

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To Be Rescinded: 5160-10-20 with appendix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☒ Rescinded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 It is being rescinded and replaced by a new rule of the same number.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 It replaces a rescinded rule of the same number.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.

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

Certification

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 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
NOTE:	* FOR HYDROCOLLOID CODES A6231- A6238, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.					
A6242*	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	EACH (1)	H	N	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
NOTE:	* FOR HYDROGEL CODES A6242, A6243 AND A6244 THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH. FOR HYDROGEL CODES A6245, A6246 AND A6247 THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.					
A6251*	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER	EACH (1)	H	N	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
NOTE:	* FOR ABSORPTIVE DRESSING CODES A6251 - A6255, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 30 PER MONTH.					
A6257*	TRANSPARENT FILM, 16 SQ. IN. OR LESS	EACH (1)	H	N	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
NOTE:	* FOR TRANSPARENT FILM CODES A6257 - A6259, THE COMBINED MAXIMUM ALLOWABLE UNITS IS 12 PER MONTH.					
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH	LINEAR YD.	H	N	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 YARD	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 Consumer is allowed only one Code per MC						
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 Consumer is allowed only one Code per applicable Month or Year						
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
^ Max Units is 300 per month for ages 3 to 20 years old and 200 per month for ages 21 years or older.						
NOTE:	* 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.					
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:	* THE COMBINED ALLOWABLE FOR T4541 AND T4542 IS 300 UNITS (PADS) EVERY 2 MONTHS					
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 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 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

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDICAL SUPPLIES			
			MEDICAID	PRIOR AUTH	MAX UNITS	RNT/P
OSTOMY SUPPLIES						
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 Consumer is allowed only one Code per MO per Ostomy, Urinary Ostomy, Ostomy Faceplate, Skin Barrier and Irrigation Supplies	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 Consumer is allowed only one Code per Max Unit per Surgical Stocking, Burn Glove, Foot to Knee/Thigh and Trunk Garment						

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 Consumer is allowed only one Code per Max Unit per stocking, sleeve, glove or gauntlet						

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		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) NOT COVERED FOR USE WITH UROLOGICAL	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

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		MEDICAL SUPPLIES					
CURRENT CODE		ITEM DESCRIPTION	UNIT	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	FRACTURE 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

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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 AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	H	Y		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	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
VENTILATORS, CPAP, AND OTHER RESPIRATORY EQUIPMENT						
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 Consumer is allowed only one Code per Max unit per respiratory assist device					
NOTE:	* HFCWO SYSTEM IS APPROVABLE ONLY FOR PATIENTS WITH A DIAGNOSIS OF CYSTIC FIBROSIS AND WHEN OTHER TREATMENTS ARE INEFFECTIVE.	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 Consumer is allowed only one Code per Max unit per humidifier					

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CURRENT CODE		ITEM DESCRIPTION	UNIT	MEDICAID	PRIOR AUTH	MAX UNITS	RNT/P
OXYGEN EQUIPMENT							
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
OXYGEN							
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>NOTE: * H* indicates code is <u>was</u> not reimbursable for a consumer residing in a nursing home for dates of service from August 1, 2009 through December 31, 2013.</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>							
HUMIDIFIERS/NEBULIZERS FOR USE W/OXYGEN IPPB EQUIP & COMPRESSORS							
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>NOTE: * 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>DIAGNOSIS AND APPLICABLE MEDICATIONS MUST BE LISTED ON THE PHYSICIAN PRESCRIPTION. NEBULIZERS ARE ONLY REIMBURSABLE IN ASSOCIATION WITH A PRESCRIBED MEDICATION.</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
SUCTION PUMPS AND SUCTIONING SUPPLIES							
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>NOTE: * BILL ONLY ONE TYPE OF TRACHEAL SUCTION CATHETER (CLOSED OR OTHER, ADULT OR PEDIATRIC) PER MONTH</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
MONITORING EQUIPMENT							
A4556 *		ELECTRODES, PER PAIR (E.G., APNEA MONITOR)	EACH (1) PAIR	H	N	1/MO	PP
A4557 *		LEAD WIRES, PER PAIR (E.G. APNEA MONITOR)	EACH (1) PAIR	H	N	1/MO	PP
A4558 *		CONDUCTIVE PASTE OR GEL	EACH (1)	H	N	1/MO	PP
<p>NOTE: * APNEA MONITOR SUPPLIES ARE NOT REIMBURSABLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE</p>							

