L3202 | Orthopedic Shoes, Oxford With Supinator<br>Or Pronator, Child                                | Y  | N        | 3 pair<br>per year     |
| L3203 | Orthopedic Shoes, Oxford With Supinator<br>Or Pronator, Junior                               | Y  | N        | 3 pair<br>per year     |
| L3204 | Orthopedic Shoes, Hightop With Supinator<br>Or Pronator, Infant                              | Y  | N        | 3 pair<br>per year     |
| L3206 | Orthopedic Shoes, Hightop With Supinator<br>Or Pronator, Child                               | Y  | N        | 3 pair<br>per year     |
| L3207 | Orthopedic Shoes, Hightop With Supinator<br>Or Pronator, Junior                              | Y  | N        | 3 pair<br>per year     |
| L3208 | Surgical Boot, Each, Infant                                                                  | N  | N        | 2 per foot<br>per year |
| L3209 | Surgical Boot, Each, Child                                                                   | N  | N        | 2 per foot<br>per year |
| L3211 | Surgical Boot, Each Junior                                                                   | N  | N        | 2 per foot<br>per year |
| L3215 | Orthopedic Footwear, Ladies Shoes, Oxford                                                    | Y  | N        | 2 pair<br>per year     |
| L3216 | Orthopedic Footwear, Ladies Shoes, Depth Inlay                                               | Y  | Y        | 2 pair per year        |
| L3217 | Orthopedic Footwear, Ladies Shoes, Hightop,<br>Depth Inlay                                   | Y  | Y        | 2 pair<br>per year     |
| L3219 | Orthopedic Footwear, Mens Shoes, Oxford                                                      | Y  | N        | 2 pair                 |
| L3221 | Orthopedic Footwear, Mens Shoes, Depth Inlay                                                 | Y  | Y        | 2 pair per yr          |
| L3222 | Orthopedic Footwear, Mens Shoes, Hightop<br>Depth Inlay                                      | Y  | Y        | 2 pair<br>per year     |
| L3224 | Orthopedic footwear, woman's shoe, oxford, used as<br>an integral part of a brace (orthosis) | Y  | Y        | 1 per foot per year    |
| L3225 | Orthopedic footwear, man's shoe, oxford, used as an<br>integral part of a brace (orthosis)   | Y  | Y        | 1 per foot per year    |

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| CODE  | DESCRIPTION                                                                                                                                                 | PA | MEDICARE | MAX. UNITS               |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|--------------------------|
| L3230 | Orthopedic Footwear, Custom Shoes, Depth Inlay                                                                                                              | Y  | N        | 1 per foot per year      |
| L3251 | Foot, Shoe Molded To Patient Model,<br>Silicone Shoe, Each (FOR DIABETICS USE CODE<br>A5501)                                                                | Y  | N        | 1 per foot<br>per year   |
| A5500 | For diabetics only, fitting (including follow-up)<br>cust. prep. and supply of shoe off-the-shelf<br>depth-inlay, acc. Mult den insert, per shoe            | Y  | Y        | 1 per foot<br>per year   |
| A5501 | For diabetics only, fitting (including follow-up)<br>cust. prep. and supply of shoe molded from cast(s)<br>of patient's foot (custom molded shoe), per shoe | Y  | Y        | 1 per foot<br>per year   |
| A5512 | For diabetics only, multiple density insert, direct<br>formed, molded to foot                                                                               | Y  | Y        | 1 per foot<br>per year   |
| A5513 | For diabetics only, multiple density insert, custom<br>molded from model of consumer's foot                                                                 | Y  | Y        | 1 per foot<br>per year   |
| L3252 | Foot, Shoe Molded To Patient Model,<br>Plastazote (Or Similar), Custom Fabricated, Each                                                                     | Y  | Y        | 1 per foot<br>per year   |
| L3253 | Foot, Molded Shoe, Plastazote (Or Similar)<br>Custom Fitted, Each                                                                                           | Y  | Y        | 1 per foot<br>per year   |
| L3257 | Orthopedic Footwear, Split Size (Mismates)                                                                                                                  | Y  | N        | 2 pair per<br>year/adult |

**SHOE MODIFICATION - L3300-L3599****Lifts**

|       |                                                              |   |   |                             |
|-------|--------------------------------------------------------------|---|---|-----------------------------|
| L3300 | Lift, Elevation Heel, Tapered To<br>Metatarsals, Per Inch    | N | Y | 2 modification<br>per year  |
| L3310 | Lift, Elevation, Heel And Sole, Neoprene,<br>Per Inch        | N | Y | 2 modification<br>per year  |
| L3320 | Lift, Elevation, Heel And Sole, Cork,<br>per inch            | Y | Y | 2 modification<br>per year  |
| L3332 | Lift, Elevation, Inside Shoe, Tapered<br>Up To One-Half Inch | N | N | 2 modifications<br>per year |
| L3334 | Lift, Elevation, Heel, Per Inch                              | N | Y | 2 modifications             |



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|---------------|------------------------------------------------------------------------------|---------------------|----------|------------------------|
|               | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                |                     |          |                        |
| CODE          | DESCRIPTION                                                                  | PA                  | MEDICARE | MAX. UNITS<br>per year |
| <b>Wedges</b> |                                                                              |                     |          |                        |
| L3340         | Heel Wedge, Sach                                                             | N                   | Y        | 4 wedges<br>per year   |
| L3350         | Heel Wedge                                                                   | N                   | Y        | 4 wedges<br>per year   |
| L3360         | Sole Wedge, Outside Sole                                                     | N                   | Y        | 4 wedges<br>per year   |
| L3370         | Sole Wedge, Between Sole                                                     | N                   | Y        | 4 wedges<br>per year   |
| L3380         | Clubfoot Wedge                                                               | N                   | Y        | 4 wedges<br>per year   |
| L3390         | Outflare Wedge                                                               | N                   | Y        | 4 wedges<br>per year   |
| L3400         | Metatarsal Bar Wedge, Rocker                                                 | N                   | Y        | 4 wedges<br>per year   |
| L3410         | Metatarsal Bar Wedge, Between Sole                                           | N                   | Y        | 4 wedges<br>per year   |
| L3420         | Full Sole And Heel Wedge, Between Sole                                       | N                   | Y        | 4 wedges<br>per year   |
| <b>Heels</b>  |                                                                              |                     |          |                        |
| L3430         | Heel, Counter, Plastic Reinforced                                            | N                   | Y        | 2 heels per<br>year    |
| L3440         | Heel, Counter, Leather Reinforced                                            | N                   | Y        | 2 heels per<br>year    |
| L3455         | Heel, New Leather, Standard (Only For<br>Shoes Authorized By The Department) | N                   | Y        | 2 heels per<br>year    |
| L3460         | Heel, New Rubber, Standard (Only For<br>Shoes Authorized By The Department)  | N                   | Y        | 2 heels per<br>year    |
| L3465         | Heel, Thomas With Wedge                                                      | N                   | Y        | 2 heels per<br>year    |
| L3470         | Heel, Thomas Extended To Ball                                                | N                   | Y        | 2 heels per<br>year    |

|              |                                                                                                                   |                     |          |                                                         |
|--------------|-------------------------------------------------------------------------------------------------------------------|---------------------|----------|---------------------------------------------------------|
| 5101:3-10-20 | APPENDIX A                                                                                                        | Amended<br>1/1/2012 |          |                                                         |
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                                     |                     |          |                                                         |
| CODE         | DESCRIPTION                                                                                                       | PA                  | MEDICARE | MAX. UNITS                                              |
| L3480        | Heel, Pad And Depression For Spur                                                                                 | N                   | Y        | 2 per foot<br>per year                                  |
|              | Miscellaneous Shoe Additions                                                                                      |                     |          |                                                         |
| L3500        | Miscellaneous Shoe Addition, Insole, Leather                                                                      | N                   | Y        | 2 insoles<br>per year                                   |
| L3510        | Miscellaneous Shoe Addition, Insole, Rubber                                                                       | N                   | Y        | 2 insoles<br>per year                                   |
| L3520        | Miscellaneous Shoe Addition, Insole, Felt<br>Covered With Leather                                                 | N                   | Y        | 2 insoles<br>per year                                   |
| L3530        | Miscellaneous Shoe Addition, Sole, Half<br>(Only For Shoes Authorized By The Department)                          | N                   | Y        | 2 half soles<br>per year                                |
| L3540        | Miscellaneous Shoe Addition, Sole, Full<br>(Only For Shoes Authorized By The Department)                          | N                   | Y        | 2 full soles<br>per year                                |
| L3550        | Miscellaneous Shoe Addition, Toe Tap, Standard                                                                    | N                   | Y        | 4 taps per year                                         |
| L3570        | Miscellaneous Shoe Addition, Special<br>Extension To Instep (Leather With Eyelets)                                | Y                   | Y        | 4 per year<br>for adults/<br>6 per year                 |
| L3580        | Miscellaneous Shoe Addition, Convert Instep<br>To Velcro Closure (Only For Shoes<br>Authorized By The Department) | N                   | Y        | 4 per year<br>for adults/<br>6 per year<br>for children |
| L3595        | Miscellaneous Shoe Addition, March Bar                                                                            | N                   | Y        | 4 bars per<br>year                                      |
|              | <b><u>TRANSFERS OR REPLACEMENT - L3600 - L3648</u></b>                                                            |                     |          |                                                         |
| L3600        | Transfer Of An Orthosis From One Shoe To<br>Another, Caliper Plate Existing                                       | N                   | Y        | 2 transfers<br>per orthosis<br>per year                 |
| L3610        | Transfer Of An Orthosis From One Shoe To<br>Another, Caliper Plate New                                            | N                   | Y        | 2 transfers<br>per orthosis<br>per year                 |
| L3620        | Transfer Of An Orthosis From One Shoe To<br>Another, Solid Stirrup Existing                                       | N                   | Y        | 2 transfers<br>per orthosis<br>per year                 |
| L3630        | Transfer Of An Orthosis From One Shoe To                                                                          | N                   | Y        | 2 transfers                                             |

|              |                                                                                                                                                                                                        |                     |          |                                        |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|----------------------------------------|
| 5101:3-10-20 | APPENDIX A                                                                                                                                                                                             | Amended<br>1/1/2012 |          |                                        |
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                                                                                                                          |                     |          |                                        |
| CODE         | DESCRIPTION                                                                                                                                                                                            | PA                  | MEDICARE | MAX. UNITS<br>per orthosis<br>per year |
|              | Another, Solid Stirrup New                                                                                                                                                                             |                     |          |                                        |
| L3649        | Unlisted Procedures For Foot, Orthopedic<br>Shoes, Shoe Modifications And Transfers-<br>Must Include A Detailed Description                                                                            | Y                   | N        |                                        |
|              | <b><u>ORTHOTIC DEVICES - UPPER LIMB - L3650-L3999</u></b>                                                                                                                                              |                     |          |                                        |
|              | <b><u>Upper Limb</u></b>                                                                                                                                                                               |                     |          |                                        |
| Note:        | The procedures in this section are considered as<br>"base" or "basic procedures," and may be modified by<br>listing procedures from the "additions section," and<br>adding them to the base procedure. |                     |          |                                        |
|              | <b><u>UPPER LIMB - SHOULDER - L3650-L3699</u></b>                                                                                                                                                      |                     |          |                                        |
| A4566        | Shoulder Sling or Vest Design, Abduction Restrainer, N<br>with or without SWATHE                                                                                                                       |                     | Y        | 1 per medical event                    |
| L3650        | Shoulder Orthosis (SO), Figure Of "8" Design For<br>Clavicular Fracture Abduction Restrainer, Prefab                                                                                                   | N                   | Y        | 1 per medical<br>event                 |
| L3674        | Shoulder Orthosis, Abduction Positioning (Airplane<br>Design), Thoracic Component                                                                                                                      | N                   | Y        | 1 per medical event                    |
| L3670        | SO, Acromio/Clavicular (Canvas And Webbing Type) N<br>Prefab                                                                                                                                           |                     | Y        | 1 per medical event                    |
| L3675        | SO, vest type abduction restrainer, canvas or equal<br>Prefab                                                                                                                                          | Y                   | Y        | 1 per medical                          |
|              | <b><u>UPPER LIMB - ELBOW - L3700-L3799</u></b>                                                                                                                                                         |                     |          |                                        |
| L3710        | EO, Elastic W/ Metal Joints Dbl Upright, Prefab<br><br>Double Upright With Forearm/Arm Cuffs                                                                                                           | Y                   | Y        | 2 per year                             |
| L3720        | EO, Double Upright With Forearm/Arm<br>Cuffs, Free Motion, Custom                                                                                                                                      | Y                   | Y        | 1 per 2 years                          |
| L3730        | EO, Double Upright With Stays Forearm/Arm<br>Cuffs, Extension/Flexion Assist, Custom                                                                                                                   | Y                   | Y        | 1 per 2 years                          |
| L3740        | EO, Double Upright With Forearm/Arm Cuffs,<br>Adjustable Position, Position Lock With Active<br>Control, Custom                                                                                        | Y                   | Y        | 1 per 2 years                          |

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| CODE                                                                                      | DESCRIPTION                                                                                                              | PA | MEDICARE | MAX. UNITS          |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----|----------|---------------------|
| L3760                                                                                     | Elbow orthosis (EO) with adj position locking, fitting and adjs                                                          | Y  | Y        | 1 per 2 years       |
| L3763                                                                                     | Elbow wrist hand ortho (EWHO), rigid                                                                                     | Y  | Y        | 1 per 2 years       |
| L3764                                                                                     | Elbow wrist hand ortho (EWHO), one or more nontorsion joints                                                             | Y  | Y        | 1 per 2 years       |
| <b>UPPER LIMB - WRIST - HAND - FINGER - L3800-<br/>L3959</b>                              |                                                                                                                          |    |          |                     |
| L3807                                                                                     | Wrist hand finger orthosis (WHFO), without joint(s),inc, fittings and adjs.                                              | Y  | Y        | 1 per 2 years       |
| L3808                                                                                     | Wrist hand finger orthosis (WHFO), rigid                                                                                 | Y  | Y        | 1 per 2 years       |
| <b>Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion/Extension</b> |                                                                                                                          |    |          |                     |
| L3900                                                                                     | WHFO, Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion Extension, Wrist Or Finger Driven, Custom | Y  | Y        | 1 per 2 years       |
| L3901                                                                                     | WHFO, Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion/ Extension, Cable Driven, Custom          | Y  | Y        | 1 per 2 years       |
| <b>Other Wrist-Hand-Finger Orthoses</b>                                                   |                                                                                                                          |    |          |                     |
| L3906                                                                                     | WHFO, Wrist Gauntlet, Molded to Patient Model                                                                            | Y  | Y        | 1 per medical event |
| L3908                                                                                     | WHFO, Wrist Extension Control Cock-Up, Canvas Or Leather Design, Non-Molded, Prefab                                      | N  | Y        | 1 per 180 days      |
| L3912                                                                                     | WHFO, Flexion Glove With Elastic Finger Control Prefab                                                                   | N  | Y        | 1 per 2 years       |
| L3923                                                                                     | HFO Without Joints, Prefab                                                                                               | N  | Y        | 1 per medical event |
| L3925                                                                                     | FO, proximal (PIP)/(DIP), prefab                                                                                         | N  | Y        | 1 per medical event |
| L3929                                                                                     | HFO, one or more nontorsion joints, prefab                                                                               | N  | Y        | 1 per medical event |
| L3931                                                                                     | WHFO, one or more nontorsion joints, prefab                                                                              | N  | Y        | 1 per medical event |
| L3956                                                                                     | Add. joint to upper extremity orthosis, any material                                                                     | Y  | Y        | 1 per medical event |

**UPPER LIMB - SHOULDER - ELBOW - WRIST -  
HAND - L3960-L3979**

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|--------------|-----------------------------------------------------------------------------------------------|---------------------|----------|------------------------|
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                 |                     |          |                        |
| CODE         | DESCRIPTION                                                                                   | PA                  | MEDICARE | MAX. UNITS             |
|              | <b>Abduction Postioning</b>                                                                   |                     |          |                        |
| L3960        | Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO),<br>Abduction Positioning, Airplane Design, Prefab | Y                   | Y        | 1 per medical event    |
| L3971        | SHOULDER ELBOW WRIST HAND ORTHOSIS,<br>SHOULDER CAP DESIGN, INCLUDES ONE OR<br>MORE           | Y                   | Y        | 1 per 2 years          |
|              | <u>UPPER LIMB - FRACTURE ORTHOSES - L3980-<br/>L3998</u>                                      |                     |          |                        |
| L3980        | Upper Extremity Fracture Orthosis, Humeral, Prefab                                            | Y                   | Y        | 1 per medical event    |
| L3982        | Upper Extremity Fracture Orthosis, Radius/Ulnar<br>Prefab                                     | Y                   | Y        | 1 per medical event    |
| L3984        | Upper Extremity Fracture Orthosis, Wrist, Prefab                                              | Y                   | Y        | 1 per medical event    |
| L3995        | Addition To Upper Extremity Orthosis, Sock,<br>Fracture Or Equal, Each                        | Y                   | Y        | 3 per medical<br>event |
| L3999        | Unlisted Procedures For Upper Limb Orthosis-<br>Must Include Detailed Description             | Y                   | Y        |                        |
|              | <u>SPECIFIC REPAIR - L4000-L4199-THESE CODES<br/>INCLUDE PARTS AND LABOR</u>                  |                     |          |                        |
| L4000        | Replace Girdle For Spinal Orthosis                                                            | Y                   | Y        | 1 per 4 years          |
| L4010        | Replace Trilateral Socket Brim                                                                | Y                   | Y        | 1 per<br>lifetime      |
| L4020        | Replace Quadrilateral Socker Brim, Molded<br>To Patient Model                                 | Y                   | Y        | 1 per 2 years          |
| L4030        | Replace Quadrilateral Socket Brim, Custom Fitted                                              | Y                   | Y        | 1 per 2 years          |
| L4040        | Replace Molded Thigh Lacer                                                                    | Y                   | Y        | 1 per 2 years          |
| L4045        | Replace Non-Molded Thigh Lacer                                                                | Y                   | Y        | 1 per 2 years          |
| L4050        | Replace Molded Calf Lacer                                                                     | Y                   | Y        | 1 per 2 years          |
| L4055        | Replace Non-Molded Calf Lacer                                                                 | Y                   | Y        | 1 per 2 years          |
| L4060        | Replace High Roll Cuff                                                                        | Y                   | Y        | 1 per 2 years          |

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| CODE  | DESCRIPTION                                       | PA | MEDICARE | MAX. UNITS    |
|-------|---------------------------------------------------|----|----------|---------------|
| L4070 | Replace Proximal And Distal Upright For KAFO      | Y  | Y        | 1 per 2 years |
| L4080 | Replace Metal Bands KAFO, Proximal Thigh          | Y  | Y        | 1 per 2 years |
| L4090 | Replace Metal Bands KAFO-AFO, Calf Or Dist. Thigh | Y  | Y        | 1 per 2 years |
| L4100 | Replace Leather Cuff KAFO, Proximal Thigh         | Y  | Y        | 1 per 2 years |
| L4110 | Replace Leather Cuff KAFO-AFO Calf Or Dist. Thigh | Y  | Y        | 1 per 2 years |
| L4130 | Replace Pretibial Shell                           | Y  | Y        | 1 per 2 years |

REPAIRS--Orthotics

|       |                                           |   |   |                |
|-------|-------------------------------------------|---|---|----------------|
| L4210 | Repair Orthotic Device <\$120             | S | N | 1 per 120 days |
| L4210 | Repair Orthotic Device >\$120             | Y | N |                |
| L4205 | Repair Orthotic Device/ Labor per 15 min. | S | N |                |

Note:

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

Prior authorization is required for orthotic and prosthetic device repair or replacement less than or equal to one hundred and twenty dollars when repair or replacement of the orthotic or prosthetic device is in excess of one repair or replacement per consumer per one hundred and twenty day period.

SPLINTS

|                  |                                                             |              |              |                                |
|------------------|-------------------------------------------------------------|--------------|--------------|--------------------------------|
| L4350            | Pneumatic Ankle Control Splint (Aircast or Equal) Prefab    | Y            | Y            | 1 per medical event            |
| L4360            | Pneumatic Walking Splint (Aircast or Equal), Prefab         | Y            | Y            | 1 per medical event            |
| L4370            | Pneumatic Full Leg Splint (Aircast or Equal), Prefab        | Y            | Y            | 1 per medical event            |
| <del>L4380</del> | <del>Pneumatic Knee Splint (Aircast or Equal), Prefab</del> | <del>Y</del> | <del>Y</del> | <del>1 per medical event</del> |
| L4386            | Walking Boot, non pneumatic, with or without joints         | Y            | Y            | 1 per medical event            |
| L4392            | Replace soft interface material, splint Static AFO          | Y            | Y            | 1 per medical event            |

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| CODE  | DESCRIPTION                                                                       | PA | MEDICARE | MAX. UNITS          |
|-------|-----------------------------------------------------------------------------------|----|----------|---------------------|
| L4396 | Static AFO including soft interface material;<br>Adjustable; Prefab               | Y  | Y        | 1 per medical event |
| L4631 | Ankle foot orthosis, Walking boot type, Varus/Valgus<br>Correction, Rocker Bottom | Y  | Y        | 1 per medical event |

PROSTHETIC PROCEDURES

LOWER LIMB L5000-L5999

Lower Limb

Note:

The procedures in this section are considered as "base" or "basic" procedures, and may be modified by listing items/procedures or special materials from the "additions" section, and adding them to the base procedure.

LOWER LIMB - PARTIAL FOOT - L5000-L5049

|       |                                                                         |   |   |               |
|-------|-------------------------------------------------------------------------|---|---|---------------|
| L5000 | Partial Foot, Shoe Insert With Longitudinal<br>Arch, Toe Filler         | Y | Y | 1 per 4 years |
| L5010 | Partial Foot, Molded Socket, Ankle Height,<br>With Toe Filler           | Y | Y | 1 per 4 years |
| L5020 | Partial Foot, Molded Socket, Tibial Tubercle<br>Height, With Toe Filler | Y | Y | 1 per 4 years |

LOWER LIMB - ANKLE - L5050-L5099

|       |                                                                             |   |   |               |
|-------|-----------------------------------------------------------------------------|---|---|---------------|
| L5050 | Ankle, Symes, Molded Socket, Sach Foot                                      | Y | Y | 1 per 4 years |
| L5060 | Ankle, Symes, Metal Frame, Molded Leather Socket,<br>Articulated Ankle/Foot | Y | Y | 1 per 4 years |

LOWER LIMB - BELOW KNEE - L5100-L5149

|       |                                                                                                                                                         |   |   |               |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---------------|
| L5100 | Below Knee, Molded Socket, Shin, SACH Foot                                                                                                              | Y | Y | 1 per 4 years |
| L5105 | Below Knee, Plastic Socket Joints<br>and Thigh Knee Disarticulation (or through knee)<br>molded socket, external knee joints, skin, lacer, Sach<br>Foot | Y | Y | 1 per 4 years |

LOWER LIMB - KNEE DISARTICULATION - L5150-  
L5199

|              |                                                                                                                            |                     |              |                          |
|--------------|----------------------------------------------------------------------------------------------------------------------------|---------------------|--------------|--------------------------|
| 5101:3-10-20 | APPENDIX A                                                                                                                 | Amended<br>1/1/2012 |              |                          |
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                                              |                     |              |                          |
| CODE         | DESCRIPTION                                                                                                                | PA                  | MEDICARE     | MAX. UNITS               |
| L5150        | Knee Disarticulation (or Through Knee), Molded Socket, External Knee Joints, Shin, SACH Foot                               | Y                   | Y            | 1 per 4 years            |
| L5160        | Knee Disarticulation (or Through Knee), Molded Socket, Bent Knee Configuration, External Knee Joints, Shin, SACH Foot      | Y                   | Y            | 1 per 4 years            |
|              | <b>LOWER LIMB - ABOVE KNEE - L5200-L5249</b>                                                                               |                     |              |                          |
| L5200        | Above Knee, Molded Socket, Single Axis Constant Friction Knee, Shin, SACH Foot                                             | Y                   | Y            | 1 per 4 years            |
| L5210        | Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Foot Blocks, No Ankle Joints, Each                          | Y                   | Y            | 1 per 4 years            |
| L5220        | Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Articulated Ankle/Foot, Dynamically Aligned, Each           | Y                   | Y            | 1 per 4 years            |
| L5230        | Above Knee, For Proximal Femoral Focal Deficiency, Constant Friction Knee, Shin, SACH Foot                                 | Y                   | Y            | 1 per 4 years            |
|              | <b>LOWER LIMB - HIP DISARTICULATION - L5250-L5279</b>                                                                      |                     |              |                          |
| L5250        | Hip Disarticulation, Canadian Type, Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, SACH Foot          | Y                   | Y            | 1 per 4 years            |
|              | <b>LOWER LIMB - HEMIPELVECTOMY - L5280-L5299</b>                                                                           |                     |              |                          |
| L5280        | Hemipelvectomy, Canadian Type, Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot               | Y                   | Y            | 1 per 4 years            |
| L5301        | Below Knee, Molded Socket, SACH Foot, Shin, Endoskeletal System                                                            | Y                   | Y            | 1 per 4 years            |
| L5314        | <del>Knee Disarticulation (or Through Knee), Molded Socket, External knee joint SACH Foot, Shin, Endoskeletal System</del> | <del>Y</del>        | <del>Y</del> | <del>1 per 4 years</del> |
| L5321        | Above Knee, Molded Socket, Open End, SACH Foot Endoskeletal System, Single Axis Knee                                       | Y                   | Y            | 1 per 4 years            |



