

# CSI - Ohio

## The Common Sense Initiative

### Business Impact Analysis

Agency Name: Ohio Department of Medicaid (ODM)

Regulation/Package Title: DMEPOS: Ambulation Aids

Rule Number(s):

SUBJECT TO BUSINESS IMPACT ANALYSIS:

Amended: 5160-10-01 w/appendix

NOT SUBJECT TO BUSINESS IMPACT ANALYSIS, INCLUDED FOR INFORMATION ONLY:

Amended: 5160-10-30

Date: September 19, 2018

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☐ Rescinded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.

## **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.*

The rule sets forth overarching coverage and payment policy for durable medical equipment, prostheses, orthotics and supplies (DMEPOS). The schedule of maximum payment amounts for DMEPOS items and services is published as Appendix to the rule. Information pertinent to white canes is being added to Appendix A, and several errors in the payment schedule are being corrected. No change is being made to the rule body itself.

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

The Ohio Department of Medicaid (ODM) is promulgating this rule 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.*

Under 42 C.F.R. 440.70 (home health services), medical supplies and equipment are mandatory services that must be covered by a state Medicaid program. The changes in this rule are not mandated by a federal requirement.

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

Federal law does not provide detailed requirements requiring payment to Medicaid providers, so ODM must specify the 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)?**

This rule involves the coverage of and payment for DMEPOS. Under R.C. 5164.02, ODM is required to adopt rules to establish coverage of Medicaid services and payment for these services.

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

The success of this rule will be measured by the extent to which providers can submit claims and receive correct payment.

**77 SOUTH HIGH STREET | 30TH FLOOR | COLUMBUS, OHIO 43215-6117**

**[CSIOhio@governor.ohio.gov](mailto:CSIOhio@governor.ohio.gov)**

## **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.*

In early August 2018, information about the addition of white canes was shared with the executive director of the Ohio Association of Medical Equipment Services (OAMES), who passed it on to the OAMES governing board and membership. The information was also presented at an OAMES general membership meeting and training seminar.

The white cane provisions are being included in response to a provider request.

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

OAMES and provider representatives thoroughly reviewed all the DMEPOS rule changes that took effect on 07/16/2018 and were aware of the corrections that needed to be made in this rule. The corrections were agreed on by both OAMES and ODM. These corrections were accepted and incorporated.

- 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?**

The use of scientific data does not apply to the development of this rule.

- 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?**

This rule involves the coverage of and payment for DMEPOS. Under R.C. 5164.02, ODM is required to adopt rules to establish coverage of Medicaid services and payment for these services. Whatever the policy may be, the form of the rule is the same; no alternative is readily apparent.

- 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 regulation 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?**

ODM staff reviewed the applicable OAC regulations to ensure this rule does not duplicate any of the department's rules or any other regulation in the OAC. Rules involving Medicaid payments to non-institutional 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. These rules have been reviewed by legal services and policy staff members to prevent 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 this rule will be incorporated into the Medicaid Information Technology System (MITS) as of the effective date of the rule. They therefore will be applied by the Department's electronic claim-payment system automatically and consistently 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 Medicaid providers 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**

This rule imposes no license fees or fines. The adverse impact is the report of information services and services provided. The rule specifies that participating providers must maintain and, as appropriate, submit documentation that the services were provided and the medical necessity of the services. The documentation of medical necessity and the services provided helps to substantiate the appropriateness of the services rendered to Medicaid-eligible individuals. These requirements are consistent with professional standards and are imposed for program integrity purposes

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.*

The requirement to hold a DMEPOS license or to be exempt from licensure is a condition of doing business in Ohio as a DMEPOS provider; The adverse impact lies in the time needed to complete documentation of medical necessity and the services provided.

A requirement to notify a recipient that a condition has been met or an event has occurred (e.g., that an item has in effect been purchased through rental) necessitates a phone call, e-mail message, or other basic form of contact. Such communication is a general administrative expense, and the cost is minimal. The median statewide hourly wage for a receptionist, according to Labor Market Information (LMI) data published by the Ohio Department of Job and Family Services, is \$11.96; for an administrative assistant, it is \$16.67. With an additional 30% for fringe benefits, sixty seconds of communication costs between \$0.26 and \$0.36.

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

The requirement that providers contact recipients helps to ensure that individuals have complete information about the equipment they use. Such contact is efficient, user-specific, and not overly burdensome.

**Regulatory Flexibility**

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

This rule outlines actions all providers must take in order to receive Medicaid payment. 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?**

This rule imposes no sanctions on providers.

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

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 Policy section of ODM's policy bureau, at *noninstitutional\_policy@medicaid.ohio.gov*.

5160-10-30

**DMEPOS: ambulation aids.**

(A) Definitions.

- (1) "Ambulation aid" is a collective term for a cane, crutch, or walker.
- (2) "Ambulatory limitation" is an impediment to walking that has either of two effects:
  - (a) It prevents an individual from completing activities of daily living within a reasonable time (or at all); or
  - (b) It places an individual at a demonstrably higher risk of injury, exacerbation of illness, or death when activities of daily living are performed.

(B) Coverage.

- (1) Payment may be made for a covered ambulation aid if all of the following criteria are met:
  - (a) The individual has an ambulatory limitation that is documented in the individual's medical record;
  - (b) The ambulation aid has been prescribed by a qualified practitioner;
  - (c) The individual is able to use the ambulation aid safely; and
  - (d) The ambulation aid reduces the ambulatory limitation enough to permit the individual to complete activities of daily living in a reasonable amount of time and with a reasonable degree of safety.
- (2) Additional coverage criteria are specific to particular ambulation aids:
  - (a) For a heavy-duty walker, the individual weighs at least three hundred pounds.
  - (b) For a heavy-duty walker with multiple braking system and variable wheel resistance (a four-wheeled walker having at least two wheels with hand-operated brakes that can be independently adjusted and lock the wheels when either or both hand levers are released), the individual both weighs at least three hundred pounds and is unable to use a standard heavy-duty walker because the use of one hand is restricted.

- (c) For an enclosed-frame walker, the prescriber describes and attests in writing to the medical necessity, and the provider keeps a copy of this document in the individual's file.
- (d) For a trunk-support walker, the prescriber describes and attests in writing to the medical necessity, and the provider keeps a copy of this document in the individual's file.
- (e) For walker leg extensions, the individual stands at least six feet tall.
- (f) For a white cane (long cane), the shaft of the cane is rigid (i.e., lacks joints), and the individual cannot obtain a similar item at no cost from another source, such as the "Free White Cane Program" of the national federation of the blind (<http://nfb.org>); in accordance with rule 5160-1-02 of the Administrative Code, medicaid payment is disallowed for an item that can be obtained free of charge.



Effective:

Five Year Review (FYR) Dates: 7/16/2023

---

Certification

---

Date

Promulgated Under: 119.03  
Statutory Authority: 5164.02  
Rule Amplifies: 5164.02  
Prior Effective Dates: 08/17/2009, 07/16/2018

5160-10-01                    **Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions.**

(A) This rule sets forth general coverage and payment policies for durable medical equipment (DME), prostheses, orthotic devices, medical/surgical supplies, and supplier services. Policies set forth in other rules in this chapter of the Administrative Code supersede any provisions in this rule with which they conflict.

(B) Definitions that apply to rules in this chapter of the Administrative Code.

- (1) "Certificate of medical necessity (CMN)" is a written statement by a practitioner attesting that a particular item or service is medically necessary for an individual.
  - (a) Unless a separate prescription is required, a CMN may serve also as a prescription for medicaid payment purposes.
  - (b) If no other form or format is specified, the CMN form specified in the relevant rule in this chapter of the Administrative Code is the default that must be used.
  - (c) A rendering or billing provider must obtain a required CMN before a claim can be submitted.
  - (d) A CMN is not invalidated by a change in an individual's status from one medicaid eligibility category to another (e.g., from fee-for-service medicaid to medicaid managed care).
  - (e) Renewal of lifetime certification is not required.
  - (f) An illegible CMN will not be accepted.
- (2) "Department" is the Ohio department of medicaid or its designee. The address of the department's web site is <http://medicaid.ohio.gov>.
- (3) "DMEPOS item" is a collective term for a covered durable medical equipment (DME) item, prosthetic device, orthotic device, or medical supply item furnished by an eligible provider to an eligible recipient.
- (4) "DMEPOS service" is a covered service, such as labor for repair or replacement, that is furnished by an eligible provider and is related directly to a DMEPOS item.

- (5) "Invoice price" is the price printed on the invoice sent by the manufacturer to the provider. The provider must not enter, modify, obscure, or obliterate the invoice price on any supporting document submitted to the department. Documentation of an invoice price is subject to approval by the department.
- (6) "List price" is the most current price recommended by the manufacturer for retail sale. A provider that is also a manufacturer may set the list price for a custom product so long as this figure is not greater than the prices of comparable products. The provider must not enter, modify, obscure, or obliterate the list price on any supporting document submitted to the department. Documentation of a list price is subject to approval by the department.
- (7) "Need verification" is a process by which the department determines whether to make payment for a DMEPOS item or service that exceeds the established cost threshold or frequency guideline. Because need verification is applied only to items or services for which medical necessity has been established or presumed, no extensive or in-depth clinical assessment is necessary (as it is with prior authorization). One purpose of need verification is to enable the department to consider whether the purchase of a new piece of equipment might be more cost-effective than continued repair.
- (8) "Private residence" is a recipient's place of residence other than a hospital or a long-term care facility (LTCF).

(C) Providers.

- (1) Prescribers. Eligible medicaid providers of the following types having prescriptive authority under Ohio law may certify the medical necessity of a DMEPOS item:
  - (a) A physician;
  - (b) A podiatrist;
  - (c) An advanced practice registered nurse with a relevant specialty (e.g., clinical nurse specialist, certified nurse practitioner); or
  - (d) A physician assistant.
- (2) Rendering providers. The following eligible providers may furnish a DMEPOS item or service:
  - (a) For equipment considered by the state of Ohio board of pharmacy to be subject to licensure or certification in accordance with Chapter 4752. of the Revised Code or the rules promulgated under it, a provider enrolled

in medicaid as a DME supplier with specialized state of Ohio board of pharmacy certification or licensure;

(b) For orthotic or prosthetic devices requiring compliance with section 4779.02 of the Revised Code, a provider enrolled in medicaid as a DME supplier with orthotic/prosthetic specification; or

(c) For all other items and services, a provider enrolled as a basic DME supplier.

(3) Billing providers. The following eligible providers may receive medicaid payment for submitting a claim for a DMEPOS item or service:

(a) For equipment considered by the state of Ohio board of pharmacy to be subject to licensure or certification in accordance with Chapter 4752. of the Revised Code or the rules promulgated under it, a provider enrolled in medicaid as a DME supplier with specialized state of Ohio board of pharmacy certification or licensure;

(b) For orthotic or prosthetic devices requiring compliance with section 4779.02 of the Revised Code, a provider enrolled in medicaid as a DME supplier with orthotic/prosthetic specification; or

(c) For all other items and services, a provider enrolled as a basic DME supplier.

(4) Additional provider requirements specific to a particular DMEPOS item or service may be set forth in other rules in this chapter of the Administrative Code.

(D) Coverage.

(1) In most cases, the provision of or payment for a medically necessary DME item or medical supply for a resident of a LTCF is the responsibility of the LTCF. In turn, the LTCF receives medicaid per diem payment on the basis of its cost report. Therefore, claims submitted for such items or supplies furnished to LTCF residents will be denied. Any exceptions are set forth in other rules in this chapter of the Administrative Code.

(2) Separate payment may be made for a prosthesis or orthotic device supplied to a resident of a LTCF.

(3) The provision of a medically necessary DMEPOS item requires a prescription.

(a) Before writing a prescription for certain DMEPOS items, a practitioner must conduct a face-to-face encounter with the medicaid recipient. A list of

such DMEPOS items may be found on the website of the centers for medicare and medicaid services (CMS) at <http://www.cms.gov>.

- (b) The date of a prescription cannot precede the date of the related encounter nor can it be more than one hundred eighty days afterward.
  - (c) The encounter must be documented in the recipient's medical record.
  - (d) Unless a different length of time is specified, the date of a prescription cannot precede the first date of service by more than sixty days.
  - (e) The medical practitioner acting as prescriber must be actively involved in managing the recipient's medical care. The department may disallow a prescription written by a practitioner who has no professional relationship with the recipient.
  - (f) The prescribed DMEPOS item must be directly related to a medical condition of the recipient that the practitioner evaluates, assesses, or actively treats during the encounter.
  - (g) With proper documentation, a single encounter can serve as the basis for more than one prescription.
  - (h) No additional face-to-face encounter is necessary for a separate DMEPOS item if an encounter conducted within the preceding twelve months addresses the medical condition for which the DMEPOS item is being prescribed.
  - (i) Each prescription must specify a quantity (e.g., "TID," "thirty per month"). An unstated quantity is assumed to be one unit.
- (4) Certain DMEPOS items require prior authorization (PA). A list of such items is posted on the department's web site.
- (a) The following DMEPOS items always require PA:
    - (i) A custom or a specialized DMEPOS item;
    - (ii) A "not otherwise specified," "miscellaneous," or "unlisted" item or service; and
    - (iii) Used DME.

- (b) When PA is given, it may specify a quantity, manufacturer, model, part number, or other information identifying a particular item. When such identifying information is present, a provider may supply and subsequently submit claims for the specified items only. No changes or substitutions are allowed without explicit authorization by the department.
- (c) The department, on the basis of clinical indications, may grant PA for an item other than one that has been requested.
- (d) For items requiring PA, the provider must submit the following documentation:
  - (i) A certification, signed and dated not more than sixty days before the first date of service, in the form of a fully completed CMN or, if the need for a CMN is not specified, a prescription;
  - (ii) Pertinent related information, such as a full description of any similar item currently in possession of the recipient or an explanation of a change in the recipient's condition that warrants a change in equipment;
  - (iii) For a "not otherwise specified," "miscellaneous," or "unlisted" item, a complete description of the item (including, as applicable, the manufacturer, model or style, and size), a list of all bundled components, and an itemization of all charges; and
  - (iv) Any other information required or requested by the department, as detailed in this chapter of the Administrative Code.
- (e) 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.
- (f) A claim for an item or service that exceeds the specified maximum quantity or frequency but does not otherwise require PA may be subject to need verification before payment will be considered.
- (g) A request for PA or need verification may be denied in cases involving malicious damage, neglect, culpable irresponsibility, or wrongful disposition.