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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
NOTE: * COVERAGE IS LIMITED TO EITHER CODE A4660 OR A4670. BOTH CODES ARE NOT REIMBURSABLE.						
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY.	EACH (1)	H	Y	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
X Consumer is allowed only one Code per Max unit per apnea monitor						
PNEUMATIC COMPRESSOR AND APPLIANCES (LYMPHEDEMA PUMP)						
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
X Consumer is allowed only one Code per Max unit per pneumatic compressor						
PATIENT LIFTS						
E0621*	SLING OR SEAT FOR PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)	EACH (1)	H	N	1/2 YRS	PP
NOTE: * COVERED ONLY FOR REPLACEMENT WITH RECIPIENT-OWNED LIFT.						
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
TENS (All TENS units must include battery charger and battery pack) AND OTHER STIMULATORS						
A4595*	TENS SUPPLIES, FOR 2 OR 4 LEAD (ONLY WHEN CONSUMER OWNS UNIT)	ONE MONTH	H	N	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
X Consumer is allowed only one Code per Max unit per tens unit and osteogenesis stimulator						
NOTE: * TENS SUPPLIES ARE NOT REIMBURSIBLE DURING ANY MONTH IN WHICH A RENTAL PAYMENT IS MADE						

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CURRENT 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 A HEAVY DUTY WALKER IS COVERED FOR PATIENTS WHO WEIGH MORE THAN 300 POUNDS. MEDICAL NECESSITY DOCUMENTATION MAINTAINED BY PROVIDERS MUST INCLUDE THE PATIENT'S WEIGHT.	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.

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CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDICAID	PRIOR AUTH	MAX UNITS	RNT/P	
Part I: 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>WHEELCHAIR PARTS AND ACCESSORIES</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>						
	Arm of Chair						
	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
	Positioning Accessories						
	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
Back of Chair: Reclining, manual or pediatric							
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 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
Footrest/Legrest						
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
Frames: Non-standard, manual						
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
Frames: Non-standard, power						
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 CODE	ITEM DESCRIPTION	UNIT	MEDICAL SUPPLIES			
			MEDICAID	PRIOR AUTH	MAX UNITS	RNT/P
Seat height						
K0056	SEAT HEIGHT LESS THAN 17 INCHES OR EQUAL TO OR GREATER THAN 21 INCHES FOR HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	EACH (1)	Y*	Y	1/5 YRS	PP
Manual Wheelchair Conversion to Power/ Power Assist Accessories						
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	EACH (1)	Y*	Y	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
Power Seating System Accessory						
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
Handrims						
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, EACH	EACH (1)	Y*	Y	2/ YR	PP
Wheels						
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
Front Casters						
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
Wheel Lock						
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
Batteries/Chargers for Motorized/Power Wheelchairs (Bill using the indicated code.)						
E2360	PWR W/C ACCES, 22 NF NON-SEALED LEAD ACID BATTERY	EACH (1)	Y*	N	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
Miscellaneous Accessories						
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

Appendix to rule 5160-10-03

CURRENT CODE	ITEM DESCRIPTION	UNIT	MEDICAL SUPPLIES			
			MEDICAID	PRIOR AUTH	MAX UNITS	RNT/P
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
NOTE: * E1028 may be billed once within a five year period for each swingaway positioning accessory approved for replacement of the original or approval to change from fixed to swingaway, retractable or removable						
E1029*	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	EACH (1)	Y*	Y	1/5 YRS	PP
E1030*	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	EACH (1)	Y*	Y	1/5 YRS	PP
NOTE: * REIMBURSEMENT IS LIMITED TO ONE VENTILATOR TRAY (E1029 OR E1030) PER 5 YEARS						
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	EACH (1)	Y*	Y	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 WHEELCHAIR 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 CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	1/5 YRS	PP
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	EACH (1)	Y*	Y	1/5 YRS	PP

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		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
NOTE:	* FOR CODE K0108, EACH DISTINCT & SEPARATE ITEM APPROVED UNDER THE CODE MAY BE REPLACED ONCE PER FIVE YEAR PERIOD. PROVIDERS MUST KEEP DOCUMENTATION WHICH SUPPORTS THE ITEMS BILLED UNDER THESE CODES.					
NOTE:	Y* indicates the item is covered for a 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 are 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					
PART II:	WHEELCHAIR - REPAIR AND REPLACEMENT PARTS					
NOTE:	The parts and accessories listed below in Part II are covered ONLY for Repair or Replacement. When requesting authorization, itemize the parts by individual code as specified in OAC Rule 5101:3-10-16.					
	Codes contained in Part II of this appendix which are also contained in Appendix DD of rule 5101:3-1-60 shall be reimbursed in accordance with that rule.					
	Arm of Chair					
E0994	* ARMREST, EACH					
K0015	* DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH					
K0017	* DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH					
K0018	* DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH					
K0019	* ARM PAD, EACH					
	Back of Chair					
E0982	* WHEELCHAIR ACCESS, BACK UPHOLSTERY, REPLACE ONLY, EACH					
	Seat					
E0981	* WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH					
	Back or Seat of Chair					
E2619	* REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH					
	Footrest/Legrest					
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					
	Handrims Without Projections					
E2205	* HANDRIM WITHOUT PROJEC, ANY, REPLACE ONLY EACH					
	Rear Wheels					
E2216	* FOAM FILLED PROPULSION TIRE, EACH					
E2218	* FOAM PROPULSION TIRE, EACH					
E2220	* SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH					
K0069	* REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH					
K0070	* REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH					
E2224	* PROPULSION WHL EXCLUDES TIRE, EACH					
E2381	* PNEUM DRIVE WHEEL TIRE					
E2382	* TUBE, PNEUM WHEEL DRIVE TIRE					
E2383	* INSERT, PNEUM WHEEL DRIVE					
E2386	* FOAM FILLED DRIVE WHEEL TIRE					
E2388	* FOAM DRIVE WHEEL TIRE					
E2390	* SOLID DRIVE WHEEL TIRE					
E2394	* DRIVE WHEEL EXCLUDES TIRE					