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| CODE                                                                       | DESCRIPTION                                                                                                                                                                                             | PA | MEDICARE | MAX. UNITS            |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|-----------------------|
| L5331                                                                      | Hip Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee SACH Foot                                                                                           | Y  | Y        | 1 per 4 years         |
| L5341                                                                      | Hemipelvectomy, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee SACH Foot                                                                                                | Y  | Y        | 1 per 4 years         |
| <b>IMMEDIATE POST SURGICAL OR EARLY FITTING<br/>PROCEDURES L5400-L5499</b> |                                                                                                                                                                                                         |    |          |                       |
| L5400                                                                      | Immediate Post Surgical or Early fitting, Application of Initial Rigid Dressing, Including Fitting, Alignment, Suspension, and One Cast Change, Below Knee                                              | Y  | Y        | 1 per amputation      |
| L5410                                                                      | Immediate Post Surgical or Early Fitting Application of Initial Rigid Dressing, Including Fitting, Alignment and Suspension, Below Knee, Each Additional Cast Change and Realignment                    | Y  | Y        | 1 per amputation      |
| L5420                                                                      | Immediate Post Surgical or Early Fitting, Application of Initial Rigid Dressing, Including Fitting, Alignment and Suspension and One Cast Change, "AK" or Knee Disarticulation                          | Y  | Y        | 1 per amputation      |
| L5430                                                                      | Immediate Post Surgical or Early Fitting, Application of Initial Rigid Dressing, Including Fitting, Alignment and Suspension, "AK" or Knee Disarticulation, Each Additional Cast Change and Realignment | Y  | Y        | 1 per amputation      |
| <b>PREPARATORY PROSTHESIS - L5510-L5599</b>                                |                                                                                                                                                                                                         |    |          |                       |
| L5510                                                                      | Preparatory, Below Knee "PTB" Type Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Plaster Socket, Molded To Model                                                                                  | Y  | Y        | Medical Justification |
| L5535                                                                      | Preparatory, Below Knee "PTB" Type Socket, "USMC" or Equal Pylon, No Cover, SACH Foot Prefabricated, Adjustable Open End Socket                                                                         | Y  | Y        | Medical Justification |
| L5540                                                                      | Preparatroy, Below Knee "PTB" Type Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Laminated Socket, Molded To Model                                                                                | Y  | Y        | Medical Justification |

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| CODE                                                | DESCRIPTION                                                                                                                                              | PA | MEDICARE | MAX. UNITS            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|-----------------------|
| L5560                                               | Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Plaster Socket, Molded To Model          | Y  | Y        | Medical Justification |
| L5580                                               | Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Thermoplastic or Equal, Molded To Model  | Y  | Y        | Medical Justification |
| L5585                                               | Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "USMC" or Equal Pylon, No Cover, SACH Foot, Prefabricated Adjustable Open End Socket | Y  | Y        | Medical Justification |
| L5590                                               | Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "USMC" or Equal Pylon No Cover, SACH Foot, Laminated Socket, Molded To Model         | Y  | Y        | Medical Justification |
| L5595                                               | Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, SACH Foot, Thermoplastic or Equal, Molded To Patient Model                             | Y  | Y        | 1 per amputation      |
| L5600                                               | Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Laminated Socket, Molded To Patient Model                                   | Y  | Y        | 1 per amputation      |
| <b><u>ADDITIONS TO LOWER EXTREMITY - L5600-</u></b> |                                                                                                                                                          |    |          |                       |
| L5610                                               | Addition To Lower Extremity, Above Knee Hydracadence System                                                                                              | Y  | Y        | 1 per 4 years         |
| L5611                                               | Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4-Bar Linkage, With Friction Swing Phase Control                                           | Y  | Y        | 1 per 4 years         |
| L5613                                               | Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4-Bar Linkage, With Hydraulic Swing Phase Control                                          | Y  | Y        | 1 per 4 years         |
| L5614                                               | Addition to Lower Extremity, above Knee-Knee Disarticulation, 4-Bar Linkage, with Pneumatic Swing Phase Control                                          | Y  | Y        | 1 per 4 years         |
| L5616                                               | Addition To Lower Extremity, Above Knee,                                                                                                                 | Y  | Y        | 1 per 4 years         |

|              |                                                                                                   |                     |          |                      |
|--------------|---------------------------------------------------------------------------------------------------|---------------------|----------|----------------------|
| 5101:3-10-20 | APPENDIX A                                                                                        | Amended<br>1/1/2012 |          |                      |
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                     |                     |          |                      |
| CODE         | DESCRIPTION                                                                                       | PA                  | MEDICARE | MAX. UNITS           |
|              | Universal Multiplex System, Friction Swing<br>Phase Control                                       |                     |          |                      |
| L5617        | Addition to lower extremity, quick change self-aligning Y<br>unit, above knee or below knee, each |                     | Y        | 1 per 4 years        |
|              | <u>ADDITIONS - TEST SOCKETS - L5618 - L5629</u>                                                   |                     |          |                      |
| L5618        | Addition To Lower Extremity, Test Socket, Symes                                                   | Y                   | Y        | 1/prep.,<br>2/defin. |
| L5620        | Addition To Lower Extremity, Test Socket,<br>Below Knee                                           | Y                   | Y        | 1/prep.,<br>2/defin. |
| L5622        | Addition To Lower Extremity, Test Socket,<br>Knee Disarticulation                                 | Y                   | Y        | 1/prep.,<br>2/defin. |
| L5624        | Addition To Lower Extremity, Test Socket<br>Above Knee                                            | Y                   | Y        | 1/prep.,<br>2/defin. |
| L5626        | Addition To Lower Extremity, Test Socket,<br>Hip Disarticulation                                  | Y                   | Y        | 1/prep.,<br>2/defin. |
| L5628        | Addition To Lower Extremity, Test Socket,<br>Hemipelvectomy                                       | Y                   | Y        | 1/prep.,<br>2/defin. |
| L5629        | Addition To Lower Extremity, Below Knee<br>Acrylic Socket                                         | Y                   | Y        | 1 per<br>prosthesis  |
|              | <u>ADDITIONS - SOCKET VARIATIONS - L5630-L5653</u>                                                |                     |          |                      |
| L5630        | Addition To Lower Extremity, Symes Type,<br>Expandable Wall Socket                                | Y                   | Y        | 1 per 4 years        |
| L5631        | Addition To Lower Extremity, Above Knee or<br>Knee Disarticulation, Acrylic Socket                | Y                   | Y        | 1 per<br>prosthesis  |
| L5632        | Addition To Lower Extremity, Symes Type,<br>"PTB" Brim Design Socket                              | Y                   | Y        | 1 per 4 years        |
| L5634        | Addition To Lower Extremity, Symes Type,<br>Posterior Opening (Canadian) Socket                   | Y                   | Y        | 1 per 4 years        |
| L5636        | Addition To Lower Extremity, Symes Type,<br>Medial Opening Socket                                 | Y                   | Y        | 1 per 4 years        |
| L5637        | Addition To Lower Extremity, Below Knee<br>Total Contact                                          | Y                   | Y        | 1 per 4 years        |

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|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                       |                     |          |                     |
| CODE         | DESCRIPTION                                                                                         | PA                  | MEDICARE | MAX. UNITS          |
| L5638        | Addition To Lower Extremity, Below Knee,<br>Leather Socket                                          | Y                   | Y        | 1 per 4 years       |
| L5639        | Addition To Lower Extremity, Below Knee,<br>Wood Socket                                             | Y                   | Y        | 1 per<br>prosthesis |
| L5640        | Addition To Lower Extremity, Knee<br>Disarticulation, Leather Socket                                | Y                   | Y        | 1 per 4 years       |
| L5642        | Addition To Lower Extremity, Above Knee,<br>Leather Socket                                          | Y                   | Y        | 1 per 4 years       |
| L5643        | Addition To Lower Extremity, Hip Disarticulation,<br>Flexible Inner Socket, External Frame          | Y                   | Y        | 1 per 4 years       |
| L5645        | Addition To Lower Extremity, Below Knee,<br>Flexible Inner Socket, External Frame                   | Y                   | Y        | 1 per 4 years       |
| L5646        | Addition To Lower Extremity, Below Knee,<br>Air Cushion Socket                                      | Y                   | Y        | 1 per 4 years       |
| L5647        | Addition To Lower Extremity, Below Knee,<br>Suction Socket                                          | Y                   | Y        | 1 per 4 years       |
| L5648        | Addition To Lower Extremity, Above Knee,<br>Air Cushion Socket                                      | Y                   | Y        | 1 per 4 years       |
| L5649        | Addition To Lower Extremity, Ischial<br>Containment/Narrow M-L Socket                               | Y                   | Y        | 1 per 4 years       |
| L5650        | Addition To Lower Extremity, Total Contact,<br>Above Knee or Knee Disarticulation Socket            | Y                   | Y        | 1 per 4 years       |
| L5651        | Addition To Lower Extremity, Above Knee,<br>Flexible Inner Socket, External Frame                   | Y                   | Y        | 1 per 4 years       |
| L5652        | Addition To Lower Extremity, Suction Suspension,<br>Above Knee or Knee Disarticulation Socket       | Y                   | Y        | 1 per 4 years       |
| L5653        | Addition To Lower Extremity, Knee<br>Disarticulation, Expandable Wall Socket                        | Y                   | Y        | 1 per 4 years       |
|              | <u>ADDITIONS: SOCKET INSERT AND SUSPENSION</u>                                                      |                     |          |                     |
| L5654        | Addition To Lower Extremity, Socket Insert Symes<br>(Kemblo, Pelite, Aliplast, Plastazote or Equal) | Y                   | Y        | 1 per year          |

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| CODE  | DESCRIPTION                                                                                                                            | PA | MEDICARE | MAX. UNITS    |
|-------|----------------------------------------------------------------------------------------------------------------------------------------|----|----------|---------------|
| L5655 | Addition To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote or Equal)                                 | Y  | Y        | 1 per year    |
| L5656 | Addition To Lower Extremity, Socket Insert, Knee Disarticulation (Kemblo, Pelite, Aliplast, Plastazote or Equal)                       | Y  | Y        | 1 per year    |
| L5658 | Addition To Lower Extremity, Socket Insert, Above Knee (Kemblo, Pelite, Aliplast, Plastazote or Equal)                                 | Y  | Y        | 1 per year    |
| L5661 | Addition To Lower Extremity, Socket Insert, Multi-Durometer, Symes                                                                     | Y  | Y        | 1 per year    |
| L5665 | Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee                                                                | Y  | Y        | 1 per year    |
| L5666 | Addition To Lower Extremity, Below Knee, Cuff Suspension                                                                               | Y  | Y        | 1 per year    |
| L5668 | Addition To Lower Extremity, Below Knee, Molded Distal Cushion                                                                         | Y  | Y        | 1 per year    |
| L5670 | Addition To Lower Extremity, Below Knee, Molded Supracondylar Suspension ("PTS" or Similar)                                            | Y  | Y        | 1 per 4 years |
| L5671 | Addition To Lower Extremity, Below/Above Knee suspension locking mechanism                                                             | Y  | Y        | 1 per 4 years |
| L5672 | Addition To Lower Extremity, Below Knee, Removable Medial Brim Suspension                                                              | Y  | Y        | 1 per 4 years |
| L5673 | Addition to lower extremity; below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel | Y  | Y        | 2 per year    |
| L5676 | Additions To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair                                                               | Y  | Y        | 1 per 4 years |
| L5677 | Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair                                                               | Y  | Y        | 1 per 4 years |
| L5678 | Additions To Lower Extremity, Below Knee, Joint Covers, Pair                                                                           | Y  | Y        | 1 per 2 years |

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| CODE  | DESCRIPTION                                                                                                                                     | PA | MEDICARE | MAX. UNITS    |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|---------------|
| L5679 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, | Y  | Y        | 2 per year    |
| L5680 | Addition To Lower Extremity, Below Knee, Thigh Lacer, Non-Molded                                                                                | Y  | Y        | 1 per 4 years |
| L5681 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel  | Y  | Y        | 1 per year    |
| L5682 | Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded                                                                   | Y  | Y        | 1 per 4 years |
| L5683 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel  | Y  | Y        | 1 per year    |
| L5684 | Addition To Lower Extremity, Below Knee,Fork Strap                                                                                              | N  | Y        | 1 per 2 years |
| L5685 | Addition to Lower Extremity, Below Knee, Suspension/Sealing Sleeve, w/wo valve, any material, each                                              | N  | N        | 6 per year    |
| L5686 | Addition To Lower Extremity, Below Knee, Back Check (Extension Control)                                                                         | N  | Y        | 1 per 2 years |
| L5688 | Addition To Lower Extremity, Below Knee, Waist Belt, Webbing                                                                                    | N  | Y        | 1 per year    |
| L5690 | Addition To Lower Extremity, Below Knee, Waist Belt, Padded And Lined                                                                           | N  | Y        | 1 per year    |
| L5692 | Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Light                                                                             | N  | Y        | 1 per year    |
| L5694 | Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Padded and Lined                                                                  | Y  | Y        | 1 per year    |
| L5695 | Addition To Lower Extremity, Above Knee, Pelvic Control, Sleeve Suspension, Neoprene or Equal,                                                  | Y  | Y        | 2 per year    |
| L5696 | Addition To Lower Extremity, Above Knee or Knee Disarticulation, Pelvic Joint                                                                   | Y  | Y        | 1 per 4 years |
| L5697 | Addition To Lower Extremity, Above Knee or Knee Disarticulation, Pelvic Band                                                                    | Y  | Y        | 1 per 4 years |

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|-----------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------|----------|--------------------------|
|                                         | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                                    |                     |          |                          |
| CODE                                    | DESCRIPTION                                                                                                      | PA                  | MEDICARE | MAX. UNITS               |
| L5698                                   | Addition To Lower Extremity, Above Knee<br>or Knee Disarticulation, Silesian Bandage                             | Y                   | Y        | 1 per year               |
| L5699                                   | All Lower Extremity Prostheses, Shoulder Harness                                                                 | Y                   | Y        | 1 per year               |
| L5700                                   | Replacement Socket, Below Knee, Molded to<br>Patient Model                                                       | Y                   | Y        | Medical<br>Justification |
| L5701                                   | Replacement Socket, Above Knee/Knee, Disartic.<br>Including Attachment Plate, Molded To Patient Model            | Y                   | Y        | Medical<br>Justification |
| L5702                                   | Replacement Socket, Hip Disarticulation,<br>Including Hip Joint, Molded To Patient Model                         | Y                   | Y        | Medical<br>Justification |
| L5704                                   | Custom Shaped Protective<br>Cover, Below Knee                                                                    | Y                   | Y        | Medical<br>Justification |
| L5705                                   | Custom Shaped Protective<br>Cover, Above Knee                                                                    | Y                   | Y        | Medical<br>Justification |
| L5706                                   | Custom Shaped Protective<br>Cover, Knee Disarticulation                                                          | Y                   | Y        | Medical<br>Justification |
| L5707                                   | Custom Shaped Protective<br>Cover, Hip Disarticulation                                                           | Y                   | Y        | Medical<br>Justification |
| <b><u>EXOSKELETAL - L5710-L5782</u></b> |                                                                                                                  |                     |          |                          |
| L5710                                   | Addition, Exoskeletal Knee-Shin System,<br>Single Axis, Manual Lock                                              | Y                   | Y        | 1 per 4 years            |
| L5711                                   | Addition, Exoskeletal Knee-Shin System Single<br>Axis, Manual Lock, Ultra-Light Material                         | Y                   | Y        | 1 per 4 years            |
| L5712                                   | Addition, Exoskeletal Knee-Shin System, Single<br>Axis, Friction Swing and Stance Phase Control<br>(Safety Knee) | Y                   | Y        | 1 per 4 years            |
| L5714                                   | Addition, Exoskeletal Knee-Shin System Single<br>Axis, Variable Friction Swing Phase Control                     | Y                   | Y        | 1 per 4 years            |
| L5716                                   | Addition, Exoskeletal Knee-Shin System,<br>Polycentric, Mechanical Stance Phase Lock                             | Y                   | Y        | 1 per 4 years            |
| L5718                                   | Addition, Exoskeletal Knee-Shin System,<br>Polycentric, Friction Swing and Stance Phase Control                  | Y                   | Y        | 1 per 4 years            |

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|-------|-----------------------------------------------------------------------------------------------------|----|----------|---------------|
| L5722 | Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control | Y  | Y        | 1 per 4 years |
| L5724 | Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control                      | Y  | Y        | 1 per 4 years |
| L5728 | Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing and Stance Phase Control           | Y  | Y        | 1 per 4 years |

COMPONENT MODIFICATION - L5785 - L5795

|       |                                                                                                           |   |   |               |
|-------|-----------------------------------------------------------------------------------------------------------|---|---|---------------|
| L5785 | Addition, Exoskeletal System, Below Knee Ultra-Light Material (Titanium, Carbon Fiber or Equal)           | Y | Y | 1 per 4 years |
| L5790 | Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)          | Y | Y | 1 per 4 years |
| L5795 | Addition, Exoskeletal System, Hip Disarticulation, Ultra-Light Material (Titanium, Carbon Fiber or Equal) | Y | Y | 1 per 4 years |

ENDOSKELETAL - L5810-5998

|       |                                                                                                                  |   |   |               |
|-------|------------------------------------------------------------------------------------------------------------------|---|---|---------------|
| L5810 | Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock                                                | Y | Y | 1 per 4 years |
| L5811 | Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material                          | Y | Y | 1 per 4 years |
| L5812 | Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing and Stance Phase Control (Safety Knee)      | Y | Y | 1 per 4 years |
| L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control mechanical stance phase lock | Y | Y | 1 per 4 years |
| L5816 | Addition Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock                                | Y | Y | 1 per 4 years |
| L5818 | Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing and Stance Phase Control                    | Y | Y | 1 per 4 years |
| L5822 | Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance                           | Y | Y | 1 per 4 years |



| 5101:3-10-20 | APPENDIX A                                                                                                                        | Amended<br>1/1/2012 |          |               |
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|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                                                     |                     |          |               |
| CODE         | DESCRIPTION<br>Phase Control                                                                                                      | PA                  | MEDICARE | MAX. UNITS    |
| L5824        | Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control                                                   | Y                   | Y        | 1 per 4 years |
| L5826        | Addition, endoskeletal knee-shin system, single axis hydraulic swing phase control, with miniature high, activity frame           | Y                   | Y        | 1 per 4 years |
| L5828        | Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing and Stance Phase Control                                        | Y                   | Y        | 1 per 4 years |
| L5830        | Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing Phase Control                                               | Y                   | Y        | 1 per 4 years |
| L5840        | Addition, Endoskeletal Knee-Shin System, Multiaxial, Pneumatic/Swing Phase Control                                                | Y                   | Y        | 1 per 4 years |
| L5845        | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable                                                       | Y                   | Y        | 1 per 4 years |
| L5850        | Addition, Endoskeletal System, Above Knee or Hip Disarticulation, Knee Extension Assist                                           | Y                   | Y        | 1 per 4 years |
| L5855        | Addition, Endoskeletal System, Hip Disartic., Mechanical Hip Extension Assist                                                     | Y                   | Y        | 1 per 4 years |
| L5857        | Addition to Lower Extremity Prosthesis, Endoskeleton Y Knee-Shin System, Microproc. Control, Swing Phase Only, Includes Sensor(s) |                     | N        | 1 per 4 years |
| L5910        | Addition Endoskeletal System, Below Knee, Alignable System                                                                        | Y                   | Y        | 1 per 4 years |
| L5920        | Addition, Endoskeletal System, Above Knee or Hip Disarticulation, Alignable System                                                | Y                   | Y        | 1 per 4 years |
| L5925        | Addition, Endoskeletal System, Above Knee, Knee Disarticulation, Or Hip Disarticulation, Manual Lock                              | Y                   | Y        | 1 per 4 years |
| L5930        | Addition, endoskeletal system, high activity knee control frame                                                                   | Y                   | Y        | 1 per 4 years |
| L5940        | Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)                                 | Y                   | Y        | 1 per 4 years |

|                                            |                                                                                                           |                     |          |               |
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| 5101:3-10-20                               | APPENDIX A                                                                                                | Amended<br>1/1/2012 |          |               |
| LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES |                                                                                                           |                     |          |               |
| CODE                                       | DESCRIPTION                                                                                               | PA                  | MEDICARE | MAX. UNITS    |
| L5950                                      | Addition, Endoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)         | Y                   | Y        | 1 per 4 years |
| L5960                                      | Addition, Endoskeletal System, Hip Disarticulation Ultra-Light Material (Titanium, Carbon Fiber or Equal) | Y                   | Y        | 1 per 4 years |
| L5961                                      | Addition, Endoskeletal system, Polycentric Hip Joint, Pneumatic or Hydraulic                              | Y                   | Y        | 1 per 4 years |
| L5962                                      | Addition, Endoskeletal System, Below Knee Flexible Protective Outer Surface Covering System               | Y                   | Y        | 1 per 2 years |
| L5964                                      | Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface Covering System              | Y                   | Y        | 1 per 2 years |
| L5966                                      | Addition, Endoskeletal System, Hip Disartic. Flexible Protective Outer Surface Covering System            | Y                   | Y        | 1 per 2 years |
| L5968                                      | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature          | Y                   | Y        | 1 per 2 years |
| L5970                                      | All Lower Extremity Prostheses, Foot External Keel, SACH Foot                                             | Y                   | Y        | 1 per 2 years |
| L5972                                      | All Lower Extremity Prostheses, Flexible Keel foot (SAFE, STEN, Bock Dynamic or Equal)                    | Y                   | Y        | 1 per 2 years |
| L5974                                      | All Lower Extremity Prostheses, Foot, Single Axis Ankle/Foot                                              | Y                   | Y        | 1 per 2 years |
| L5875                                      | All lower extremity prostheses, combo single axial ankle                                                  | Y                   | Y        | 1 per 2 years |
| L5976                                      | All Lower Extremity Prostheses, Energy Storing Foot (Seattle, Carbon Copy II or Equal)                    | Y                   | Y        | 1 per 2 years |
| L5978                                      | All Lower Extremity Prostheses, Foot, Multi-Axial Ankle/Foot (Greissinger or Equal)                       | Y                   | Y        | 1 per 2 years |
| L5979                                      | All Lower, Extremity Prostheses, Multiaxial Ankle\Foot Dynamic Response, One Piece System                 | Y                   | Y        | 1 per 4 years |
| L5980                                      | All Lower Extremity Flex Foot System                                                                      | Y                   | Y        | 1 per 4 years |
| L5981                                      | All lower extremity prosthesis, flex walk system or                                                       | Y                   | Y        | 1 per 4 years |

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|-------|-----------------------------------------------------------------------------------------|----|----------|---------------|
| L5982 | All Exoskeletal Lower Extremity Prostheses,<br>Axial Rotation Unit                      | Y  | Y        | 1 per 2 years |
| L5984 | All Endoskeletal Lower Extremity Prostheses,<br>Axial Rotation Unit                     | Y  | Y        | 1 per 2 years |
| L5985 | All endoskeletal lower extremity prostheses, dynamic<br>prosthetic pylon                | Y  | Y        | 1 per 2 years |
| L5986 | All Lower Extremity Prostheses, Multi-Axial<br>Rotation Unit (MCP or Equal)             | Y  | Y        | 1 per 2 years |
| L5987 | All lower extremity prostheses, shank foot system<br>with vertical loading              | Y  | Y        | 1 per 2 years |
| L5988 | Addition to lower limb prosthesis, vertical shock<br>reducing pylon feature             | Y  | Y        | 1 per 2 years |
| L5999 | Unlisted Procedures for Lower Extremity Prosthesis<br>Must Include Detailed Description | Y  | Y        |               |

UPPER LIMB L6000-L7499

Note: The procedures in L6000-L6599 are considered as  
"base" or "basic" procedures and may be modified by  
listing procedures from the "additions" section. The  
base procedures include only standard friction wrist  
and control cable system unless otherwise specified.