- (5) For items not requiring PA, the provider must keep on file a certification, signed and dated not more than sixty days before the first date of service, in the form of a fully completed CMN or, if the need for a CMN is not specified, a prescription.
- (6) For an item that is shipped directly to a recipient, the shipping date is the dispensing date.
- (7) For an item that requires multiple fittings and special construction, the first date of service is the dispensing date.
- (8) If a recipient dies after measurements for a prescribed custom item have been taken but before the item has been dispensed, then payment for the item may be made under the following conditions:
  - (a) The code set description for the item indicates that it is designed or intended for a specific individual;
  - (b) The item is substantially complete and cannot be modified for use by another individual;
  - (c) No information available to the provider indicated that the death of the recipient was imminent;
  - (d) The provider can document the date of measurement; and
  - (e) On the claim, the provider reports the date of measurement as the date of service.
- (9) Any request for a DMEPOS item or service must originate with an individual recipient, the recipient's authorized representative, or a medical practitioner acting as prescriber and must be made with the recipient's full knowledge and consent.
- (10) A request that is determined by the department to have resulted from a mass screening or examination will be denied.
- (11) When instruction must be given in the safe and appropriate use of a particular DMEPOS item, it is the responsibility of the provider to ensure that the recipient or someone authorized to assist the recipient has received such instruction.
- (12) Payment for repair of a DME item, prosthetic device, or orthotic device or for purchase of a related medical supply item or service can be made only if the medical necessity of the DME item, prosthetic device, or orthotic device itself has been established. The medical necessity of an item purchased by

the department is established during the purchasing process. For an item not purchased by the department, medical necessity may be documented on an appropriate medicaid certificate of medical necessity, on a prescription that addresses all specified criteria, or on any other form that is acceptable to the department. No additional documentation of medical necessity is necessary for subsequent repairs made to an item. The determination that an item not purchased by the department is medically necessary does not indicate that the item would be authorized for purchase.

- (13) Payment may be made for covered repair, maintenance, parts, accessories, or supplies for a DME item that is owned by an individual but has not been purchased by the department. Payment for the initial service or delivery requires PA; payment for subsequent service or deliveries does not require PA.
- (14) Unless otherwise specified elsewhere in this chapter of the Administrative Code, for each claim submitted for payment, a provider must keep the following supporting documents on file:
  - (a) A completed CMN, if required;
  - (b) If no CMN is required, a legible prescription that specifies a diagnosis;
  - (c) Any other information, such as practitioner orders or chart notes, used to establish the medical necessity of the DMEPOS item;
  - (d) Any record indicating a change in an individual's needs or plan of care;
  - (e) Proof of delivery;
  - (f) Confirmation that the recipient or the recipient's authorized representative has been instructed in the safe use of the DMEPOS item, if applicable;
  - (g) A copy of the manufacturer's or dealer's warranty, if applicable; and
  - (h) A record of any repair or service that has been performed on equipment not paid for by medicaid, if applicable.
- (15) The default CMN form for general DME items and supplies is the ODM 01913, "Certificate of Medical Necessity / Request for Need Verification: General Medical Supplies and Equipment" (rev. 7/2018).
- (16) Proof is required to show that a DMEPOS item has been delivered to the intended recipient.



- (a) Providers, their employees, and anyone else having a financial interest in the delivery of DMEPOS items are prohibited from accepting delivery of an item on behalf of a medicaid recipient.
  - (b) If a provider delivers directly to a recipient, then proof of delivery must include the signature of the recipient or the recipient's authorized representative. For a DMEPOS item delivered to a resident of a LTCF, the LTCF is responsible for furnishing proof of delivery.
  - (c) If a provider uses a third-party shipper, then acceptable proof of delivery includes the shipper's tracking slip or a returned postage-paid delivery invoice.
  - (d) If a signature obtained physically at the time of delivery is not legible, then the provider or shipper must record the name of the person accepting delivery and the relationship of the person to the recipient. If the provider or shipper records such information for a particular person and maintains it in a readily accessible format, then on subsequent deliveries only the signature is required.
- (17) No unnecessary extra payment will be made for a DMEPOS item or service. If more than one DMEPOS item or service will meet a recipient's needs equally well, then the maximum payment amount may not exceed the lowest of the respective costs.
- (18) No separate payment will be made under this chapter of the Administrative Code for the following items or services:
- (a) Items presumed to be nonmedical in nature and for which no medical necessity can therefore be demonstrated, including but not limited to the following examples:
    - (i) Environmental control devices;
    - (ii) Items that have no medical benefit but are intended solely for the comfort or convenience of the user;
    - (iii) Physical fitness equipment;
    - (iv) Precautionary items (e.g., emergency alert systems);
    - (v) Training equipment (e.g., speech-teaching machines);

- (vi) Communication aids, except as specified elsewhere in this chapter of the Administrative Code;
- (vii) Educational aids; and
- (viii) Hygiene equipment (e.g., bidets);
- (b) Routine over-the-counter treatment supplies (e.g., adhesive bandages, antiseptic solutions, antibiotic ointments) and personal hygiene items (e.g., soap, diapers for children younger than three years of age);
- (c) Medical supplies or DME items that are used during a visit with a medical practitioner (i.e., that are incident to a professional service) in the practitioner's office, in a clinic, or in the recipient's private residence;
- (d) Items or services that are covered under manufacturer or dealer warranty;
- (e) Items or services for which full remuneration is made through other payment mechanisms (e.g., diagnosis-related groups, per diem payments, workers' compensation, commercial insurance);
- (f) Costs of delivery (including postage), setup and assembly, pickup, and routine cleaning and maintenance associated with a covered DME item;
- (g) Labor, measuring, casting, fitting, travel by the supplier, and shipping or mailing associated with a covered orthotic device or prosthesis;
- (h) Maintenance and repair of equipment during a rental period;
- (i) Supporting wires, power supplies, cables, or attachment kits;
- (j) Related supplies and accessories that are furnished either during a rental period or with the dispensing or delivery of a purchased equipment item and for which no payment amount exists for separate purchase or rental;
- (k) A service call in addition to materials and labor;
- (l) Repairs, adjustments, or modifications that are made within ninety days after delivery or during the total rental period, unless necessitated by major changes in the recipient's condition;
- (m) Instruction of the recipient or the recipient's authorized representative in the safe use of an item; and

- (n) Education, training, instruction, counseling, or monitoring conducted in support of an individual's ordered treatment plan.
- (19) Payment is not available for DMEPOS items that duplicate or conflict with another item currently in the recipient's possession, regardless of payment or supply source. Providers are responsible for ascertaining whether duplication or conflict exists.
- (20) Certain DMEPOS items may be dispensed on a recurring basis. A provider must confirm a recipient's current need before the next delivery. If DMEPOS items are routinely delivered without necessary confirmation of need, then any payment for excess quantities is subject to recovery.
- (21) No prescription for disposable items dispensed on a recurring basis (e.g., incontinence garments, wound dressings) can be renewed earlier than ninety days before the expiration of the current prescription.
- (22) Most covered DME items are purchased and become the property of the recipient. Some covered DME items that require ongoing servicing are rented exclusively. Some covered DME items may be rented on a short-term basis, purchased, or rented and then purchased.
- (a) The short-term rental of a covered DME item other than a wheelchair requires PA, which may be given if rental is determined to be more cost-effective than purchase.
  - (b) Unless a different length of time is specified elsewhere in this chapter of the Administrative Code, the initial rental period must not exceed six months.
  - (c) PA may be given for additional rental periods.
  - (d) Regardless of its authorized length, a rental period ends when the rented item is no longer medically necessary.
  - (e) A monthly rental payment secures the rented item for the entire calendar month.
  - (f) During a rental period and for ninety days afterward, all rental amounts paid apply toward purchase.
  - (g) The department reserves the right to determine whether an item will be rented or purchased.

- (h) The provider must notify the recipient when an item in effect has been purchased through rental.
- (23) Certain medical supply items (e.g., gauze pads, wound fillers/packing) are dispensed in bulk. No payment amount per unit has been established for such items; instead, an overall payment limit per period is specified. The charge submitted by the provider must not exceed the manufacturer's suggested list price for the quantity of the item.
- (24) 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.
- (25) No provider may submit a claim for a DMEPOS item or service before the item or service has been supplied.

(E) Claim payment.

- (1) The payment amount specified in another rule in this chapter of the Administrative Code supersedes any payment amount established by provisions in this rule.
- (2) For a covered DMEPOS item or service represented by a new healthcare common procedure coding system (HCPCS) procedure code that takes effect at the beginning of a calendar year, the initial maximum payment amount is established in accordance with rule 5160-1-60 of the Administrative Code.
- (3) For any other covered DMEPOS item or service, the payment amount is the lesser of the submitted charge (which must reflect any discounts or rebates available to the provider at the time of claim submission but need not reflect subsequent discounts or rebates) or the first applicable medicaid maximum from the following ordered list:
  - (a) For a "by report" DMEPOS item or service, an amount determined on a case-by-case basis;
  - (b) For a supply item for which payment is determined by PA, whichever of the following two figures applies or the lesser of the two if both apply:
    - (i) Seventy-two per cent of the list price; or
    - (ii) One hundred forty-seven per cent of the invoice price (minus discounts or rebates);

- (c) For a non-supply DMEPOS item or service for which payment is determined by PA, an amount determined on a case-by-case basis;
- (d) For a bulk item having an overall payment limit per period, the submitted charge;
- (e) For the authorized purchase of a DMEPOS item in used condition, eighty per cent of the payment amount for the item in new condition;
- (f) For monthly payment for a "rental/purchase" DME item, ten per cent of the medicaid maximum specified for purchase;
- (g) For a professional service for which separate payment is made (e.g., a certain type of evaluation), the applicable amount listed in appendix DD to rule 5160-1-60 of the Administrative Code; or
- (h) The amount listed in the appendix to this rule.

Effective:

Five Year Review (FYR) Dates: 7/16/2023

---

Certification

---

Date

Promulgated Under: 119.03  
 Statutory Authority: 5164.02  
 Rule Amplifies: 5164.02  
 Prior Effective Dates: 04/07/1977, 12/21/1977, 12/30/1977, 01/08/1979, 01/01/1980, 02/01/1980, 03/01/1984, 12/30/1984, 05/19/1986, 07/01/1987, 10/01/1987, 04/01/1988, 10/01/1988, 04/13/1989 (Emer.), 05/15/1989, 09/01/1989, 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, 08/01/1995, 12/29/1995 (Emer.), 03/21/1996, 12/31/1996 (Emer.), 03/31/1997, 08/01/1997, 08/01/1998, 09/01/1998, 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, 09/01/2002, 12/12/2002, 03/24/2003, 07/01/2004, 10/01/2004, 11/01/2004 (Emer.), 12/30/2004 (Emer.), 01/16/2005, 03/28/2005, 09/01/2005, 12/30/2005 (Emer.), 03/27/2006, 07/01/2006, 10/15/2006, 12/29/2006 (Emer.), 03/29/2007, 04/16/2007, 07/30/2007, 11/20/2007, 12/16/2007, 12/31/2007 (Emer.), 03/30/2008, 12/31/2008 (Emer.), 03/31/2009, 04/01/2009, 07/31/2009 (Emer.), 10/29/2009, 12/31/2009 (Emer.), 01/01/2010, 02/01/2010 (Emer.), 03/31/2010, 12/30/2010 (Emer.), 03/30/2011, 08/02/2011, 09/01/2011, 12/30/2011 (Emer.).

03/29/2012, 07/01/2013, 12/31/2013, 04/01/2016,  
07/16/2018

**Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS)**  
**Appendix to rule 5160-10-01**  
**01/01/2019**

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC	Each	C01d	Syringes / needles	\$0.23	05/01/1990	Non-institutional only	Purchase only	100 per month	
A4208	SYRINGE WITH NEEDLE, STERILE 3 CC	Each	C01d	Syringes / needles	\$0.17	05/01/1990	Non-institutional only	Purchase only	100 per month	
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER	Each	C01d	Syringes / needles	\$0.27	05/01/1990	Non-institutional only	Purchase only	100 per month	
A4212	NON-CORING (HUBER-TYPE) NEEDLE	Each	C01d	Syringes / needles	\$3.60	04/01/1997	Non-institutional only	Purchase only	30 per month	
A4213	SYRINGE W/O NEEDLE, STERILE 20 CC OR GREATER	Each	C01d	Syringes / needles	\$0.60	11/22/1990	Non-institutional only	Purchase only	50 per year	
A4216	STERILE WATER/SALINE, 10 ML	10-milliliter vial	C01d	Distilled water / sterile saline	\$0.25	10/01/2004	Non-institutional only	Purchase only	90 per month	
A4217	STERILE WATER/SALINE, 500 ML	500-milliliter bottle	C01d	Distilled water / sterile saline	\$2.50	10/01/2004	Non-institutional only	Purchase only	36 per month	
A4221	SUPPLIES FOR MAINTENANCE OF A DRUG INFUSION CATHETER, PER WEEK	Set	C29	Infusion pump (non-nutrition) supplies	\$20.55	01/01/1998	Non-institutional only	Purchase only	4 per month	
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)	Set	C29	Infusion pump (non-nutrition) supplies	\$40.00	01/01/2005	Non-institutional only	Purchase only	60 per month	
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	Set	C29	Infusion pump (non-nutrition) supplies	\$15.00	01/01/2005	Non-institutional only	Purchase only	30 per month	
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	Set	C29	Infusion pump (non-nutrition) supplies	\$15.52	01/01/2017	Non-institutional only	Purchase only	1 per week	
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	Each	C29	Infusion pump (non-nutrition) supplies	\$2.08	01/01/2017	Non-institutional only	Purchase only	4 per month	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	Set	C29	Infusion pump (non-nutrition) supplies	\$8.66	03/29/2007	Non-institutional only	Purchase only	30 per month	
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE STYLE	Set	C29	Infusion pump (non-nutrition) supplies	\$5.27	03/29/2007	Non-institutional only	Purchase only	30 per month	
A4232	SYRINGE W/ NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE 3CC	Each	C29	Infusion pump (non-nutrition) supplies	\$4.00	10/15/2006	Non-institutional only	Purchase only	30 per month	
A4244	PEROXIDE/ALCOHOL, PER PINT	16 ounces	C01d	Antiseptic solution	\$0.56	05/01/1990	Non-institutional only	Purchase only	15 per month	
A4246	BETADINE, POVIDONE IODINE, OR PHISOHEX SOLUTION, PER PINT	16 ounces	C01d	Antiseptic solution	\$10.00	06/20/1990	Non-institutional only	Purchase only	6 per month	
A4247	BETADINE/POVIDONE IODINE WIPE/SWAB, PER BOX	Box	C01d	Antiseptic solution	\$19.00	01/01/2005	Non-institutional only	Purchase only	2 per month	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	Each	C01d	Family planning supplies	\$17.65	01/01/2005	Non-institutional only	Purchase only	2 per year	
A4265	PARAFFIN FOR USE IN MEDICALLY NECESSARY UNIT APPROVED BY THE DEPARTMENT, REFILL	Pound	C01d	Heat / cold application	\$3.37	12/15/2002	Non-institutional only	Purchase only	2 per month	
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	Each	C01d	Family planning supplies	\$25.46	04/01/2003	Non-institutional only	Purchase only	1 per year	
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE	Each	C01d	Family planning supplies	\$0.40	04/01/2003	Non-institutional only	Purchase only	36 per month	
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE	Each	C01d	Family planning supplies	\$2.10	04/01/2003	Non-institutional only	Purchase only	36 per month	
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE	Each	C01d	Family planning supplies	\$10.05	04/01/2003	Non-institutional only	Purchase only	1 per month	
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 50 ML OR MORE PER HOUR	Each	C29	Infusion pump (non-nutrition) equipment	\$12.73	04/01/1993	Non-institutional only	Purchase only	1 per day	
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE 5 ML OR LESS PER HOUR	Each	C29	Infusion pump (non-nutrition) equipment	\$12.73	04/01/1993	Non-institutional only	Purchase only	1 per day	
A4310	FOLEY CATH INSERTION TRAY WITHOUT DRAINAGE BAG, WITHOUT CATHETER	Each	C32b	Insertion tray	\$3.90	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY LATEX WITH COATING (TEFLON,	Each	C32b	Insertion tray	\$6.75	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	Each	C32b	Insertion tray	\$10.00	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG, WITH INDWELLING CATHETER, FOLEY TYPE, THREE WAY, FOR CONTINUOUS	Each	C32b	Insertion tray	\$14.00	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON,	Each	C32b	Insertion tray	\$10.75	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	Each	C32b	Insertion tray	\$14.00	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, 3 WAY, FOR CONTINUOUS IRRIGATION	Each	C32b	Insertion tray	\$18.00	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE	Each	C32b	Insertion tray	\$2.50	04/01/1992	Non-institutional only	Purchase only	30 per month	