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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 (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 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
"STANDARD" OR "NO-CHARGE" PARTS AND ACCESSORIES REIMBURSEMENT AUTHORIZED FOR CODES E1161, E1231-E1238 & K0001 - K0014 INCLUDES ANY PART OR ACCESSORY LISTED BY THE MANUFACTURER AS "STANDARD" OR "NO CHARGE" CODES FOR PARTS OR ACCESSORIES LISTED AS "STANDARD" OR "NO CHARGE" WILL NOT BE AUTHORIZED IN ADDITION TO ONE OF THE WHEELCHAIR CODES LISTED ABOVE SHORT-TERM RENTAL THE BASE CODES DENOTED WITH A DOUBLE ASTERISK (**) ARE ELIGIBLE FOR SHORT TERM RENTAL FOR UP TO THREE MONTHS. TO BILL FOR SHORT TERM RENTAL BILL THE MOST APPROPRIATE BASE CODE AND MODIFY THE CODE WITH THE "RR" MODIFIER. REPORT ONLY 1 UNIT FOR EACH BASE CODE MODIFIED WITH THE "RR" MODIFIER. EACH 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. RENT-TO-PURCHASE PURCHASE OF A WHEELCHAIR SUBSEQUENT TO A RENTAL PERIOD WILL REQUIRE PRIOR AUTHORIZATION. PURCHASE SUBSEQUENT TO SHORT TERM RENTAL WILL BE AUTHORIZED UNDER THE APPROPRIATE WHEELCHAIR BASE CODE. ANY RENTAL PERIOD PRIOR TO PURCHASE MUST BE NOTED ON THE AUTHORIZATION REQUEST FOR PURCHASE. PAYMENT FOR RENTAL WILL BE APPLIED TO THE AUTHORIZED PURCHASE PRICE.						
Part IV	WHEELCHAIR REPAIRS See Repair Policy as set forth in Rule 5101:3-10-16 of the Ohio Administrative Code.					
K0108 *	WHEELCHAIR MAJOR REPAIR >\$100 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

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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		
E1340 K0739	REPAIR FOR DME, LABOR PER 15 MIN	EACH (1)	Y			
NOTE:	* 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. 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. 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 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
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 PA -- Payment by prior authorization 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	
WOUND FILLERS												
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	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.
SYRINGES / NEEDLES												
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		
ANTISEPTIC SOLUTION												
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	
DISTILLED WATER / STERILE SALINE												
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		
INCONTINENCE GARMENTS AND RELATED SUPPLIES												
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	

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 PA -- Payment by prior authorization 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 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 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.	

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
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						
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	\$11.85	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.
SURGICAL STOCKINGS AND BURN GARMENTS												
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 CODE DESCRIPTION		UNIT	LIMIT	PRIOR AUTHORIZA- TION	NC -- No coverage PA -- Payment by prior authorization CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR 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		
ELASTIC SUPPORTS											
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	
FAMILY PLANNING SUPPLIES											
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
PA -- Payment by prior authorization
CURRENT

HOSPITAL BEDS

NC -- No coverage PA -- Payment by prior authorization C -- Items to which the same limit applies both individually and in combination X -- Items that are mutually exclusive												
HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP [C / X]	NOTES	
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 PA -- Payment by prior authorization C -- Items to which the same limit applies both individually and in combination X -- Items that are mutually exclusive											
HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP (C / X)	NOTES
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 EXERCISE 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 PA -- Payment by prior authorization 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.
ENTERAL AND PARENTERAL NUTRITION PUMPS (INCLUDING POLES)												
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		
INFUSION PUMP EQUIPMENT (NON-NUTRITION) AND ACCESSORIES												
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		
INFUSION SUPPLIES												
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		
HEAT / COLD APPLICATION												
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		
COMMODE CHAIRS												
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		

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HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP (C / X)	NOTES	
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			

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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.

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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 PA -- Payment by prior authorization C -- Items to which the same limit applies both individually and in combination X -- Items that are mutually exclusive												
HCPCS CODE	DESCRIPTION	UNIT	LIMIT	PRIOR AUTHORIZATION	CURRENT MAXIMUM PAYMENT AMOUNT	EFFECTIVE DATE	PREVIOUS MAXIMUM PAYMENT AMOUNT	RENTAL OR PURCHASE	RESIDENCE	RELATIONSHIP (C / X)	NOTES	
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
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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:

Certification

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
SPINAL - CERVICAL - L0100-L0209				
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
SPINAL- MULTIPLE POST COLLAR - L0180-L0200				
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
SPINAL - THORACIC - L0210-L0490				
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 1/1/2012		
	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L0625	LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1	Y	Y	2 per year
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR	Y	Y	2 per year
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR	Y	Y	2 per year
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	Y	Y	2 per year
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	Y	Y	2 per year
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S),	Y	Y	2 per year
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR	Y	Y	2 per year
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR	Y	Y	2 per year
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL- CORONAL CONTROL, WITH RIGID POSTERIOR	Y	Y	1 per 2 years
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL- CORONAL CONTROL, WITH RIGID POSTERIOR	Y	Y	1 per 2 years
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL- CORONAL CONTROL, LUMBAR FLEXION, RIGID	Y	Y	1 per 2 years
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL- CORONAL CONTROL, LUMBAR FLEXION, RIGID	Y	Y	1 per 2 years
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL- CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	Y	Y	1 per medical event
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL- CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	Y	Y	1 per medical event

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

L0810	Halo Procedure, Cervical Halo Incorporated Into Jacket Vest	Y	Y	1 per medical event
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L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS	Y	Y	1 per medical event
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Additions to Spinal Orthosis

L0970	TLSO, Corset Front	Y	Y	1 per 2 years
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L0972	LSO, Corset Front	Y	Y	1 per 2 years
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L0974	TLSO, Full Corset	Y	Y	1 per 2 years
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L0976	LSO, Full Corset	Y	Y	1 per 2 years
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L0978	Auxiliary Crutch Extension	Y	Y	1 per 2 years
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L0980	Peroneal Straps, Pair (Addition Or Replacement)	N	Y	2 per year
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L0984	Protective Body Sock, each	N	Y	6 per year
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ORTHOTIC DEVICES - SCOLIOSIS PROCEDURES
- L01000-L1499

Scoliosis Procedures

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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 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

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CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L1080	Addition To CTLSO Or Scoliosis Orthosis, Outrigger	Y	Y	1 per 2 years
L1085	Addition To CTLSO Or Scoliosis Orthosis, Outrigger Bilateral W/Vertical Extensions	Y	Y	1 per 2 years
L1090	Addition To CTLSO Or Scoliosis Orthosis Lumbar Sling	Y	Y	1 per 2 years
L1100	Addition To CTLSO Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather	Y	Y	1 per 2 years
L1110	Addition To CTLSO Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather, Molded To Patient Model	Y	Y	1 per 2 years
L1120	Addition To CTLSO Or Scoliosis Orthosis, Cover For Upright, Each	Y	Y	6 per year
	THORACIC-LUMBAR-SACRAL (LOW PROFILE) L1200-L1290			
L1200	Thoracic-Lumbar-Sacral-Orthosis (TLSO), Inclusive Of Furnishing Initial Orthosis Only	Y	Y	1 per 2 years
L1210	Addition To TLSO Low Profile, Lateral Thoracic Extension	Y	Y	1 per 2 years
L1220	Addition To TLSO, Low Profile, Anterior Thoracic Extension	Y	Y	1 per 2 years
L1230	Addition To TLSO, Low Profile, Milwaukee Type Super Structure	Y	Y	1 per 2 years
L1240	Addition To TLSO, Low Profile, Lumbar 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 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 (Elastic), Each	Y	Y	1 per 2 years

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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

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

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

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CODE	DESCRIPTION Adjustable, Ilfled Type, Prefab	PA	MEDICARE	MAX. UNITS
L1660	HO, Abduction Control Of Hip Joints, Static, Plastic, Prefab	Y	Y	1/lifetime
L1680	HO, Abduction Control Of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs Rancho Hip Action Type, Custom	Y	Y	1 per medical event
L1685	HO, Abduction Control Of Hip Joints, Post-Operative Hip Abduction Type, Custom Fabricated	Y	Y	1 per medical event
L1686	HO, Abduction Control Of Hip Joints, Post-Operative Hip Abduction Type, Prefab	Y	Y	1 per medical event
L1690	Combo, bilateral, lumbo-sacral, hip, femur orthosis, prefab	Y	Y	1 per medical
	<u>LOWER LIMB - LEGG PERTHES - L1700-L1799</u>			
L1720	Legg Perthes Orthosis, Trilateral, Tachdijan Type Custom	Y	Y	1 per medical event
L1730	Legg Perthes Orthosis, Scottish Rite Type, Custom	Y	Y	1 per medical event
L1755	Legg Perthes Orthosis, Patten Bottom Type, Custom	Y	Y	1 per medical event
	<u>LOWER LIMB - KNEE - L1800-L1899</u>			
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 Orthosis, Rigid Support, Prefab	Y	Y	1 per 2 years
L1834	KO, Without Knee Joint, Rigid, Molded To Patient Model	Y	Y	1 per 2 years
L1840	KO, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated To	Y	Y	1 per 2 years

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CODE	DESCRIPTION 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

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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