UPPER LIMB - PARTIAL HAND - L6000-L6049

|       |                                                                             |   |   |               |
|-------|-----------------------------------------------------------------------------|---|---|---------------|
| L6000 | Partial Hand, Robin-Aids, Thumb Remaining<br>(or Equal)                     | Y | Y | 1 per 4 years |
| L6010 | Partial Hand, Robin-Aids, Little and/or Ring<br>Finger Remaining (or Equal) | Y | Y | 1 per 4 years |
| L6020 | Partial Hand, Robin-Aids, No Finger<br>Remaining (or Equal)                 | Y | Y | 1 per 4 years |

UPPER LIMB - WRIST DISARTICULATION - L6050-  
L6099

|       |                                                                             |   |   |               |
|-------|-----------------------------------------------------------------------------|---|---|---------------|
| L6050 | Wrist Disarticulation, Molded Socket, Flexible<br>Elbow Hinges, Triceps Pad | Y | Y | 1 per 4 years |
|-------|-----------------------------------------------------------------------------|---|---|---------------|

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| CODE  | DESCRIPTION                                                                                      | PA | MEDICARE | MAX. UNITS    |
|-------|--------------------------------------------------------------------------------------------------|----|----------|---------------|
| L6055 | Wrist Disarticulation, Molded Socket W/Expandable Interface, Flexible, Elbow Hinges, Triceps Pad | Y  | Y        | 1 per 4 years |

UPPER LIMB - BELOW ELBOW - L6100-L6199

|       |                                                                                        |   |   |               |
|-------|----------------------------------------------------------------------------------------|---|---|---------------|
| L6100 | Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad                          | Y | Y | 1 per 4 years |
| L6110 | Below Elbow, Molded Socket (Muenster or Northwestern Suspension Types)                 | Y | Y | 1 per 4 years |
| L6120 | Below Elbow, Molded Double Wall Split Socket, Step-Up Hinges, Half-Cuff                | Y | Y | 1 per 4 years |
| L6130 | Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking Hinge, Half Cuff | Y | Y | 1 per 4 years |

UPPER LIMB - ELBOW DISARTICULATION - L6200-L6249

|       |                                                                                              |   |   |               |
|-------|----------------------------------------------------------------------------------------------|---|---|---------------|
| L6200 | Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm                         | Y | Y | 1 per 4 years |
| L6205 | Elbow Disarticulation, Molded Socket W/Expandable Interface, Outside Locking Hinges, Forearm | Y | Y | 1 per 4 years |

UPPER LIMB - ABOVE ELBOW - L6250-L6299

|       |                                                                         |   |   |               |
|-------|-------------------------------------------------------------------------|---|---|---------------|
| L6250 | Above Elbow, Molded Double Wall Socket, Internal Locking Elbow, Forearm | Y | Y | 1 per 4 years |
|-------|-------------------------------------------------------------------------|---|---|---------------|

UPPER LIMB - SHOULDER DISARTICULATION - L6300-L6349

|       |                                                                                                              |   |   |               |
|-------|--------------------------------------------------------------------------------------------------------------|---|---|---------------|
| L6300 | Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal Locking Elbow, Forearm | Y | Y | 1 per 4 years |
| L6310 | Shoulder Disarticulation, Passive Restoration (Complete Prosthesis)                                          | Y | Y | 1 per 4 years |
| L6320 | Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only)                                            | Y | Y | 1 per 4 years |

UPPER LIMB - INTERSCAPULAR THORACIC - L6350-L6399

|              |                                                                                                                  |                     |          |               |
|--------------|------------------------------------------------------------------------------------------------------------------|---------------------|----------|---------------|
| 5101:3-10-20 | APPENDIX A                                                                                                       | Amended<br>1/1/2012 |          |               |
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                                    |                     |          |               |
| CODE         | DESCRIPTION                                                                                                      | PA                  | MEDICARE | MAX. UNITS    |
| L6350        | Interscapular Thoracic, Molded Socket, Shoulder<br>Bulkhead, Humeral Section, Internal Locking<br>Elbow, Forearm | Y                   | Y        | 1 per 4 years |
| L6360        | Interscapular Thoracic, Passive Restoration<br>(Complete Prosthesis)                                             | Y                   | Y        | 1 per 4 years |
| L6370        | Interscapular Thoracic, Passive Restoration<br>(Shoulder Cap Only)                                               | Y                   | Y        | 1 per 4 years |
|              | <u>UPPER LIMB - ENDOSKELETAL - BELOW ELBOW -<br/>L6400-L6449</u>                                                 |                     |          |               |
| L6400        | Below Elbow, Molded Socket, Endoskeletal System,<br>Including Soft Prosthetic Tissue Shaping                     | Y                   | Y        | 1 per 4 years |
|              | <u>UPPER LIMB - ENDOSKELETAL - ELBOW<br/>DISARTICULATION - L6450-L6499</u>                                       |                     |          |               |
| L6450        | Elbow Disarticulation, Molded Socket,<br>Endoskeletal System, Including Soft<br>Prosthetic Tissue Shaping        | Y                   | Y        | 1 per 4 years |
|              | <u>UPPER LIMB - ENDOSKELETAL - ABOVE ELBOW -<br/>L6500-L6549</u>                                                 |                     |          |               |
| L6500        | Above Elbow, Molded Socket, Endoskeletal System<br>Including Soft Prosthetic Tissue Shaping                      | Y                   | Y        | 1 per 4 years |
|              | <u>UPPER LIMB - ENDOSKELETAL - SHOULDER<br/>DISARTICULATION - L6550-L6569</u>                                    |                     |          |               |
| L6550        | Shoulder Disarticulation, Molded Socket,<br>Endoskeletal System, Including Soft Prosthetic<br>Tissue Shaping     | Y                   | Y        | 1 per 4 years |
|              | <u>UPPER LIMB - ENDOSKELETAL -<br/>INTERSCAPULAR THORACIC - L6570-L6599</u>                                      |                     |          |               |
| L6570        | Interscapular Thoracic, Molded Socket, Endoskeletal<br>System, Including Soft Prosthetic Tissue Shaping          | Y                   | Y        | 1 per 4 years |
|              | <u>ADDITIONS - UPPER LIMB - L6600-L6999</u>                                                                      |                     |          |               |

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| CODE  | DESCRIPTION                                                                                                                                                                                                                                                   | PA | MEDICARE | MAX. UNITS    |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|---------------|
| Note: | The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to base procedure, at the time of the original order. |    |          |               |
| L6600 | Upper Extremity Additions, Polycentric Hinge, Pair                                                                                                                                                                                                            | Y  | Y        | 1 per 4 years |
| L6605 | Upper Extremity Additions, Single Pivot Hinge, Pair                                                                                                                                                                                                           | Y  | Y        | 1 per 4 years |
| L6610 | Upper Extremity Additions, Flexible Metal Hinge, Pair                                                                                                                                                                                                         | Y  | Y        | 1 per 4 years |
| L6615 | Upper Extremity Addition, Disconnect Locking Wrist Unit                                                                                                                                                                                                       | Y  | Y        | 1 per 4 years |
| L6616 | Upper Extremity Addition, Additional Disconnect Insert For Locking Wrist Unit, Each                                                                                                                                                                           | Y  | Y        | 3 per 4 years |
| L6620 | Upper Extremity Addition, Flexion-Friction Wrist Unit                                                                                                                                                                                                         | Y  | Y        | 1 per 4 years |
| L6623 | Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release                                                                                                                                                                            | Y  | Y        | 1 per 4 years |
| L6625 | Upper Extremity Addition, Rotation Wrist Unit With Cable Lock                                                                                                                                                                                                 | Y  | Y        | 1 per 4 years |
| L6628 | Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock or Equal                                                                                                                                                                                   | Y  | Y        | 1 per 4 years |
| L6629 | Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Otto Bock Or Equal                                                                                                                                                          | Y  | Y        | 1 per 4 years |
| L6630 | Upper Extremity Addition, Stainless Steel, Any Wrist                                                                                                                                                                                                          | Y  | Y        | 1 per 4 years |
| L6632 | Upper Extremity Addition, Latex Suspension Sleeve, Each                                                                                                                                                                                                       | N  | Y        | 6 per year    |
| L6635 | Upper Extremity Addition, Lift Assist For Elbow                                                                                                                                                                                                               | Y  | Y        | 1 per 4 years |
| L6637 | Upper Extremity Addition, Nudge Control Elbow Lock                                                                                                                                                                                                            | Y  | Y        | 1 per 4 years |
| L6640 | Upper Extremity Additions, Shoulder                                                                                                                                                                                                                           | Y  | Y        | 1 per 4 years |

| 5101:3-10-20 | APPENDIX A                                                                                   | Amended<br>1/1/2012 |          |                     |
|--------------|----------------------------------------------------------------------------------------------|---------------------|----------|---------------------|
|              | LIST OF ORTHOTIC AND PROSTHETIC<br>PROCEDURES                                                |                     |          |                     |
| CODE         | DESCRIPTION                                                                                  | PA                  | MEDICARE | MAX. UNITS          |
|              | Abduction Joint, Pair                                                                        |                     |          |                     |
| L6641        | Upper Extremity Addition, Excursion<br>Amplifier, Pulley Type                                | Y                   | Y        | 1 per 4 years       |
| L6642        | Upper Extremity Addition, Excursion<br>Amplifier, Lever Type                                 | Y                   | Y        | 1 per 4 years       |
| L6645        | Upper Extremity Addition, Shoulder<br>Flexion-Abduction Joint, Each                          | Y                   | Y        | 1 per 4 years       |
| L6650        | Upper Extremity Addition, Shoulder<br>Universal Joint, Each                                  | Y                   | Y        | 1 per 4 years       |
| L6655        | Upper Extremity Addition, Standard Control<br>Cable, Extra                                   | Y                   | Y        | 1 per year          |
| L6660        | Upper Extremity Addition, Heavy Duty<br>Control Cable                                        | Y                   | Y        | 1 per year          |
| L6665        | Upper Extremity Addition, Teflon, Or Equal,<br>Cable Lining                                  | Y                   | Y        | 1 per year          |
| L6670        | Upper Extremity Addition, Hook To Hand,<br>Cable Adapter                                     | Y                   | Y        | 1 per year          |
| L6672        | Upper Extremity Addition, Harness, Chest<br>Or Shoulder, Saddle Type                         | Y                   | Y        | 1 per year          |
| L6675        | Upper Extremity Addition, Harness, Figure<br>Of ("8") Eight Type, For Single Control         | Y                   | Y        | 1 per year          |
| L6676        | Upper Extremity Addition, Harness, Figure<br>Of ("8") Eight Type, For Dual Control           | Y                   | Y        | 1 per year          |
| L6680        | Upper Extremity Addition, Test Socket, Wrist<br>Disarticulation Or Below Elbow               | Y                   | Y        | 2 per<br>prosthesis |
| L6682        | Upper Extremity Addition, Test Socket, Elbow<br>Disarticulation Or Above Elbow               | Y                   | Y        | 2 per<br>prosthesis |
| L6684        | Upper Extremity Addition, Test Socket, Shoulder<br>Disarticulation Or Interscapular Thoracic | Y                   | Y        | 2 per<br>prosthesis |
| L6686        | Upper Extremity Addition, Suction Socket                                                     | Y                   | Y        | 1 per 4 years       |
| L6687        | Upper Extremity Addition, Frame Type Socket,<br>Below Elbow Or Wrist Disarticulation         | Y                   | Y        | 1 per 4 years       |

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| CODE  | DESCRIPTION                                                                       | PA | MEDICARE | MAX. UNITS    |
|-------|-----------------------------------------------------------------------------------|----|----------|---------------|
| L6688 | Upper Extremity Addition, Frame Type Socket, Above Elbow Or Elbow Disarticulation | Y  | Y        | 1 per 4 years |
| L6689 | Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation             | Y  | Y        | 1 per 4 years |
| L6690 | Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic               | Y  | Y        | 1 per 4 years |
| L6691 | Upper Extremity Addition, Removable Insert, Each                                  | Y  | Y        | 1 per year    |
| L6692 | Upper Extremity Addition, Silicone Gel Insert Or Equal, Each                      | Y  | Y        | 1 per 2 years |
| L6693 | Upper extremity addition, locking elbow, forearm counterbalance                   | Y  | Y        | 1 per 2 years |

**TERMINAL DEVICES - L6700-L6899****Hooks**

|       |                                                          |   |   |               |
|-------|----------------------------------------------------------|---|---|---------------|
| L6704 | Term dev, sport/rec/work att                             | Y | Y | 1 per 4 years |
| L6706 | Term dev mech hook vol open                              | Y | Y | 1 per 4 years |
| L6707 | Term dev mech hook vol close                             | Y | Y | 1 per 4 years |
| L6708 | Term dev mech hand vol open                              | Y | Y | 1 per 4 years |
| L6709 | Term dev mech hand vol close                             | Y | Y | 1 per 4 years |
| L6805 | Terminal Device, Modifier Wrist Flexion Unit             | Y | Y | 1 per 4 years |
| L6810 | Terminal Device, Pincher Tool, Otto Bock Or Equal Hands  | Y | Y | 1 per 4 years |
| L6890 | Terminal Device, Glove For Above Hands, Production Glove | Y | Y | 2 per year    |

**HAND RESTORATION - L6900-L6919**

|       |                                                                                                                      |   |   |               |
|-------|----------------------------------------------------------------------------------------------------------------------|---|---|---------------|
| L6900 | Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, Thumb Or One Finger Remaining | Y | Y | 1 per 4 years |
| L6905 | Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, Multiple Fingers Remaining    | Y | Y | 1 per 4 years |



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| CODE  | DESCRIPTION                                                                                                 | PA | MEDICARE | MAX. UNITS    |
|-------|-------------------------------------------------------------------------------------------------------------|----|----------|---------------|
| L6910 | Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, No Fingers Remaining | Y  | Y        | 1 per 4 years |
| L6915 | Hand Restoration (Shading, And Measurements Included), Replacement Glove For Above                          | Y  | Y        | 1 per 2 years |

EXTERNAL POWER - BATTERY COMPONENTS -  
L7360-L7498

|       |                                                                                      |   |   |  |
|-------|--------------------------------------------------------------------------------------|---|---|--|
| L7499 | Unlisted Procedures For Upper Extremity Prosthesis-Must Include Detailed Description | Y | Y |  |
|-------|--------------------------------------------------------------------------------------|---|---|--|

REPAIRS - L7510-L7520

|       |                                         |   |   |                |
|-------|-----------------------------------------|---|---|----------------|
| L7510 | Repair Prosthetic Dev, <\$120           | S | N | 1 per 120 Days |
| L7510 | Repair Prosthetic Dev. >\$120           | Y | N |                |
| L7520 | Repair Posthetic Dev. Labor per 15 min. | S | N |                |

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

Prior authorization is required for orthotic and prosthetic device repair or replacement less than or equal to one hundred and twenty dollars when repair or replacement of the orthotic or prosthetic device is in excess of one repair or replacement per consumer per one hundred and twenty day period.

GENERAL - BREAST PROSTHESES - L8000-L8099

|       |                                                   |   |   |               |
|-------|---------------------------------------------------|---|---|---------------|
| L8000 | Breast Prosthesis, Mastectomy Bra                 | N | Y | 2 per year    |
| L8010 | Breast Prosthesis, Mastectomy Sleeve              | N | N | 3 per year    |
| L8015 | External breast prosthesis garment with form      | Y | Y | 3 per year    |
| L8020 | Breast Prosthesis, Mastectomy Form, Each          | Y | Y | 1 per 2 years |
| L8030 | Breast Prosthesis, Silicone Or Equal              | Y | Y | 1 per 2 years |
| L8035 | Custom breast prosthesis, molded to patient model | Y | Y | 1 per 2 years |

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| CODE                                   | DESCRIPTION                                                                                 | PA | MEDICARE | MAX. UNITS     |
|----------------------------------------|---------------------------------------------------------------------------------------------|----|----------|----------------|
| <b>GENERAL - TRUSSES - L8300-L8399</b> |                                                                                             |    |          |                |
| L8300                                  | Truss, Single With Standard Pad                                                             | Y  | Y        | 2 per year     |
| L8310                                  | Truss, Double With Standard Pads                                                            | Y  | Y        | 2 per year     |
| L8320                                  | Truss, Addition To Standard Pad, Water Pad                                                  | Y  | Y        | 2 per year     |
| L8330                                  | Truss, Addition To Standard Pad, Scrotal Pad                                                | Y  | Y        | 2 per year     |
| <b>PROSTHETIC SOCKS - L8400-L8499</b>  |                                                                                             |    |          |                |
| L8400                                  | Prosthetic Sheath, Below Knee, Each                                                         | N  | Y        | 12 per year    |
| L8410                                  | Prosthetic Sheath, Above Knee, Each                                                         | N  | Y        | 12 per year    |
| L8415                                  | Prosthetic Sheath, Upper Limb, Each                                                         | N  | Y        | 12 per year    |
| L8417                                  | Prosthetic sock/sheath, including a gel cushion liner, below knee or above knee, each       | Y  | Y        | 12 per year    |
| L8420                                  | Prosthetic Sock, Wool, Below Knee, Each                                                     | N  | Y        | 12 per year    |
| L8430                                  | Prosthetic Sock, Wool, Above Knee, Each                                                     | N  | Y        | 12 per year    |
| L8435                                  | Prosthetic Sock, Multiple Ply, Upper Limb, Each                                             | N  | Y        | 12 per year    |
| L8440                                  | Prosthetic Shrinker, Below Knee, Each                                                       | N  | Y        | 2 per year     |
| L8460                                  | Prosthetic Shrinker, Above Knee, Each                                                       | N  | Y        | 2 per year     |
| L8465                                  | Prosthetic Shrinker, Upper Limb, Each                                                       | N  | Y        | 2 per year     |
| L8470                                  | Stump Sock, Single Ply, Fitting, Below Knee, Each                                           | N  | Y        | 24 per year    |
| L8480                                  | Stump Sock, Single Ply, Fitting, Above Knee, Each                                           | N  | Y        | 24 per year    |
| L8485                                  | Stump Sock, Single Ply, Fitting, Upper Limb, Each                                           | N  | Y        | 24 per year    |
| L8499                                  | Unlisted Procedures For Miscellaneous Prosthetic Services-Must Include Detailed Description | Y  | Y        |                |
| <b>SPEECH AIDS</b>                     |                                                                                             |    |          |                |
| E1340                                  | Repair for DME/ Labor per 15 minutes                                                        | S  | N        | 1 per 120 days |
| *E1399                                 | Adapt com device minor repair <\$100                                                        | S  | N        | 1 per 120 days |

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|--------|--------------------------------------------------------------------------------------------------------------------------------|----|----------|----------------|
| *E1399 | Adapt com device major repair > \$100                                                                                          | Y  | N        | 1 per 120 days |
| L8500  | Artificial Larynx                                                                                                              | Y  | Y        | 1 per 4 years  |
| L8501  | Tracheostomy Speaking Valve, ea. Set                                                                                           | Y  | Y        | 1 per 4 months |
| E2500  | Speech Gen Device, Digitized Speech, Pre-recorded<br>Msg Less Than or Equal to 8 Min                                           | Y  | N        | 1 per 5 years  |
| E2502  | Speech Gen Device, Digitized Speech, Pre-recorded<br>Msg, Greater Than 8 Min but less than or equal to 20<br>min               | Y  | N        | 1 per 5 years  |
| E2504  | Speech Gen Device, Digitized Speech, Pre-recorded<br>Msg, Greater Than 20 < 40 min                                             | Y  | N        | 1 per 5 years  |
| E2506  | Speech Gen Device, Digitized Speech, Pre-recorded<br>Msg, Greater Than 40 min                                                  | Y  | N        | 1 per 5 years  |
| E2508  | Speech Gen Device, Sythetized Speech requiring<br>message formulation by spelling and acces by<br>physical contact with device | Y  | N        | 1 per 5 years  |
| E2510  | Speech Gen Device, Synthetized Speech permitting<br>multiple methods of message form. & device access                          | Y  | N        | 1 per 5 years  |
| E2511  | Speech Gen Software for personal computer or<br>digital asst.                                                                  | Y  | N        | 1 per 5 years  |
| E2512  | ACC For Speech Gen Dev, Mounting System                                                                                        | Y  | N        | 1 per 5 years  |
| E2599  | ACC For Speech Gen Dev, NOS                                                                                                    | Y  | N        | 1 per 5 years  |

**NOTE: \* RP MODIFIER MUST BE SUBMITTED  
WHEN E1399 IS USED FOR A REPAIR  
CLAIM.**

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

S= Situational, Prior Authorization is not required for the first minor repair within a 120 day period.

All major repairs and subsequent mirnor repairs within a 120 period require prior authorization.

HEARING AIDS-codes effective for dates of service  
9/1/05 and after

|       |                                      |   |   |               |
|-------|--------------------------------------|---|---|---------------|
| V5030 | Body-worn hearing aid air            | Y | N | 1 per 4 years |
| V5040 | Body-worn hearing aid bone           | Y | N | 1 per 4 years |
| V5050 | Hearing aid monaural in ear          | Y | N | 1 per 4 years |
| V5060 | Behind ear hearing aid               | Y | N | 1 per 4 years |
| V5070 | Hearing aid, glasses air conduction  | Y | N | 1 per 5 years |
| V5080 | Hearing aid, glasses bone conduction | Y | N | 1 per 5 years |
| V5130 | In ear binaural hearing aid          | Y | N | 1 per 4 years |

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| CODE  | DESCRIPTION                                                           | PA | MEDICARE | MAX. UNITS                                                  |
|-------|-----------------------------------------------------------------------|----|----------|-------------------------------------------------------------|
| V5140 | Behind ear binaural hearing aid                                       | Y  | N        | 1 per 4 years                                               |
| V5150 | Glasses binaural hearing aid                                          | Y  | N        | 1 per 5 years                                               |
| V5160 | Dispensing fee, binaural                                              | N  | N        | 1 per 5 years                                               |
| V5170 | Within ear cross hearing aid                                          | Y  | N        | 1 per 4 years                                               |
| V5180 | Behind ear cross hearing aid                                          | Y  | N        | 1 per 4 years                                               |
| V5190 | Glasses cross hearing aid                                             | Y  | N        | 1 per 5 years                                               |
| V5200 | Dispensing fee, Cross hearing aid                                     | N  | N        | 1 per 5 years                                               |
| V5210 | In ear bicross hearing aid                                            | Y  | N        | 1 per 4 years                                               |
| V5220 | Behind ear bicross hearing aid                                        | Y  | N        | 1 per 4 years                                               |
| V5230 | Glasses bicross hearing aid                                           | Y  | N        | 1 per 5 years                                               |
| V5240 | Dispensing fee, Bicros hearing aid                                    | N  | N        | 1 per 5 years                                               |
| V5241 | Dispensing fee, monaural                                              | N  | N        | 1 per 5 years                                               |
| V5246 | Hearing aid, prog, mon, ite                                           | Y  | N        | 1 per 5 years                                               |
| V5247 | Hearing aid, prog, mon, bte                                           | Y  | N        | 1 per 5 years                                               |
| V5252 | Hearing aid, prog, bin, ite                                           | Y  | N        | 1 per 5 years                                               |
| V5253 | Hearing aid, prog, bin, bte                                           | Y  | N        | 1 per 5 years                                               |
| V5256 | Hearing aid, digit, mon, ite                                          | Y  | N        | 1 per 5 years                                               |
| V5257 | Hearing aid, digit, mon, bte                                          | Y  | N        | 1 per 5 years                                               |
| V5260 | Hearing aid, digit, bin, ite                                          | Y  | N        | 1 per 5 years                                               |
| V5261 | Hearing aid, digit, bin, bte                                          | Y  | N        | 1 per 5 years                                               |
| V5264 | Ear mold, insert (initial ear mold is covered as part of hearing aid) | N  | N        | 4 per year under age 5, over age 5 is 1 per ear per 2 years |
| V5266 | Battery for hearing aid device                                        | N  | N        | 4 per mo. per aid                                           |
| V5267 | Hearing aid supplies/ accessories                                     | Y  | N        | 1 per year                                                  |

HEARING AID repair codes in effect

|       |                                                                                                                                 |   |   |                |
|-------|---------------------------------------------------------------------------------------------------------------------------------|---|---|----------------|
| V5014 | Hearing Aid Repair/Modification, Minor (less than or equal to \$100 per occurrence), Includes Parts, Labor And Postage/Delivery | S | N | 1 per 120 days |
| V5014 | Hearing Aid Repair, Major (greater than \$100 per occurrence), Includes Parts, Labor And Postage/Delivery                       | Y | N | 1 per year     |

S=Situational, Prior Authorization is not required for the first minor repair within a 120 day period.

All major repairs and subsequent minor repairs within a 120 day period require prior authorization.

REPLACEMENT BATTERIES FOR COCHLEAR  
IMPLANTS

|       |                                     |   |   |                          |
|-------|-------------------------------------|---|---|--------------------------|
| L7368 | Lithium ion battery charger         | Y | Y | 1 per 5 years            |
| L8621 | Zinc air battery, replacement, each | N | Y | 25 per month per implant |

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|-------|----------------------------------------------------------|----|----------|--------------------------|
| L8622 | Alkaline battery, replacement, each                      | N  | Y        | 31 per month per implant |
| L8623 | Lithium battery , replacement, other than ear level, ea. | N  | Y        | 2 per year per implant   |
| L8624 | Lithium battery, replacement, ear level, ea.             | N  | Y        | 2 per year per implant   |

**NOTE:**      **L8621 OR L8622 CAN BE REIMBURSED IN CONJUNCTION WITH L8624.**  
**L8621 OR L8622 CANNOT BE REIMBURSED IN CONJUNCTION WITH L8623.**

**L8623 AND L8624 CAN BE REIMBURSED IN CONJUNCTION WITH EACH OTHER AS LONG AS L8621 AND/OR L8622 ARE NOT BEING CONCURRENTLY REIMBURSED FOR THE SAME CONSUMER DURING THE SAME BENEFIT PERIOD.**

\*\*\* DRAFT - NOT YET FILED \*\*\*

5160-10-20

**Orthotic devices, prosthetic devices, and related services.**

(A) Providers. The following eligible providers may furnish and receive medicaid payment for an orthotic device, prosthetic device, or related service:

- (1) For an orthotic device or prosthetic device that must comply with section 4779.02 of the Revised Code, a provider enrolled in medicaid as a durable medical equipment (DME) supplier with orthotic/prosthetic specification; or
- (2) For all other items and services, a provider enrolled as a basic DME supplier.

(B) Coverage.

- (1) Coverage information about individual orthotic devices, prosthetic devices, and related items is listed in the appendix to this rule.
- (2) Payment for certain orthotic devices and prosthetic devices requires prior authorization (PA).
  - (a) A request for PA of a "not otherwise specified," "miscellaneous," or "unlisted" item or service must include a complete description of the item or service, a list of all bundled components, and an itemization of all charges.
  - (b) A request for PA of a preparatory prosthesis must include the reason for the amputation, the date of the amputation, and an explanation of the benefit to be derived from having the recipient use a preparatory prosthesis before a definitive prosthesis is designed.
- (3) The purchase of torsion cables may be authorized only for the treatment of children with neuromuscular diseases and related conditions. Requests for torsion cables to treat positional deformities will be denied because of anticipated resolution that occurs with maturation.
- (4) The repair or replacement of parts is subject to applicable requirements listed in paragraphs (A)(2) to (A)(12) of rule 5160-10-08 of the Administrative Code.
- (5) No separate payment will be made for the following items or services:
  - (a) Repairs, adjustments, or modifications that are made within ninety days after delivery, unless necessitated by major changes in the recipient's condition; and
  - (b) Labor, measuring, casting, fitting, travel by the supplier, and shipping or mailing associated with a covered orthotic device or prosthetic device.