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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A4322	IRRIGATION SYRINGE, WITH BULB OR PISTON	Each	C32b	Insertion syringe	\$1.60	06/20/1990	Non-institutional only	Purchase only	30 per month	
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	Each	C32b	Catheter	\$9.00	08/01/1997	Non-institutional only	Purchase only	5 per year	
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP	Each	C32b	Cup	\$37.00	08/01/1997	Non-institutional only	Purchase only	2 per year	
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH	Each	C32b	Pouch	\$8.33	04/01/2001	Non-institutional only	Purchase only	1 per month	
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE	Each	C32b	Pouch	\$5.80	04/01/2001	Non-institutional only	Purchase only	20 per month	
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR	Each	C32b	Tubing	\$3.04	04/01/2001	Non-institutional only	Purchase only	2 per month	
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	Each	C32b	Anchoring device	\$2.00	07/16/2018	Non-institutional only	Purchase only	12 per month	
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP	Each	C32b	Anchoring device	\$3.00	01/01/2001	Non-institutional only	Purchase only	1 per month	
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Each	C32b	Supply	PA	05/01/1990	Non-institutional only	Purchase only		
A4338	INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC)	Each	C32b	Catheter	\$4.20	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4340	INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC)	Each	C32b	Catheter	\$24.00	08/01/1997	Non-institutional only	Purchase only	3 per month	
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	Each	C32b	Catheter	\$9.39	04/01/1992	Non-institutional only	Purchase only	3 per month	
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION	Each	C32b	Catheter	\$12.50	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	Each	C32b	Catheter	\$1.39	01/01/2005	Non-institutional only	Purchase only	60 per month	A4349 replaces A4324, A4325, and A4247.
A4351	INTERMITTENT URINARY CATHETER, STRAIGHT TIP	Each	C32b	Catheter	\$0.79	01/01/1996	Non-institutional only	Purchase only	200 per month	
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP	Each	C32b	Catheter	\$2.00	01/01/1996	Non-institutional only	Purchase only	200 per month	
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Each	C32b	Catheter	\$3.49	10/01/2004	Non-institutional only	Purchase only	60 per month	Payment for A4353 includes lubricant.
A4354	CATHETER INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Each	C32b	Insertion tray	\$7.40	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4355	IRRIGATION TUBING SET 3-WAY INDWELLING FOLEY CATHETER	Each	C32b	Tubing	\$2.70	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, (NOT TO BE USED FOR CATHETER CLAMP)	Each	C32b	Clamp	\$30.01	05/01/1990	Non-institutional only	Purchase only	1 per year	
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE	Each	C32b	Bag	\$6.00	06/20/1990	Non-institutional only	Purchase only	2 per month	
A4358	URINARY LEG/ABDOMINAL BAG, VINYL, WITH OR WITHOUT TUBE WITH STRAPS	Each	C32b	Bag	\$6.26	04/01/2001	Non-institutional only	Purchase only	4 per month	
A4361	OSTOMY, FACE PLATE	Each	C32a	Face plate	\$17.52	04/01/2001	Non-institutional only	Purchase only	4 per year	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	C32a	Barrier	\$3.22	04/01/2001	Non-institutional only	Purchase only	20 per month	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	C32a	Adhesive	\$2.38	04/01/2001	Non-institutional only	Purchase only	4 per 2 months	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	C32a	Belt	\$6.96	04/01/2001	Non-institutional only	Purchase only	2 per 6 MOS	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	C32a	Barrier	\$2.30	01/01/2000	Non-institutional only	Purchase only	4 per month	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	C32a	Barrier	\$3.48	04/01/2001	Non-institutional only	Purchase only	4 per month	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	C32a	Barrier	\$3.78	01/01/2000	Non-institutional only	Purchase only	20 per month	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	C32a	Barrier	\$5.99	04/01/2001	Non-institutional only	Purchase only	20 per month	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	C32a	Pouch	\$15.56	01/01/2000	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.

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

HCPSC CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER	Each	C32a	Pouch	\$43.11	01/01/2000	Non-institutional only	Purchase only	5 per month	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	C32a	Pouch	\$3.89	01/01/2000	Non-institutional only	Purchase only	10 per month	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	C32a	Pouch	\$27.86	01/01/2000	Non-institutional only	Purchase only	10 per month	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	C32a	Pouch	\$13.61	01/01/2000	Non-institutional only	Purchase only	5 per month	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	C32a	Pouch	\$33.82	01/01/2000	Non-institutional only	Purchase only	5 per month	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	C32a	Pouch	\$4.18	01/01/2000	Non-institutional only	Purchase only	10 per month	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	C32a	Pouch	\$22.31	01/01/2000	Non-institutional only	Purchase only	10 per month	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	C32a	Pouch	\$25.55	01/01/2000	Non-institutional only	Purchase only	10 per month	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	C32a	Face plate	\$8.72	01/01/2000	Non-institutional only	Purchase only	4 per year	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	C32a	Barrier	\$4.00	04/01/2001	Non-institutional only	Purchase only	5 per month	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	C32a	Pouch	\$2.00	07/16/2018	Non-institutional only	Purchase only	45 per month	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	C32a	Pouch	\$3.87	04/01/2001	Non-institutional only	Purchase only	10 per month	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	C32a	Pouch	\$5.55	04/01/2001	Non-institutional only	Purchase only	20 per month	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	C32a	Pouch	\$8.94	04/01/2001	Non-institutional only	Purchase only	5 per month	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	C32a	Pouch	\$6.04	04/01/2001	Non-institutional only	Purchase only	10 per month	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	C32a	Pouch	\$6.34	04/01/2001	Non-institutional only	Purchase only	20 per month	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	C32a	Pouch	\$7.81	04/01/2001	Non-institutional only	Purchase only	5 per month	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	C32a	Belt	\$24.20	10/01/2004	Non-institutional only	Purchase only	1 per 3 months	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	C32a	Irrigation	\$4.41	04/01/2001	Non-institutional only	Purchase only	10 per month	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	C32a	Irrigation	\$13.17	04/01/2001	Non-institutional only	Purchase only	4 per year	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	C32a	Irrigation	\$9.95	01/01/1998	Non-institutional only	Purchase only	1 per 6 months	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	C32a	Irrigation	\$45.00	08/01/1997	Non-institutional only	Purchase only	2 per year	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4402	LUBRICANT, PER OUNCE	Ounce	C01d	Other supply item	\$0.65	08/01/1998	Non-institutional only	Purchase only	8 per month	
A4404	OSTOMY RING, EACH	Each	C32a	Ring	\$1.47	04/01/2001	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE	Ounce	C32a	Barrier	\$3.27	04/01/2003	Non-institutional only	Purchase only	4 per month	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	C32a	Barrier	\$3.27	04/01/2003	Non-institutional only	Purchase only	4 per month	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	C32a	Barrier	\$7.67	04/01/2003	Non-institutional only	Purchase only	5 per month	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	C32a	Barrier	\$7.67	04/01/2003	Non-institutional only	Purchase only	5 per month	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	C32a	Barrier	\$5.68	04/01/2003	Non-institutional only	Purchase only	5 per month	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	C32a	Barrier	\$5.68	04/01/2003	Non-institutional only	Purchase only	5 per month	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	C32a	Barrier	\$4.24	04/01/2003	Non-institutional only	Purchase only	20 per month	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	C32a	Barrier	\$4.24	04/01/2003	Non-institutional only	Purchase only	20 per month	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	C32a	Supply	PA	05/01/1990	Non-institutional only	Purchase 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.
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	18 square inches	C34	Dressings / tape / gauze / bandages	\$0.08	10/01/2004	Non-institutional only	Purchase only	200 per month	
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	18 square inches	C34	Dressings / tape / gauze / bandages	\$0.32	10/01/2004	Non-institutional only	Purchase only	200 per month	
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE) NOT COVERED FOR USE WITH UROLOGICAL SUPPLIES	Ounce	C01d	Supply	\$1.36	04/01/2001	Non-institutional only	Purchase only	8 per month	
A4458	ENEMA BAG WITH TUBING, REUSABLE	Each	C01d	Bag	\$8.00	10/01/2004	Non-institutional only	Purchase only	1 per 2 years	
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	Each	C14a	Elastic supports	\$40.00	01/01/2017	Non-institutional only	Purchase only	2 per year	A4467 replaces A4466.
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	Each	C01d	Tracheostomy supplies	\$4.15	01/01/2005	Non-institutional only	Purchase only	100 per month	
A4490	PRESSURE GRADIENT SURGICAL STOCKING, ABOVE KNEE LENGTH	Each	C14a	Surgical stockings and burn garments	\$25.00	10/15/2006	Non-institutional only	Purchase only	6 per year	
A4495	PRESSURE GRADIENT SURGICAL STOCKING, THIGH LENGTH	Each	C14a	Surgical stockings and burn garments	\$25.00	10/15/2006	Non-institutional only	Purchase only	6 per year	
A4500	PRESSURE GRADIENT SURGICAL STOCKING, BELOW KNEE LENGTH	Each	C14a	Surgical stockings and burn garments	\$22.00	10/15/2006	Non-institutional only	Purchase only	6 per year	
A4510	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, LEOTARD	Each	C14a	Surgical stockings and burn garments	\$75.00	01/01/2008	Non-institutional only	Purchase only	3 per year	
A4556	ELECTRODES, PER PAIR (E.G., APNEA MONITOR)	Pair	C01d	Electrodes	\$9.41	10/01/2004	Non-institutional only	Purchase only	1 per month	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	C01d	Lead wires	\$16.36	10/01/2004	Non-institutional only	Purchase only	1 per month	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	C01d	Supply	\$4.23	10/01/2004	Non-institutional only	Purchase only	1 per month	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4561	PESSARY, RUBBER, ANY TYPE	Each	C01d	Supply	\$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	
A4562	PESSARY, NON-RUBBER, ANY TYPE	Each	C01d	Supply	\$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	
A4565	SLING	Each	C01d	Limb support	\$6.30	07/01/2002	Non-institutional only	Purchase only	2 per year	
A4566	SHOULDER SLINT OR VEST DESIGN, ABDUCTION RESTRAINER	Each	C01c	Shoulder	\$95.00	01/01/2011	All	Purchase only	1 per medical event	
A4570	SPLINT	Each	C01d	Limb support	\$10.00	05/01/1990	Non-institutional only	Purchase only	1 per year	
A4580	CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY	Roll	C01d	Casting	\$2.55	11/01/1992	Non-institutional only	Purchase only	1 per year	
A4590	CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY	Roll	C01d	Casting	\$15.00	11/01/1992	Non-institutional only	Purchase only	1 per year	
A4595	TENS SUPPLIES, FOR 2 OR 4 LEAD (FOR A RECIPIENT-OWNED UNIT)	Each	C15	TENS supplies	\$25.00	01/01/1996	Non-institutional only	Purchase only	1 per month	No separate payment is made for TENS supplies during any month in which a TENS unit is rented.
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR PAP	Each	C19	Tubing	\$53.40	02/08/2016	Non-institutional only	Purchase only	1 per year	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	Each	C01d	Respiratory care supplies	\$13.12	01/01/2005	Non-institutional only	Purchase only	10 per month	A claim may be submitted for only one type of tracheal suction catheter per month.
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	Each	C23	Probe	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	C22	Ventilator battery	\$100.00	05/01/1990	Non-institutional only	Purchase only	1 per year	
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	C22	Ventilator battery	\$60.00	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	C22	Ventilator battery	\$60.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	
A4616	TUBING, AEROSOL, (PER FOOT)	Foot	C01d	Respiratory care supplies	\$0.05	01/01/2008	Non-institutional only	Purchase only	15 per month	
A4617	MOUTH PIECE	Each	C13	Respiratory care supplies	\$1.00	05/01/1990	Non-institutional only	Purchase only	1 per 2 months	
A4618	BREATHING CIRCUITS, IPPB (FOR CONSUMER-OWNED IPPB ONLY)	Each	C19	Breathing circuits	\$2.60	05/01/1990	Non-institutional only	Purchase only	4 per month	
A4619	OXYGEN FACE TENT	Each	C13	Respiratory care supplies	\$1.21	01/01/2002	Non-institutional only	Purchase only	6 per month	
A4620	VARIABLE CONCENTRATION MASK	Each	C13	Respiratory care supplies	\$0.62	04/01/2009	Non-institutional only	Purchase only	6 per month	
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)	Each	C01d	Tracheostomy supplies	\$4.38	01/01/1994	Non-institutional only	Purchase only	30 per month	
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, ADULT	Each	C01d	Respiratory care supplies	\$0.80	05/01/1990	Non-institutional only	Purchase only	150 per month	A claim may be submitted for only one type of tracheal suction catheter per month.
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY (CLEANING STARTER KIT)	Each	C01d	Tracheostomy supplies	\$3.55	01/01/1996	Non-institutional only	Purchase only	30 per month	This item is covered only for the first two weeks following open surgical tracheostomy.
A4626	TRACHEOSTOMY CLEANING BRUSH	Each	C01d	Tracheostomy supplies	\$1.38	01/01/1993	Non-institutional only	Purchase only	10 per month	
A4628	OROPHARYNGEAL SUCTION CATHETER	Each	C01d	Respiratory care supplies	\$2.70	01/01/1996	Non-institutional only	Purchase only	4 per month	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Each	C01d	Tracheostomy supplies	\$2.55	01/01/1996	Non-institutional only	Purchase only	30 per month	
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	Each	C30	Ambulation accessory	\$1.50	05/25/1991	Non-institutional only	Purchase only	2 per year	
A4636	HANDGRIP, REPLACEMENT, CANE, CRUTCH, OR WALKER, EACH	Each	C30	Ambulation accessory	\$1.66	05/25/1991	Non-institutional only	Purchase only	4 per year	
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH	Each	C30	Ambulation accessory	\$1.90	05/25/1991	Non-institutional only	Purchase only	4 per year	
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY CONSUMER	Each	C18b	Pad	\$31.28	05/25/1991	Non-institutional only	Purchase only	1 per year	
A4649	SURGICAL SUPPLY, MISCELLANEOUS (DO NOT USE FOR OSTOMY SUPPLIES)	Each	C01d	Supply	PA	05/01/1990	Non-institutional only	Purchase only		
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF & STETHOSCOPE	Set	C01a	Blood pressure monitor and accessories	\$30.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
A4663	BLOOD PRESSURE CUFF ONLY (REPLACEMENT)	Each	C01a	Blood pressure monitor and accessories	\$13.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	Each	C01a	Blood pressure monitor and accessories	\$47.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	Set	C29	Infusion pump (non-nutrition) supplies	\$5.00	10/01/2004	Non-institutional only	Purchase only	30 per month	
A4927	GLOVES, NON-STERILE	100	C01d	Supply	\$8.69	04/01/2003	Non-institutional only	Purchase only	2 per month	
A4930	GLOVES, STERILE	Pair	C01d	Supply	\$0.55	04/01/2003	Non-institutional only	Purchase only	100 pairs per month	
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE).	Each	C32a	Pouch	\$1.91	04/01/2001	Non-institutional only	Purchase only	45 per month	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	C32a	Pouch	\$1.36	04/01/2001	Non-institutional only	Purchase only	45 per month	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	C32a	Pouch	\$1.58	01/01/1998	Non-institutional only	Purchase only	45 per month	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	C32a	Pouch	\$1.35	04/01/2001	Non-institutional only	Purchase only	45 per month	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	C32a	Cap	\$1.27	04/01/2001	Non-institutional only	Purchase only	30 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.