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

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

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CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
	Molded To Patient Model, Stirrup Attachment			orthosis
L2260	Addition To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type)	Y	Y	1 per orthosis
L2265	Addition To Lower Extremity, Long Tongue Stirrup	Y	Y	1 per orthosis
L2270	Addition To Lower Extremity,.Varus/Valgus Correction("T")Strap,Padded/Lined Or Malleolus Pad	N	Y	2 per year
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	Y	Y	2 per orthosis
L2280	Addition To Lower Extremity, Molded Inner Boot	Y	Y	1 per 3 years
L2300	Addition To Lower Extremity, Abduction Bar (Bilateral Hip Involvement), Jointed, Adjustable	Y	Y	1 per 2 years
L2310	Addition To Lower Extremity, Abduction Bar, Straight	Y	Y	1 per 2 years
L2320	Addition To Lower Extremity, Non-Molded Lacer	Y	Y	1 per orthosis
L2330	Addition To Lower Extremity, Lacer Molded To Patient Model	Y	Y	1 per orthosis
L2335	Addition To Lower Extremity, Anterior Swing Band	Y	Y	1 per orthosis
L2340	Addition To Lower Extremity, Pre-Tibial Shell, Molded To Patient Model	Y	Y	1 per orthosis
L2350	Addition To Lower Extremity, Prosthetic Type "BK" Socket, Molded To Patient Model (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, Ankle Joint And Half Solid Stirrup	Y	Y	2 per orthosis
L2380	Addition To Lower Extremity, Torsion Control, Straight Knee Joint, Each Joint	Y	Y	2 per orthosis
L2385	Addition To Lower Extremity, Straight Knee	Y	Y	2 per

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

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CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L2530	Addition To Lower Extremity, Thigh/Weight Bearing, Lacer, Non-Molded	Y	Y	1 per orthosis
L2540	Addition To Lower Extremity, Thigh/Weight Bearing, Lacer, Molded To Patient Model	Y	Y	1 per orthosis
L2550	Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff	Y	Y	1 per orthosis
	<u>ADDITIONS - PELVIC AND THORACIC CONTROL - L2570-L2699</u>			
L2570	Addition To Lower Extremity, Pelvic Control Hip Joint, Clevis Type Two-Position Joint, Each	Y	Y	1 per orthosis
L2580	Addition To Lower Extremity, Pelvic Control, Pelvic Sling	Y	Y	1 per 2 years
L2600	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type, Or Thrust Bearing, Free, Each	Y	Y	1 per orthosis
L2610	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type, Or Thrust Bearing, Lock, Each	Y	Y	1 per orthosis
L2620	Addition To Lower Extremity, Pelvic Control, Hip Joint, Heavy Duty, Each	Y	Y	1 per orthosis
L2622	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Each	Y	Y	1 per orthosis
L2624	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each	Y	Y	1 per orthosis
L2627	Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model, Reciprocating Hip Joint And Cables	Y	Y	1 set per 2 years
L2628	Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint And Cables	Y	Y	1 set per 2 years
L2630	Addition To Lower Extremity, Pelvic Control, Band And Belt, Unilateral	Y	Y	1 per orthosis
L2640	Addition To Lower Extremity, Pelvic Control, 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 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 Or Pronator, Infant	Y	N	3 pair per year
L3202	Orthopedic Shoes, Oxford With Supinator Or Pronator, Child	Y	N	3 pair per year
L3203	Orthopedic Shoes, Oxford With Supinator Or Pronator, Junior	Y	N	3 pair per year
L3204	Orthopedic Shoes, Hightop With Supinator Or Pronator, Infant	Y	N	3 pair per year
L3206	Orthopedic Shoes, Hightop With Supinator Or Pronator, Child	Y	N	3 pair per year
L3207	Orthopedic Shoes, Hightop With Supinator Or Pronator, Junior	Y	N	3 pair per year
L3208	Surgical Boot, Each, Infant	N	N	2 per foot per year
L3209	Surgical Boot, Each, Child	N	N	2 per foot per year
L3211	Surgical Boot, Each Junior	N	N	2 per foot per year
L3215	Orthopedic Footwear, Ladies Shoes, Oxford	Y	N	2 pair per year
L3216	Orthopedic Footwear, Ladies Shoes, Depth Inlay	Y	Y	2 pair per year
L3217	Orthopedic Footwear, Ladies Shoes, Hightop, Depth Inlay	Y	Y	2 pair 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 Depth Inlay	Y	Y	2 pair per year
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	Y	Y	1 per foot per year
L3225	Orthopedic footwear, man's shoe, oxford, used as an 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, Silicone Shoe, Each (FOR DIABETICS USE CODE A5501)	Y	N	1 per foot per year
A5500	For diabetics only, fitting (including follow-up) cust. prep. and supply of shoe off-the-shelf depth-inlay, acc. Mult den insert, per shoe	Y	Y	1 per foot per year
A5501	For diabetics only, fitting (including follow-up) cust. prep. and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Y	Y	1 per foot per year
A5512	For diabetics only, multiple density insert, direct formed, molded to foot	Y	Y	1 per foot per year
A5513	For diabetics only, multiple density insert, custom molded from model of consumer's foot	Y	Y	1 per foot per year
L3252	Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each	Y	Y	1 per foot per year
L3253	Foot, Molded Shoe, Plastazote (Or Similar) Custom Fitted, Each	Y	Y	1 per foot per year
L3257	Orthopedic Footwear, Split Size (Mismates)	Y	N	2 pair per year/adult