Replaces: 5160-10-20

Effective:

Five Year Review (FYR) Dates:

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 5164.02  
Rule Amplifies: 5164.02  
Prior Effective Dates: 03/01/1984, 12/30/1984, 10/01/1988, 04/13/1989 (Emer), 05/15/1989, 05/01/1990, 06/20/1990 (Emer), 02/17/1991, 04/01/1992 (Emer), 07/01/1992, 12/10/1993, 12/30/1993 (Emer), 03/31/1994, 08/01/1995, 12/29/1995 (Emer), 03/21/1996, 01/04/2000 (Emer), 03/20/2000, 12/29/2000 (Emer), 03/30/2001, 12/31/2001 (Emer), 03/29/2002, 10/01/2004, 11/01/2004 (Emer), 01/16/2005, 09/01/2005, 12/30/2005 (Emer), 03/27/2006, 10/15/2006, 12/29/2006 (Emer), 03/29/2007, 12/16/2007, 12/31/2007 (Emer), 03/30/2008, 12/31/2008 (Emer), 03/31/2009, 12/30/2010 (Emer), 03/30/2011, 09/01/2011, 12/30/2011 (Emer), 03/29/2012

# ENACTED

## Appendix

### 5160-10-20

#### Appendix to rule 5160-10-20

PA = payment determined through prior authorization

| HPCPS CODE | CATEGORY                             | APPLICATION       | DESCRIPTION                                                     | EFFECTIVE DATE | CURRENT MAXIMUM PAYMENT AMOUNT | PREVIOUS MAXIMUM PAYMENT AMOUNT | NEED FOR PRIOR AUTHORIZATION | LIMIT               |
|------------|--------------------------------------|-------------------|-----------------------------------------------------------------|----------------|--------------------------------|---------------------------------|------------------------------|---------------------|
| A4566      | Orthotic device                      | Shoulder          | Shoulder sling or vest design, Abduction Restrainer             | 01/01/2011     | 95.00                          |                                 | No                           | 1 per medical event |
| A5500      | Orthopedic footwear and modification | Orthopedic shoes  | Diabs only,fitting,custom prep, offshelf, per shoe              | 01/01/2010     | 46.07                          | 47.49                           | Yes                          | 1 per foot per year |
| A5501      | Orthopedic footwear and modification | Orthopedic shoes  | For Diabetics Only, Custom Molded Shoe                          | 01/01/2010     | 160.19                         | 165.14                          | Yes                          | 1 per foot per year |
| A5512      | Orthopedic footwear and modification | Orthopedic shoes  | Diabs only, mult density insert, direct form                    | 01/01/2010     | 18.80                          | 19.38                           | Yes                          | 1 per foot per year |
| A5513      | Orthopedic footwear and modification | Orthopedic shoes  | Diabs only,mult density insert, custom                          | 01/01/2010     | 28.04                          | 28.91                           | Yes                          | 1 per foot per year |
| A8000      | Orthotic device                      | Cranium           | Soft protect helmet prefab                                      | 01/01/2010     | 103.41                         | 106.61                          | No                           | 1 per year          |
| A8001      | Orthotic device                      | Cranium           | Hard protect helmet prefab                                      | 01/01/2010     | 103.41                         | 106.61                          | No                           | 1 per year          |
| A8002      | Orthotic device                      | Cranium           | Soft protect helmet custom                                      | 01/01/2010     | 441.26                         | 454.91                          | No                           | 1 per medical event |
| A8003      | Orthotic device                      | Cranium           | Hard protect helmet custom                                      | 01/01/2010     | 441.26                         | 454.91                          | No                           | 1 per medical event |
| L0120      | Orthotic device                      | Cervical spine    | Flexible, Non/Adj, (Foam Collar)                                | 01/01/2010     | 16.89                          | 17.41                           | No                           | 1 per year          |
| L0140      | Orthotic device                      | Cervical spine    | Semi-Rigid,Adj(Plastic Collar)                                  | 01/01/2010     | 38.25                          | 39.43                           | No                           | 1 per year          |
| L0170      | Orthotic device                      | Cervical spine    | Collar, Molded To Patient Model                                 | 01/01/2010     | 513.69                         | 529.58                          | No                           | 1 per medical event |
| L0172      | Orthotic device                      | Cervical spine    | Cervical Collar Semirigid Thrm/Plas 2Pc                         | 01/01/2010     | 90.48                          | 93.28                           | No                           | 1 per year          |
| L0174      | Orthotic device                      | Cervical spine    | Cer.Coll.Semi Rig.Therm.2Pc.W Thora.                            | 01/01/2010     | 177.92                         | 183.42                          | No                           | 1 per year          |
| L0180      | Orthotic device                      | Cervical spine    | Mult Post Collar, Occ/Man Support Adj                           | 01/01/2010     | 288.26                         | 297.18                          | No                           | 1 per medical event |
| L0190      | Orthotic device                      | Cervical spine    | Mult Collar,Occip/Mand Supp(Somi,Etc)                           | 01/01/2010     | 339.95                         | 350.46                          | No                           | 1 per medical event |
| L0200      | Orthotic device                      | Cervical spine    | Mult P/Collar Occ/Man Sup,Adj Bar Th/Ext                        | 01/01/2010     | 394.31                         | 406.50                          | No                           | 1 per medical event |
| L0220      | Orthotic device                      | Thoracic spine    | Rib Belt, Custom Fabricated                                     | 01/01/2010     | 82.55                          | 85.10                           | Yes                          | 1 per year          |
| L0450      | Orthotic device                      | Thoracic spine    | TLSO, upper thoracic, prefabricated                             | 01/01/2010     | 126.91                         | 130.83                          | No                           | 2 per year          |
| L0452      | Orthotic device                      | Thoracic spine    | TLSO, upper thoracic, custom fabricated                         | 01/01/2010     | 202.07                         | 208.32                          | No                           | 2 per year          |
| L0454      | Orthotic device                      | Thoracic spine    | TLSO, from sacrococcygeal to T-9 vertebra, prefabricated        | 01/01/2010     | 195.52                         | 201.57                          | No                           | 1 per year          |
| L0466      | Orthotic device                      | Thoracic spine    | TLSO, sagittal control, prefabricated                           | 01/01/2010     | 242.40                         | 249.90                          | No                           | 1 per 2 years       |
| L0468      | Orthotic device                      | Thoracic spine    | TLSO, sagittal-coronal control, prefabricated                   | 01/01/2010     | 303.78                         | 313.18                          | No                           | 1 per 2 years       |
| L0470      | Orthotic device                      | Thoracic spine    | TLSO, from sacrococcc to scap, lateral strength by pelv, prefab | 01/01/2010     | 413.62                         | 426.41                          | No                           | 1 per 2 years       |
| L0472      | Orthotic device                      | Thoracic spine    | TLSO, hyperext, from symph pubis to sternal notch, prefab       | 01/01/2010     | 258.66                         | 266.66                          | No                           | 1 per medical event |
| L0480      | Orthotic device                      | Thoracic spine    | TLSO, 1-pc rigid plastic w/o liner, carved plaster or CAD-CAM   | 01/01/2010     | 965.02                         | 994.87                          | No                           | 1 per medical event |
| L0482      | Orthotic device                      | Thoracic spine    | TLSO, 1- pc rigid plastic w/ liner, carved plaster or CAD-CAM   | 01/01/2010     | 1,077.94                       | 1,111.28                        | No                           | 1 per medical event |
| L0484      | Orthotic device                      | Thoracic spine    | TLSO, 2-pc w/o liner, carved plaster or CAD-CAM                 | 01/01/2010     | 1,164.14                       | 1,200.14                        | No                           | 1 per medical event |
| L0486      | Orthotic device                      | Thoracic spine    | TLSO, 2-pc w/ liner, carved plaster or CAD-CAM                  | 01/01/2010     | 1,307.38                       | 1,347.81                        | No                           | 1 per medical event |
| L0488      | Orthotic device                      | Thoracic spine    | TLSO, 1-pc, restr motion in sagitt/coron/tnsrs planes, prefab   | 12/07/2010     | 727.15                         | 933.69                          | No                           | 1 per medical event |
| L0621      | Orthotic device                      | Sacroiliac joints | SIO flex pelvisacral prefab                                     | 01/01/2010     | 55.09                          | 56.79                           | No                           | 2 per year          |
| L0625      | Orthotic device                      | Lumbar spine      | LO flexibl L1-below L5 pre                                      | 12/07/2010     | 39.90                          | 84.72                           | No                           | 2 per year          |
| L0626      | Orthotic device                      | Lumbar spine      | LO sag stays/panels pre-fab                                     | 12/07/2010     | 56.46                          | 74.77                           | No                           | 2 per year          |
| L0627      | Orthotic device                      | Lumbar spine      | LO sagitt rigid panel prefab                                    | 01/01/2006     | 147.95                         |                                 | No                           | 2 per year          |
| L0628      | Orthotic device                      | Lumbar spine      | LO flex w/o rigid stays pre                                     | 12/07/2010     | 60.76                          | 78.05                           | No                           | 2 per year          |
| L0629      | Orthotic device                      | Lumbar spine      | LSO flex w/rigid stays cust                                     | 01/01/2010     | 164.66                         | 169.75                          | No                           | 2 per year          |
| L0630      | Orthotic device                      | Lumbar spine      | LSO post rigid panel pre                                        | 01/01/2010     | 143.51                         | 147.95                          | No                           | 2 per year          |
| L0631      | Orthotic device                      | Lumbar spine      | LSO sag-coro rigid frame pre                                    | 01/01/2010     | 143.51                         | 147.95                          | No                           | 2 per year          |
| L0632      | Orthotic device                      | Lumbar spine      | LSO sag rigid frame cust                                        | 01/01/2010     | 143.51                         | 147.95                          | No                           | 2 per year          |
| L0633      | Orthotic device                      | Lumbar spine      | LSO flexion control prefab                                      | 01/01/2010     | 246.18                         | 253.79                          | No                           | 1 per 2 years       |
| L0634      | Orthotic device                      | Lumbar spine      | LSO flexion control custom                                      | 01/01/2010     | 246.18                         | 253.79                          | Yes                          | 1 per 2 years       |
| L0635      | Orthotic device                      | Lumbar spine      | LSO sagit rigid panel prefab                                    | 01/01/2010     | 271.88                         | 280.29                          | No                           | 1 per 2 years       |
| L0636      | Orthotic device                      | Lumbar spine      | LSO sagittal rigid panel cus                                    | 01/01/2010     | 271.88                         | 280.29                          | No                           | 1 per 2 years       |
| L0639      | Orthotic device                      | Lumbar spine      | LSO s/c shell/panel prefab                                      | 01/01/2010     | 827.69                         | 853.29                          | No                           | 1 per medical event |
| L0640      | Orthotic device                      | Lumbar spine      | LSO s/c shell/panel custom                                      | 12/07/2010     | 757.98                         | 973.29                          | No                           | 1 per medical event |



| HCPCS CODE | CATEGORY        | APPLICATION                                                         | DESCRIPTION                              | EFFECTIVE DATE | CURRENT MAXIMUM PAYMENT AMOUNT | PREVIOUS MAXIMUM PAYMENT AMOUNT | NEED FOR PRIOR AUTHORIZATION | LIMIT               |
|------------|-----------------|---------------------------------------------------------------------|------------------------------------------|----------------|--------------------------------|---------------------------------|------------------------------|---------------------|
| L0700      | Orthotic device | Cervical-thoracic-lumbar-sacral spine                               | CTLSO, Minerva                           | 01/01/2010     | 1,271.88                       | 1,311.22                        | No                           | 1 per medical event |
| L0710      | Orthotic device | Cervical-thoracic-lumbar-sacral spine                               | CTLSO,Mld To Pat Model, Interface        | 01/01/2010     | 1,398.16                       | 1,441.40                        | No                           | 1 per medical event |
| L0810      | Orthotic device | Halo procedure                                                      | Halo Proc,Cerv Halo On Thoracic Jacket   | 01/01/2010     | 1,707.70                       | 1,760.52                        | No                           | 1 per medical event |
| L0859      | Orthotic device | Halo procedure                                                      | Halo/ MRI compatible system              | 01/01/2006     | 750.27                         |                                 | No                           | 1 per medical event |
| L0970      | Orthotic device | Spine, addition to orthosis                                         | TLSO, Corset Front                       | 01/01/2010     | 68.28                          | 70.39                           | Yes                          | 1 per medical event |
| L0972      | Orthotic device | Spine, addition to orthosis                                         | LSO, Corset Front                        | 01/01/2010     | 62.14                          | 64.06                           | No                           | 1 per medical event |
| L0974      | Orthotic device | Spine, addition to orthosis                                         | TLSO, Full Corset                        | 01/01/2010     | 111.65                         | 115.10                          | Yes                          | 1 per medical event |
| L0976      | Orthotic device | Spine, addition to orthosis                                         | LSO, Full Corset                         | 01/01/2010     | 95.52                          | 98.47                           | No                           | 1 per medical event |
| L0978      | Orthotic device | Spine, addition to orthosis                                         | Axillary Crutch Extension                | 01/01/2010     | 120.22                         | 123.94                          | Yes                          | 1 per medical event |
| L0980      | Orthotic device | Spine, addition to orthosis                                         | Peritoneal Straps, Pair                  | 01/01/2010     | 10.93                          | 11.27                           | No                           | 2 per year          |
| L0984      | Orthotic device | Spine, addition to orthosis                                         | Protective Body Sock , Each              | 01/01/2010     | 43.25                          | 44.59                           | No                           | 6 per year          |
| L0999      | Orthotic device | Spine, addition to orthosis                                         | Add to spinal orthosis, NOS              | 09/01/2005     | PA                             |                                 | Yes                          |                     |
| L1000      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Ctlso,Milwaukee,Incl Init Orth,Incl Modl | 01/01/2010     | 1,295.56                       | 1,335.63                        | No                           | 1 per 2 years       |
| L1010      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CLSO(Scoliosis Orth) Axilla Sling | 01/01/2010     | 53.46                          | 55.11                           | No                           | 1 per 2 years       |
| L1020      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CLSO Or ScolOrth,Kyphosis Pad     | 01/01/2010     | 68.85                          | 70.98                           | No                           | 1 per 2 years       |
| L1025      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CTLSO Or Scol Kypha.Pad Float     | 01/01/2010     | 99.32                          | 102.39                          | Yes                          | 1 per 2 years       |
| L1030      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CTLSO Or ScolOrth,Lumb Bolst Pad  | 01/01/2010     | 50.01                          | 51.56                           | No                           | 1 per 2 years       |
| L1040      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CTLSO Or ScolOr,Lumb Rib Pad      | 01/01/2010     | 56.65                          | 58.40                           | No                           | 1 per 2 years       |
| L1050      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CTLSO,ScolOr, Sternal Pad         | 01/01/2010     | 64.10                          | 66.08                           | No                           | 1 per 2 years       |
| L1060      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CTLSO Or ScolOr, Thoracic Pad     | 01/01/2010     | 69.19                          | 71.33                           | No                           | 1 per 2 years       |
| L1070      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CTLSO Or ScolOr, Trapeze Sling    | 01/01/2010     | 71.67                          | 73.89                           | Yes                          | 1 per 2 years       |
| L1080      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CTLSO Or ScolOr, Outtrigger       | 01/01/2010     | 33.43                          | 34.46                           | Yes                          | 1 per 2 years       |
| L1085      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add CTLSO Or Scol.Outrig Bial. Vert.Ext  | 01/01/2010     | 111.91                         | 115.37                          | Yes                          | 1 per 2 years       |
| L1090      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CTLSO Or ScolOr, Lumbar Sling     | 01/01/2010     | 64.30                          | 66.29                           | Yes                          | 1 per 2 years       |
| L1100      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To CTLSO, Ring Flange, Plas Or Leath | 01/01/2000     | 125.08                         | 108.74                          | No                           | 1 per 2 years       |
| L1110      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To,Ring Flang,Plas/Leath Mid To Pat  | 01/01/2010     | 203.43                         | 209.72                          | Yes                          | 1 per 2 years       |
| L1120      | Orthotic device | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | Add To, Covers For Upright, Each         | 01/01/2010     | 24.29                          | 25.04                           | No                           | 6 per year          |
| L1200      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | TLSO Initial Orthosis Only (Low/Profile) | 01/01/2010     | 1,143.33                       | 1,178.69                        | No                           | 1 per 2 years       |
| L1210      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | Add To TLSO (Low Profile)Lat Thor Extnen | 01/01/2010     | 156.32                         | 161.15                          | No                           | 1 per 2 years       |
| L1220      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | Add To TLSO (Low Prof) Ant Thor Exten    | 01/01/2010     | 152.14                         | 156.85                          | No                           | 1 per 2 years       |
| L1230      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | Add To TLSO,Low Prof,Milwake Type Super  | 01/01/2010     | 426.24                         | 439.42                          | Yes                          | 1 per 2 years       |
| L1240      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | Add TLSO Lumbar Derotation Pad           | 01/01/2010     | 58.10                          | 59.90                           | No                           | 1 per 2 years       |
| L1250      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | Add TLSO Anterior Asis Pad               | 01/01/2010     | 50.51                          | 52.07                           | No                           | 1 per 2 years       |
| L1260      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | Add TLSO Anter.Thoracic Derotat.Pad      | 01/01/2010     | 60.27                          | 62.13                           | No                           | 1 per 2 years       |
| L1270      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | Add TLSO Abdominal Pad                   | 01/01/2010     | 52.97                          | 54.61                           | No                           | 1 per 2 years       |
| L1280      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | Add TLSO Rib Gusset Elastic Ea           | 01/01/2010     | 55.80                          | 57.53                           | No                           | 1 per 2 years       |
| L1290      | Orthotic device | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)        | Add TLSO Lateral Trochanteric Pad        | 01/01/2010     | 49.64                          | 51.18                           | No                           | 1 per 2 years       |
| L1300      | Orthotic device | Spine, scoliosis, other                                             | Scol Proc, Body Jacket Mld To Pat Model  | 01/01/2010     | 1,101.13                       | 1,135.19                        | No                           | 1 per 2 years       |
| L1310      | Orthotic device | Spine, scoliosis, other                                             | Scol Proc, Pspot-Op Jkt Mld To Model     | 01/01/2010     | 1,146.93                       | 1,182.40                        | No                           | 1 per medical event |
| L1499      | Orthotic device | Spine, scoliosis, other                                             | Spinal orthosis, NOS                     | 10/01/1988     | PA                             |                                 | Yes                          |                     |
| L1600      | Orthotic device | Hip                                                                 | Flex HO,Abd Hip Jts, Frejka Type/Cover   | 01/01/2010     | 82.33                          | 84.88                           | No                           | 1 per lifetime      |
| L1620      | Orthotic device | Hip                                                                 | Flex HO, Abd Hip Jts, Pavlik Harness     | 01/01/2010     | 100.40                         | 103.50                          | No                           | 1 per lifetime      |
| L1630      | Orthotic device | Hip                                                                 | HO Abduction Cont.Hip Jnt. Semi-Flex     | 01/01/2010     | 134.98                         | 139.15                          | Yes                          | 1 per lifetime      |
| L1640      | Orthotic device | Hip                                                                 | HO,Abd Hp Jts,Static,Pelv Band,Thigh Cuf | 01/01/2010     | 302.44                         | 311.79                          | No                           | 1 per lifetime      |
| L1650      | Orthotic device | Hip                                                                 | HO,Abd Hp Jts, Static, Adj, Prefab       | 01/01/2010     | 157.56                         | 162.43                          | No                           | 1 per medical event |
| L1660      | Orthotic device | Hip                                                                 | HO,Abd Hp Jts, Static,Plas, Prefab       | 01/01/2010     | 115.46                         | 119.03                          | No                           | 1 per medical event |

| HCPCS CODE | CATEGORY        | APPLICATION                     | DESCRIPTION                                                  | EFFECTIVE DATE | CURRENT MAXIMUM PAYMENT AMOUNT | PREVIOUS MAXIMUM PAYMENT AMOUNT | NEED FOR PRIOR AUTHORIZATION | LIMIT               |
|------------|-----------------|---------------------------------|--------------------------------------------------------------|----------------|--------------------------------|---------------------------------|------------------------------|---------------------|
| L1680      | Orthotic device | Hip                             | HO,Abd Hip Jsts. Dynamic, Adj Hip Action                     | 01/01/2010     | 727.88                         | 750.39                          | No                           | 1 per medical event |
| L1685      | Orthotic device | Hip                             | HO Abduct Contr Of Hip Int Post Oper                         | 01/01/2010     | 710.59                         | 732.57                          | No                           | 1 per medical event |
| L1686      | Orthotic device | Hip                             | HO Post-Op Hip Abduction Prefab                              | 01/01/2010     | 598.67                         | 617.19                          | No                           | 1 per medical event |
| L1690      | Orthotic device | Hip                             | Combo, bilateral, lumbo-sacral, hip, femur orthosis          | 01/01/2010     | 1,438.91                       | 1,483.41                        | No                           | 1 per medical event |
| L1720      | Orthotic device | Hip, Legg-Calvé-Perthes disease | LCP Orthosis, Trilateral (Tachdijan Type)                    | 01/01/2010     | 942.49                         | 971.64                          | Yes                          | 1 per medical event |
| L1730      | Orthotic device | Hip, Legg-Calvé-Perthes disease | LCP Orthosis, Scottish Rite Type                             | 01/01/2010     | 795.67                         | 820.28                          | No                           | 1 per medical event |
| L1755      | Orthotic device | Hip, Legg-Calvé-Perthes disease | LCPrthosis, Patten Bottom Type                               | 01/01/2010     | 1,143.95                       | 1,179.33                        | Yes                          | 1 per medical event |
| L1810      | Orthotic device | Knee                            | KO, Elastic With Joints                                      | 01/01/2010     | 65.77                          | 67.80                           | No                           | 2 per year          |
| L1820      | Orthotic device | Knee                            | KO, Elastic With Condyle Pads And Joints                     | 01/01/2010     | 90.80                          | 93.61                           | No                           | 2 per year          |
| L1830      | Orthotic device | Knee                            | KO, Immobilizer, Canvas Longitudinal                         | 01/01/2010     | 53.13                          | 54.77                           | No                           | 2 per year          |
| L1832      | Orthotic device | Knee                            | KO Adj Knee Jts Rigid Support, Prefab                        | 01/01/2010     | 473.52                         | 488.16                          | No                           | 1 per 2 years       |
| L1834      | Orthotic device | Knee                            | KO Without Knee Jt Rigid Mold Pt Model                       | 01/01/2010     | 463.73                         | 478.07                          | No                           | 1 per 2 years       |
| L1840      | Orthotic device | Knee                            | KO,Derotation, Fab To Pat Model (Lenox HI                    | 01/01/2010     | 600.83                         | 619.41                          | Yes                          | 1 per 2 years       |
| L1843      | Orthotic device | Knee                            | KO, Single Upright, Thigh and Calf, adj. flexion, ext. joint | 01/01/2010     | 345.00                         | 355.67                          | No                           | 1 per 2 years       |
| L1844      | Orthotic device | Knee                            | KO, Single Upright, Thigh and Calf, Flex and Extension       | 01/01/2010     | 972.95                         | 1,003.04                        | No                           | 1 per 2 years       |
| L1845      | Orthotic device | Knee                            | KO DbI, Thigh Calf Adjust Flex, Prefab                       | 01/01/2010     | 535.18                         | 551.73                          | No                           | 1 per 2 years       |
| L1846      | Orthotic device | Knee                            | KO DbI, Thigh Calf Adjus. Flexmold To Pat                    | 01/01/2010     | 716.46                         | 738.62                          | No                           | 1 per 2 years       |
| L1847      | Orthotic device | Knee                            | KO, double upright with adjust. joint w/air support cham.    | 01/01/2010     | 427.98                         | 441.22                          | No                           | 1 per 2 years       |
| L1850      | Orthotic device | Knee                            | KO, Swedish Type                                             | 01/01/2010     | 182.02                         | 187.65                          | No                           | 1 per 2 years       |
| L1860      | Orthotic device | Ankle-foot                      | KO, All Plastic Form Patient Model (Sk)                      | 01/01/2010     | 796.69                         | 821.33                          | Yes                          | 1 per 2 years       |
| L1900      | Orthotic device | Ankle-foot                      | AFO, Spring Wire, Dorsiflex Assist Calf                      | 01/01/2010     | 182.28                         | 187.92                          | No                           | 1 per 2 years       |
| L1902      | Orthotic device | Ankle-foot                      | AFO Ankle Gauntlet, Prefab                                   | 01/01/2010     | 47.69                          | 49.16                           | No                           | 2 per year          |
| L1906      | Orthotic device | Ankle-foot                      | AFO Multiligament Us Ank Supp(Air Cast)                      | 01/01/2010     | 71.85                          | 74.07                           | No                           | 1 per medical event |
| L1907      | Orthotic device | Ankle-foot                      | AFO, Supramalleolar, custom fabricated                       | 04/01/2009     | 364.11                         | NC                              | No                           | 1 per 2 years       |
| L1920      | Orthotic device | Ankle-foot                      | AFO, Sing Uprite/Static/Adj Stop (Phelps)                    | 01/01/2010     | 262.46                         | 270.58                          | No                           | 1 per 2 years       |
| L1930      | Orthotic device | Ankle-foot                      | AFO, Plastic or Other Material,Premolded, Prefab             | 01/01/2010     | 197.76                         | 203.88                          | No                           | 1 per 2 years       |
| L1940      | Orthotic device | Ankle-foot                      | AFO,Molded To Patient Model, Plastic or Other Material       | 01/01/2010     | 311.11                         | 320.73                          | No                           | 1 per 2 years       |
| L1945      | Orthotic device | Ankle-foot                      | AFO Molded Pt Model Plas Floor Reaction                      | 01/01/2010     | 717.14                         | 739.32                          | No                           | 1 per 2 years       |
| L1960      | Orthotic device | Ankle-foot                      | AFO, Post/Solid/Ankle,Mld To Pat Model                       | 01/01/2010     | 396.02                         | 408.27                          | No                           | 1 per 2 years       |
| L1970      | Orthotic device | Ankle-foot                      | AFO,Plastic Mld To P/Model, With Ank/Jts                     | 01/01/2010     | 442.20                         | 455.88                          | No                           | 1 per 2 years       |
| L1980      | Orthotic device | Ankle-foot                      | AFO, (Single Bar "Bk" Orthosis)                              | 01/01/2010     | 257.98                         | 265.96                          | No                           | 1 per 2 years       |
| L1990      | Orthotic device | Ankle-foot                      | AFO (Basic/Double Bar "Bk" Orthosis)                         | 01/01/2010     | 296.57                         | 307.80                          | No                           | 1 per 2 years       |
| L2000      | Orthotic device | Knee-ankle-foot                 | KAFO (Single Bar"Ak" Orthosis) Free K/A                      | 01/01/2010     | 714.72                         | 736.82                          | No                           | 1 per 2 years       |
| L2010      | Orthotic device | Knee-ankle-foot                 | KAFO (Single Bar"Ak"Orth) W/O Knee Joint                     | 01/01/2010     | 557.47                         | 574.71                          | No                           | 1 per 2 years       |
| L2020      | Orthotic device | Knee-ankle-foot                 | KAFO (Double Bar "Ak"Orth) Free Knee/Ank                     | 01/01/2010     | 704.06                         | 725.84                          | No                           | 1 per 2 years       |
| L2030      | Orthotic device | Knee-ankle-foot                 | KAFO,(Double Bar "Ak"Orth)W/O Knee Joint                     | 01/01/2010     | 692.05                         | 713.45                          | No                           | 1 per 2 years       |
| L2034      | Orthotic device | Knee-ankle-foot                 | KAFO pla sin up w/wo k/a cus                                 | 01/01/2010     | 1,419.88                       | 1,463.79                        | No                           | 1 per 2 years       |
| L2035      | Orthotic device | Knee-ankle-foot                 | KAFO, full plastic, stat. prefab. pediatric size             | 01/01/2010     | 110.68                         | 114.10                          | No                           | 1 per 2 years       |
| L2036      | Orthotic device | Knee-ankle-foot                 | KAFO Full Plastic Mold To Patient Model                      | 01/01/2010     | 1,184.49                       | 1,221.12                        | No                           | 1 per 2 years       |
| L2037      | Orthotic device | Knee-ankle-foot                 | KAFO Plas Sgl Uprt Free Knee, Mold Model                     | 01/01/2010     | 1,059.50                       | 1,092.27                        | No                           | 1 per 2 years       |
| L2038      | Orthotic device | Knee-ankle-foot                 | KAFO Plas W/ Knee Jt Mold Model Lively                       | 01/01/2010     | 854.11                         | 880.53                          | No                           | 1 per 2 years       |
| L2040      | Orthotic device | Hip-knee-ankle-foot             | HKAFO, Bilat Elastic Str.Pelv Band/Belt                      | 01/01/2010     | 129.25                         | 133.25                          | No                           | 1 per year          |
| L2050      | Orthotic device | Hip-knee-ankle-foot             | HKAFO, Bilat Torsion Cables,Hp Jt.Pelvic                     | 01/01/2010     | 311.34                         | 320.97                          | No                           | 1 per year          |
| L2060      | Orthotic device | Hip-knee-ankle-foot             | HKAFO,Bilat Cable, Ball/Bear Hip Jt                          | 01/01/2010     | 389.41                         | 401.45                          | No                           | 1 per year          |
| L2106      | Orthotic device | Lower limb, fracture            | AFO Frac.Orth.Tib.Cast Thermppla Type                        | 01/01/2010     | 503.59                         | 519.17                          | No                           | 1 per medical event |
| L2108      | Orthotic device | Lower limb, fracture            | AFO Frac Ortho. Tib Frac.Cast Hold Mod.                      | 01/01/2010     | 734.51                         | 757.23                          | No                           | 1 per medical event |