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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A5061	POUCH, DRAINABLE WITH BARRIER ATTACHED (1 PIECE)	Each	C32a	Pouch	\$2.45	04/01/2001	Non-institutional only	Purchase only	30 per month	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	C32a	Pouch	\$1.90	08/01/1997	Non-institutional only	Purchase only	20 per month	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	C32a	Pouch	\$2.13	04/01/2001	Non-institutional only	Purchase only	10 per month	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	C32a	Pouch	\$4.15	04/01/2001	Non-institutional only	Purchase only	20 per month	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	C32a	Pouch	\$3.10	04/01/2001	Non-institutional only	Purchase only	20 per month	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	C32a	Pouch	\$2.98	04/01/2001	Non-institutional only	Purchase only	10 per month	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	C32a	Plug	\$3.00	01/01/1998	Non-institutional only	Purchase only	40 per month	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	C32a	Catheter	\$10.75	01/01/1998	Non-institutional only	Purchase only	1 per 2 months	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	C32a	Insert	\$1.58	04/01/2001	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5102	BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE	Each	C32b	Bottle	\$21.39	04/01/2001	Non-institutional only	Purchase only	2 per year	
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	Each	C32b	Suspensory	\$40.32	07/01/2002	Non-institutional only	Purchase only	2 per year	
A5112	URINARY LEG BAG; LATEX	Each	C32b	Bag	\$31.16	07/01/2002	Non-institutional only	Purchase only	3 per year	
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)	Each	C32b	Strap	\$1.30	11/15/1993	Non-institutional only	Purchase only	4 per year	
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)	Each	C32b	Strap	\$4.25	04/01/2001	Non-institutional only	Purchase only	4 per year	
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	Each	C32a	Wipes	\$0.17	01/01/2006	Non-institutional only	Purchase only	50 per month	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	C32a	Barrier	\$6.70	05/01/1990	Non-institutional only	Purchase only	5 per month	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	C32a	Barrier	\$12.26	04/01/2001	Non-institutional only	Purchase only	6 per month	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	C32a	Pad	\$1.11	07/01/2002	Non-institutional only	Purchase only	20 per month	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.	16 ounces	C32a	Cleaner	\$12.25	01/01/1998	Non-institutional only	Purchase only	1 per 3 months	
A5500	DIABS ONLY, FITTING, CUSTOM PREP, OFFSHELF, PER SHOE	Each	C31a	Diabetic shoes	\$46.07	01/01/2010	All	Purchase only	1 per foot per year	
A5501	FOR DIABETICS ONLY, CUSTOM MOLDED SHOE	Each	C31a	Diabetic shoes	\$160.19	01/01/2010	All	Purchase only	1 per foot per year	
A5512	DIABS ONLY, MULT DENSITY INSERT, DIRECT FORM	Each	C31a	Diabetic shoes	\$18.80	01/01/2010	All	Purchase only	1 per foot per year	
A5513	DIABS ONLY, MULT DENSITY INSERT, CUSTOM	Each	C31a	Diabetic shoes	\$28.04	01/01/2010	All	Purchase only	1 per foot per year	
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM	Gram	C34	Wound fillers	\$30.96	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM	Gram	C34	Wound fillers	\$1.82	01/01/2005	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6021	COLLAGEN DRESSING, LESS THAN 16 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$16.82	04/01/2006	Non-institutional only	Purchase only	10 per month	
A6022	COLLAGEN DRESSING, MORE THAN 16 SQ IN, LESS THAN OR EQUAL TO 48 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$18.91	04/01/2006	Non-institutional only	Purchase only	10 per month	
A6023	COLLAGEN DRESSING, MORE THAN 48 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$171.27	04/01/2006	Non-institutional only	Purchase only	20 per month	
A6154	WOUND POUCH, FOR SURGICAL WOUND DRAINAGE, PER WOUND	Each	C34	Dressings / tape / gauze / bandages	\$11.40	01/01/1997	Non-institutional only	Purchase only	15 per month	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS	Each	C34	Dressings / tape / gauze / bandages	\$6.00	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$12.50	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$31.40	04/01/2006	Non-institutional only	Purchase only	30 per month	
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 IN.	6 inches	C34	Wound fillers	\$5.29	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$3.02	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$4.50	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	PA	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS	Each	C34	Dressings / tape / gauze / bandages	PA	01/01/1997	Non-institutional only	Purchase only	4 per month	
A6207	CONTACT LAYER, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$5.30	01/01/1997	Non-institutional only	Purchase only	4 per month	
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$11.98	04/01/2006	Non-institutional only	Purchase only	4 per month	
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$6.17	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$14.35	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$25.21	01/01/1999	Non-institutional only	Purchase only	12 per month	
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN., OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$7.00	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE	Each	C34	Dressings / tape / gauze / bandages	\$12.54	04/01/2006	Non-institutional only	Purchase only	12 per month	
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$7.45	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	Gram	C34	Wound fillers	\$1.23	04/01/2006	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6216	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.04	07/16/2018	Non-institutional only	Purchase only	\$50 per month	
A6217	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.64	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6218	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$1.27	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.95	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$2.58	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.52	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6222	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	Each	C34	Dressings / tape / gauze / bandages	\$1.65	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6223	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 16 BUT LESS THAN OR	Each	C34	Dressings / tape / gauze / bandages	\$1.75	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6224	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	Each	C34	Dressings / tape / gauze / bandages	\$2.60	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6231	GAUZE, IMPREGNATED, HYDROGEL, 16 SQ IN OR LESS	Each	C34	Dressings / tape / gauze / bandages	\$1.65	01/01/2001	Non-institutional only	Purchase only	12 per month	
A6232	GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$1.75	01/01/2001	Non-institutional only	Purchase only	12 per month	
A6233	GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 48 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$2.60	01/01/2001	Non-institutional only	Purchase only	12 per month	
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$4.80	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE	Each	C34	Dressings / tape / gauze / bandages	\$12.15	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$19.65	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$5.80	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE	Each	C34	Dressings / tape / gauze / bandages	\$16.75	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	PA	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OZ.	Fluid ounce	C34	Wound fillers	\$5.00	07/26/2007	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	Gram	C34	Wound fillers	\$2.57	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$4.80	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE	Each	C34	Dressings / tape / gauze / bandages	\$8.75	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$28.30	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$5.90	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE	Each	C34	Dressings / tape / gauze / bandages	\$7.15	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$17.15	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ.	Fluid ounce	C34	Wound fillers	\$5.76	07/26/2007	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.90	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT	Each	C34	Dressings / tape / gauze / bandages	\$2.35	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$4.60	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.90	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY	Each	C34	Dressings / tape / gauze / bandages	\$2.20	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	PA	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS	Each	C34	Dressings / tape / gauze / bandages	\$1.10	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6258	TRANSPARENT FILM, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$3.10	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$7.90	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6261	WOUND FILLER, NOT ELSEW CLASSIFIED, GEL/PASTE, PER FLUID OZ.	Month	C34	Wound fillers	\$100.00	01/01/1997	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6262	WOUND FILLER, NOT ELSEWHERE CLASSIFIED, DRY FORM, PER GRAM	Month	C34	Wound fillers	\$100.00	01/01/1997	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.75	08/01/1997	Non-institutional only	Purchase only	100 yards per month	
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.12	04/01/2006	Non-institutional only	Purchase only	\$50 per month	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	C34	Dressings / tape / gauze / bandages	\$0.43	04/01/2006	Non-institutional only	Purchase only	\$50 per month	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	C34	Dressings / tape / gauze / bandages	\$0.61	04/01/2006	Non-institutional only	Purchase only	\$50 per month	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	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.54	01/01/2005	Non-institutional only	Purchase only	100 per month	
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.14	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.23	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.45	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.26	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.33	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.54	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.04	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.05	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.60	01/01/2005	Non-institutional only	Purchase only	18 per 3 months	
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50 PERCENT	Linear yard	C34	Dressings / tape / gauze / bandages	\$3.19	01/01/2005	Non-institutional only	Purchase only	18 per 3 months	
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT	Linear yard	C34	Dressings / tape / gauze / bandages	\$5.32	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.55	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.69	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.25	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6530	COMPRESSION STOCKING BK18-30, EACH	Each	C14a	Elastic supports	\$21.64	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6531	COMPRESSION STOCKING BK30-40	Each	C14a	Elastic supports	\$26.06	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6532	COMPRESSION STOCKING BK40-50	Each	C14a	Elastic supports	\$30.48	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6533	GC STOCKING THIGHLNGTH 18-30	Each	C14a	Elastic supports	\$24.64	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6534	GC STOCKING THIGHLNGTH 30-40	Each	C14a	Elastic supports	\$29.06	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6535	GC STOCKING THIGHLNGTH 40-50	Each	C14a	Elastic supports	\$33.48	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6536	GC STOCKING FULL LNGTH 18-30	Each	C14a	Elastic supports	\$43.27	01/01/2006	Non-institutional only	Purchase only	6 per year	
A6537	GC STOCKING FULL LNGTH 30-40	Each	C14a	Elastic supports	\$52.12	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6538	GC STOCKING FULL LNGTH 40-50	Each	C14a	Elastic supports	\$60.96	01/01/2006	Non-institutional only	Purchase only	6 per year	
A6539	GC STOCKING WAISTLNGTH 18-30	Each	C14a	Elastic supports	\$50.00	07/26/2007	Non-institutional only	Purchase only	3 per year	
A6540	GC STOCKING WAISTLNGTH 30-40	Each	C14a	Elastic supports	\$62.50	07/26/2007	Non-institutional only	Purchase only	3 per year	
A6541	GC STOCKING WAISTLNGTH 40-50	Each	C14a	Elastic supports	\$75.00	07/26/2007	Non-institutional only	Purchase only	3 per year	
A6549	G COMPRESSION STOCKING, NOS	Each	C14a	Elastic supports	PA	01/01/2011	Non-institutional only	Purchase only	6 per year	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	Each	C01a	Suction pump	\$7.50	01/01/2000	Non-institutional only	Purchase only	3 per month	
A7002	TUBING, USED WITH SUCTION PUMP, INCLUDING CONNECTOR/ADAPTOR	Each	C01a	Suction pump	\$3.75	01/01/2000	Non-institutional only	Purchase only	4 per month	
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	C01d	Respiratory care supplies	\$2.15	01/01/2000	Non-institutional only	Purchase only	4 per month	
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	C01d	Respiratory care supplies	\$1.44	10/01/2004	Non-institutional only	Purchase only	4 per month	
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	Each	C01d	Respiratory care supplies	\$20.00	01/01/2000	Non-institutional only	Purchase only	2 per year	
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Each	C01d	Respiratory care supplies	\$8.00	01/01/2000	Non-institutional only	Purchase only	4 per month	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	Each	C01d	Respiratory care supplies	\$4.00	10/01/2004	Non-institutional only	Purchase only	4 per month	
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Each	C01d	Respiratory care supplies	\$1.80	01/01/2000	Non-institutional only	Purchase only	4 per month	
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	Each	C01d	Respiratory care supplies	\$1.63	07/01/2002	Non-institutional only	Purchase only	4 per month	



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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A7018	WATER, DISTILLED, 1000 ML	Liter	C01d	Distilled water / sterile saline	\$0.28	01/01/2001	Non-institutional only	Purchase only	16 per month	
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, ONLY FOR ADDITIONAL FAMILY MEMBER USING EQUIPMENT	Each	C08	HFCWO system	\$400.00	10/01/2004	Non-institutional only	Purchase only	1 per lifetime	
A7030	FULL FACEMASK INTERFACE, CPAP	Each	C19	Face mask	\$113.18	04/01/2006	Non-institutional only	Purchase only	1 per year	
A7031	FACE MASK INTERFACE, REPLACEMENT FULL FACE MASK	Each	C19	Replacement supply	\$51.12	02/08/2016	Non-institutional only	Purchase only	1 per year	
A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	Each	C19	Replacement supply	\$21.36	10/01/2004	Non-institutional only	Purchase only	2 per year	
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	Pair	C19	Replacement supply	\$21.36	10/01/2004	Non-institutional only	Purchase only	2 per year	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	Each	C19	Nasal interface	\$66.71	10/01/2004	Non-institutional only	Purchase only	1 per year	
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	PAP headgear	\$34.95	04/01/2003	Non-institutional only	Purchase only	1 per year	
A7036	CHINSTRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	PAP chinstrap	\$13.60	04/01/2003	Non-institutional only	Purchase only	2 per year	
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Tubing	\$28.75	04/01/2003	Non-institutional only	Purchase only	1 per year	
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Filter	\$3.25	04/01/2003	Non-institutional only	Purchase only	1 per month	
A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Filter	\$12.30	04/01/2003	Non-institutional only	Purchase only	4 per year	
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE	Each	C19	Vacuum	\$37.58	01/01/2015	Non-institutional only	Purchase only	4 per year	
A7504	FILTER FOR USE IN A TRACHEOSTOMY HEAT AND MOISTURE EXCHANGE SYSTEM	Each	C01d	Tracheostomy supplies	\$0.54	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA	Each	C01d	Tracheostomy supplies	\$3.74	10/01/2004	Non-institutional only	Purchase only	4 per month	
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE	Each	C01d	Tracheostomy supplies	\$0.26	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE	Each	C01d	Tracheostomy supplies	\$1.99	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Each	C01d	Tracheostomy supplies	\$2.30	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE	Each	C01d	Tracheostomy supplies	\$1.13	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL	Each	C01d	Tracheostomy supplies	\$47.48	10/01/2004	Non-institutional only	Purchase only	2 per month	
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL -- "CUSTOM-MADE"	Each	C01d	Tracheostomy supplies	\$389.55	04/01/2016	Non-institutional only	Purchase only	2 per month	Modifier U1 is used to differentiate this item.
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL -- "STOCK WITH MODIFICATIONS--PEDIATRIC"	Each	C01d	Tracheostomy supplies	\$100.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Modifier U2 is used to differentiate this item.
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL -- "STANDARD OR STOCK WITH MODIFICATIONS--"	Each	C01d	Tracheostomy supplies	\$60.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Modifier U3 is used to differentiate this item.
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL	Each	C01d	Tracheostomy supplies	\$47.05	10/01/2004	Non-institutional only	Purchase only	2 per month	
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL -- "CUSTOM-MADE"	Each	C01d	Tracheostomy supplies	\$404.25	04/01/2016	Non-institutional only	Purchase only	2 per month	Modifier U1 is used to differentiate this item.
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL -- "STANDARD OR STOCK, WITH MODIFICATIONS--"	Each	C01d	Tracheostomy supplies	\$220.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Modifier U2 is used to differentiate this item.
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL -- "CUFFED, STANDARD OR STOCK WITH MODIFICATIONS--"	Each	C01d	Tracheostomy supplies	\$75.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Modifier U3 is used to differentiate this item.
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)	Each	C01d	Tracheostomy supplies	\$45.16	10/01/2004	Non-institutional only	Purchase only	2 per month	
A7525	TRACHEOSTOMY MASK	Each	C01d	Tracheostomy supplies	\$1.39	10/01/2004	Non-institutional only	Purchase only	4 per month	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER	Each	C01d	Tracheostomy supplies	\$3.00	10/01/2004	Non-institutional only	Purchase only	15 per month	This item is not payable in conjunction with twill tape. Only one type of tracheostomy tie is medically necessary.
A8000	SOFT PROTECT HELMET PREFAB	Each	C01c	Cranium	\$103.41	01/01/2010	All	Purchase only	1 per year	
A8001	HARD PROTECT HELMET PREFAB	Each	C01c	Cranium	\$103.41	01/01/2010	All	Purchase only	1 per year	
A8002	SOFT PROTECT HELMET CUSTOM	Each	C01c	Cranium	\$441.26	01/01/2010	All	Purchase only	1 per year	
A8003	HARD PROTECT HELMET CUSTOM	Each	C01c	Cranium	\$441.26	01/01/2010	All	Purchase only	1 per year	
A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	Each	C01d	Heat / cold application	\$7.50	01/01/2011	Non-institutional only	Purchase only	1 per 5 years	