SHOE MODIFICATION - L3300-L3599**Lifts**

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

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

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

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	LIST OF ORTHOTIC AND PROSTHETIC PROCEDURES			
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS per orthosis per year
	Another, Solid Stirrup New			
L3649	Unlisted Procedures For Foot, Orthopedic Shoes, Shoe Modifications And Transfers- Must Include A Detailed Description	Y	N	
	<u>ORTHOTIC DEVICES - UPPER LIMB - L3650-L3999</u>			
	<u>Upper Limb</u>			
Note:	The procedures in this section are considered as "base" or "basic procedures," and may be modified by listing procedures from the "additions section," and adding them to the base procedure.			
	<u>UPPER LIMB - SHOULDER - L3650-L3699</u>			
A4566	Shoulder Sling or Vest Design, Abduction Restrainer, N with or without SWATHE		Y	1 per medical event
L3650	Shoulder Orthosis (SO), Figure Of "8" Design For Clavicular Fracture Abduction Restrainer, Prefab	N	Y	1 per medical event
L3674	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component	N	Y	1 per medical event
L3670	SO, Acromio/Clavicular (Canvas And Webbing Type) N Prefab		Y	1 per medical event
L3675	SO, vest type abduction restrainer, canvas or equal Prefab	Y	Y	1 per medical
	<u>UPPER LIMB - ELBOW - L3700-L3799</u>			
L3710	EO, Elastic W/ Metal Joints Dbl Upright, Prefab Double Upright With Forearm/Arm Cuffs	Y	Y	2 per year
L3720	EO, Double Upright With Forearm/Arm Cuffs, Free Motion, Custom	Y	Y	1 per 2 years
L3730	EO, Double Upright With Stays Forearm/Arm Cuffs, Extension/Flexion Assist, Custom	Y	Y	1 per 2 years
L3740	EO, Double Upright With Forearm/Arm Cuffs, Adjustable Position, Position Lock With Active 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
UPPER LIMB - WRIST - HAND - FINGER - L3800-L3959				
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
Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion/Extension				
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
Other Wrist-Hand-Finger Orthoses				
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 PROCEDURES			
CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
	Abduction Postioning			
L3960	Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO), Abduction Positioning, Airplane Design, Prefab	Y	Y	1 per medical event
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE	Y	Y	1 per 2 years
	<u>UPPER LIMB - FRACTURE ORTHOSES - L3980- L3998</u>			
L3980	Upper Extremity Fracture Orthosis, Humeral, Prefab	Y	Y	1 per medical event
L3982	Upper Extremity Fracture Orthosis, Radius/Ulnar 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, Fracture Or Equal, Each	Y	Y	3 per medical event
L3999	Unlisted Procedures For Upper Limb Orthosis- Must Include Detailed Description	Y	Y	
	<u>SPECIFIC REPAIR - L4000-L4199-THESE CODES 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 lifetime
L4020	Replace Quadrilateral Socker Brim, Molded 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
L4380	Pneumatic Knee Splint (Aircast or Equal), Prefab	Y	Y	1 per medical event
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; Adjustable; Prefab	Y	Y	1 per medical event
L4631	Ankle foot orthosis, Walking boot type, Varus/Valgus 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 Arch, Toe Filler	Y	Y	1 per 4 years
L5010	Partial Foot, Molded Socket, Ankle Height, With Toe Filler	Y	Y	1 per 4 years
L5020	Partial Foot, Molded Socket, Tibial Tubercle 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, 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 and Thigh Knee Disarticulation (or through knee) molded socket, external knee joints, skin, lacer, Sach Foot	Y	Y	1 per 4 years

LOWER LIMB - KNEE DISARTICULATION - L5150-
L5199

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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
	LOWER LIMB - ABOVE KNEE - L5200-L5249			
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
	LOWER LIMB - HIP DISARTICULATION - L5250-L5279			
L5250	Hip Disarticulation, Canadian Type, Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, SACH Foot	Y	Y	1 per 4 years
	LOWER LIMB - HEMIPELVECTOMY - L5280-L5299			
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	Knee Disarticulation (or Through Knee), Molded Socket, External knee joint SACH Foot, Shin, Endoskeletal System	Y	Y	1 per 4 years
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
IMMEDIATE POST SURGICAL OR EARLY FITTING PROCEDURES L5400-L5499				
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
PREPARATORY PROSTHESIS - L5510-L5599				
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
<u>ADDITIONS TO LOWER EXTREMITY - L5600-</u>				
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