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|-------------|-----------------|--------------------------------------------|--------------------------------------------------------|----------------|--------------------------------|---------------------------------|------------------------------|---------------------|
| L2112       | Orthotic device | Lower limb, fracture                       | AFO Frac.Orth Tib Frac. Soft, Prefab                   | 01/01/2010     | 322.32                         | 332.29                          | No                           | 1 per medical event |
| L2114       | Orthotic device | Lower limb, fracture                       | AFO Frac.Orth Tib.Frac Semi Rigid Fit                  | 01/01/2010     | 403.71                         | 416.20                          | No                           | 1 per medical event |
| L2116       | Orthotic device | Lower limb, fracture                       | AFO Frac.Orth.Tib.Frac.Rig., Prefab                    | 01/01/2010     | 492.44                         | 507.67                          | No                           | 1 per medical event |
| L2126       | Orthotic device | Lower limb, fracture                       | KAFO Frac. Orth.Thermpla. Type Pt Mold                 | 01/01/2010     | 815.82                         | 841.05                          | Yes                          | 1 per medical event |
| L2128       | Orthotic device | Lower limb, fracture                       | KAFO Frac.Orth.Molded To Patient Model                 | 01/01/2010     | 1,024.38                       | 1,056.06                        | No                           | 1 per medical event |
| L2132       | Orthotic device | Lower limb, fracture                       | KAFO Frac Orth. Soft, Prefab                           | 01/01/2010     | 621.78                         | 641.01                          | Yes                          | 1 per medical event |
| L2134       | Orthotic device | Lower limb, fracture                       | KAFO Frac. Orth.Semi Rigid, Prefab                     | 01/01/2010     | 736.26                         | 759.03                          | Yes                          | 1 per medical event |
| L2136       | Orthotic device | Lower limb, fracture                       | KAFO Frac. Orth. Rigid, Prefab                         | 01/01/2010     | 805.72                         | 830.64                          | Yes                          | 1 per medical event |
| L2180       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extre. Frac. Plas. Shoe Insert                 | 01/01/2010     | 84.69                          | 87.31                           | No                           | 1 per medical event |
| L2182       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extre Frac. Orth.Drop Lock Kn.                 | 01/01/2010     | 73.00                          | 75.26                           | No                           | 2 por orthosis      |
| L2184       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extre. Frac. Limit Mot. Kn. Jnt.               | 01/01/2010     | 74.00                          | 76.29                           | Yes                          | 2 por orthosis      |
| L2186       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extre. Frac. Adjust. Mot. Knee                 | 01/01/2010     | 98.43                          | 101.47                          | No                           | 2 por orthosis      |
| L2188       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extreme Frac. Orth. Quan. Brim                 | 01/01/2010     | 178.92                         | 184.45                          | Yes                          | 1 per orthosis      |
| L2190       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extrem. Erac. Orth. Waist Belt                 | 01/01/2010     | 54.50                          | 56.19                           | Yes                          | 1 per year          |
| L2192       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extre. Frac Hip Jnt. Pelv. Belt                | 01/01/2010     | 213.01                         | 219.60                          | No                           | 1 per orthosis      |
| L2200       | Orthotic device | Lower limb, fracture, addition to orthosis | Limited Ankle Motion, Each Joint                       | 01/01/2010     | 32.22                          | 33.22                           | No                           | 2 per year          |
| L2210       | Orthotic device | Lower limb, fracture, addition to orthosis | Doriflexion Assist (Plantar Flex Resist                | 01/01/2010     | 40.16                          | 41.40                           | No                           | 2 per year          |
| L2220       | Orthotic device | Lower limb, fracture, addition to orthosis | Doriflex And Plant/Flex Assist/Resist                  | 01/01/2010     | 51.69                          | 53.29                           | No                           | 2 per year          |
| L2230       | Orthotic device | Lower limb, fracture, addition to orthosis | Split Flat Caliper Stirrups & Plate Attac              | 01/01/2010     | 61.12                          | 63.01                           | No                           | 1 per orthosis      |
| L2240       | Orthotic device | Lower limb, fracture, addition to orthosis | Round Caliper And Plate Attachment                     | 01/01/2010     | 60.81                          | 62.69                           | No                           | 1 per year          |
| L2250       | Orthotic device | Lower limb, fracture, addition to orthosis | Foot Plate, Mlded To Pat.Stirrup Attach                | 01/01/2010     | 213.41                         | 220.01                          | No                           | 1 per orthosis      |
| L2260       | Orthotic device | Lower limb, fracture, addition to orthosis | Reinfor Solid Stirrup (Scott-Craig Type                | 01/01/2010     | 119.75                         | 123.45                          | No                           | 1 per orthosis      |
| L2265       | Orthotic device | Lower limb, fracture, addition to orthosis | Add On Lower Extrem Long Tongue Stirrup                | 01/01/2010     | 85.86                          | 88.52                           | No                           | 1 per orthosis      |
| L2270       | Orthotic device | Lower limb, fracture, addition to orthosis | Varus/Valgus "T" Strap.Padded/Lined                    | 01/01/2010     | 39.38                          | 40.60                           | No                           | 2 per year          |
| L2275       | Orthotic device | Lower limb, fracture, addition to orthosis | Addition to Lower Extremity, Torsion Control, Ank. Jt. | 01/01/2010     | 83.28                          | 85.86                           | No                           | 2 per orthosis      |
| L2280       | Orthotic device | Lower limb, fracture, addition to orthosis | Molded Inner Boot                                      | 01/01/2010     | 360.68                         | 371.83                          | No                           | 1 per 3 years       |
| L2300       | Orthotic device | Lower limb, fracture, addition to orthosis | Abd Bar (Bilateral) Jointed, Adjustable                | 01/01/2010     | 160.85                         | 165.82                          | No                           | 1 per 2 years       |
| L2310       | Orthotic device | Lower limb, fracture, addition to orthosis | Abduction Bar-Straight.Non-Adjustable                  | 01/01/2010     | 73.50                          | 75.77                           | No                           | 1 per 2 years       |
| L2320       | Orthotic device | Lower limb, fracture, addition to orthosis | Non Molded Lacer                                       | 01/01/2010     | 123.23                         | 127.04                          | No                           | 1 per orthosis      |
| L2330       | Orthotic device | Lower limb, fracture, addition to orthosis | Lacer Molded To Patient Model                          | 01/01/2010     | 234.57                         | 241.82                          | No                           | 1 per orthosis      |
| L2335       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extreme. Anter. Swing Band                     | 01/01/2010     | 179.60                         | 185.15                          | Yes                          | 1 per orthosis      |
| L2340       | Orthotic device | Lower limb, fracture, addition to orthosis | Per-Tibial Shell, Mlded To Patient Model               | 01/01/2010     | 267.00                         | 275.26                          | No                           | 1 per orthosis      |
| L2350       | Orthotic device | Lower limb, fracture, addition to orthosis | Pros Type(Bk) Skt Mlded To Pat Model Ptb               | 01/01/2010     | 532.31                         | 548.77                          | No                           | 1 per orthosis      |
| L2360       | Orthotic device | Lower limb, fracture, addition to orthosis | Extended Steel Shank                                   | 01/01/2010     | 32.96                          | 33.98                           | No                           | 2 per year          |
| L2370       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extreme. Patten Bottom                         | 01/01/2010     | 204.48                         | 210.80                          | No                           | 1 per orthosis      |
| L2375       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extreme Torsi On Contr.Ank. Jnt.               | 01/01/2010     | 78.60                          | 81.03                           | Yes                          | 2 per orthosis      |
| L2380       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extrem.Tors.Contr.Knee Ea                      | 01/01/2010     | 82.45                          | 85.00                           | No                           | 2 per orthosis      |
| L2385       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extre. Stra.Knee Jnt Heavy Duty                | 01/01/2010     | 93.88                          | 96.78                           | No                           | 2 per orthosis      |
| L2390       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extre.Offset Knee Jnt Ea Jnt                   | 01/01/2010     | 65.39                          | 67.41                           | No                           | 2 per orthosis      |
| L2395       | Orthotic device | Lower limb, fracture, addition to orthosis | Add Low Extrem. Offset Knee Heavy Duty                 | 01/01/2010     | 93.47                          | 96.36                           | No                           | 2 per orthosis      |
| L2397       | Orthotic device | Lower limb, fracture, addition to orthosis | Addition to Lower Extremity, Orthosis, Suspend. Sleeve | 01/01/2010     | 77.99                          | 80.40                           | No                           | 4 per year          |
| L2405       | Orthotic device | Knee joint, addition to orthosis           | Add Knee Jnt.Drop Lock Ea.Jnt.                         | 01/01/2010     | 40.54                          | 41.79                           | No                           | 2 per year          |
| L2415       | Orthotic device | Knee joint, addition to orthosis           | Add Knee Lock W/Integrated Release MechEa Jnt          | 01/01/2010     | 93.85                          | 96.75                           | No                           | 2 per orthosis      |
| L2425       | Orthotic device | Knee joint, addition to orthosis           | Add Knee Jnt Disc Dial Lock Adjust Knee                | 01/01/2010     | 110.73                         | 114.15                          | No                           | 2 per orthosis      |
| L2430       | Orthotic device | Knee joint, addition to orthosis           | Add Low Extrem, orthosis, incr lock at knee joint      | 01/01/2010     | 62.82                          | 64.76                           | No                           | 2 per orthosis      |
| L2492       | Orthotic device | Knee joint, addition to orthosis           | Add Knee Jnt. Lift Loop Drop Lock Ring                 | 01/01/2010     | 74.93                          | 77.25                           | No                           | 1 per orthosis      |

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|------------|--------------------------------------|---------------------------------------------------|----------------------------------------------|----------------|--------------------------------|---------------------------------|------------------------------|------------------------|
| L2500      | Orthotic device                      | Thigh, addition to orthosis                       | Gluteal/Ischial Wt Bearing ,Ring             | 01/01/2010     | 199.94                         | 206.12                          | No                           | 1 per orthosis         |
| L2510      | Orthotic device                      | Thigh, addition to orthosis                       | Quadrilateral Brim, Mided To Patient Mod     | 01/01/2010     | 515.28                         | 531.22                          | No                           | 1 per orthosis         |
| L2520      | Orthotic device                      | Thigh, addition to orthosis                       | Quarilateral Brim, Custom Fitted             | 01/01/2010     | 343.40                         | 354.02                          | No                           | 1 per orthosis         |
| L2525      | Orthotic device                      | Thigh, addition to orthosis                       | Add On L Ext I Cont/Ml Brim Pt Model         | 01/01/2010     | 728.22                         | 750.74                          | No                           | 1 per orthosis         |
| L2526      | Orthotic device                      | Thigh, addition to orthosis                       | Add On Ext L Cont/Ml Brim Custom Fit         | 01/01/2010     | 409.18                         | 421.84                          | Yes                          | 1 per orthosis         |
| L2530      | Orthotic device                      | Thigh, addition to orthosis                       | Lacer, Non-Molded                            | 01/01/2010     | 153.22                         | 157.96                          | No                           | 1 per orthosis         |
| L2540      | Orthotic device                      | Thigh, addition to orthosis                       | Lacer, Molded To Patient Model               | 01/01/2010     | 289.92                         | 298.89                          | No                           | 1 per orthosis         |
| L2550      | Orthotic device                      | Thigh, addition to orthosis                       | High Roll Cuff                               | 01/01/2010     | 217.39                         | 224.11                          | No                           | 1 per orthosis         |
| L2570      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | 2 Postion Locking Hip Joint                  | 01/01/2010     | 284.54                         | 293.34                          | No                           | 1 per orthosis         |
| L2580      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Pelvic/Buttock Bands/Sling,Bilateral         | 01/01/2010     | 277.26                         | 285.83                          | No                           | 1 per 2 years          |
| L2600      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Pelv Contrl,Hp Jt,Clevis Type, Free,Each     | 01/01/2010     | 136.26                         | 140.47                          | No                           | 1 per orthosis         |
| L2610      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Pelv Control, Hp Jt, Clevis, Lock,Each       | 01/01/2010     | 150.57                         | 155.23                          | No                           | 1 per orthosis         |
| L2620      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Pelv Contrl, Hp Jt, Heavy Duty, Each         | 01/01/2010     | 159.73                         | 164.67                          | No                           | 1 per orthosis         |
| L2622      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Add Low Extrem Pelvic Contr.Hip Jnt Ea       | 01/01/2010     | 203.30                         | 209.59                          | No                           | 1 per orthosis         |
| L2624      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Add Low Extrem.Pelvic Contr.Abduccon Ea.     | 01/01/2010     | 249.28                         | 256.99                          | No                           | 1 per orthosis         |
| L2627      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Add L Ext Rgo Plastic Pelvic Hip Jt Cabl     | 01/01/2010     | 1,365.48                       | 1,407.71                        | No                           | 1 set per 2 years      |
| L2628      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Add Rgo Metal Pelvic & Hips & Cables         | 01/01/2010     | 1,000.88                       | 1,031.83                        | No                           | 1 set per 2 years      |
| L2630      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Pelv Contrl, Band & Belt, Unilateral         | 01/01/2010     | 147.93                         | 152.50                          | No                           | 1 per orthosis         |
| L2640      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Pelv Contrl,Band & Belt, Bilateral           | 01/01/2010     | 200.76                         | 206.97                          | No                           | 1 per 2 years          |
| L2650      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Pelv & Thoracic Contrl,Gluteal Pad, Each     | 01/01/2010     | 88.42                          | 91.15                           | No                           | 1 per 2 years          |
| L2660      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Thoracic Control, Thoracic Band              | 01/01/2010     | 114.48                         | 118.02                          | No                           | 1 per 2 years          |
| L2680      | Orthotic device                      | Pelvic and thoracic control, addition to orthosis | Thoracic Control, Lateral Supp Uprights      | 01/01/2010     | 93.48                          | 96.37                           | No                           | 1 set per 2 years      |
| L2755      | Orthotic device                      | General, addition to orthosis                     | Add Low Extrem Orthosis,Hi-Str, Lt-Wt Mat    | 01/01/2010     | 83.49                          | 86.07                           | No                           | 4 per year             |
| L2760      | Orthotic device                      | General, addition to orthosis                     | Extension, Per Bar (Adj For Growth)          | 01/01/2010     | 36.30                          | 37.42                           | No                           | 4 per year             |
| L2785      | Orthotic device                      | General, addition to orthosis                     | Add Low Extre Orth. Drop Lock Retain Ea      | 01/01/2010     | 18.93                          | 19.52                           | No                           | 2 per year             |
| L2795      | Orthotic device                      | General, addition to orthosis                     | Add Low Extreme Orth Knee Contr. Full        | 01/01/2010     | 52.37                          | 53.99                           | No                           | 1 per year             |
| L2800      | Orthotic device                      | General, addition to orthosis                     | Add Low Extrem.Orth.Knee Contr.Knee Cap      | 01/01/2010     | 64.35                          | 66.34                           | No                           | 1 per orthosis         |
| L2810      | Orthotic device                      | General, addition to orthosis                     | Add Low Extrem.Orth.Knee Condylar Pad        | 01/01/2010     | 52.18                          | 53.79                           | No                           | 1 per year             |
| L2820      | Orthotic device                      | General, addition to orthosis                     | Add Low Extrem.Orth.Soft Interface Mold      | 01/01/2010     | 51.88                          | 53.48                           | No                           | 1 per year             |
| L2830      | Orthotic device                      | General, addition to orthosis                     | Add Low Extre. Orth Soft Above Knee Sec      | 01/01/2010     | 56.12                          | 57.86                           | No                           | 1 per year             |
| L2840      | Orthotic device                      | General, addition to orthosis                     | Add On Tibial Length Fracture Sock Each      | 01/01/2010     | 27.56                          | 28.41                           | No                           | 3 per year             |
| L2850      | Orthotic device                      | General, addition to orthosis                     | Add On Femoral Length Fracture Sock,Each     | 01/01/2010     | 38.64                          | 39.84                           | No                           | 3 per medical event    |
| L2999      | Orthotic device                      | General, addition to orthosis                     | Lower Extremit Orthosis, NOS                 | 10/01/1988     | PA                             |                                 | Yes                          |                        |
| L3000      | Orthopedic footwear and modification | Foot                                              | Insert, Remov, Mided To Pat Mod,Ucb Type     | 01/01/2010     | 134.48                         | 138.64                          | No                           | 1 per foot per 2 years |
| L3001      | Orthopedic footwear and modification | Foot                                              | Insert, Remov,Mided To Pat Mod,Spenco,Ea     | 01/01/2010     | 12.19                          | 12.57                           | No                           | 2 per foot per year    |
| L3002      | Orthopedic footwear and modification | Foot                                              | Insert,Remov,Mided To Pat, Plastazote,Ea     | 01/01/2010     | 64.08                          | 66.06                           | No                           | 2 per foot per year    |
| L3010      | Orthopedic footwear and modification | Foot                                              | Ins,Remov,Mld/Pat,Longitud Arch Supp, Ea     | 01/01/2010     | 96.11                          | 99.08                           | No                           | 1 per foot per 2 years |
| L3020      | Orthopedic footwear and modification | Foot                                              | Ins,Remov,Mld/Pat,Long/Metatar Supp,Ea       | 01/01/2010     | 102.52                         | 105.69                          | No                           | 1 per foot per 2 years |
| L3030      | Orthopedic footwear and modification | Foot                                              | Ins,Remov, Formed To Pat Foot, Each          | 01/01/2010     | 66.97                          | 69.04                           | No                           | 2 per foot per year    |
| L3040      | Orthopedic footwear and modification | Foot                                              | Arch Supp, Remov, Premld, Longitud, Each     | 01/01/2010     | 12.81                          | 13.21                           | No                           | 2 per foot per year    |
| L3050      | Orthopedic footwear and modification | Foot                                              | Arch Supp, Remov, Premld, Metatarsal, Ea     | 01/01/2010     | 12.81                          | 13.21                           | No                           | 2 per foot per year    |
| L3060      | Orthopedic footwear and modification | Foot                                              | Arch Supp/Rem, Premld, Long/Metatar, Ea      | 01/01/2010     | 34.30                          | 35.36                           | No                           | 2 per foot per year    |
| L3100      | Orthopedic footwear and modification | Foot                                              | Hallus-Valgus Night Dynamic Splint           | 01/01/2010     | 25.63                          | 26.42                           | No                           | 1 per medical event    |
| L3140      | Orthopedic footwear and modification | Foot                                              | Abd/Rot Bars(Dennis Browne) ,Att To Shoe     | 01/01/2010     | 38.44                          | 39.63                           | No                           | 2 per year             |
| L3150      | Orthopedic footwear and modification | Foot                                              | Abd/Rot Bars(Dennis Browne)Clapped To Sh     | 01/01/2010     | 43.81                          | 45.17                           | No                           | 2 per foot per year    |
| L3160      | Orthopedic footwear and modification | Foot                                              | Foot, Adjust. Shoe-Styled Positioning Device | 01/01/2010     | 96.11                          | 99.08                           | Yes                          | 2 per orthosis         |

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|------------|--------------------------------------|-----------------------------|--------------------------------------------------------|----------------|--------------------------------|---------------------------------|------------------------------|--------------------------|
| L3170      | Orthopedic footwear and modification | Foot                        | Plastic Heel Stabilizer                                | 01/01/2010     | 10.25                          | 10.57                           | No                           | 2 per foot per year      |
| L3201      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Shoe Oxford Supin Infant                    | 01/01/2010     | 55.38                          | 57.09                           | No                           | 3 pairs per year         |
| L3202      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Shoe Oxford Child                           | 01/01/2010     | 55.38                          | 57.09                           | No                           | 3 pairs per year         |
| L3203      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Shoes Oxford Junior                         | 01/01/2010     | 57.67                          | 59.45                           | No                           | 3 pairs per year         |
| L3204      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Shoes Hightop Infant                        | 01/01/2010     | 57.67                          | 59.45                           | No                           | 3 pairs per year         |
| L3206      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Shoes Hightop Child                         | 01/01/2010     | 54.24                          | 55.92                           | No                           | 3 pairs per year         |
| L3207      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Shoes Hightop Junior                        | 01/01/2010     | 53.12                          | 54.76                           | No                           | 3 pairs per year         |
| L3208      | Orthopedic footwear and modification | Orthopedic shoes            | Surgical Boot Each Infant                              | 01/01/2010     | 26.91                          | 27.74                           | No                           | 2 per foot per year      |
| L3209      | Orthopedic footwear and modification | Orthopedic shoes            | Surgical Boot Each Child                               | 01/01/2010     | 26.91                          | 27.74                           | No                           | 2 per foot per year      |
| L3211      | Orthopedic footwear and modification | Orthopedic shoes            | Surgical Boot Each Junior                              | 01/01/2010     | 26.91                          | 27.74                           | No                           | 2 per foot per year      |
| L3215      | Orthopedic footwear and modification | Orthopedic shoes            | Ortho Footwear, Ladies Shoes, Oxford                   | 01/01/2010     | 90.40                          | 93.20                           | No                           | 2 pairs per year         |
| L3216      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Shoes Ladies Depth Inlay                    | 01/01/2010     | 102.52                         | 105.69                          | Yes                          | 2 pairs per year         |
| L3217      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Shoes Ladies Hightop Dpth Inl               | 01/01/2010     | 114.05                         | 117.58                          | No                           | 2 pairs per year         |
| L3219      | Orthopedic footwear and modification | Orthopedic shoes            | Ortho Footwear, Mens Shoes, Oxford                     | 01/01/2010     | 90.40                          | 93.20                           | No                           | 2 pairs per year         |
| L3221      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Mens Shoes Depth Inlay                      | 01/01/2010     | 112.77                         | 116.26                          | Yes                          | 2 pairs per year         |
| L3222      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Mens Shoes Hightop Dpt Inlay                | 01/01/2010     | 117.89                         | 121.54                          | No                           | 2 pairs per year         |
| L3224      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic footwear, woman's oxford, part of brace     | 01/01/2010     | 43.17                          | 44.51                           | No                           | 1 per foot per year      |
| L3225      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic footwear, men's shoe, oxford, part of brace | 01/01/2010     | 47.15                          | 48.61                           | No                           | 1 per foot per year      |
| L3230      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Custom Shoes Depth Inlay                    | 09/01/2011     | 160.19                         | 320.37                          | Yes                          | 1 per foot per year      |
| L3251      | Orthopedic footwear and modification | Orthopedic shoes            | Foot Shoe Molded To Patient Silic Ea                   | 01/01/2010     | 160.19                         | 165.14                          | No                           | 1 per foot per year      |
| L3252      | Orthopedic footwear and modification | Orthopedic shoes            | Custom Made Shoe/Made Over Pat Model                   | 01/01/2010     | 84.76                          | 87.38                           | No                           | 1 per foot per year      |
| L3253      | Orthopedic footwear and modification | Orthopedic shoes            | Foot Molded Shoe Plastazote Cus Fit Ea                 | 01/01/2010     | 64.08                          | 66.06                           | No                           | 1 per foot per year      |
| L3257      | Orthopedic footwear and modification | Orthopedic shoes            | Orthopedic Shoes Split Size Mismates                   | 01/01/2010     | 138.57                         | 142.86                          | No                           | 2 pairs per year (adult) |
| L3300      | Orthopedic footwear and modification | Lift                        | Elevat, Heel Tapered To Metar/Per Inch                 | 01/01/2010     | 43.57                          | 44.92                           | No                           | 2 modifications per year |
| L3310      | Orthopedic footwear and modification | Lift                        | Elevat, Heel & Sole, Neoprene/Per Inch                 | 01/01/2010     | 51.25                          | 52.84                           | No                           | 2 modifications per year |
| L3320      | Orthopedic footwear and modification | Lift                        | Elevat, Heel & Sole, Cork, Per Inch                    | 01/01/2010     | 64.08                          | 66.06                           | No                           | 2 modifications per year |
| L3332      | Orthopedic footwear and modification | Lift                        | Elevat, Inside Shoe, Tapered, Up To 1/2 In             | 01/01/2010     | 25.79                          | 26.59                           | No                           | 2 modifications per year |
| L3334      | Orthopedic footwear and modification | Lift                        | Elevation, Heel Per Inch                               | 01/01/2010     | 30.12                          | 31.05                           | No                           | 2 modifications per year |
| L3340      | Orthopedic footwear and modification | Wedge                       | Heel Wedge, Sach                                       | 01/01/2010     | 19.22                          | 19.81                           | No                           | 4 wedges per year        |
| L3350      | Orthopedic footwear and modification | Wedge                       | Heel Wedge                                             | 01/01/2010     | 10.25                          | 10.57                           | No                           | 4 wedges per year        |
| L3360      | Orthopedic footwear and modification | Wedge                       | Sole Wedge, Outside Sole                               | 01/01/2010     | 17.95                          | 18.50                           | No                           | 4 wedges per year        |
| L3370      | Orthopedic footwear and modification | Wedge                       | Sole Wedge, Between Sole                               | 01/01/2010     | 26.91                          | 27.74                           | No                           | 4 wedges per year        |
| L3380      | Orthopedic footwear and modification | Wedge                       | Clubfoot Wedge                                         | 01/01/2010     | 15.82                          | 16.31                           | No                           | 4 wedges per year        |
| L3390      | Orthopedic footwear and modification | Wedge                       | Outflare Wedge                                         | 01/01/2010     | 26.91                          | 27.74                           | No                           | 4 wedges per year        |
| L3400      | Orthopedic footwear and modification | Wedge                       | Metatarsal Bar Wedge, Rocker                           | 01/01/2010     | 32.04                          | 33.03                           | No                           | 4 wedges per year        |
| L3410      | Orthopedic footwear and modification | Wedge                       | Metatarsal Bar Wedge, Between Sole                     | 01/01/2010     | 37.17                          | 38.32                           | No                           | 4 wedges per year        |
| L3420      | Orthopedic footwear and modification | Wedge                       | Full Sole And Heel Wedge, Between Sole                 | 01/01/2010     | 43.57                          | 44.92                           | No                           | 4 wedges per year        |
| L3430      | Orthopedic footwear and modification | Heel                        | Heel, Counter, Plastic Reinforced                      | 01/01/2010     | 38.44                          | 39.63                           | No                           | 2 heels per year         |
| L3440      | Orthopedic footwear and modification | Heel                        | Heel, Counter, Leather Reinforced                      | 01/01/2010     | 33.19                          | 34.22                           | No                           | 2 heels per year         |
| L3455      | Orthopedic footwear and modification | Heel                        | Heel, New Leather, Standard                            | 01/01/2010     | 15.38                          | 15.86                           | No                           | 2 heels per year         |
| L3460      | Orthopedic footwear and modification | Heel                        | Heel, New Rubber, Standard                             | 01/01/2010     | 14.09                          | 14.53                           | No                           | 2 heels per year         |
| L3465      | Orthopedic footwear and modification | Heel                        | Heel, Thomas With Wedge                                | 01/01/2010     | 17.64                          | 18.19                           | No                           | 2 heels per year         |
| L3470      | Orthopedic footwear and modification | Heel                        | Heel, Thomas Extended To Ball                          | 01/01/2010     | 37.30                          | 38.45                           | No                           | 2 heels per year         |
| L3480      | Orthopedic footwear and modification | Heel                        | Heel, Pad And Depression For Spur                      | 01/01/2010     | 19.22                          | 19.81                           | No                           | 2 per foot per year      |
| L3500      | Orthopedic footwear and modification | Miscellaneous shoe addition | Misc. Shoe Add, Insole, Leather                        | 01/01/2010     | 16.65                          | 17.17                           | No                           | 2 insoles per year       |
| L3510      | Orthopedic footwear and modification | Miscellaneous shoe addition | Misc Shoe Add, Insole, Rubber                          | 01/01/2010     | 11.59                          | 11.95                           | No                           | 2 insoles per year       |