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

HCPGS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	Each	C29	Sensor	\$12.26	07/16/2018	Non-institutional only?	Purchase only	1 per day	
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Each	C29	Transmitter	\$522.30	07/16/2018	Non-institutional only?	Purchase only	PA	2 per year for one, 4-5 per year for another
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Each	C29	Monitor	\$495-\$649	07/16/2018	Non-institutional only?	Purchase only	1 per year	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	Each	C26	Feeding kit	\$3.72	01/01/2010	Non-institutional only	Purchase only	1 per day	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY-USED WITH INLINE LIPASE CARTRIDGE	Each	C26	Feeding kit	\$34.92	07/16/2018	Non-institutional only	Purchase only	1 per day	Modifier U1 is used to differentiate this item.
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Each	C26	Feeding kit	\$6.79	01/01/2010	Non-institutional only	Purchase only	1 per day	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY-USED WITH INLINE LIPASE CARTRIDGE	Each	C26	Feeding kit	\$37.99	07/16/2018	Non-institutional only	Purchase only	1 per day	Modifier U1 is used to differentiate this item.
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCLUDES BAGS/CONTAINERS)	Each	C26	Feeding kit	\$4.85	01/01/2010	Non-institutional only	Purchase only	1 per day	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCLUDES BAGS/CONTAINERS)-USED WITH INLINE LIPASE CARTRIDGE	Each	C26	Feeding kit	\$36.05	07/16/2018	Non-institutional only	Purchase only	1 per day	Modifier U1 is used to differentiate this item.
B4081	NASOGASTRIC TUBING WITH STYLET	Each	C26	Tubing	\$19.19	01/01/2010	Non-institutional only	Purchase only	2 per month	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Each	C26	Tubing	\$14.29	01/01/2010	Non-institutional only	Purchase only	2 per month	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4083	STOMACH TUBE, LEVINE TYPE	Each	C26	Tubing	\$2.05	01/01/2010	Non-institutional only	Purchase only	8 per month	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD	Each	C26	Tubing	\$29.66	01/01/2010	Non-institutional only	Purchase only	4 per year	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE	Each	C26	Tubing	\$108.64	01/01/2010	Non-institutional only	Purchase only	4 per year	
B4100	FOOD THICKENER, ORAL, PER OUNCE	Ounce	C26	Nutritional supplement	\$0.65	01/01/2016	Non-institutional only	Purchase only	30 units per day	
B4100	FOOD THICKENER, ORAL, CONCENTRATED FORMULA, PER OUNCE	Ounce	C26	Nutritional supplement	\$1.62	02/01/2018	Non-institutional only	Purchase only	12 units per day	Modifier U1 is used to differentiate this item.
B4102	EF ADULT FLUIDS AND ELECTROLYTES	Each	C26	Nutritional supplement	\$0.60	06/01/2014	Non-institutional only	Purchase only	Medical necessity	This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply.
B4103	EF PED FLUID AND ELECTROLYTES	Each	C26	Nutritional supplement	\$0.60	06/01/2014	Non-institutional only	Purchase only	Medical necessity	This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply.
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER,	100 calories	C26	Formula	\$1.33	07/16/2018	Non-institutional only	Purchase only	Medical necessity	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.
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED	100 calories	C26	Formula	\$0.61	01/01/2010	Non-institutional only	Purchase only	20 units per day	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,	100 calories	C26	Formula	\$0.51	01/01/2010	Non-institutional only	Purchase only	20 units per day	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,	100 calories	C26	Formula	\$1.75	01/01/2010	Non-institutional only	Purchase only	20 units per day	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	100 calories	C26	Formula	\$1.12	01/01/2010	Non-institutional only	Purchase only	20 units per day	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.	100 calories	C26	Formula	\$0.87	01/01/2010	Non-institutional only	Purchase only	20 units per day	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	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	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	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	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,	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	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,	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	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.

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

HCPGS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO.
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, COMPLETE - PER DAY	Each	C26	Supply kit	\$4.53	01/01/2010	Non-institutional only	Purchase only	1 per day	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	C26	Supply kit	\$6.95	01/01/2010	Non-institutional only	Purchase only	1 per day	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	C26	Administration kit	\$14.55	01/01/2010	Non-institutional only	Purchase only	1 per day	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual.
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Each	C26	Pump	\$679.00	01/01/2010	Non-institutional only	Rental / purchase	1 per 8 years	
B9004	PARENTERAL NUTRITION INFUSION PUMP - PORTABLE	Each	C26	Pump	\$2,170.86	01/01/2010	Non-institutional only	Rental / purchase	1 per 8 years	
B9006	PARENTERAL NUTRITION INFUSION PUMP - STATIONARY	Each	C26	Pump	\$2,170.86	01/01/2010	Non-institutional only	Rental / purchase	1 per 8 years	
B9998	ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED		C26	Supply	PA	05/01/1990	Non-institutional only	Purchase only		
B9999	PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED		C26	Supply	PA	05/01/1990	Non-institutional only	Purchase only		
E0100	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Each	C30	Cane	\$10.19	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	
E0100	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Each	C30	Cane	\$10.19	01/01/2019	Non-institutional only	Purchase only	1 per year	Modifier U1 is used to differentiate this item as a white cane for blind or otherwise visually impaired individuals.
E0105	CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	Each	C30	Cane	\$39.28	04/01/2006	Non-institutional only	Purchase only	1 per 3 years	
E0110	CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS	Pair	C30	Crutches	\$50.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	
E0111	CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS	Each	C30	Crutches	\$25.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	
E0112	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS	Pair	C30	Crutches	\$19.25	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0113	CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS	Each	C30	Crutches	\$10.30	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0114	CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS	Pair	C30	Crutches	\$23.85	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0116	CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS	Each	C30	Crutches	\$11.95	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS	Each	C30	Walker	\$35.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS	Each	C30	Walker	\$47.00	02/17/1991	Non-institutional only	Purchase only	1 per 5 years	
E0140	WALKER WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	Each	C30	Walker	\$200.00	09/01/2005	Non-institutional only	Purchase only	1 per 5 years	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	C30	Walker	\$58.00	11/01/1992	Non-institutional only	Purchase only	1 per 5 years	
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	C30	Walker	\$52.80	07/16/2018	Non-institutional only	Purchase only	1 per 5 years	
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	Each	C30	Walker	\$150.00	10/01/2004	Non-institutional only	Purchase only	1 per 5 years	
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	Each	C30	Walker	\$150.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	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	C30	Walker	\$109.07	01/01/2001	Non-institutional only	Purchase only	1 per 5 years	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	C30	Walker	\$135.00	01/01/2001	Non-institutional only	Purchase only	1 per 5 years	Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight.
E0154	PLATFORM ATTACHMENT, WALKER	Each	C30	Ambulation accessory	\$51.44	01/01/1999	Non-institutional only	Purchase only	2 per 3 years	
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER , PAIR	Pair	C30	Ambulation accessory	\$16.25	05/01/1990	Non-institutional only	Purchase only	4 per 3 years	
E0156	SEAT ATTACHMENT, WALKER	Each	C30	Ambulation accessory	\$15.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	
E0157	CRUTCH ATTACHMENT, WALKER	Each	C30	Ambulation accessory	\$62.50	05/01/1990	Non-institutional only	Purchase only	2 per 3 years	
E0158	LEG EXTENSIONS FOR WALKER , PER SET OF FOUR	Set of 4	C30	Ambulation accessory	\$12.64	05/01/1990	Non-institutional only	Purchase only	4 per 3 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	Each	C30	Ambulation accessory	\$15.00	10/01/2004	Non-institutional only	Purchase only	2 per 5 years	
E0163	COMMODOE CHAIR, STATIONARY WITH FIXED ARMS	Each	C33	Fixed arms	\$52.80	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0165	COMMODOE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS	Each	C33	Detachable arms	\$104.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR (REPLACEMENT ONLY)	Each	C33	Pail	\$5.25	05/01/1990	Non-institutional only	Purchase only	1 per year	
E0168	EXTRA WIDE/HEAVY DUTY COMMODOE CHAIR	Each	C33	Heavy duty	\$129.56	01/01/2001	Non-institutional only	Purchase only	1 per 5 years	Extra-wide/heavy-duty commode chairs are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight.
E0181	PRESSURE PAD, ALTERNATING, WITH PUMP, HEAVY DUTY	Each	C18b	Pad	\$148.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Each	C18b	Pump	\$105.00	11/01/1992	Non-institutional only	Purchase only	1 per 4 years	
E0184	DRY PRESSURE MATTRESS	Each	C18b	Mattress	\$150.00	07/16/2018	Non-institutional only	Purchase only	1 per 4 years	
E0185	GEL PRESSURE PAD FOR MATTRESS	Each	C18b	Mattress	\$102.00	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0186	AIR PRESSURE MATTRESS	Each	C18b	Mattress	\$219.74	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	
E0187	WATER PRESSURE MATTRESS (E.G., AQUAPEDIC)	Each	C18b	Mattress	\$231.00	12/15/2002	Non-institutional only	Purchase only	1 per 2 years	
E0188	SYNTHETIC SHEEPSKIN PAD, WHEELCHAIR SIZE	Each	C18b	Pad	\$5.00	05/01/1990	Non-institutional only	Purchase only	2 per 6 months	
E0189	LAMBSWOOL/SHEEPSKIN PAD, ANY BED SIZE	Each	C18b	Pad	\$43.95	07/01/2002	Non-institutional only	Purchase only	2 per year	
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	C01a	Positioning cushion	\$100.00	04/01/2009	Non-institutional only	Purchase only	1 per 2 years	
E0191	HEEL OR ELBOW PROTECTOR	Each	C18b	Pressure-reducing supply	\$9.00	04/01/2001	Non-institutional only	Purchase only	4 per 6 months	
E0193	POWERED FLOTATION BED (LOW AIR LOSS THERAPY)	Day	C18b	Bed	\$32.50	01/01/1992	Non-institutional only	Rental only	180 per year	
E0194	AIR FLUIDIZED BED (BEAD BED)	Day	C18b	Bed	\$38.00	01/01/1992	Non-institutional only	Rental only	180 per year	
E0196	GEL PRESSURE MATTRESS	Each	C18b	Mattress	\$351.69	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	
E0197	AIR PRESSURE PAD FOR MATTRESS	Each	C18b	Mattress	\$199.42	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	
E0198	WATER PRESSURE PAD FOR MATTRESS	Each	C18b	Mattress	\$177.26	07/26/2007	Non-institutional only	Purchase only	1 per 4 years	
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (E.G., EGG CRATE)	Each	C18b	Pad	\$20.00	05/25/1991	Non-institutional only	Purchase only	1 per year	
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Course of treatment	C01a	Light therapy	\$55.00	07/16/2018	Non-institutional only	Rental only	1 per lifetime	
E0210	ELECTRIC HEAT PAD, STANDARD	Each	C01a	Heat / cold application	\$15.09	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0215	ELECTRIC HEAT PAD, MOIST	Each	C01a	Heat / cold application	\$25.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0235	PARAFFIN BATH UNIT, PORTABLE COMPLETE WITH WAX	Each	C01a	Heat / cold application	\$133.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	Each	C01d	Bath and toilet aids	BR	01/01/2004	Non-institutional only	Purchase only	1 per 5 years	
E0241	BATHROOM WALL RAIL, STRAIGHT	Each	C01d	Bath and toilet aids	\$24.00	01/01/1997	Non-institutional only	Purchase only	1 per 5 years	
E0243	TOILET RAIL	Each	C01d	Bath and toilet aids	\$40.00	04/01/1999	Non-institutional only	Purchase only	1 per 5 years	
E0244	RAISED TOILET SEAT	Each	C01d	Bath and toilet aids	\$49.25	04/01/1999	Non-institutional only	Purchase only	1 per 5 years	
E0245	TUB STOOL OR BENCH (ANY TYPE)	Each	C01d	Bath and toilet aids	\$45.00	01/01/1997	Non-institutional only	Purchase only	1 per 5 years	
E0246	TRANSFER TUB RAIL ATTACHMENT	Each	C01d	Bath and toilet aids	\$57.90	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	
E0247	TRANSFER BENCH FOR TUB OR TOILET	Each	C01d	Bath and toilet aids	\$80.00	10/01/2004	Non-institutional only	Purchase only	1 per 5 years	
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET	Each	C01d	Bath and toilet aids	\$80.00	10/01/2004	Non-institutional only	Purchase only	1 per 5 years	
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	C18a	Hospital bed	\$677.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	C18a	Hospital bed	\$580.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0260	HOSPITAL BED, SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	C18a	Hospital bed	\$791.20	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0261	HOSPITAL BED, SEMI ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	C18a	Hospital bed	\$892.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	
E0271	MATTRESS, INNERSPRING	Each	C18a	Mattress	\$97.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0272	MATTRESS, FOAM RUBBER	Each	C18a	Mattress	\$92.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0275	BED PAN, STANDARD, METAL OR PLASTIC	Each	C01a	Bed pan	\$4.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Each	C01a	Bed pan	\$3.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0277	ALTERNATING PRESSURE MATTRESS	Each	C18b	Mattress	\$3,046.08	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Each	C18a	Hospital bed	\$567.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	C18a	Hospital bed	\$470.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	Each	C18a	Hospital bed	\$703.20	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	C18a	Hospital bed	\$625.60	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL	Each	C18a	Hospital bed	\$1,677.44	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0302	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	Each	C18a	Hospital bed	\$4,578.80	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL	Each	C18a	Hospital bed	\$1,945.44	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0304	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	Each	C18a	Hospital bed	\$4,932.32	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0305	BED, SIDE RAILS, HALF LENGTH, ATTACHMENT	Each	C18a	Hospital bed accessories	\$185.01	01/01/2010	Non-institutional only	Purchase only	2 per 8 years	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	C18a	Hospital bed accessories	\$143.74	04/01/2009	Non-institutional only	Purchase only	2 per 8 years	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	C01a	Urinal	\$2.50	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0326	URINAL; FEMALE, JUG TYPE, ANY MATERIAL	Each	C01a	Urinal	\$3.50	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS	Each	C18a	Hospital bed	\$5,560.00	09/01/2013	Non-institutional only	Rental / purchase	1 per 8 years	
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD	Each	C18a	Hospital bed	\$6,000.00	09/01/2013	Non-institutional only	Rental / purchase	1 per 8 years	
E0371	NONPOWER ADVANCED PRESSURE-REDUCING MATTRESS OVERLAY	Each	C18b	Overlay	\$4,644.81	04/01/2006	Non-institutional only	Rental / purchase	1 per 4 years	
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH	Each	C18b	Overlay	\$5,838.28	04/01/2006	Non-institutional only	Rental / purchase	1 per 4 years	
E0373	NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS	Each	C18b	Mattress	\$5,321.02	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Each	C23	Pulse oximeter	\$2,250.00	03/29/2007	Non-institutional only	Rental / purchase	1 per 5 years	
E0455	OXYGEN TENT/CANOPY (REPLACEMENT FOR RECIPIENT- OWNED EQUIPMENT)	Each	C13	Respiratory care supplies	\$8.00	05/01/1990	Non-institutional only	Purchase only	6 per month	
E0457	CHEST SHELL (CUIRASS)	Each	C22	Shell	\$450.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
E0459	CHEST WRAP	Each	C22	Wrap	\$352.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G. TRACHEOSTOMY TUBE)	Each	C22	Invasive	\$900.00	01/01/2016	All	Rental only	1 per month	
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK, CHEST SHELL)	Each	C22	Non-invasive	\$900.00	01/01/2016	All	Rental only	1 per month	
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE	Each	C19	Respiratory assist device	\$1,900.00	10/01/2004	Non-institutional only	Rental / purchase	1 per 5 years	
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE	Each	C19	Respiratory assist device	\$320.00	10/01/2004	Non-institutional only	Rental only	1 per month	
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE,	Each	C19	Respiratory assist device	\$320.00	10/01/2004	Non-institutional only	Rental only	1 per month	
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Each	C01a	Percussors	\$321.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	Each	C01a	Percussors	\$4,724.50	10/01/2004	Non-institutional only	Rental / purchase	1 per 8 years	