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CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
	Universal Multiplex System, Friction Swing Phase Control			
L5617	Addition to lower extremity, quick change self-aligning Y 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., 2/defin.
L5620	Addition To Lower Extremity, Test Socket, Below Knee	Y	Y	1/prep., 2/defin.
L5622	Addition To Lower Extremity, Test Socket, Knee Disarticulation	Y	Y	1/prep., 2/defin.
L5624	Addition To Lower Extremity, Test Socket Above Knee	Y	Y	1/prep., 2/defin.
L5626	Addition To Lower Extremity, Test Socket, Hip Disarticulation	Y	Y	1/prep., 2/defin.
L5628	Addition To Lower Extremity, Test Socket, Hemipelvectomy	Y	Y	1/prep., 2/defin.
L5629	Addition To Lower Extremity, Below Knee Acrylic Socket	Y	Y	1 per prosthesis
<u>ADDITIONS - SOCKET VARIATIONS - L5630-L5653</u>				
L5630	Addition To Lower Extremity, Symes Type, Expandable Wall Socket	Y	Y	1 per 4 years
L5631	Addition To Lower Extremity, Above Knee or Knee Disarticulation, Acrylic Socket	Y	Y	1 per prosthesis
L5632	Addition To Lower Extremity, Symes Type, "PTB" Brim Design Socket	Y	Y	1 per 4 years
L5634	Addition To Lower Extremity, Symes Type, Posterior Opening (Canadian) Socket	Y	Y	1 per 4 years
L5636	Addition To Lower Extremity, Symes Type, Medial Opening Socket	Y	Y	1 per 4 years
L5637	Addition To Lower Extremity, Below Knee Total Contact	Y	Y	1 per 4 years

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CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L5638	Addition To Lower Extremity, Below Knee, Leather Socket	Y	Y	1 per 4 years
L5639	Addition To Lower Extremity, Below Knee, Wood Socket	Y	Y	1 per prosthesis
L5640	Addition To Lower Extremity, Knee Disarticulation, Leather Socket	Y	Y	1 per 4 years
L5642	Addition To Lower Extremity, Above Knee, Leather Socket	Y	Y	1 per 4 years
L5643	Addition To Lower Extremity, Hip Disarticulation, Flexible Inner Socket, External Frame	Y	Y	1 per 4 years
L5645	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame	Y	Y	1 per 4 years
L5646	Addition To Lower Extremity, Below Knee, Air Cushion Socket	Y	Y	1 per 4 years
L5647	Addition To Lower Extremity, Below Knee, Suction Socket	Y	Y	1 per 4 years
L5648	Addition To Lower Extremity, Above Knee, Air Cushion Socket	Y	Y	1 per 4 years
L5649	Addition To Lower Extremity, Ischial Containment/Narrow M-L Socket	Y	Y	1 per 4 years
L5650	Addition To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket	Y	Y	1 per 4 years
L5651	Addition To Lower Extremity, Above Knee, Flexible Inner Socket, External Frame	Y	Y	1 per 4 years
L5652	Addition To Lower Extremity, Suction Suspension, Above Knee or Knee Disarticulation Socket	Y	Y	1 per 4 years
L5653	Addition To Lower Extremity, Knee 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 (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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CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L5698	Addition To Lower Extremity, Above Knee 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 Patient Model	Y	Y	Medical Justification
L5701	Replacement Socket, Above Knee/Knee, Disartic. Including Attachment Plate, Molded To Patient Model	Y	Y	Medical Justification
L5702	Replacement Socket, Hip Disarticulation, Including Hip Joint, Molded To Patient Model	Y	Y	Medical Justification
L5704	Custom Shaped Protective Cover, Below Knee	Y	Y	Medical Justification
L5705	Custom Shaped Protective Cover, Above Knee	Y	Y	Medical Justification
L5706	Custom Shaped Protective Cover, Knee Disarticulation	Y	Y	Medical Justification
L5707	Custom Shaped Protective Cover, Hip Disarticulation	Y	Y	Medical Justification
	<u>EXOSKELETAL - L5710-L5782</u>			
L5710	Addition, Exoskeletal Knee-Shin System, Single Axis, Manual Lock	Y	Y	1 per 4 years
L5711	Addition, Exoskeletal Knee-Shin System Single Axis, Manual Lock, Ultra-Light Material	Y	Y	1 per 4 years
L5712	Addition, Exoskeletal Knee-Shin System, Single Axis, Friction Swing and Stance Phase Control (Safety Knee)	Y	Y	1 per 4 years
L5714	Addition, Exoskeletal Knee-Shin System Single Axis, Variable Friction Swing Phase Control	Y	Y	1 per 4 years
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock	Y	Y	1 per 4 years
L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing and Stance Phase Control	Y	Y	1 per 4 years

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CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
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

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CODE	DESCRIPTION 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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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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CODE	DESCRIPTION equal	PA	MEDICARE	MAX. UNITS
L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit	Y	Y	1 per 2 years
L5984	All Endoskeletal Lower Extremity Prostheses, Axial Rotation Unit	Y	Y	1 per 2 years
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	Y	Y	1 per 2 years
L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP or Equal)	Y	Y	1 per 2 years
L5987	All lower extremity prostheses, shank foot system with vertical loading	Y	Y	1 per 2 years
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Y	Y	1 per 2 years
L5999	Unlisted Procedures for Lower Extremity Prosthesis 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 (or Equal)	Y	Y	1 per 4 years
L6010	Partial Hand, Robin-Aids, Little and/or Ring Finger Remaining (or Equal)	Y	Y	1 per 4 years
L6020	Partial Hand, Robin-Aids, No Finger Remaining (or Equal)	Y	Y	1 per 4 years