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|------------|--------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|----------------|--------------------------------|---------------------------------|------------------------------|-----------------------------------------------------------------------|
| L3520      | Orthopedic footwear and modification | Miscellaneous shoe addition                               | Misc Shoe Add, Insole, Felt Cov/Leather             | 01/01/2010     | 22.39                          | 23.08                           | No                           | 2 insoles per year                                                    |
| L3530      | Orthopedic footwear and modification | Miscellaneous shoe addition                               | Misc Shoe Additions, Sole, Half                     | 01/01/2010     | 19.33                          | 19.93                           | No                           | 2 half soles per year [for ODM-authorized shoes]                      |
| L3540      | Orthopedic footwear and modification | Miscellaneous shoe addition                               | Misc Shoe Additions, Sole, Full                     | 01/01/2010     | 23.85                          | 24.59                           | No                           | 2 full soles per year [for ODM-authorized shoes]                      |
| L3550      | Orthopedic footwear and modification | Miscellaneous shoe addition                               | Misc Shoe Add, Toe Tap, Standard                    | 01/01/2010     | 5.13                           | 5.29                            | No                           | 4 taps per year                                                       |
| L3570      | Orthopedic footwear and modification | Miscellaneous shoe addition                               | Misc Modified Gusset (Leather W/Eye)                | 01/01/2010     | 69.16                          | 71.30                           | No                           | 4 per year (adults), 6 per year (children) [for ODM-authorized shoes] |
| L3580      | Orthopedic footwear and modification | Miscellaneous shoe addition                               | Misc Shoe Add, Conv Instep To Velcro CIs            | 01/01/2010     | 25.63                          | 26.42                           | No                           | 4 per year (adults), 6 per year (children)                            |
| L3595      | Orthopedic footwear and modification | Miscellaneous shoe addition                               | Misc Shoe Additions, March Bar                      | 01/01/2010     | 32.04                          | 33.03                           | No                           | 4 bars per year                                                       |
| L3600      | Orthopedic footwear and modification | Transfer                                                  | Trans Of Ortho/Fr Shoes, Caliper Existing           | 01/01/2010     | 37.44                          | 38.60                           | No                           | 2 transfers per orthosis per year                                     |
| L3610      | Orthopedic footwear and modification | Transfer                                                  | Trans Orth/Between Shoes, New Caliper Pl            | 01/01/2010     | 57.67                          | 59.45                           | No                           | 2 transfers per orthosis per year                                     |
| L3620      | Orthopedic footwear and modification | Transfer                                                  | Trans Orthosis/Shoes, Solid Stirrup Exist           | 01/01/2010     | 48.56                          | 50.06                           | No                           | 2 transfers per orthosis per year                                     |
| L3630      | Orthopedic footwear and modification | Transfer                                                  | Trans Orthosis/Shoes, New Solid Stirrup             | 01/01/2010     | 63.26                          | 65.22                           | No                           | 2 transfers per orthosis per year                                     |
| L3649      | Orthopedic footwear and modification | Miscellaneous procedure                                   | Unlisted Proc For Ortho Shoe, Modif&Trans           | 10/01/1988     | PA                             |                                 | Yes                          |                                                                       |
| L3650      | Orthotic device                      | Shoulder                                                  | SO, Figure '8' Design Abd Restraint                 | 01/01/2010     | 41.90                          | 43.20                           | No                           | 1 per medical event                                                   |
| L3670      | Orthotic device                      | Shoulder                                                  | SO, Acromio/Clavicular (Canv&Web Type)              | 01/01/2010     | 66.10                          | 68.14                           | No                           | 1 per medical event                                                   |
| L3674      | Orthotic device                      | Shoulder                                                  | Shoulder orthosis, abd pos, thoracic                | 01/01/2011     | 778.74                         |                                 | No                           | 1 per medical event                                                   |
| L3675      | Orthotic device                      | Shoulder                                                  | SO, vest type abduction restrainer, canvas or equal | 01/01/2010     | 118.84                         | 122.52                          | No                           | 1 per medical event                                                   |
| L3710      | Orthotic device                      | Elbow                                                     | EO, Plastic With Metal Joints                       | 01/01/2010     | 83.03                          | 85.60                           | No                           | 2 per year                                                            |
| L3720      | Orthotic device                      | Elbow                                                     | EO, Dbl Up W/Forearm/Arm Cuff, Free Motion          | 01/01/2010     | 397.27                         | 409.56                          | No                           | 1 per 2 years                                                         |
| L3730      | Orthotic device                      | Elbow                                                     | EO, Dbl Up W/Forearm/Arm Cuff, F/E Assist           | 01/01/2010     | 526.97                         | 543.27                          | No                           | 1 per 2 years                                                         |
| L3740      | Orthotic device                      | Elbow                                                     | EO/Forearm-Arm Cuff-Active Contrl Lock              | 01/01/2010     | 624.77                         | 644.09                          | No                           | 1 per 2 years                                                         |
| L3760      | Orthotic device                      | Elbow                                                     | EO/Adjustable Position Locking Joint, Prefabricated | 01/01/2010     | 285.67                         | 294.51                          | No                           | 1 per 2 years                                                         |
| L3763      | Orthotic device                      | Elbow                                                     | EWHO rigid w/o jnts CF                              | 12/07/2010     | 493.34                         | 764.50                          | No                           | 1 per 2 years                                                         |
| L3764      | Orthotic device                      | Elbow                                                     | EWHO w/joint(s) CF                                  | 12/07/2010     | 516.30                         | 809.54                          | No                           | 1 per 2 years                                                         |
| L3807      | Orthotic device                      | Wrist-hand-finger                                         | WHFO, Without Joints, Prefab                        | 04/01/2009     | 147.26                         | NC                              | No                           | 1 per 2 years                                                         |
| L3808      | Orthotic device                      | Wrist-hand-finger                                         | WHFO, rigid w/o joints                              | 01/01/2010     | 168.26                         | 173.46                          | No                           | 1 per 2 years                                                         |
| L3900      | Orthotic device                      | Wrist-hand-finger                                         | WHFO, Dyn Flex Hng, Wrist Driven                    | 01/01/2010     | 941.93                         | 971.06                          | No                           | 1 per 2 years                                                         |
| L3901      | Orthotic device                      | Wrist-hand-finger                                         | WHFO, Dyn Flex Hng, Cable Driven                    | 01/01/2010     | 1,234.46                       | 1,272.64                        | No                           | 1 per 2 years                                                         |
| L3906      | Orthotic device                      | Wrist-hand-finger                                         | WHFO, Wrist(Gauntlet) Mid To Pat Model              | 01/01/2010     | 294.66                         | 303.77                          | No                           | 1 per medical event                                                   |
| L3908      | Orthotic device                      | Wrist-hand-finger                                         | WHFO, Wrist Ext Cont (Cock-Up) Non/Mided            | 01/01/2010     | 43.66                          | 45.01                           | No                           | 1 per 180 days                                                        |
| L3912      | Orthotic device                      | Wrist-hand-finger                                         | WHFO, Flex Glove W/Elastic Finger Contrl            | 01/01/2010     | 61.27                          | 63.16                           | No                           | 1 per 2 years                                                         |
| L3923      | Orthotic device                      | Wrist-hand-finger                                         | HFO, w/o joint(s), prefabricated, any type          | 01/01/2010     | 27.65                          | 28.51                           | No                           | 1 per medical event                                                   |
| L3925      | Orthotic device                      | Wrist-hand-finger                                         | Finger Orthosis, prox, PIP                          | 01/01/2010     | 39.04                          | 40.25                           | No                           | 1 per medical event                                                   |
| L3929      | Orthotic device                      | Wrist-hand-finger                                         | Hand Finger Orthosis                                | 01/01/2010     | 66.19                          | 68.24                           | No                           | 1 per medical event                                                   |
| L3931      | Orthotic device                      | Wrist-hand-finger                                         | Wrist Hand Finger Orthosis                          | 01/01/2010     | 142.53                         | 146.94                          | No                           | 1 per medical event                                                   |
| L3956      | Orthotic device                      | Wrist-hand-finger                                         | Add Joint Upper Extrem Orthosis, any mat. per joint | 01/01/2010     | 187.75                         | 193.56                          | No                           | 1 per medical event                                                   |
| L3960      | Orthotic device                      | Shoulder-elbow-wrist-hand                                 | Sewho, Abd Posit, Airplane Design                   | 01/01/2010     | 463.75                         | 478.09                          | No                           | 1 per medical event                                                   |
| L3971      | Orthotic device                      | Shoulder-elbow-wrist-hand                                 | SEWHO cap design w/jnt(s) CF                        | 01/01/2010     | 975.27                         | 1,005.43                        | No                           | 1 per 2 years                                                         |
| L3980      | Orthotic device                      | Upper limb, fracture                                      | Fx Orthosis, Humeral                                | 01/01/2010     | 224.94                         | 231.90                          | No                           | 1 per medical event                                                   |
| L3982      | Orthotic device                      | Upper limb, fracture                                      | Fx Orth, Radius/Ulnar                               | 01/01/2010     | 228.40                         | 235.46                          | No                           | 1 per medical event                                                   |
| L3984      | Orthotic device                      | Upper limb, fracture                                      | Fx Orthosis, Wrist                                  | 01/01/2010     | 201.21                         | 207.43                          | No                           | 1 per medical event                                                   |
| L3995      | Orthotic device                      | Upper limb, fracture                                      | Add On Upper Extremity Fracture Sock, Ea            | 01/01/2010     | 23.88                          | 24.62                           | No                           | 3 per medical event                                                   |
| L3999      | Orthotic device                      | Upper limb, fracture                                      | Unlisted Procedures For Upper Limb Orth             | 10/01/1988     | PA                             |                                 | Yes                          |                                                                       |
| L4000      | Orthotic device                      | Specific repair or replacement, including parts and labor | Replace Girdle For Spinal Orthosis                  | 01/01/2010     | 844.25                         | 870.36                          | Yes                          | 1 per 4 years                                                         |
| L4010      | Orthotic device                      | Specific repair or replacement, including parts and labor | Replace Trilateral Socket Brim                      | 01/01/2010     | 513.16                         | 529.03                          | Yes                          | 1 per lifetime                                                        |
| L4020      | Orthotic device                      | Specific repair or replacement, including parts and labor | Replace Quad/Socket Brim, Mid To Pat Modl           | 01/01/2010     | 616.43                         | 635.49                          | Yes                          | 1 per 2 years                                                         |
| L4030      | Orthotic device                      | Specific repair or replacement, including parts and labor | Replace Quad/Socket Brim, Custom Fitted             | 01/01/2010     | 391.73                         | 403.85                          | Yes                          | 1 per 2 years                                                         |

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| L4040      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace Molded Thigh Lacer                              | 01/01/2010     | 265.30                                   | 273.50                          | No                                                 | 1 per 2 years         |
| L4045      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace Non-Molded Thigh Lacer                          | 01/01/2010     | 195.96                                   | 202.02                          | No                                                 | 1 per 2 years         |
| L4050      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace Molded Calf Lacer                               | 01/01/2010     | 262.73                                   | 270.86                          | Yes                                                | 1 per 2 years         |
| L4055      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace Non-Molded Calf Lacer                           | 01/01/2010     | 159.70                                   | 164.64                          | No                                                 | 1 per 2 years         |
| L4060      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace High Roll Cuff                                  | 01/01/2010     | 211.11                                   | 217.64                          | No                                                 | 1 per 2 years         |
| L4070      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace Prox & Dist Upright Kalo                        | 01/01/2010     | 183.88                                   | 189.57                          | No                                                 | 1 per 2 years         |
| L4080      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace Metal Bands Kalo, Prox Thigh                    | 01/01/2010     | 64.32                                    | 66.31                           | No                                                 | 1 per 2 years         |
| L4090      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace Bands,Kalo-Alo,Distal Thi/Calf                  | 01/01/2010     | 53.98                                    | 55.65                           | No                                                 | 1 per 2 years         |
| L4100      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace Leather Cuff Kalo, Prox Thigh                   | 01/01/2010     | 64.88                                    | 66.89                           | No                                                 | 1 per 2 years         |
| L4110      | Orthotic device   | Specific repair or replacement, including parts and labor | Repl Leather Cuff Kalo-Alo,Calf/Dist Thg                | 01/01/2010     | 50.66                                    | 52.23                           | No                                                 | 1 per 2 years         |
| L4130      | Orthotic device   | Specific repair or replacement, including parts and labor | Replace Retibial Shell                                  | 01/01/2010     | 306.22                                   | 315.69                          | No                                                 | 1 per 2 years         |
| L4205      | Orthotic device   | Repair                                                    | Repair of Orthotic Device, labor, per 15 minutes        | 01/01/2010     | 10.67                                    | 11.00                           | No                                                 | 1 per 120 days        |
| L4210      | Orthotic device   | Repair                                                    | Repair or Replace Minor Parts of Orthotic Device        | 01/01/2006     | Supplier charge (without PA), PA with PA |                                 | No if < \$120 and within time limit, Yes otherwise | 1 per 120 days        |
| L4350      | Orthotic device   | Splint                                                    | Pneumatic Ankle Control Splint Air Cast                 | 01/01/2010     | 61.83                                    | 63.74                           | No                                                 | 1 per medical event   |
| L4360      | Orthotic device   | Splint                                                    | Pneumatic Walking Splint Aircast Or Equa                | 01/01/2010     | 165.41                                   | 170.53                          | Yes                                                | 1 per medical event   |
| L4370      | Orthotic device   | Splint                                                    | Pneumatic Full Leg Splint Aircast Or Eq                 | 01/01/2010     | 150.37                                   | 155.02                          | No                                                 | 1 per medical event   |
| L4386      | Orthotic device   | Splint                                                    | Non-pneumatic walking splint                            | 01/01/2010     | 99.06                                    | 102.12                          | No                                                 | 1 per medical event   |
| L4392      | Orthotic device   | Splint                                                    | Repl Soft Int-face Mat Static AFO                       | 01/01/2010     | 15.04                                    | 15.50                           | No                                                 | 1 per medical event   |
| L4396      | Orthotic device   | Splint                                                    | Static AFO incl soft intface mat; Adjustable; Prefab    | 01/01/2010     | 107.22                                   | 110.54                          | No                                                 | 1 per medical event   |
| L4631      | Orthotic device   | Splint                                                    | Ankle foot orthosis, walking boot type, rocker bottom   | 01/01/2011     | 1,066.77                                 |                                 | Yes                                                | 1 per medical event   |
| L5000      | Prosthetic device | Lower limb                                                | P/F, Shoe Insw/Longitud Arch, Toe Filler                | 01/01/2010     | 366.87                                   | 378.22                          | No                                                 | 1 per 4 years         |
| L5010      | Prosthetic device | Lower limb                                                | P/F, Ankle Height With Toe Filler                       | 01/01/2010     | 1,025.10                                 | 1,056.80                        | No                                                 | 1 per 4 years         |
| L5020      | Prosthetic device | Lower limb                                                | P/F, Tibial Tubercle Height                             | 01/01/2010     | 1,605.99                                 | 1,655.66                        | No                                                 | 1 per 4 years         |
| L5050      | Prosthetic device | Lower limb                                                | Symes, Molded Socket, Sach Foot                         | 01/01/2010     | 1,754.04                                 | 1,808.29                        | No                                                 | 1 per 4 years         |
| L5060      | Prosthetic device | Lower limb                                                | Symes,Metal Fr,Mld Leath Sock,Air/Foot                  | 01/01/2010     | 2,162.23                                 | 2,229.10                        | Yes                                                | 1 per 4 years         |
| L5100      | Prosthetic device | Lower limb                                                | Molded Socket, Shin, Sach Foot                          | 01/01/2010     | 1,746.54                                 | 1,800.56                        | No                                                 | 1 per 4 years         |
| L5105      | Prosthetic device | Lower limb                                                | Bk Plastic Sock Jts Thi Lacer Sach Foot                 | 01/01/2010     | 2,464.74                                 | 2,540.97                        | Yes                                                | 1 per 4 years         |
| L5150      | Prosthetic device | Lower limb                                                | Mid Sock,Ext Knee Jts,Shin,Sach Foot                    | 01/01/2010     | 2,740.21                                 | 2,824.96                        | Yes                                                | 1 per 4 years         |
| L5160      | Prosthetic device | Lower limb                                                | Mid Sock,Bent Knee Config,Ext Kn Jts,Shn                | 01/01/2010     | 3,008.61                                 | 3,101.66                        | Yes                                                | 1 per 4 years         |
| L5200      | Prosthetic device | Lower limb                                                | Mid Skt,Sing Ax,Cons Frict Kn,Sach Foot                 | 01/01/2010     | 2,326.94                                 | 2,398.91                        | No                                                 | 1 per 4 years         |
| L5210      | Prosthetic device | Lower limb                                                | Short Pros,No Kn/Ank Jt"Stubbies"W/Ft Bl                | 01/01/2010     | 1,847.59                                 | 1,904.73                        | No                                                 | 1 per 4 years         |
| L5220      | Prosthetic device | Lower limb                                                | Above Knee Short Prost W Artic Ank +Ft                  | 01/01/2010     | 2,035.24                                 | 2,098.19                        | No                                                 | 1 per 4 years         |
| L5230      | Prosthetic device | Lower limb                                                | Pftd Ak Pros, Cons Frict Kn/Sach Foot                   | 01/01/2010     | 3,052.57                                 | 3,146.98                        | No                                                 | 1 per 4 years         |
| L5250      | Prosthetic device | Lower limb                                                | Canad Type,Mld Sock,Hp Jt ,1 Axis/Frict/K               | 01/01/2010     | 3,579.21                                 | 3,689.91                        | No                                                 | 1 per 4 years         |
| L5280      | Prosthetic device | Lower limb                                                | Hemipelvectomy, Canadian Type,Mld Skt,Hp                | 01/01/2010     | 3,876.41                                 | 3,996.30                        | Yes                                                | 1 per 4 years         |
| L5301      | Prosthetic device | Lower limb                                                | B/K Mid Skt, Shin, Sach, Endo system                    | 01/01/2010     | 2,073.45                                 | 2,137.58                        | Yes                                                | 1 per 4 years         |
| L5321      | Prosthetic device | Lower limb                                                | A/K Mid Skt, Open End, Endo Sys, Single Axis            | 01/01/2010     | 2,764.88                                 | 2,850.39                        | Yes                                                | 1 per 4 years         |
| L5331      | Prosthetic device | Lower limb                                                | Canad Type,Endo Sys,Hp Jt,Sach,Sing Axis                | 01/01/2010     | 4,049.55                                 | 4,174.79                        | Yes                                                | 1 per 4 years         |
| L5341      | Prosthetic device | Lower limb                                                | Hemipelvect, Canad Type, Endo Sys, Hip Joint, Sach Foot | 01/01/2010     | 4,304.60                                 | 4,437.73                        | Yes                                                | 1 per 4 years         |
| L5400      | Prosthetic device | Immediate post-surgery or early fitting                   | B/K,Post Surg,Initial,Incl One Cast Chg                 | 01/01/2010     | 1,021.32                                 | 1,052.91                        | Yes                                                | 1 per amputation      |
| L5410      | Prosthetic device | Immediate post-surgery or early fitting                   | B/K,Immed/Fit,Each Additional Cast Chang                | 01/01/2010     | 282.16                                   | 290.89                          | Yes                                                | 1 per amputation      |
| L5420      | Prosthetic device | Immediate post-surgery or early fitting                   | A/K,Kn/Dis,Init Fit,Align Incl 1 Cast Ch                | 01/01/2010     | 1,289.89                                 | 1,329.78                        | Yes                                                | 1 per amputation      |
| L5430      | Prosthetic device | Immediate post-surgery or early fitting                   | Imm post Surg Rigid Dress Ea Cast Change                | 01/01/2010     | 350.13                                   | 360.96                          | Yes                                                | 1 per amputation      |
| L5510      | Prosthetic device | Preparatory prosthesis                                    | PTB, plastic socket, molded to model                    | 01/01/2010     | 1,377.79                                 | 1,420.40                        | Yes                                                | Medical justification |
| L5535      | Prosthetic device | Preparatory prosthesis                                    | PTB, prefabricated, open end socket                     | 01/01/2010     | 1,513.49                                 | 1,560.30                        | No                                                 | Medical justification |
| L5540      | Prosthetic device | Preparatory prosthesis                                    | PTB, laminated socket, molded to model                  | 01/01/2010     | 1,603.02                                 | 1,652.60                        | No                                                 | Medical justification |