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

HCPGS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Each	C01a	Percussors	\$3,956.00	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (INCLUDES HOSES AND VEST)	Each	C08	HFCWO system	\$12,190.00	10/01/2004	Non-institutional only	Rental / purchase	1 per lifetime	
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	Each	C01a	Respiratory care equipment	\$27.70	09/01/2005	Non-institutional only	Purchase only	1 per 8 years	
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION	Each	C19	IPPB machine	\$65.00	04/01/1992	Non-institutional only	Rental only	1 per month	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Humidifier	\$92.00	04/01/2009	Non-institutional only	Purchase only	1 per 4 years	
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Humidifier	\$225.92	10/01/2004	Non-institutional only	Purchase only	1 per 4 years	
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT NOT SELF-CONTAINED OR CYLINDER	Each	C01a	Respiratory care equipment	\$525.00	04/01/1996	Non-institutional only	Rental / purchase	1 per 4 years	
E0570	NEBULIZER, W/COMPRESSOR, (PULMO-AID)	Each	C01a	Respiratory care equipment	\$133.00	01/01/1992	Non-institutional only	Purchase only	1 per 5 years	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	C01a	Respiratory care equipment	\$430.00	04/01/1996	Non-institutional only	Purchase only	1 per 4 years	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	C01a	Respiratory care equipment	\$115.00	05/01/1990	Non-institutional only	Purchase only	2 per year	A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription.
E0600	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE	Each	C19	Pump	\$379.75	07/16/2018	Non-institutional only	Purchase only	1 per 4 years	
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Each	C19	Nasal PAP device	\$775.00	04/01/1992	Non-institutional only	Rental / purchase	1 per 4 years	
E0602	BREAST PUMP, MANUAL, ANY TYPE	Each	C25	Breast pump	\$15.00	10/01/2004	Non-institutional only	Purchase only	1 per 2 years	
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	Each	C25	Breast pump	\$202.50	07/26/2007	Non-institutional only	Purchase only	1 per 5 years	
E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM SUCTION/RELEASE CYCLES,	Day	C25	Breast pump	\$2.25	01/01/2002	Non-institutional only	Rental only	90 days	
E0605	VAPORIZER, ROOM TYPE	Each	C01d	Respiratory care supplies	\$20.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, & SUPPLIES	Each	C09	Monitor without recording feature	\$2,626.50	10/15/2006	Non-institutional only	Rental / purchase	1 per 5 years	
E0619	APNEA MONITOR WITH RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, SUPPLIES & DOWNLOADS	Each	C09	Monitor with recording feature	\$2,833.65	10/15/2006	Non-institutional only	Rental / purchase	1 per 5 years	
E0621	SLING OR SEAT FOR PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)	Each	C01a	Portable lifts	\$89.70	01/01/1999	Non-institutional only	Purchase only	1 per 2 years	This item is covered only for a lift owned by the individual.
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	Each	C01a	Portable lifts	\$447.00	05/01/1990	Non-institutional only	Purchase only	1 per 6 years	
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING, PORTABLE, COMPLETE	Each	C01a	Portable lifts	\$761.60	07/16/2018	Non-institutional only	Purchase only	1 per 6 years	
E0637	COMBINATION SIT TO STAND SYSTEM	Each	C01a	Portable lifts	PA	09/01/2005	Non-institutional only	Purchase only	1/per 5 years	
E0638	STANDING FRAME SYSTEM, ANY SIZE W/O WHEELS	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	
E0650	PNEUMATIC COMPRESSOR, NONSEGMENTAL, HOME MODEL (LYMPHEDEMA PUMP)	Each	C17	Home model	\$510.00	01/01/1994	Non-institutional only	Rental / purchase	1 per 5 years	
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	Each	C17	Home model	\$776.80	07/01/2002	Non-institutional only	Rental / purchase	1 per 5 years	
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	Each	C17	Half arm	\$77.50	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	C17	Full leg	\$135.12	07/01/2002	Non-institutional only	Purchase only	1 per 2 years	
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	C17	Full arm	\$101.50	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	C17	Half leg	\$95.00	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	C17	Full leg	\$172.30	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	C17	Full arm	\$150.00	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	C17	Half leg	\$143.75	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	Each	C01a	Safety Equipment	\$10.82	05/01/1990	Non-institutional only	Purchase only	2 per year	
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	Each	C01a	Transfer board	\$46.62	01/01/2006	Non-institutional only	Purchase only	1 per 2 years	
E0720	TENS UNIT, TWO LEAD, LOCALIZED STIMULATION (INCLUDES SUPPLIES DURING RENTAL)	Each	C15	Two lead	\$525.00	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	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	C15	Four lead	\$564.18	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	All TENS units must include a battery charger and battery pack.
E0747	OSTEOGENESIS STIMULATOR, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS	Each	C28	Non-spinal	\$1,750.00	04/01/1992	Non-institutional only	Purchase only	1 per 8 years	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL	Each	C28	Spinal	\$1,750.00	08/01/1997	Non-institutional only	Purchase only	1 per 8 years	
E0760	OSTEOGENESIS STIM, LOW INTEN U/S NON INVASIS	Each	C28	Low intensity	\$1,750.00	10/15/2006	Non-institutional only	Purchase only	1 per 8 years	
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	Each	C28	Low intensity	PA	06/01/2014	Non-institutional only	Purchase only	1 per 8 years	
E0776	IV POLE (IF PUMP IS AUTHORIZED, PAYMENT FOR POLE IS INCLUDED IN PUMP RENTAL)	Each	C29	Infusion pump (non-nutrition) equipment	\$75.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE	Each	C29	Infusion pump (non-nutrition) equipment	\$8.73	01/01/1992	Non-institutional only	Rental only	1 per day	
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Each	C29	Infusion pump (non-nutrition) equipment	\$4,000.00	01/01/1996	Non-institutional only	Rental / purchase	1 per 8 years	
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL (NON-NUTRITION) (INCLUDING POLE)	Each	C29	Infusion pump (non-nutrition) equipment	\$8.73	05/01/1990	Non-institutional only	Rental only	1 per day	
E0840	TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION	Each	C18a	Hospital bed accessories	\$58.62	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$84.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$30.82	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$93.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$100.43	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$96.33	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$102.50	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0910	TRAPEZE BAR, BED MOUNTED WITH GRAB BAR	Each	C18a	Hospital bed accessories	\$208.00	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$1,190.49	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$479.86	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$475.17	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0935	PASSIVE MOTION EXRCISE DEVICE (TOTAL KNEE REPLACEMENT ONLY)	Day	C27	CPM device	\$18.18	04/01/2006	Non-institutional only	Rental only	21 per medical event	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	C18a	Hospital bed accessories	\$361.61	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	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	C18a	Hospital bed accessories	\$451.46	07/26/2007	Non-institutional only	Rental / purchase	1 per year	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	C18a	Hospital bed accessories	\$15.88	07/26/2007	Non-institutional only	Purchase only	1 per medical event	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.

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0944	PELVIC BELT/HARNESS/BOOT	Each	C18a	Hospital bed accessories	\$36.70	07/26/2007	Non-institutional only	Purchase only	1 per medical event	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	C18a	Hospital bed accessories	\$35.46	07/26/2007	Non-institutional only	Purchase only	1 per medical event	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	C18a	Hospital bed accessories	\$615.26	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	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	C18a	Hospital bed accessories	\$485.17	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	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	C18a	Hospital bed accessories	\$469.27	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	Each	C01a	Whirlpool	\$170.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
E1340	REPAIR, NON-ROUTINE SVC, DME LABOR, PER 15 MIN	Each	C01e	Labor	\$11.00	07/01/2008	All		1 per 120 days	
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Each	C01a	Respiratory care equipment	\$118.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Each	C01a	Miscellaneous or repair	PA	05/01/1990	Non-institutional only			
E1399	DURABLE MEDICAL EQUIPMENT, NOS	Each	C01e	Labor	Supplier charge (without PA), PA (with PA)	05/01/1990	All		1 per 120 days	
E1399	MAJOR REPAIR OF DME, >\$100	Each	C01e	Labor	PA	05/01/1990	Non-institutional only			
E1399	MAJOR REPAIR OF DME, >\$100, LTCF	Each	C01e	Labor	PA	05/01/1990	LTCF only			
E1399	MINOR REPAIR OF DME, <=\$100, OUTSIDE FREQUENCY LIMIT	Each	C01e	Labor	PA	05/01/1990	All		1 per 120 days	
E1399	MINOR REPAIR OF DME, <=\$100, WITHIN FREQUENCY LIMIT	Each	C01e	Labor	Supplier charge	05/01/1990	All		1 per 120 days	
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/ FLEXION DEVICE	Each	C18a	Hospital bed accessories	\$65.39	04/01/2006	Non-institutional only	Purchase only	1 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E2500	SPEECH GEN DEVICE <= 8 MIN	Each	C24	8 minutes or less recording time	\$266.75	01/01/2010	All	Rental / purchase	1 per 5 years	
E2502	SPEECH GEN DEVICE, > 8 MIN BUT <= 20 MIN	Each	C24	8-20 minutes recording time	\$811.95	01/01/2010	All	Rental / purchase	1 per 5 years	
E2504	SPEECH GEN DEVICE, > 20 BUT < 40 MIN	Each	C24	20-40 minutes recording time	\$1,071.06	01/01/2010	All	Rental / purchase	1 per 5 years	
E2506	SPEECH GEN DEVICE, > 40 MIN	Each	C24	40+ minutes recording time	\$2,129.15	01/01/2010	All	Rental / purchase	1 per 5 years	
E2508	SPEECH GEN DEVICE, SYN SPEECH MSG FORM. BY SPELL	Each	C24	Spell only messages	\$3,452.16	01/01/2010	All	Rental / purchase	1 per 5 years	
E2510	SPEECH GEN DEVICE, SYNTH SPEECH, MULTIPLE METH MSG	Each	C24	Multiple message methods	\$6,565.20	01/01/2010	All	Rental / purchase	1 per 5 years	
E2511	SPEECH GEN SOFTWARE	Each	C24	Software	PA	10/01/2004	All	Rental / purchase	1 per 5 years	
E2512	ACC FOR SPEECH GEN DEV, MOUNT	Each	C24	Accessory	\$652.16	12/07/2010	All	Rental / purchase	1 per 5 years	
E2599	ACC FOR SPEECH GEN DEV, NOS	Each	C24	Accessory	PA	10/01/2004	All	Rental / purchase	1 per 5 years	
E8000	GAIT TRAINER, PED, POST SUPP, INCL ACCES AND COMP	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	This item may be covered only for individuals younger than 14 years.
E8001	GAIT TRAINER, PED, UP SUPP, INCL ACCES AND COMP	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	This item may be covered only for individuals younger than 14 years.
E8002	GAIT TRAINER, PED, ANT SUPP, INCL ACCES AND COMP	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	This item may be covered only for individuals younger than 14 years.
K0552	SUPPLIES FOR EXT. DRUG INFUSION PUMP, SYRINGE, CART, EA	Each	C29	Infusion pump (non-nutrition) supplies	\$2.65	10/15/2006	Non-institutional only	Purchase only	30 per month	
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	Each	C29	Allowance	\$198.70	01/01/2018	Non-institutional only	Purchase only	1 per month	
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	Each	C29	Monitor	\$209.03	01/01/2018	Non-institutional only	Purchase only	PA	
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Each	C01a	Drug delivery system	\$1,379.20	10/15/2006	Non-institutional only	Purchase only	1 per 5 years	
K0739	REPAIR OF DME OTHER THAN OXYGEN EQUIPMENT, LABOR, PER 15 MIN.	Each	C01e	Labor	\$11.00	01/01/2014	All			