UPPER LIMB - WRIST DISARTICULATION - L6050-
L6099

L6050	Wrist Disarticulation, Molded Socket, Flexible 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
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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

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CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
L6350	Interscapular Thoracic, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal Locking Elbow, Forearm	Y	Y	1 per 4 years
L6360	Interscapular Thoracic, Passive Restoration (Complete Prosthesis)	Y	Y	1 per 4 years
L6370	Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - BELOW ELBOW - L6400-L6449</u>			
L6400	Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - ELBOW DISARTICULATION - L6450-L6499</u>			
L6450	Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - ABOVE ELBOW - L6500-L6549</u>			
L6500	Above Elbow, Molded Socket, Endoskeletal System Including Soft Prosthetic Tissue Shaping	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - SHOULDER DISARTICULATION - L6550-L6569</u>			
L6550	Shoulder Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	Y	Y	1 per 4 years
	<u>UPPER LIMB - ENDOSKELETAL - INTERSCAPULAR THORACIC - L6570-L6599</u>			
L6570	Interscapular Thoracic, Molded Socket, Endoskeletal 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

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CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
	Abduction Joint, Pair			
L6641	Upper Extremity Addition, Excursion Amplifier, Pulley Type	Y	Y	1 per 4 years
L6642	Upper Extremity Addition, Excursion Amplifier, Lever Type	Y	Y	1 per 4 years
L6645	Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each	Y	Y	1 per 4 years
L6650	Upper Extremity Addition, Shoulder Universal Joint, Each	Y	Y	1 per 4 years
L6655	Upper Extremity Addition, Standard Control Cable, Extra	Y	Y	1 per year
L6660	Upper Extremity Addition, Heavy Duty Control Cable	Y	Y	1 per year
L6665	Upper Extremity Addition, Teflon, Or Equal, Cable Lining	Y	Y	1 per year
L6670	Upper Extremity Addition, Hook To Hand, Cable Adapter	Y	Y	1 per year
L6672	Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type	Y	Y	1 per year
L6675	Upper Extremity Addition, Harness, Figure Of ("8") Eight Type, For Single Control	Y	Y	1 per year
L6676	Upper Extremity Addition, Harness, Figure Of ("8") Eight Type, For Dual Control	Y	Y	1 per year
L6680	Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow	Y	Y	2 per prosthesis
L6682	Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow	Y	Y	2 per prosthesis
L6684	Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoracic	Y	Y	2 per prosthesis
L6686	Upper Extremity Addition, Suction Socket	Y	Y	1 per 4 years
L6687	Upper Extremity Addition, Frame Type Socket, 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	
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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
GENERAL - TRUSSES - L8300-L8399				
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
PROSTHETIC SOCKS - L8400-L8499				
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	
SPEECH AIDS				
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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1/1/2012

LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
*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 Msg Less Than or Equal to 8 Min	Y	N	1 per 5 years
E2502	Speech Gen Device, Digitized Speech, Pre-recorded Msg, Greater Than 8 Min but less than or equal to 20 min	Y	N	1 per 5 years
E2504	Speech Gen Device, Digitized Speech, Pre-recorded Msg, Greater Than 20 < 40 min	Y	N	1 per 5 years
E2506	Speech Gen Device, Digitized Speech, Pre-recorded Msg, Greater Than 40 min	Y	N	1 per 5 years
E2508	Speech Gen Device, Sythetized Speech requiring message formulation by spelling and acces by physical contact with device	Y	N	1 per 5 years
E2510	Speech Gen Device, Synthetized Speech permitting multiple methods of message form. & device access	Y	N	1 per 5 years
E2511	Speech Gen Software for personal computer or 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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1/1/2012LIST OF ORTHOTIC AND PROSTHETIC
PROCEDURES

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

CODE	DESCRIPTION	PA	MEDICARE	MAX. UNITS
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:

Certification

Date

Promulgated Under:

119.03

Statutory Authority:

5164.02

Rule Amplifies:

5164.02

Prior Effective Dates:

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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,
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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/tnsvrs 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 Adjust. 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

HCPSCS CODE	CATEGORY	APPLICATION	DESCRIPTION	EFFECTIVE DATE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	NEED FOR PRIOR AUTHORIZATION	LIMIT
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	Quadrilateral 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

HPCPS CODE	CATEGORY	APPLICATION	DESCRIPTION	EFFECTIVE DATE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	NEED FOR PRIOR AUTHORIZATION	LIMIT
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 Restrainer	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	Ptfd 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 Mld 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, Hydracadece	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 Endosk 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 Excur 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

HCP/PCS CODE	CATEGORY	APPLICATION	DESCRIPTION	EFFECTIVE DATE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	NEED FOR PRIOR AUTHORIZATION	LIMIT
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 dispens 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