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| L5560       | Prosthetic device | Preparatory prosthesis | Prep, above knee, plaster socket, molded to model          | 01/01/2010     | 1,826.51                       | 1,883.00                        | Yes                          | Medical justification                                     |
| L5580       | Prosthetic device | Preparatory prosthesis | Prep, above knee, thermoplastic or equal, molded to model  | 01/01/2010     | 2,200.15                       | 2,268.20                        | No                           | Medical justification                                     |
| L5585       | Prosthetic device | Preparatory prosthesis | Prep, above knee, prefabricated adjustable open end socket | 01/01/2010     | 2,576.61                       | 2,656.30                        | Yes                          | Medical justification                                     |
| L5590       | Prosthetic device | Preparatory prosthesis | Prep, above knee, laminated socket, molded to model        | 01/01/2010     | 2,293.95                       | 2,364.90                        | No                           | Medical justification                                     |
| L5595       | Prosthetic device | Preparatory prosthesis | Prep Hd Thermoplastic Of Equal Mid Model                   | 01/01/2010     | 2,933.02                       | 3,023.73                        | Yes                          | 1 per amputation                                          |
| L5600       | Prosthetic device | Preparatory prosthesis | Prep Hd Laminated Socket Molded Pt Model                   | 01/01/2010     | 3,338.21                       | 3,441.45                        | Yes                          | 1 per amputation                                          |
| L5610       | Prosthetic device | Addition to lower limb | Above Knee, Hydracadence                                   | 01/01/2010     | 1,610.00                       | 1,659.79                        | Yes                          | 1 per 4 years                                             |
| L5611       | Prosthetic device | Addition to lower limb | Add On Ak/Kd Ohc 4-Bar Frict Swing Cntrl                   | 01/01/2010     | 1,025.44                       | 1,057.15                        | No                           | 1 per 4 years                                             |
| L5613       | Prosthetic device | Addition to lower limb | Add Ak/Kd Ohc 4-Bar Hydraulic Swing Ctrl                   | 01/01/2010     | 1,559.75                       | 1,607.99                        | No                           | 1 per 4 years                                             |
| L5614       | Prosthetic device | Addition to lower limb | Add to Lower Extremity, K-K Dis., 4-Bar Link w/ PSPC       | 01/01/2010     | 1,080.22                       | 1,113.63                        | No                           | 1 per 4 years                                             |
| L5616       | Prosthetic device | Addition to lower limb | A/K Univ Multiplex Sys,Friction Sw/Phase                   | 01/01/2010     | 940.49                         | 969.58                          | No                           | 1 per 4 years                                             |
| L5617       | Prosthetic device | Addition to lower limb | Addition to Lower Extremity, Quick Change, Self Align.     | 01/01/2010     | 358.18                         | 369.26                          | No                           | 1 per 4 years                                             |
| L5618       | Prosthetic device | Addition to lower limb | Test Socket, Symes                                         | 01/01/2010     | 213.89                         | 220.50                          | No                           | 1 per preparatory prosthesis, 2 per definitive prosthesis |
| L5620       | Prosthetic device | Addition to lower limb | Test Socket, Below Knee                                    | 01/01/2010     | 189.77                         | 195.64                          | No                           | 1 per preparatory prosthesis, 2 per definitive prosthesis |
| L5622       | Prosthetic device | Addition to lower limb | Test Socket, Knee Disarticulation                          | 01/01/2010     | 255.66                         | 263.57                          | No                           | 1 per preparatory prosthesis, 2 per definitive prosthesis |
| L5624       | Prosthetic device | Addition to lower limb | Test Socket,Above Knee                                     | 01/01/2010     | 255.59                         | 263.49                          | No                           | 1 per preparatory prosthesis, 2 per definitive prosthesis |
| L5626       | Prosthetic device | Addition to lower limb | Test Socket, Hip Disarticulation                           | 01/01/2010     | 404.60                         | 417.11                          | No                           | 1 per preparatory prosthesis, 2 per definitive prosthesis |
| L5628       | Prosthetic device | Addition to lower limb | Test Socket, Hemipelvectomy                                | 01/01/2010     | 409.72                         | 422.39                          | No                           | 1 per preparatory prosthesis, 2 per definitive prosthesis |
| L5629       | Prosthetic device | Addition to lower limb | Add On Bk Acrylic Socket                                   | 01/01/2010     | 202.26                         | 208.52                          | No                           | 1 per prosthesis                                          |
| L5630       | Prosthetic device | Addition to lower limb | Symes Type,Expandable Wall Socket                          | 01/01/2010     | 351.43                         | 362.30                          | No                           | 1 per 4 years                                             |
| L5631       | Prosthetic device | Addition to lower limb | Add On Ak/Kd Acrylic Socket                                | 01/01/2010     | 279.65                         | 288.30                          | No                           | 1 per prosthesis                                          |
| L5632       | Prosthetic device | Addition to lower limb | Symes Type,"Ptb" Brim Design Socket                        | 01/01/2010     | 172.35                         | 177.68                          | No                           | 1 per 4 years                                             |
| L5634       | Prosthetic device | Addition to lower limb | Symes Type, Post Open(Canadian) Socket                     | 01/01/2010     | 215.55                         | 222.22                          | No                           | 1 per 4 years                                             |
| L5636       | Prosthetic device | Addition to lower limb | Symes Type, Medial Opening Socket                          | 01/01/2010     | 164.75                         | 169.85                          | No                           | 1 per 4 years                                             |
| L5637       | Prosthetic device | Addition to lower limb | Add On Bk Total Contact                                    | 01/01/2010     | 245.16                         | 252.74                          | No                           | 1 per 4 years                                             |
| L5638       | Prosthetic device | Addition to lower limb | Below Knee, Leather Socket                                 | 01/01/2010     | 412.99                         | 425.76                          | Yes                          | 1 per 4 years                                             |
| L5639       | Prosthetic device | Addition to lower limb | Add On Bk Wood Socket                                      | 01/01/2010     | 713.58                         | 735.65                          | Yes                          | 1 per prosthesis                                          |
| L5640       | Prosthetic device | Addition to lower limb | Knee Disarticulation,Leather Socket                        | 01/01/2010     | 469.04                         | 483.55                          | Yes                          | 1 per 4 years                                             |
| L5642       | Prosthetic device | Addition to lower limb | Above Knee, Leather Socket                                 | 01/01/2010     | 434.79                         | 448.24                          | No                           | 1 per 4 years                                             |
| L5643       | Prosthetic device | Addition to lower limb | Add L Extrm Hip Disart Flex Sock Ext Frm                   | 01/01/2010     | 1,282.40                       | 1,322.06                        | No                           | 1 per 4 years                                             |
| L5645       | Prosthetic device | Addition to lower limb | Add L Extrm Bk Flex In Sock Extern Frame                   | 01/01/2010     | 623.61                         | 642.90                          | No                           | 1 per 4 years                                             |
| L5646       | Prosthetic device | Addition to lower limb | Below Knee, Air Cushion Socket                             | 01/01/2010     | 398.77                         | 411.10                          | Yes                          | 1 per 4 years                                             |
| L5647       | Prosthetic device | Addition to lower limb | Add L Extrm,Bk,Suction Socket                              | 01/01/2010     | 506.27                         | 521.93                          | No                           | 1 per 4 years                                             |
| L5648       | Prosthetic device | Addition to lower limb | Above Knee, Air Cushion Socket                             | 01/01/2010     | 475.45                         | 490.15                          | Yes                          | 1 per 4 years                                             |
| L5649       | Prosthetic device | Addition to lower limb | Add L Extrm Cat Cam Socket                                 | 01/01/2010     | 1,569.04                       | 1,617.57                        | No                           | 1 per 4 years                                             |
| L5650       | Prosthetic device | Addition to lower limb | Total Contact,A/K Or Kn Disartic Socket                    | 01/01/2010     | 310.70                         | 320.31                          | No                           | 1 per 4 years                                             |
| L5651       | Prosthetic device | Addition to lower limb | Add L Extrm Ak Flex In Sock Extrm Frame                    | 01/01/2010     | 910.35                         | 938.50                          | No                           | 1 per 4 years                                             |
| L5652       | Prosthetic device | Addition to lower limb | Suction Suspen,A/K Or Knee Disartic Skt                    | 01/01/2010     | 277.48                         | 286.06                          | No                           | 1 per 4 years                                             |
| L5653       | Prosthetic device | Addition to lower limb | Knee Disartic, Expandable Wall Socket                      | 01/01/2010     | 432.93                         | 446.32                          | No                           | 1 per 4 years                                             |
| L5654       | Prosthetic device | Addition to lower limb | Socket Insert,Symes(Pelite Plastaz,Etc)                    | 01/01/2010     | 250.96                         | 258.72                          | No                           | 1 per year                                                |
| L5655       | Prosthetic device | Addition to lower limb | Skt Ins,B/K(Kembol,Pelite,Aliplast,Etc)                    | 01/01/2010     | 181.21                         | 186.81                          | No                           | 1 per year                                                |
| L5656       | Prosthetic device | Addition to lower limb | Skt Ins, Kn/Disart(Kemblo,Aliplast,Etc)                    | 01/01/2010     | 275.31                         | 283.82                          | No                           | 1 per year                                                |
| L5658       | Prosthetic device | Addition to lower limb | Skt Ins,A/K (Kemplo,Pelite,Aliplast,Etc)                   | 01/01/2010     | 290.59                         | 299.58                          | No                           | 1 per year                                                |
| L5661       | Prosthetic device | Addition to lower limb | Add Low Extre Sock Inset Multi Divromet                    | 01/01/2010     | 416.91                         | 429.80                          | Yes                          | 1 per year                                                |
| L5665       | Prosthetic device | Addition to lower limb | Add Low Extre Sock Laser Knee Bk Mlt Du                    | 01/01/2010     | 370.67                         | 382.13                          | No                           | 1 per year                                                |
| L5666       | Prosthetic device | Addition to lower limb | Below Knee,Cuff Suspension                                 | 01/01/2010     | 49.07                          | 50.59                           | No                           | 1 per year                                                |



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| L5668      | Prosthetic device | Addition to lower limb | Below Knee, Molded Distal Cushion                             | 01/01/2010     | 73.12                          | 75.38                           | No                           | 1 per year            |
| L5670      | Prosthetic device | Addition to lower limb | B/K,Mold Supracondl Susp (Pts Or Sim)                         | 01/01/2010     | 172.71                         | 178.05                          | No                           | 1 per 4 years         |
| L5671      | Prosthetic device | Addition to lower limb | Add lower extremity, suspens locking mech, excl socket insert | 04/01/2009     | 358.93                         | NC                              | No                           | 1 per 4 years         |
| L5672      | Prosthetic device | Addition to lower limb | Below Knee,Removable Medial Brim Suspen                       | 01/01/2010     | 228.53                         | 235.60                          | No                           | 1 per 4 years         |
| L5673      | Prosthetic device | Addition to lower limb | Add to Lower Extrem, Below Knee/Above Knee, Socket Insert     | 01/01/2010     | 614.95                         | 633.97                          | Yes                          | 2 per year            |
| L5676      | Prosthetic device | Addition to lower limb | Below Knee, Knee Joints, Pair                                 | 01/01/2010     | 230.63                         | 237.76                          | No                           | 1 per 4 years         |
| L5677      | Prosthetic device | Addition to lower limb | Add Low Extre Below Knee Polycen Pair                         | 01/01/2010     | 353.23                         | 364.15                          | No                           | 1 per 4 years         |
| L5678      | Prosthetic device | Addition to lower limb | Below Knee, Joint Covers, Pair                                | 01/01/2010     | 25.27                          | 26.05                           | No                           | 1 per 2 years         |
| L5679      | Prosthetic device | Addition to lower limb | Add to Lower Extrem, Below Knee/Above Knee, Socket Insert     | 01/01/2010     | 512.45                         | 528.30                          | Yes                          | 2 per year            |
| L5680      | Prosthetic device | Addition to lower limb | Below Knee, Thigh Lacer, Non-Molded                           | 01/01/2010     | 193.72                         | 199.71                          | No                           | 1 per 4 years         |
| L5681      | Prosthetic device | Addition to lower limb | Add to Lower Extrem, Below Knee/Above Knee, Socket Insert     | 01/01/2010     | 1,029.21                       | 1,061.04                        | No                           | 1 per year            |
| L5682      | Prosthetic device | Addition to lower limb | B/K,Thigh Lacer,Lguteal/Ishcial, Molded                       | 01/01/2010     | 398.03                         | 410.34                          | No                           | 1 per 4 years         |
| L5683      | Prosthetic device | Addition to lower limb | Add to Lower Extrem, Below Knee/Above Knee, Socket Insert     | 01/01/2010     | 1,029.21                       | 1,061.04                        | No                           | 1 per year            |
| L5684      | Prosthetic device | Addition to lower limb | Below Knee, Fork Strap                                        | 01/01/2010     | 30.63                          | 31.58                           | No                           | 1 per 2 years         |
| L5685      | Prosthetic device | Addition to lower limb | Add Low Extrem Pros, Lower Knee, Susp/Seal Sleeve             | 01/01/2010     | 55.13                          | 56.84                           | No                           | 6 per year            |
| L5686      | Prosthetic device | Addition to lower limb | Below Knee, Back Check(Extension Control                      | 01/01/2010     | 36.84                          | 37.98                           | No                           | 1 per 2 years         |
| L5688      | Prosthetic device | Addition to lower limb | Below Knee, Waist Belt, Webbing                               | 01/01/2010     | 39.13                          | 40.34                           | No                           | 1 per year            |
| L5690      | Prosthetic device | Addition to lower limb | Below Knee, Waist Belt, Padded And Lined                      | 01/01/2010     | 79.87                          | 82.34                           | No                           | 1 per year            |
| L5692      | Prosthetic device | Addition to lower limb | A/K, Pelvic Control Belt,Light Duty                           | 01/01/2010     | 84.57                          | 87.19                           | No                           | 1 per year            |
| L5694      | Prosthetic device | Addition to lower limb | A/K,Pelvic Control Belt, Padded/Lined                         | 01/01/2010     | 115.47                         | 119.04                          | No                           | 1 per year            |
| L5695      | Prosthetic device | Addition to lower limb | Add On Ak Pelvic Ctrl Sleeve Suspen Tes                       | 01/01/2010     | 103.79                         | 107.00                          | No                           | 2 per year            |
| L5696      | Prosthetic device | Addition to lower limb | A/K Or Knee Disartic, Pelvic Joint                            | 01/01/2010     | 125.38                         | 129.26                          | No                           | 1 per 4 years         |
| L5697      | Prosthetic device | Addition to lower limb | A/K Or Knee Disartic, Pelvic Band                             | 01/01/2010     | 59.55                          | 61.39                           | No                           | 1 per 4 years         |
| L5698      | Prosthetic device | Addition to lower limb | A/K Or Knee Disartic, Silesian Belt                           | 01/01/2010     | 76.38                          | 78.74                           | No                           | 1 per year            |
| L5699      | Prosthetic device | Addition to lower limb | All Low/Extrem Prosthesis, Shldr Harness                      | 01/01/2010     | 130.54                         | 134.58                          | No                           | 1 per year            |
| L5700      | Prosthetic device | Addition to lower limb | Replace, Socket, Below K, Molded to Patient Model             | 01/01/2010     | 1,963.56                       | 2,024.29                        | Yes                          | Medical justification |
| L5701      | Prosthetic device | Addition to lower limb | Replace, Socket, Hip Dis., Inc. Att. Plate, Molded            | 01/01/2010     | 2,435.96                       | 2,511.30                        | Yes                          | Medical justification |
| L5702      | Prosthetic device | Addition to lower limb | Replace, Socket, Hip Dis., Including Hip Joint, Molded        | 01/01/2010     | 3,070.16                       | 3,165.11                        | No                           | Medical justification |
| L5704      | Prosthetic device | Addition to lower limb | Custom Shaped Prot. Cover, Above Knee                         | 01/01/2010     | 400.36                         | 412.74                          | No                           | Medical justification |
| L5705      | Prosthetic device | Addition to lower limb | Custom Shaped Prot. Cover, Above Knee                         | 01/01/2010     | 733.99                         | 756.69                          | No                           | Medical justification |
| L5706      | Prosthetic device | Addition to lower limb | Custom Shaped Prot. Cover, Knee Dis.                          | 01/01/2010     | 715.93                         | 738.07                          | No                           | Medical justification |
| L5707      | Prosthetic device | Addition to lower limb | Cust. Shaped Prot. Cover, Hip Dis.                            | 01/01/2010     | 961.85                         | 991.60                          | No                           | Medical justification |
| L5710      | Prosthetic device | Addition to lower limb | Single Axis,Manual Lock                                       | 01/01/2010     | 228.91                         | 235.99                          | Yes                          | 1 per 4 years         |
| L5711      | Prosthetic device | Addition to lower limb | Add Exoske Knee Shin Single Ultra Light                       | 01/01/2010     | 384.17                         | 396.05                          | Yes                          | 1 per 4 years         |
| L5712      | Prosthetic device | Addition to lower limb | Friction Swing & Stance,Safety Knee                           | 01/01/2010     | 274.25                         | 282.73                          | No                           | 1 per 4 years         |
| L5714      | Prosthetic device | Addition to lower limb | Single Axis,Variable Frict,Sw/Ph Cont                         | 01/01/2010     | 279.04                         | 287.67                          | Yes                          | 1 per 4 years         |
| L5716      | Prosthetic device | Addition to lower limb | Polycentric,Mechanical Stance Phase Lock                      | 01/01/2010     | 551.77                         | 568.84                          | No                           | 1 per 4 years         |
| L5718      | Prosthetic device | Addition to lower limb | Polycentric Friction Sw/Stance Ph Contrl                      | 01/01/2010     | 590.02                         | 608.27                          | Yes                          | 1 per 4 years         |
| L5722      | Prosthetic device | Addition to lower limb | Single Axis, Pneumatic Swing Phase                            | 01/01/2010     | 717.50                         | 739.69                          | Yes                          | 1 per 4 years         |
| L5724      | Prosthetic device | Addition to lower limb | Single Axis, Fluid Swing Control                              | 01/01/2010     | 1,105.92                       | 1,140.12                        | Yes                          | 1 per 4 years         |
| L5728      | Prosthetic device | Addition to lower limb | Single Axis,Fluid Control,Swing & Stance                      | 01/01/2010     | 1,542.94                       | 1,590.66                        | No                           | 1 per 4 years         |
| L5785      | Prosthetic device | Addition to lower limb | Add Endoske Below Knee Ultra Light Mat                        | 01/01/2010     | 330.67                         | 340.90                          | No                           | 1 per 4 years         |
| L5790      | Prosthetic device | Addition to lower limb | Add Exoske Above Knee Ultra Light Mat                         | 01/01/2010     | 477.25                         | 492.01                          | No                           | 1 per 4 years         |
| L5795      | Prosthetic device | Addition to lower limb | Add Exoske Hip Disart Ultra Light Mat                         | 01/01/2010     | 683.36                         | 704.49                          | No                           | 1 per 4 years         |
| L5810      | Prosthetic device | Addition to lower limb | Add Endoske Knee Single Manual Lock                           | 01/01/2010     | 364.10                         | 375.36                          | No                           | 1 per 4 years         |
| L5811      | Prosthetic device | Addition to lower limb | Add Endosk Knee Sing Manual Ultra Light                       | 01/01/2010     | 502.44                         | 517.98                          | No                           | 1 per 4 years         |

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| L5812      | Prosthetic device | Addition to lower limb | Add Endoske Knee Sing Fric Swing Safe Kn                       | 01/01/2010     | 378.10                         | 389.79                          | No                           | 1 per 4 years |
| L5814      | Prosthetic device | Addition to lower limb | Add Endoske Knee Shin, Polycentric, Hyd Swing Phase            | 01/01/2010     | 2,377.43                       | 2,450.96                        | No                           | 1 per 4 years |
| L5816      | Prosthetic device | Addition to lower limb | Add Endoske Knee Shin Polycen Mechanical                       | 01/01/2010     | 541.27                         | 558.01                          | No                           | 1 per 4 years |
| L5818      | Prosthetic device | Addition to lower limb | Add Endoske Knee Polyce Fric Swing Cnt                         | 01/01/2010     | 611.21                         | 630.11                          | No                           | 1 per 4 years |
| L5822      | Prosthetic device | Addition to lower limb | Add Endosk Knee Sing Pneu Swing Fric                           | 01/01/2010     | 1,121.22                       | 1,155.90                        | No                           | 1 per 4 years |
| L5824      | Prosthetic device | Addition to lower limb | Add Endoske Knee Sing. Fluid Swing Phase                       | 01/01/2010     | 1,059.89                       | 1,092.67                        | Yes                          | 1 per 4 years |
| L5826      | Prosthetic device | Addition to lower limb | Add Endosk Knee-Shin, Sing. Axis Hyd. Swing Phase              | 01/01/2010     | 1,999.12                       | 2,060.95                        | No                           | 1 per 4 years |
| L5828      | Prosthetic device | Addition to lower limb | Add Endosk. Sing. Fluid Swing + Stance                         | 01/01/2010     | 1,886.34                       | 1,944.68                        | No                           | 1 per 4 years |
| L5830      | Prosthetic device | Addition to lower limb | Add Endosk., Knee Sing. Pneu. Hydrapneu.                       | 01/01/2010     | 1,271.88                       | 1,311.22                        | No                           | 1 per 4 years |
| L5840      | Prosthetic device | Addition to lower limb | Add., Endoskel., Knee-Shin System, Multiaxial PSPC             | 01/01/2010     | 2,496.40                       | 2,573.61                        | No                           | 1 per 4 years |
| L5845      | Prosthetic device | Addition to lower limb | Add., Endoskel., knee-shin, stance flex., adjustable           | 01/01/2010     | 1,147.38                       | 1,182.87                        | No                           | 1 per 4 years |
| L5850      | Prosthetic device | Addition to lower limb | Add Endosk Above Knee Hip Disart. Ext As                       | 01/01/2010     | 81.42                          | 83.94                           | No                           | 1 per 4 years |
| L5855      | Prosthetic device | Addition to lower limb | Add Endoskel Sys, Hip Dis., Mech. Hip Ext. Assist              | 01/01/2010     | 196.55                         | 202.63                          | No                           | 1 per 4 years |
| L5857      | Prosthetic device | Addition to lower limb | Add., Endoskel., knee-shin, microprocessor control, Swing only | 01/01/2010     | 3,470.01                       | 3,577.33                        | Yes                          | 1 per 4 years |
| L5910      | Prosthetic device | Addition to lower limb | Add Endosk System Below Knee Align Sys                         | 01/01/2010     | 230.50                         | 237.63                          | Yes                          | 1 per 4 years |
| L5920      | Prosthetic device | Addition to lower limb | Add Endosk Sys Above Knee Hip Dis Aling                        | 01/01/2010     | 337.70                         | 348.14                          | No                           | 1 per 4 years |
| L5925      | Prosthetic device | Addition to lower limb | Add. Endoskel. Sys., Above K, K Dis., or Hip Dis.              | 01/01/2010     | 213.86                         | 220.47                          | No                           | 1 per 4 years |
| L5930      | Prosthetic device | Addition to lower limb | Add., Endoskel., High Activity Knee Control Frame              | 01/01/2010     | 2,154.68                       | 2,221.32                        | Yes                          | 1 per 4 years |
| L5940      | Prosthetic device | Addition to lower limb | Add Endosk Below Knee Ultra Light                              | 01/01/2010     | 319.25                         | 329.12                          | No                           | 1 per 4 years |
| L5950      | Prosthetic device | Addition to lower limb | Add Endosk Above Knee Ultra Light                              | 01/01/2010     | 495.17                         | 510.48                          | No                           | 1 per 4 years |
| L5960      | Prosthetic device | Addition to lower limb | Add Endosk Hip Disart Ultra Light Mat                          | 01/01/2010     | 740.39                         | 763.29                          | No                           | 1 per 4 years |
| L5962      | Prosthetic device | Addition to lower limb | Add Endoskel., Sys., Below K, Flex Prot Outer Surf.            | 01/01/2010     | 374.10                         | 385.67                          | No                           | 1 per 2 years |
| L5964      | Prosthetic device | Addition to lower limb | Add Endoskel., Sys. Above K, Flex Prot Outer Surf.             | 01/01/2010     | 717.60                         | 739.79                          | No                           | 1 per 2 years |
| L5966      | Prosthetic device | Addition to lower limb | Add Endoskel., Sys., Hip Dis., Flex Prot Outer Surf.           | 01/01/2010     | 924.38                         | 952.97                          | No                           | 1 per 2 years |
| L5970      | Prosthetic device | Addition to lower limb | All Low/Ext Pros.Feet Ext Keel Sach Ft                         | 01/01/2010     | 139.06                         | 143.36                          | No                           | 1 per 2 years |
| L5972      | Prosthetic device | Addition to lower limb | All Lower Extremity Protheses Safe Foot                        | 01/01/2010     | 253.31                         | 261.14                          | No                           | 1 per 2 years |
| L5974      | Prosthetic device | Addition to lower limb | All Low/Ext Pros Feet Sgl Ax Ank/Foot                          | 01/01/2010     | 148.31                         | 152.90                          | No                           | 1 per 2 years |
| L5975      | Prosthetic device | Addition to lower limb | All lower ext pros, combo single axial ankle                   | 01/01/2010     | 345.64                         | 356.33                          | No                           | 1 per 2 years |
| L5976      | Prosthetic device | Addition to lower limb | All Lower Extreme Pros Energy Stor. Ft                         | 01/01/2010     | 376.20                         | 387.84                          | No                           | 1 per 2 years |
| L5978      | Prosthetic device | Addition to lower limb | All Low/Ext, Feet,Multiax Ank/Ft(Greiss)                       | 01/01/2010     | 199.35                         | 205.52                          | No                           | 1 per 2 years |
| L5979      | Prosthetic device | Addition to lower limb | All Lower Extrem. Protheses, Multiax., A/F, Dyn Resp           | 01/01/2010     | 1,596.06                       | 1,645.42                        | No                           | 1 per 4 years |
| L5980      | Prosthetic device | Addition to lower limb | All Lower Extremity Flex Foot System                           | 01/01/2010     | 2,431.74                       | 2,506.95                        | No                           | 1 per 4 years |
| L5981      | Prosthetic device | Addition to lower limb | All Lower Entremity Prosthesis, flex walk system               | 01/01/2010     | 2,184.31                       | 2,251.87                        | No                           | 1 per 4 years |
| L5982      | Prosthetic device | Addition to lower limb | All Low/Ext, Axial Rotation Unit (Weber)                       | 01/01/2010     | 410.34                         | 423.03                          | No                           | 1 per 2 years |
| L5984      | Prosthetic device | Addition to lower limb | All Endoskel Low Exter Pros Axial Rota                         | 01/01/2010     | 411.61                         | 424.34                          | No                           | 1 per 2 years |
| L5985      | Prosthetic device | Addition to lower limb | All Endoskel Lower Ext. Prosth., Dynamic Prosth. Pylon         | 01/01/2010     | 180.77                         | 186.36                          | No                           | 1 per 2 years |
| L5986      | Prosthetic device | Addition to lower limb | All Low/Ext Multi-Axial Rot Unit (Mcp/-)                       | 01/01/2010     | 496.50                         | 511.86                          | No                           | 1 per 2 years |
| L5987      | Prosthetic device | Addition to lower limb | All Lower Extremity Prosthesis, Shank Foot System              | 01/01/2010     | 4,605.07                       | 4,747.49                        | Yes                          | 1 per 2 years |
| L5988      | Prosthetic device | Addition to lower limb | All lower ext pros, combo vertical shock                       | 01/01/2010     | 1,489.41                       | 1,535.47                        | No                           | 1 per 2 years |
| L6000      | Prosthetic device | Upper limb             | Robin Aids, Thumb Remaining Or Equal                           | 01/01/2010     | 1,127.52                       | 1,162.39                        | Yes                          | 1 per 4 years |
| L6010      | Prosthetic device | Upper limb             | Robin Aids, Some Fingers Remaining                             | 01/01/2010     | 1,254.75                       | 1,293.56                        | Yes                          | 1 per 4 years |
| L6020      | Prosthetic device | Upper limb             | Robin Aids, No Fingers Remaining                               | 01/01/2010     | 1,169.86                       | 1,206.04                        | No                           | 1 per 4 years |
| L6050      | Prosthetic device | Upper limb             | Mld Skt, Flex Elbow Hinges, Tricep Pad                         | 01/01/2010     | 1,591.24                       | 1,640.45                        | No                           | 1 per 4 years |
| L6055      | Prosthetic device | Upper limb             | Wrist Disart Mold Sock W Expan Interfa                         | 01/01/2010     | 2,029.71                       | 2,092.48                        | Yes                          | 1 per 4 years |
| L6100      | Prosthetic device | Upper limb             | Mdl Skt, Flex Elbow Hng. Triceps Pad                           | 01/01/2010     | 1,610.29                       | 1,660.09                        | No                           | 1 per 4 years |
| L6110      | Prosthetic device | Upper limb             | Molded Socket (Muenster/Nw Suspension)                         | 01/01/2010     | 1,703.56                       | 1,756.25                        | No                           | 1 per 4 years |