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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L0120	FLEXIBLE, NON/ADJ, (FOAM COLLAR)	Each	C01c	Cervical spine	\$16.89	01/01/2010	All	Purchase only	1 per year	
L0140	SEMI-RIGID,ADJ(PLASTIC COLLAR)	Each	C01c	Cervical spine	\$38.25	01/01/2010	All	Purchase only	1 per year	
L0170	COLLAR, MOLDED TO PATIENT MODEL	Each	C01c	Cervical spine	\$513.69	01/01/2010	All	Purchase only	1 per medical event	
L0172	CERVICAL COLLAR SEMIRIGID THRM/PLAS 2PC	Each	C01c	Cervical spine	\$90.48	01/01/2010	All	Purchase only	1 per year	
L0174	CER.COLL.SEMI RIG.THERM.2PC.W THORA.	Each	C01c	Cervical spine	\$177.92	01/01/2010	All	Purchase only	1 per year	
L0180	MULT POST COLLAR, OCC/MAN SUPPORT ADJ	Each	C01c	Cervical spine	\$288.26	01/01/2010	All	Purchase only	1 per medical event	
L0190	MULT COLLAR,OCCIP/MAND SUPP(SOMI,ETC)	Each	C01c	Cervical spine	\$339.95	01/01/2010	All	Purchase only	1 per medical event	
L0200	MULT P/COLLAR OCC/MAN SUP,ADJ BAR TH/EXT	Each	C01c	Cervical spine	\$394.31	01/01/2010	All	Purchase only	1 per medical event	
L0220	RIB BELT, CUSTOM FABRICATED	Each	C01c	Thoracic spine	\$82.55	01/01/2010	All	Purchase only	1 per year	
L0450	TLSO, UPPER THORACIC, PREFABRICATED	Each	C01c	Thoracic spine	\$155.00	07/16/2018	All	Purchase only	2 per year	
L0452	TLSO, UPPER THORACIC, CUSTOM FABRICATED	Each	C01c	Thoracic spine	\$202.07	01/01/2010	All	Purchase only	2 per year	
L0454	TLSO, FROM SACROCOCCYGEAL TO T-9 VERTEBRA, PREFABRICATED	Each	C01c	Thoracic spine	\$195.52	01/01/2010	All	Purchase only	1 per year	
L0466	TLSO, SAGITTAL CONTROL, PREFABRICATED	Each	C01c	Thoracic spine	\$242.40	01/01/2010	All	Purchase only	1 per 2 years	
L0468	TLSO, SAGITTAL-CORONAL CONTROL, PREFABRICATED	Each	C01c	Thoracic spine	\$303.78	01/01/2010	All	Purchase only	1 per 2 years	
L0470	TLSO, FROM SACROCOCC TO SCAP, LATERAL STRENGTH BY PELV, PREFAB	Each	C01c	Thoracic spine	\$413.62	01/01/2010	All	Purchase only	1 per 2 years	
L0472	TLSO, HYPEREXT, FROM SYMPH PUBIS TO STERNAL NOTCH, PREFAB	Each	C01c	Thoracic spine	\$258.66	01/01/2010	All	Purchase only	1 per medical event	
L0480	TLSO, 1-PC RIGID PLASTIC W/O LINER, CARVED PLASTER OR CAD-CAM	Each	C01c	Thoracic spine	\$965.02	01/01/2010	All	Purchase only	1 per medical event	
L0482	TLSO, 1- PC RIGID PLASTIC W/ LINER, CARVED PLASTER OR CAD-CAM	Each	C01c	Thoracic spine	\$1,077.94	01/01/2010	All	Purchase only	1 per medical event	
L0484	TLSO, 2-PC W/O LINER, CARVED PLASTER OR CAD-CAM	Each	C01c	Thoracic spine	\$1,164.14	01/01/2010	All	Purchase only	1 per medical event	
L0486	TLSO, 2-PC W/ LINER, CARVED PLASTER OR CAD-CAM	Each	C01c	Thoracic spine	\$1,307.38	01/01/2010	All	Purchase only	1 per medical event	
L0488	TLSO, 1-PC, RESTR MOTION IN SAGITT/CORON/TRNSVRS PLANES, PREFAB	Each	C01c	Thoracic spine	\$727.15	12/07/2010	All	Purchase only	1 per medical event	
L0621	SIO FLEX PELVISACRAL PREFAB	Each	C01c	Sacroiliac joints	\$55.09	01/01/2010	All	Purchase only	2 per year	
L0625	LO FLEXIBL L1-BELOW L5 PRE	Each	C01c	Lumbar spine	\$39.90	12/07/2010	All	Purchase only	2 per year	
L0626	LO SAG STAYS/PANELS PRE-FAB	Each	C01c	Lumbar spine	\$56.46	12/07/2010	All	Purchase only	2 per year	
L0627	LO SAGITT RIGID PANEL PREFAB	Each	C01c	Lumbar spine	\$147.95	01/01/2006	All	Purchase only	2 per year	
L0628	LO FLEX W/O RIGID STAYS PRE	Each	C01c	Lumbar spine	\$60.76	12/07/2010	All	Purchase only	2 per year	
L0629	LSO FLEX W/RIGID STAYS CUST	Each	C01c	Lumbar spine	\$164.66	01/01/2010	All	Purchase only	2 per year	
L0630	LSO POST RIGID PANEL PRE	Each	C01c	Lumbar spine	\$135.00	07/16/2018	All	Purchase only	2 per year	
L0631	LSO SAG-CORO RIGID FRAME PRE	Each	C01c	Lumbar spine	\$143.51	01/01/2010	All	Purchase only	2 per year	
L0632	LSO SAG RIGID FRAME CUST	Each	C01c	Lumbar spine	\$143.51	01/01/2010	All	Purchase only	2 per year	
L0633	LSO FLEXION CONTROL PREFAB	Each	C01c	Lumbar spine	\$250.00	07/16/2018	All	Purchase only	1 per 2 years	
L0634	LSO FLEXION CONTROL CUSTOM	Each	C01c	Lumbar spine	\$246.18	01/01/2010	All	Purchase only	1 per 2 years	
L0635	LSO SAGIT RIGID PANEL PREFAB	Each	C01c	Lumbar spine	\$271.88	01/01/2010	All	Purchase only	1 per 2 years	
L0636	LSO SAGITTAL RIGID PANEL CUS	Each	C01c	Lumbar spine	\$271.88	01/01/2010	All	Purchase only	1 per 2 years	
L0639	LSO S/C SHELL/PANEL PREFAB	Each	C01c	Lumbar spine	\$827.69	01/01/2010	All	Purchase only	1 per medical event	
L0640	LSO S/C SHELL/PANEL CUSTOM	Each	C01c	Lumbar spine	\$757.98	12/07/2010	All	Purchase only	1 per medical event	

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

HCPGS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L0700	CTLISO, MINERVA	Each	C01c	Cervical-thoracic-lumbar-sacral spine	\$1,271.88	01/01/2010	All	Purchase only	1 per medical event	
L0710	CTLISO,MLD TO PAT MODEL, INTERFACE	Each	C01c	Cervical-thoracic-lumbar-sacral spine	\$1,398.16	01/01/2010	All	Purchase only	1 per medical event	
L0810	HALO PROC,CERV HALO ON THORACIC JACKET	Each	C01c	Halo procedure	\$1,707.70	01/01/2010	All	Purchase only	1 per medical event	
L0859	HALO/ MRI COMPATIBLE SYSTEM	Each	C01c	Halo procedure	\$750.27	01/01/2006	All	Purchase only	1 per medical event	
L0970	TLISO, CORSET FRONT	Each	C01c	Spine, addition to orthosis	\$68.28	01/01/2010	All	Purchase only	1 per medical event	
L0972	LSO, CORSET FRONT	Each	C01c	Spine, addition to orthosis	\$62.14	01/01/2010	All	Purchase only	1 per medical event	
L0974	TLISO, FULL CORSET	Each	C01c	Spine, addition to orthosis	\$111.65	01/01/2010	All	Purchase only	1 per medical event	
L0976	LSO, FULL CORSET	Each	C01c	Spine, addition to orthosis	\$95.52	01/01/2010	All	Purchase only	1 per medical event	
L0978	AXILLARY CRUTCH EXTENSION	Each	C01c	Spine, addition to orthosis	\$120.22	01/01/2010	All	Purchase only	1 per medical event	
L0980	PERITONEAL STRAPS, PAIR	Each	C01c	Spine, addition to orthosis	\$10.93	01/01/2010	All	Purchase only	2 per year	
L0984	PROTECTIVE BODY SOCK , EACH	Each	C01c	Spine, addition to orthosis	\$43.25	01/01/2010	All	Purchase only	6 per year	
L0999	ADD TO SPINAL ORTHOSIS, NOS	Each	C01c	Spine, addition to orthosis	PA	09/01/2005	All	Purchase only		
L1000	CTLISO,MILWAUKEE,INCL INIT ORTH,INCL MODL	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$1,295.56	01/01/2010	All	Purchase only	1 per 2 years	
L1010	ADD TO CLISO(SCOLIOSIS ORTH) AXILLA SLING	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$53.46	01/01/2010	All	Purchase only	1 per 2 years	
L1020	ADD TO CLISO OR SCOL/ORTH,KYPHOSIS PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$68.85	01/01/2010	All	Purchase only	1 per 2 years	
L1025	ADD TO CTLISO OR SCOLI.KYPHA.PAD FLOAT	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$99.32	01/01/2010	All	Purchase only	1 per 2 years	
L1030	ADD TO CTLISO OR SCOL/ORTH,LUMB BOLST PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$50.01	01/01/2010	All	Purchase only	1 per 2 years	
L1040	ADD TO CTLISO OR SCOL/OR,LUMB RIB PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$56.65	01/01/2010	All	Purchase only	1 per 2 years	
L1050	ADD TO CTLISO,SCOL/OR, STERNAL PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$64.10	01/01/2010	All	Purchase only	1 per 2 years	
L1060	ADD TO CTLISO OR SCOL/OR, THORACIC PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$69.19	01/01/2010	All	Purchase only	1 per 2 years	
L1070	ADD TO CTLISO OR SCOL/OR, TRAPEZE SLING	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$71.67	01/01/2010	All	Purchase only	1 per 2 years	
L1080	ADD TO CTLISO OR SCOL/OR, OUTRIGGER	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$33.43	01/01/2010	All	Purchase only	1 per 2 years	
L1085	ADD CTLISO OR SCOLI.OUTRIG BIAL. VERT.EXT	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$111.91	01/01/2010	All	Purchase only	1 per 2 years	
L1090	ADD TO CTLISO OR SCOL/OR, LUMBAR SLING	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$64.30	01/01/2010	All	Purchase only	1 per 2 years	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L1100	ADD TO CTLSO, RING FLANGE, PLAS OR LEATH	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$125.08	01/01/2000	All	Purchase only	1 per 2 years	
L1110	ADD TO,RING FLANG,PLAS/LEATH MLD TO PAT	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$203.43	01/01/2010	All	Purchase only	1 per 2 years	
L1120	ADD TO, COVERS FOR UPRIGHT, EACH	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$24.29	01/01/2010	All	Purchase only	6 per year	
L1200	TLSO INITIAL ORTHOSIS ONLY (LOW/PROFILE)	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$1,143.33	01/01/2010	All	Purchase only	1 per 2 years	
L1210	ADD TO TLSO (LOW PROFILE)LAT THOR EXTNEN	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$156.32	01/01/2010	All	Purchase only	1 per 2 years	
L1220	ADD TO TLSO (LOW PROF) ANT THOR EXTEN	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$152.14	01/01/2010	All	Purchase only	1 per 2 years	
L1230	ADD TO TLSO,LOW PROF,MILWAKE TYPE SUPER	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$426.24	01/01/2010	All	Purchase only	1 per 2 years	
L1240	ADD TLSO LUMBAR DEROTATION PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$58.10	01/01/2010	All	Purchase only	1 per 2 years	
L1250	ADD TLSO ANTERIOR ASIS PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$50.51	01/01/2010	All	Purchase only	1 per 2 years	
L1260	ADD TLSO ANTER.THORACIC DEROTAT.PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$60.27	01/01/2010	All	Purchase only	1 per 2 years	
L1270	ADD TLSO ABDOMINAL PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$52.97	01/01/2010	All	Purchase only	1 per 2 years	
L1280	ADD TLSO RIB GUSSET ELASTIC EA	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$55.80	01/01/2010	All	Purchase only	1 per 2 years	
L1290	ADD TLSO LATERAL TROCHANTERIC PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$49.64	01/01/2010	All	Purchase only	1 per 2 years	
L1300	SCOL PROC, BODY JACKET MLD TO PAT MODEL	Each	C01c	Spine, scoliosis, other	\$1,101.13	01/01/2010	All	Purchase only	1 per 2 years	
L1310	SCOL PROC, PSOT-OP JKT MLD TO MODEL	Each	C01c	Spine, scoliosis, other	\$1,146.93	01/01/2010	All	Purchase only	1 per medical event	
L1499	SPINAL ORTHOSIS, NOS	Each	C01c	Spine, scoliosis, other	PA	10/01/1988	All	Purchase only		
L1600	FLEX HO,ABD HIP JTS, FREJKA TYPE/COVER	Each	C01c	Hip	\$82.33	01/01/2010	All	Purchase only	1 per lifetime	
L1620	FLEX HO, ABD HIP JTS, PAVLIK HARNESS	Each	C01c	Hip	\$100.40	01/01/2010	All	Purchase only	1 per lifetime	
L1630	HO ABDUCTION CONT.HIP JNT .SEMI-FLEX	Each	C01c	Hip	\$134.98	01/01/2010	All	Purchase only	1 per lifetime	
L1640	HO,ABD HP JTS,STATIC,PELV BAND,THIGH CUF	Each	C01c	Hip	\$302.44	01/01/2010	All	Purchase only	1 per lifetime	
L1650	HO,ABD HP JTS, STATIC, ADJ, PREFAB	Each	C01c	Hip	\$157.56	01/01/2010	All	Purchase only	1 per medical event	
L1660	HO,ABD HP JTS, STATIC,PLAS, PREFAB	Each	C01c	Hip	\$115.46	01/01/2010	All	Purchase only	1 per medical event	
L1680	HO,ABD HP JSTS, DYNAMIC, ADJ HIP ACTION	Each	C01c	Hip	\$727.88	01/01/2010	All	Purchase only	1 per medical event	