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|------------|-------------------|------------------------|------------------------------------------|----------------|--------------------------------|---------------------------------|------------------------------|------------------|
| L6120      | Prosthetic device | Upper limb             | Mimld Dbl Wall,Step/Up Hng,Half Cuff     | 01/01/2010     | 1,926.74                       | 1,986.33                        | No                           | 1 per 4 years    |
| L6130      | Prosthetic device | Upper limb             | Mid Dbl Wall Stump Activated Lkg/Hinge   | 01/01/2010     | 2,032.76                       | 2,095.63                        | Yes                          | 1 per 4 years    |
| L6200      | Prosthetic device | Upper limb             | Mid Skt,Outside Locking Hinge,Forearm    | 01/01/2010     | 2,093.98                       | 2,158.74                        | Yes                          | 1 per 4 years    |
| L6205      | Prosthetic device | Upper limb             | Elbow Disart Mold Sock W Expan Interfa   | 01/01/2010     | 2,888.62                       | 2,977.96                        | Yes                          | 1 per 4 years    |
| L6250      | Prosthetic device | Upper limb             | Mid Dbl Wall Skt,Int Lk/Elbow, Forearm   | 01/01/2010     | 2,060.12                       | 2,123.84                        | No                           | 1 per 4 years    |
| L6300      | Prosthetic device | Upper limb             | Mid Skt,Sh Bulk/Hum Sect,Int Lk/Elb,Fr   | 01/01/2010     | 2,841.46                       | 2,929.34                        | Yes                          | 1 per 4 years    |
| L6310      | Prosthetic device | Upper limb             | Passive Restoration(Complete Prothesis)  | 01/01/2010     | 2,575.16                       | 2,654.80                        | Yes                          | 1 per 4 years    |
| L6320      | Prosthetic device | Upper limb             | Passive Restorative (Shoulder Cap Only)  | 01/01/2010     | 1,342.11                       | 1,383.62                        | Yes                          | 1 per 4 years    |
| L6350      | Prosthetic device | Upper limb             | Mid Skt, Sh B/H,Hum Sect,Int L/K Elb,F/A | 01/01/2010     | 3,113.36                       | 3,209.65                        | No                           | 1 per 4 years    |
| L6360      | Prosthetic device | Upper limb             | Passive Restoration (Complete Prothesis) | 01/01/2010     | 2,702.94                       | 2,786.54                        | Yes                          | 1 per 4 years    |
| L6370      | Prosthetic device | Upper limb             | Passive Restoration (Shoulder Cap Only)  | 01/01/2010     | 1,567.52                       | 1,616.00                        | Yes                          | 1 per 4 years    |
| L6400      | Prosthetic device | Upper limb             | Mid Skt,Endo Sys, Inc Soft Pros Cover    | 01/01/2010     | 1,741.93                       | 1,795.80                        | Yes                          | 1 per 4 years    |
| L6450      | Prosthetic device | Upper limb             | Mid Skt,Endo Sys,Incl Soft Rpos Cover    | 01/01/2010     | 2,276.62                       | 2,347.03                        | Yes                          | 1 per 4 years    |
| L6500      | Prosthetic device | Upper limb             | Mid Skt,Endo Sys,Incl Soft Pros Cover    | 01/01/2010     | 2,235.58                       | 2,304.72                        | No                           | 1 per 4 years    |
| L6550      | Prosthetic device | Upper limb             | Mid Skt,Endo Sys,Incl Soft Pros Cover    | 01/01/2010     | 2,895.52                       | 2,985.07                        | Yes                          | 1 per 4 years    |
| L6570      | Prosthetic device | Upper limb             | Mid Skt,Endo Sys,Incl Soft Pros Cover    | 01/01/2010     | 3,232.48                       | 3,332.45                        | Yes                          | 1 per 4 years    |
| L6600      | Prosthetic device | Addition to upper limb | Polycentric Hinge, Pair                  | 01/01/2010     | 145.21                         | 149.70                          | No                           | 1 per 4 years    |
| L6605      | Prosthetic device | Addition to upper limb | Single Pivot Hinge, Pair                 | 01/01/2010     | 149.46                         | 154.08                          | No                           | 1 per 4 years    |
| L6610      | Prosthetic device | Addition to upper limb | Flexible Metal Hinge, Pair               | 01/01/2010     | 141.28                         | 145.65                          | Yes                          | 1 per 4 years    |
| L6615      | Prosthetic device | Addition to upper limb | Disconnect Locking Wrist Unit            | 01/01/2010     | 137.13                         | 141.37                          | No                           | 1 per 4 years    |
| L6616      | Prosthetic device | Addition to upper limb | Add On Up Ext Additional Disc Inserts    | 01/01/2010     | 41.28                          | 42.56                           | No                           | 3 per 4 years    |
| L6620      | Prosthetic device | Addition to upper limb | Flexion-Friction Wrist Unit              | 01/01/2010     | 239.75                         | 247.17                          | No                           | 1 per 4 years    |
| L6623      | Prosthetic device | Addition to upper limb | Upper Extreme Add Spring Assisted Wrst   | 01/01/2010     | 456.72                         | 470.85                          | No                           | 1 per 4 years    |
| L6625      | Prosthetic device | Addition to upper limb | Rotation Wrist Unit With Cable Lock      | 01/01/2010     | 338.50                         | 348.97                          | Yes                          | 1 per 4 years    |
| L6628      | Prosthetic device | Addition to upper limb | Upper Extreme Add Quick Discon Hook Adap | 01/01/2010     | 364.35                         | 375.62                          | No                           | 1 per 4 years    |
| L6629      | Prosthetic device | Addition to upper limb | Upper Extrem Quick Discon Lamin Collar   | 01/01/2010     | 124.16                         | 128.00                          | No                           | 1 per 4 years    |
| L6630      | Prosthetic device | Addition to upper limb | Stainless Steel, Any Wrist               | 01/01/2010     | 182.89                         | 188.55                          | No                           | 1 per 4 years    |
| L6632      | Prosthetic device | Addition to upper limb | Upper Extrem Add Latex Suspen Sleeve Ea  | 01/01/2010     | 41.35                          | 42.63                           | No                           | 6 per year       |
| L6635      | Prosthetic device | Addition to upper limb | List Assist For Elbow                    | 01/01/2010     | 132.19                         | 136.28                          | No                           | 1 per 4 years    |
| L6637      | Prosthetic device | Addition to upper limb | Upper Extrem Add Nudge Control Elbow     | 01/01/2010     | 258.81                         | 266.81                          | No                           | 1 per 4 years    |
| L6640      | Prosthetic device | Addition to upper limb | Shoulder Abduction Joint, Pair           | 01/01/2010     | 215.53                         | 222.20                          | Yes                          | 1 per 4 years    |
| L6641      | Prosthetic device | Addition to upper limb | Upper Extrem Add Excurs Amplif Pulley    | 01/01/2010     | 125.51                         | 129.39                          | Yes                          | 1 per 4 years    |
| L6642      | Prosthetic device | Addition to upper limb | Upper Extrem Add Excurs Amplifier Lever  | 01/01/2010     | 184.52                         | 190.23                          | No                           | 1 per 4 years    |
| L6645      | Prosthetic device | Addition to upper limb | Shoulder Flexion-Abduction Joint, Each   | 01/01/2010     | 233.08                         | 240.29                          | No                           | 1 per 4 years    |
| L6650      | Prosthetic device | Addition to upper limb | Shoulder Universal Joint Each            | 01/01/2010     | 252.80                         | 260.62                          | No                           | 1 per 4 years    |
| L6655      | Prosthetic device | Addition to upper limb | Standard Control Cable, Extra            | 01/01/2010     | 49.02                          | 50.54                           | No                           | 1 per year       |
| L6660      | Prosthetic device | Addition to upper limb | Heavy Duty Control Cable                 | 01/01/2010     | 65.62                          | 67.65                           | No                           | 1 per year       |
| L6665      | Prosthetic device | Addition to upper limb | Teflon, Or Equal, Cable Lining           | 01/01/2010     | 29.31                          | 30.22                           | No                           | 1 per year       |
| L6670      | Prosthetic device | Addition to upper limb | Hook To Hand, Cable Adapter              | 01/01/2010     | 30.53                          | 31.47                           | No                           | 1 per year       |
| L6672      | Prosthetic device | Addition to upper limb | Harness, Chest Or Shoulder, Saddle Type  | 01/01/2010     | 140.08                         | 144.41                          | No                           | 1 per year       |
| L6675      | Prosthetic device | Addition to upper limb | Harness, Figrure "8",For Single Control  | 01/01/2010     | 76.43                          | 78.79                           | No                           | 1 per year       |
| L6676      | Prosthetic device | Addition to upper limb | Harness, Figure "8", For Dual Control    | 01/01/2010     | 79.96                          | 82.43                           | No                           | 1 per year       |
| L6680      | Prosthetic device | Addition to upper limb | Test Skt, Wrist Disartic Or Below/Elbow  | 01/01/2010     | 196.88                         | 202.97                          | No                           | 2 per prosthesis |
| L6682      | Prosthetic device | Addition to upper limb | Test Skt, Elbow Disartic Or Above/Elbow  | 01/01/2010     | 217.68                         | 224.41                          | No                           | 2 per prosthesis |
| L6684      | Prosthetic device | Addition to upper limb | Test Skt,Sh Disartic Or In/Scap Thoracic | 01/01/2010     | 295.80                         | 304.95                          | No                           | 2 per prosthesis |
| L6686      | Prosthetic device | Addition to upper limb | Upper Extrem Add Suction Socket          | 01/01/2010     | 438.93                         | 452.50                          | No                           | 1 per 4 years    |

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|------------|-------------------|-----------------------------------------|----------------------------------------------------|----------------|--------------------------------------------|---------------------------------|----------------------------------------------------|----------------|
| L6687      | Prosthetic device | Addition to upper limb                  | Upper Extrem Frame Type Below Elbow Add            | 01/01/2010     | 367.11                                     | 378.46                          | No                                                 | 1 per 4 years  |
| L6688      | Prosthetic device | Addition to upper limb                  | Upper Extrem Add Frame Type Above Elb              | 01/01/2010     | 406.28                                     | 418.85                          | No                                                 | 1 per 4 years  |
| L6689      | Prosthetic device | Addition to upper limb                  | Up Extrm Add Frm Sock Should Disartic              | 01/01/2010     | 484.22                                     | 499.20                          | Yes                                                | 1 per 4 years  |
| L6690      | Prosthetic device | Addition to upper limb                  | Upper Extrem Add Frame Type Interscap              | 01/01/2010     | 570.12                                     | 587.75                          | No                                                 | 1 per 4 years  |
| L6691      | Prosthetic device | Addition to upper limb                  | Upper Extrem Add Removable Insert Ea               | 01/01/2010     | 225.03                                     | 231.99                          | No                                                 | 1 per year     |
| L6692      | Prosthetic device | Addition to upper limb                  | Add On Up Ext Silicone Gell Insert/Equal           | 01/01/2010     | 409.41                                     | 422.07                          | No                                                 | 1 per 2 years  |
| L6693      | Prosthetic device | Addition to upper limb                  | Upper Extremity Addition, external locking elbow   | 01/01/2010     | 2,522.97                                   | 2,601.00                        | No                                                 | 1 per 2 years  |
| L6704      | Prosthetic device | Addition to upper limb, terminal device | Term dev, sport/rec/work att                       | 01/01/2010     | 352.81                                     | 363.72                          | No                                                 | 1 per 4 years  |
| L6706      | Prosthetic device | Addition to upper limb, terminal device | Term dev mech hook vol open                        | 01/01/2010     | 261.92                                     | 270.02                          | No                                                 | 1 per 4 years  |
| L6707      | Prosthetic device | Addition to upper limb, terminal device | Term dev mech hook vol close                       | 01/01/2010     | 740.62                                     | 763.53                          | No                                                 | 1 per 4 years  |
| L6708      | Prosthetic device | Addition to upper limb, terminal device | Term dev mech hand vol open                        | 01/01/2010     | 589.16                                     | 607.38                          | No                                                 | 1 per 4 years  |
| L6709      | Prosthetic device | Addition to upper limb, terminal device | Term dev mech hand vol close                       | 01/01/2010     | 795.89                                     | 820.50                          | No                                                 | 1 per 4 years  |
| L6805      | Prosthetic device | Addition to upper limb, terminal device | Modifier Wrist Flexion Unit                        | 01/01/2010     | 245.52                                     | 253.11                          | No                                                 | 1 per 4 years  |
| L6810      | Prosthetic device | Addition to upper limb, terminal device | Terminal Device Pincher Tool Otto Bock=            | 01/01/2010     | 130.51                                     | 134.55                          | Yes                                                | 1 per 4 years  |
| L6890      | Prosthetic device | Addition to upper limb, terminal device | Ter Device, Produc Glove For Above Hand            | 01/01/2010     | 127.85                                     | 131.80                          | No                                                 | 2 per year     |
| L6900      | Prosthetic device | Addition to upper limb, terminal device | Incl Cst ,Shad&Measure)W/Glove,Th/Fin              | 01/01/2010     | 1,241.44                                   | 1,279.84                        | Yes                                                | 1 per 4 years  |
| L6905      | Prosthetic device | Addition to upper limb, terminal device | H/R, W/Glove, Multiple Fingers Remaining           | 01/01/2010     | 1,228.68                                   | 1,266.68                        | Yes                                                | 1 per 4 years  |
| L6910      | Prosthetic device | Addition to upper limb, terminal device | H/R, W/Glove, No Fingers Remaining                 | 01/01/2010     | 1,207.87                                   | 1,245.23                        | No                                                 | 1 per 4 years  |
| L6915      | Prosthetic device | Addition to upper limb, terminal device | H/R, Replacment Glove For Above                    | 01/01/2010     | 518.99                                     | 535.04                          | Yes                                                | 1 per 2 years  |
| L7368      | Prosthetic device | Supply                                  | Lithium Ion Battery Charger                        | 09/01/2011     | 366.30                                     | NC                              | Yes                                                | 1 per 5 years  |
| L7510      | Prosthetic device | Repair                                  | Repair or repl minor parts of prosthetic device    | 01/01/2006     | Supplier charge (without PA), PA (with PA) | NC                              | No if < \$120 and within time limit, Yes otherwise | 1 per 120 days |
| L7520      | Prosthetic device | Repair                                  | Repair prosthetic device, labor, per 15 minutes    | 01/01/2010     | 10.67                                      | 11.00                           | No                                                 | 1 per 120 days |
| L8000      | Prosthetic device | Breast prosthesis                       | Mastectomy Bra                                     | 01/01/2010     | 29.10                                      | 30.00                           | No                                                 | 2 per year     |
| L8010      | Prosthetic device | Breast prosthesis                       | Mastectomy Sleeve                                  | 01/01/2010     | 46.67                                      | 48.11                           | No                                                 | 3 per year     |
| L8015      | Prosthetic device | Breast prosthesis                       | External Breast Prosthesis Garment                 | 01/01/2010     | 42.21                                      | 43.52                           | No                                                 | 3 per year     |
| L8020      | Prosthetic device | Breast prosthesis                       | Mastectomy Form, Each                              | 01/01/2010     | 144.73                                     | 149.21                          | No                                                 | 1 per 2 years  |
| L8030      | Prosthetic device | Breast prosthesis                       | Breast Prosthesis, Silicone Or Equal               | 01/01/2010     | 232.80                                     | 240.00                          | No                                                 | 1 per 2 years  |
| L8035      | Prosthetic device | Breast prosthesis                       | Custom breast prosthesis                           | 01/01/2010     | 2,579.66                                   | 2,659.65                        | Yes                                                | 1 per 2 years  |
| L8300      | Orthotic device   | Truss                                   | Truss, Single With Standard Pad                    | 01/01/2010     | 59.12                                      | 60.95                           | No                                                 | 2 per year     |
| L8310      | Orthotic device   | Truss                                   | Truss, Double With Standard Pads                   | 01/01/2010     | 95.12                                      | 98.06                           | No                                                 | 2 per year     |
| L8320      | Orthotic device   | Truss                                   | Truss Addition To Standard Pad,Water Pad           | 01/01/2010     | 41.52                                      | 42.80                           | Yes                                                | 2 per year     |
| L8330      | Orthotic device   | Truss                                   | Truss Addition To Standard Pads,Scrot Pd           | 01/01/2010     | 31.42                                      | 32.39                           | No                                                 | 2 per year     |
| L8400      | Prosthetic device | Sock                                    | Prosthetic Sheath, B/K,Each                        | 01/01/2010     | 10.02                                      | 10.33                           | No                                                 | 12 per year    |
| L8410      | Prosthetic device | Sock                                    | Prosthetic Sheath, A/K, Each                       | 01/01/2010     | 13.19                                      | 13.60                           | No                                                 | 12 per year    |
| L8415      | Prosthetic device | Sock                                    | Prosthetic Sheath Upper Limb Ea                    | 01/01/2010     | 13.65                                      | 14.07                           | No                                                 | 12 per year    |
| L8417      | Prosthetic device | Sock                                    | Prosthetic sock/sheath, gel liner, bel or abv knee | 01/01/2010     | 48.14                                      | 49.63                           | No                                                 | 12 per year    |
| L8420      | Prosthetic device | Sock                                    | Prosthetic Sock, Wool, B/K, Each                   | 01/01/2010     | 13.36                                      | 13.77                           | No                                                 | 12 per year    |
| L8430      | Prosthetic device | Sock                                    | Prosthetic Sock, Wool, A/K, Each                   | 01/01/2010     | 15.11                                      | 15.58                           | No                                                 | 12 per year    |
| L8435      | Prosthetic device | Sock                                    | Prosthetic Sock Wool Upper Limb Ea                 | 01/01/2010     | 14.37                                      | 14.81                           | No                                                 | 12 per year    |
| L8440      | Prosthetic device | Sock                                    | Prosthetic Shrinker, B/K, Each                     | 01/01/2010     | 29.85                                      | 30.77                           | No                                                 | 2 per year     |
| L8460      | Prosthetic device | Sock                                    | Prosthetic Shrinker, A/K, Each                     | 01/01/2010     | 42.42                                      | 43.73                           | No                                                 | 2 per year     |
| L8465      | Prosthetic device | Sock                                    | Prosthetic Shrinker Upper Limb Ea                  | 01/01/2010     | 39.22                                      | 40.43                           | No                                                 | 2 per year     |
| L8470      | Prosthetic device | Sock                                    | Stump Sock, Sing Ply, Fitting B/K, Each            | 01/01/2010     | 4.25                                       | 4.38                            | No                                                 | 24 per year    |
| L8480      | Prosthetic device | Sock                                    | Stump Sock, Sing Ply, Fitting, A/K, Each           | 01/01/2010     | 5.86                                       | 6.04                            | No                                                 | 24 per year    |
| L8485      | Prosthetic device | Sock                                    | Stump Sock, Single Ply, Fitting, Upper Limb, Each  | 01/01/2010     | 7.89                                       | 8.13                            | No                                                 | 24 per year    |
| L8500      | Prosthetic device | Speech aid                              | Artificial Larynx                                  | 01/01/2010     | 421.25                                     | 434.28                          | Yes                                                | 1 per 4 years  |

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|--------------|-------------------|-----------------------|----------------------------------------------------|----------------|--------------------------------------------|---------------------------------|----------------------------------------------------|-----------------------------------------------------------------|
| L8501        | Prosthetic device | Speech aid            | Tracheostomy Speaking Valve                        | 01/01/2010     | 83.66                                      | 86.25                           | Yes                                                | 1 per 4 months                                                  |
| L8621        | Prosthetic device | Supply                | Zinc air battery, coch implant dev, repl, ea       | 09/01/2011     | 0.45                                       | NC                              | No                                                 | 25 per month per implant                                        |
| L8622        | Prosthetic device | Supply                | Alkaline battery, coch implant dev, any size, repl | 09/01/2011     | 0.24                                       | NC                              | No                                                 | 31 per month per implant                                        |
| L8623        | Prosthetic device | Supply                | Lith ion batt CID,non-earhl                        | 09/01/2011     | 46.94                                      | NC                              | No                                                 | 2 per year per implant                                          |
| L8624        | Prosthetic device | Supply                | Lith ion batt CID, ear level                       | 09/01/2011     | 117.04                                     | NC                              | No                                                 | 2 per year per implant                                          |
| S1040        | Orthotic device   | Remolding device      | Cranial remolding orthosis                         | 09/01/2011     | 2,000.00                                   | NC                              | No                                                 | 1 per lifetime                                                  |
| V5014        | Prosthetic device | Repair of hearing aid | Repair, modification of hearing aid                | 01/01/2006     | Supplier charge (without PA), PA (with PA) | NC                              | No if < \$100 and within time limit. Yes otherwise | 1 per 120 days (less than \$100), 1 per year (\$100 or greater) |
| V5030        | Prosthetic device | Hearing aid           | Body-worn hearing aid air                          | 01/01/2010     | 339.50                                     | 350.00                          | Yes                                                | 1 per 4 years                                                   |
| V5040        | Prosthetic device | Hearing aid           | Body-worn hearing aid bone                         | 01/01/2010     | 339.50                                     | 350.00                          | Yes                                                | 1 per 4 years                                                   |
| V5050        | Prosthetic device | Hearing aid           | Hearing aid monaural in ear                        | 01/01/2010     | 242.50                                     | 250.00                          | Yes                                                | 1 per 4 years                                                   |
| V5060        | Prosthetic device | Hearing aid           | Behind ear hearing aid                             | 01/01/2010     | 242.50                                     | 250.00                          | Yes                                                | 1 per 4 years                                                   |
| V5070        | Prosthetic device | Hearing aid           | Glasses air conduction                             | 01/01/2010     | 242.50                                     | 250.00                          | Yes                                                | 1 per 5 years                                                   |
| V5080        | Prosthetic device | Hearing aid           | Glasses bone conduction                            | 01/01/2010     | 242.50                                     | 250.00                          | Yes                                                | 1 per 5 years                                                   |
| V5130        | Prosthetic device | Hearing aid           | In ear binaural hearing aid                        | 01/01/2010     | 485.00                                     | 500.00                          | Yes                                                | 1 per 4 years                                                   |
| V5140        | Prosthetic device | Hearing aid           | Behind ear binaural hearing aid                    | 01/01/2010     | 485.00                                     | 500.00                          | Yes                                                | 1 per 4 years                                                   |
| V5150        | Prosthetic device | Hearing aid           | Glasses binaural hearing aid                       | 01/01/2010     | 485.00                                     | 500.00                          | Yes                                                | 1 per 5 years                                                   |
| V5160        | Prosthetic device | Hearing aid           | Dispensing fee binaural                            | 01/01/2010     | 291.00                                     | 300.00                          | No                                                 | 1 per 5 years                                                   |
| V5170        | Prosthetic device | Hearing aid           | Within ear cros hearing aid                        | 01/01/2010     | 339.50                                     | 350.00                          | Yes                                                | 1 per 4 years                                                   |
| V5180        | Prosthetic device | Hearing aid           | Behind ear cros hearing aid                        | 01/01/2010     | 339.50                                     | 350.00                          | Yes                                                | 1 per 4 years                                                   |
| V5190        | Prosthetic device | Hearing aid           | Glasses cros hearing aid                           | 01/01/2010     | 242.50                                     | 250.00                          | Yes                                                | 1 per 5 years                                                   |
| V5200        | Prosthetic device | Hearing aid           | Cros hearing aid dispense fee                      | 01/01/2010     | 194.00                                     | 200.00                          | No                                                 | 1 per 5 years                                                   |
| V5210        | Prosthetic device | Hearing aid           | In ear bicros hearing aid                          | 01/01/2010     | 339.50                                     | 350.00                          | Yes                                                | 1 per 4 years                                                   |
| V5220        | Prosthetic device | Hearing aid           | Behind ear bicros hearing aid                      | 01/01/2010     | 339.50                                     | 350.00                          | Yes                                                | 1 per 4 years                                                   |
| V5230        | Prosthetic device | Hearing aid           | Glasses bicros hearing aid                         | 01/01/2010     | 242.50                                     | 250.00                          | Yes                                                | 1 per 5 years                                                   |
| V5240        | Prosthetic device | Hearing aid           | Dispensing fee bicros                              | 01/01/2010     | 194.00                                     | 200.00                          | No                                                 | 1 per 5 years                                                   |
| V5241        | Prosthetic device | Hearing aid           | Dispensing fee, monaural                           | 01/01/2010     | 194.00                                     | 200.00                          | No                                                 | 1 per 5 years                                                   |
| V5246        | Prosthetic device | Hearing aid           | Hearing aid, prog, mon, ite                        | 01/01/2010     | 339.50                                     | 350.00                          | Yes                                                | 1 per 5 years                                                   |
| V5247        | Prosthetic device | Hearing aid           | Hearing aid, prog, mon, bte                        | 01/01/2010     | 339.50                                     | 350.00                          | Yes                                                | 1 per 5 years                                                   |
| V5252        | Prosthetic device | Hearing aid           | Hearing aid, prog, bin, ite                        | 01/01/2010     | 679.00                                     | 700.00                          | Yes                                                | 1 per 5 years                                                   |
| V5253        | Prosthetic device | Hearing aid           | Hearing aid, prog, bin, bte                        | 01/01/2010     | 679.00                                     | 700.00                          | Yes                                                | 1 per 5 years                                                   |
| V5256        | Prosthetic device | Hearing aid           | Hearing aid, digit, mon, ite                       | 01/01/2010     | 727.50                                     | 750.00                          | Yes                                                | 1 per 5 years                                                   |
| V5257        | Prosthetic device | Hearing aid           | Hearing aid, digit, mon, bte                       | 01/01/2010     | 727.50                                     | 750.00                          | Yes                                                | 1 per 5 years                                                   |
| V5260        | Prosthetic device | Hearing aid           | Hearing aid, digit, bin, ite                       | 01/01/2010     | 1,455.00                                   | 1,500.00                        | Yes                                                | 1 per 5 years                                                   |
| V5261        | Prosthetic device | Hearing aid           | Hearing aid, digit, bin, bte                       | 01/01/2010     | 1,455.00                                   | 1,500.00                        | Yes                                                | 1 per 5 years                                                   |
| V5264        | Prosthetic device | Hearing aid           | Ear mold, insert                                   | 01/01/2010     | 24.25                                      | 25.00                           | Yes                                                | 4 per year (younger than 5), 1 per 2 years per ear (5 or older) |
| V5266        | Prosthetic device | Hearing aid           | Battery for hearing aid device                     | 01/01/2010     | 0.97                                       | 1.00                            | Yes                                                | 4 per month per hearing aid                                     |
| V5267        | Prosthetic device | Hearing aid           | Hearing aid supplies/ accessories                  | 11/01/2004     | PA                                         | NC                              | Yes                                                | 1 per year                                                      |