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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L1685	HO ABDUCT CONTR OF HIP INT POST OPER	Each	C01c	Hip	\$710.59	01/01/2010	All	Purchase only	1 per medical event	
L1686	HO POST-OP HIP ABDUCTION PREFAB	Each	C01c	Hip	\$598.67	01/01/2010	All	Purchase only	1 per medical event	
L1690	COMBO, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS	Each	C01c	Hip	\$1,438.91	01/01/2010	All	Purchase only	1 per medical event	
L1720	LCP ORTHOSIS, TRILATERAL (TACHDIJAN TYPE)	Each	C01c	Hip, Legg-Calvé-Perthes disease	\$942.49	01/01/2010	All	Purchase only	1 per medical event	
L1730	LCP ORTHOSIS, SCOTTISH RITE TYPE	Each	C01c	Hip, Legg-Calvé-Perthes disease	\$795.67	01/01/2010	All	Purchase only	1 per medical event	
L1755	LCPRTHOSIS, PATTEN BOTTOM TYPE	Each	C01c	Hip, Legg-Calvé-Perthes disease	\$1,143.95	01/01/2010	All	Purchase only	1 per medical event	
L1810	KO, ELASTIC WITH JOINTS	Each	C01c	Knee	\$65.77	01/01/2010	All	Purchase only	2 per year	
L1820	KO, ELASTIC WITH CONDYLE PADS AND JOINTS	Each	C01c	Knee	\$90.80	01/01/2010	All	Purchase only	2 per year	
L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL	Each	C01c	Knee	\$53.13	01/01/2010	All	Purchase only	2 per year	
L1832	KO ADJ KNEE JTS RIGID SUPPORT, PREFAB	Each	C01c	Knee	\$473.52	01/01/2010	All	Purchase only	1 per 2 years	
L1834	KO WITHOUT KNEE JT RIGID MOLD PT MODEL	Each	C01c	Knee	\$463.73	01/01/2010	All	Purchase only	1 per 2 years	
L1840	KO,DEROTATION, FAB TO PAT MODEL (LENOX HL	Each	C01c	Knee	\$600.83	01/01/2010	All	Purchase only	1 per 2 years	
L1843	KO, SINGLE UPRIGHT, THIGH AND CALF, ADJ. FLEXION, EXT. JOINT	Each	C01c	Knee	\$345.00	01/01/2010	All	Purchase only	1 per 2 years	
L1844	KO, SINGLE UPRIGHT, THIGH AND CALF, FLEX AND EXTENSION	Each	C01c	Knee	\$972.95	01/01/2010	All	Purchase only	1 per 2 years	
L1845	KO DBL, THIGH CALF ADJUST FILEX, PREFAB	Each	C01c	Knee	\$535.18	01/01/2010	All	Purchase only	1 per 2 years	
L1846	KO DBL, THIGH CALF ADJUS. FLEXMOLD TO PAT	Each	C01c	Knee	\$716.46	01/01/2010	All	Purchase only	1 per 2 years	
L1847	KO, DOUBLE UPRIGHT WITH ADJUST. JOINT W/AIR SUPPORT CHAM.	Each	C01c	Knee	\$427.98	01/01/2010	All	Purchase only	1 per 2 years	
L1850	KO, SWEDISH TYPE	Each	C01c	Knee	\$182.02	01/01/2010	All	Purchase only	1 per 2 years	
L1851	KO, SINGLE UPRIGHT, PREFAB OTS	Each	C01c	Knee	\$689.10	01/01/2017	All	Purchase only	1 per 2 years	
L1852	KO, DOUBLE UPRIGHT, PREFAB OTS	Each	C01c	Knee	\$643.33	01/01/2017	All	Purchase only	1 per 2 years	
L1860	KO, ALL PLASTIC FORM PATIENT MODEL (SK)	Each	C01c	Ankle-foot	\$796.69	01/01/2010	All	Purchase only	1 per 2 years	
L1900	AFO, SPRING WIRE, DORSIFLEX ASSIST CALF	Each	C01c	Ankle-foot	\$182.28	01/01/2010	All	Purchase only	1 per 2 years	
L1902	AFO ANKLE GAUNTLET, PREFAB	Each	C01c	Ankle-foot	\$47.69	01/01/2010	All	Purchase only	2 per year	
L1906	AFO MULTILIGAMENT US ANK SUPP(AIR CAST)	Each	C01c	Ankle-foot	\$71.85	01/01/2010	All	Purchase only	1 per medical event	
L1907	AFO, SUPREMALLEOLAR, CUSTOM FABRICATED	Each	C01c	Ankle-foot	\$364.11	04/01/2009	All	Purchase only	1 per 2 years	
L1920	AFO, SING UPRITE/STATIC/ADJ STOP (PHELPS)	Each	C01c	Ankle-foot	\$262.46	01/01/2010	All	Purchase only	1 per 2 years	
L1930	AFO, PLASTIC OR OTHER MATERIAL,PREMOLDED, PREFAB	Each	C01c	Ankle-foot	\$197.76	01/01/2010	All	Purchase only	1 per 2 years	
L1932	AFO RIG ANT TIB PREFAB TCF/=	Each	C01c	Ankle-foot	\$570.00	07/16/2018	All	Purchase only	1 per 2 years	
L1940	AFO,MOLDED TO PATIENT MODEL, PLASTIC OR OTHER MATERIAL	Each	C01c	Ankle-foot	\$311.11	01/01/2010	All	Purchase only	1 per 2 years	
L1945	AFO, MOLDED PT MODEL PLAS FLOOR REACTION	Each	C01c	Ankle-foot	\$717.14	01/01/2010	All	Purchase only	1 per 2 years	
L1951	AFO SPIRAL PREFABRICATED	Each	C01c	Ankle-foot	\$430.00	07/16/2018	All	Purchase only	1 per 2 years	
L1960	AFO, POST/SOLID/ANKLE,MLD TO PAT MODEL	Each	C01c	Ankle-foot	\$396.02	01/01/2010	All	Purchase only	1 per 2 years	
L1970	AFO PLASTIC MOLDED W/ANKLE JOINT	Each	C01c	Ankle-foot	\$442.20	01/01/2010	All	Purchase only	1 per 2 years	
L1971	AFO W/ANKLE JOINT, PREFAB	Each	C01c	Ankle-foot	\$360.00	07/16/2018	All	Purchase only	1 per 2 years	
L1980	AFO, (SINGLE BAR "BK" ORTHOSIS)	Each	C01c	Ankle-foot	\$257.98	01/01/2010	All	Purchase only	1 per 2 years	
L1990	AFO (BASIC/DOUBLE BAR "BK" ORTHOSIS)	Each	C01c	Ankle-foot	\$298.57	01/01/2010	All	Purchase only	1 per 2 years	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L2000	KAFO (SINGLE BAR*AK* ORTHOSIS) FREE K/A	Each	C01c	Knee-ankle-foot	\$714.72	01/01/2010	All	Purchase only	1 per 2 years	
L2010	KAFO (SINGLE BAR*AK*ORTH) W/O KNEE JOINT	Each	C01c	Knee-ankle-foot	\$557.47	01/01/2010	All	Purchase only	1 per 2 years	
L2020	KAFO (DOUBLE BAR *AK*ORTH) FREE KNEE/ANK	Each	C01c	Knee-ankle-foot	\$704.06	01/01/2010	All	Purchase only	1 per 2 years	
L2030	KAFO,(DOUBLE BAR *AK*ORTH)W/O KNEE JOINT	Each	C01c	Knee-ankle-foot	\$692.05	01/01/2010	All	Purchase only	1 per 2 years	
L2034	KAFO PLA SIN UP W/WO K/A CUS	Each	C01c	Knee-ankle-foot	\$1,419.88	01/01/2010	All	Purchase only	1 per 2 years	
L2035	KAFO, FULL PLASTIC, STAT. PREFAB. PEDIATRIC SIZE	Each	C01c	Knee-ankle-foot	\$110.68	01/01/2010	All	Purchase only	1 per 2 years	
L2036	KAFO FULL PLASTIC MOLD TO PATIENT MODEL	Each	C01c	Knee-ankle-foot	\$1,184.49	01/01/2010	All	Purchase only	1 per 2 years	
L2037	KAFO PLAS SGL UPRT FREE KNEE, MOLD MODEL	Each	C01c	Knee-ankle-foot	\$1,059.50	01/01/2010	All	Purchase only	1 per 2 years	
L2038	KAFO PLAS W/ KNEE JT MOLD MODEL LIVELY	Each	C01c	Knee-ankle-foot	\$854.11	01/01/2010	All	Purchase only	1 per 2 years	
L2040	HKAFO, BILAT ELASTIC STR.PELV BAND/BELT	Each	C01c	Hip-knee-ankle-foot	\$129.25	01/01/2010	All	Purchase only	1 per year	
L2050	HKAFO, BILAT TORSION CABLES,HP JT.PELVIC	Each	C01c	Hip-knee-ankle-foot	\$311.34	01/01/2010	All	Purchase only	1 per year	
L2060	HKAFO,BILAT CABLE, BALL/BEAR HIP JT	Each	C01c	Hip-knee-ankle-foot	\$389.41	01/01/2010	All	Purchase only	1 per year	
L2106	AFO FRAC.ORTH.TIB.CAST THERMPLA TYPE	Each	C01c	Lower limb, fracture	\$503.59	01/01/2010	All	Purchase only	1 per medical event	
L2108	AFO FRAC.ORTHO. TIB FRAC.CAST HOLD MOD.	Each	C01c	Lower limb, fracture	\$734.51	01/01/2010	All	Purchase only	1 per medical event	
L2112	AFO FRAC.ORTH TIB FRAC. SOFT, PREFAB	Each	C01c	Lower limb, fracture	\$322.32	01/01/2010	All	Purchase only	1 per medical event	
L2114	AFO FRAC.ORTH TIB.FRAC SEMI RIGID FIT	Each	C01c	Lower limb, fracture	\$403.71	01/01/2010	All	Purchase only	1 per medical event	
L2116	AFO FRAC.ORTH.TIB.FRAC.RIG., PREFAB	Each	C01c	Lower limb, fracture	\$492.44	01/01/2010	All	Purchase only	1 per medical event	
L2126	KAFO FRAC. ORTH.THERMPLA. TYPE PT MOLD	Each	C01c	Lower limb, fracture	\$815.82	01/01/2010	All	Purchase only	1 per medical event	
L2128	KAFO FRAC.ORTH.MOLDED TO PATIENT MODEL	Each	C01c	Lower limb, fracture	\$1,024.38	01/01/2010	All	Purchase only	1 per medical event	
L2132	KAFO FRAC.ORTH. SOFT, PREFAB	Each	C01c	Lower limb, fracture	\$621.78	01/01/2010	All	Purchase only	1 per medical event	
L2134	KAFO FRAC. ORTH.SEMI RIGID, PREFAB	Each	C01c	Lower limb, fracture	\$736.26	01/01/2010	All	Purchase only	1 per medical event	
L2136	KAFO FRAC. ORTH. RIGID, PREFAB	Each	C01c	Lower limb, fracture	\$805.72	01/01/2010	All	Purchase only	1 per medical event	
L2180	ADD LOW EXTRE. FRAC. PLAS. SHOE INSERT	Each	C01c	Lower limb, fracture, addition to orthosis	\$84.69	01/01/2010	All	Purchase only	1 per medical event	
L2182	ADD LOW EXTRE FRAC. ORTH.DROP LOCK KN.	Each	C01c	Lower limb, fracture, addition to orthosis	\$73.00	01/01/2010	All	Purchase only	2 per orthosis	
L2184	ADD LOW EXTRE. FRAC. LIMIT MOT. KN. JNT.	Each	C01c	Lower limb, fracture, addition to orthosis	\$74.00	01/01/2010	All	Purchase only	2 per orthosis	
L2186	ADD LOW EXTRE. FRAC. ADJUST. MOT. KNEE	Each	C01c	Lower limb, fracture, addition to orthosis	\$98.43	01/01/2010	All	Purchase only	2 per orthosis	
L2188	ADD LOW EXTREME FRAC. ORTH. QUAN. BRIM	Each	C01c	Lower limb, fracture, addition to orthosis	\$178.92	01/01/2010	All	Purchase only	1 per orthosis	
L2190	ADD LOW EXTREM. ERAC. ORTH. WAIST BELT	Each	C01c	Lower limb, fracture, addition to orthosis	\$54.50	01/01/2010	All	Purchase only	1 per year	
L2192	ADD LOW EXTRE. FRAC HIP JNT. PELV. BELT	Each	C01c	Lower limb, fracture, addition to orthosis	\$213.01	01/01/2010	All	Purchase only	1 per orthosis	
L2200	LIMITED ANKLE MOTION, EACH JOINT	Each	C01c	Lower limb, fracture, addition to orthosis	\$32.22	01/01/2010	All	Purchase only	2 per year	
L2210	DORIFLEXION ASSIST (PLANTAR FLEX RESIST	Each	C01c	Lower limb, fracture, addition to orthosis	\$40.16	01/01/2010	All	Purchase only	2 per year	

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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L2220	DORIFLEX AND PLANT/FLEX ASSIST/RESIST	Each	C01c	Lower limb, fracture, addition to orthosis	\$51.69	01/01/2010	All	Purchase only	2 per year	
L2230	SPLIT FLAT CALIPER STIRRUPS & PLATE ATTAC	Each	C01c	Lower limb, fracture, addition to orthosis	\$61.12	01/01/2010	All	Purchase only	1 per orthosis	
L2240	ROUND CALIPER AND PLATE ATTACHMENT	Each	C01c	Lower limb, fracture, addition to orthosis	\$60.81	01/01/2010	All	Purchase only	1 per year	
L2250	FOOT PLATE, MLDED TO PAT,STIRRUP ATTACH	Each	C01c	Lower limb, fracture, addition to orthosis	\$213.41	01/01/2010	All	Purchase only	1 per orthosis	
L2260	REINFOR SOLID STIRRUP (SCOTT-CRAIG TYPE	Each	C01c	Lower limb, fracture, addition to orthosis	\$119.75	01/01/2010	All	Purchase only	1 per orthosis	
L2265	ADD ON LOWER EXTREM LONG TONGUE STIRRUP	Each	C01c	Lower limb, fracture, addition to orthosis	\$85.86	01/01/2010	All	Purchase only	1 per orthosis	
L2270	VARUS/VALGUS "T"STRAP,PADDED/LINED	Each	C01c	Lower limb, fracture, addition to orthosis	\$39.38	01/01/2010	All	Purchase only	2 per year	
L2275	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANK. JT.	Each	C01c	Lower limb, fracture, addition to orthosis	\$83.28	01/01/2010	All	Purchase only	2 per orthosis	
L2280	MOLDED INNER BOOT	Each	C01c	Lower limb, fracture, addition to orthosis	\$360.68	01/01/2010	All	Purchase only	1 per 3 years	
L2300	ABD BAR (BILATERAL) JOINTED, ADJUSTABLE	Each	C01c	Lower limb, fracture, addition to orthosis	\$160.85	01/01/2010	All	Purchase only	1 per 2 years	
L2310	ABDUCTION BAR-STRAIGHT, NON-ADJUSTABLE	Each	C01c	Lower limb, fracture, addition to orthosis	\$73.50	01/01/2010	All	Purchase only	1 per 2 years	
L2320	NON MOLDED LACER	Each	C01c	Lower limb, fracture, addition to orthosis	\$123.23	01/01/2010	All	Purchase only	1 per orthosis	
L2330	LACER MOLDED TO PATIENT MODEL	Each	C01c	Lower limb, fracture, addition to orthosis	\$234.57	01/01/2010	All	Purchase only	1 per orthosis	
L2335	ADD LOW EXTREME. ANTER. SWING BAND	Each	C01c	Lower limb, fracture, addition to orthosis	\$179.60	01/01/2010	All	Purchase only	1 per orthosis	
L2340	PER-TIBIAL SHELL, MLDED TO PATIENT MODEL	Each	C01c	Lower limb, fracture, addition to orthosis	\$267.00	01/01/2010	All	Purchase only	1 per orthosis	
L2350	PROS TYPE(BK) SKT MLDED TO PAT MODEL PTB	Each	C01c	Lower limb, fracture, addition to orthosis	\$532.31	01/01/2010	All	Purchase only	1 per orthosis	
L2360	EXTENDED STEEL SHANK	Each	C01c	Lower limb, fracture, addition to orthosis	\$32.96	01/01/2010	All	Purchase only	2 per year	
L2370	ADD LOW EXTREME. PATTEN BOTTOM	Each	C01c	Lower limb, fracture, addition to orthosis	\$204.48	01/01/2010	All	Purchase only	1 per orthosis	
L2375	ADD LOW EXTREME TORSI ON CONTR.ANK. JNT.	Each	C01c	Lower limb, fracture, addition to orthosis	\$78.60	01/01/2010	All	Purchase only	2 per orthosis	
L2380	ADD LOW EXTREM.TORS.CONTR.KNEE EA	Each	C01c	Lower limb, fracture, addition to orthosis	\$82.45	01/01/2010	All	Purchase only	2 per orthosis	
L2385	ADD LOW EXTRE. STRA.KNEE JNT HEAVY DUTY	Each	C01c	Lower limb, fracture, addition to orthosis	\$93.88	01/01/2010	All	Purchase only	2 per orthosis	
L2390	ADD LOW EXTRE.OFFSET KNEE JNT EA JNT	Each	C01c	Lower limb, fracture, addition to orthosis	\$65.39	01/01/2010	All	Purchase only	2 per orthosis	
L2395	ADD LOW EXTREM. OFFSET KNEE HEAVY DUTY	Each	C01c	Lower limb, fracture, addition to orthosis	\$93.47	01/01/2010	All	Purchase only	2 per orthosis	
L2397	ADDITION TO LOWER EXTREMITY, ORTHOSIS, SUSPEN. SLEEVE	Each	C01c	Lower limb, fracture, addition to orthosis	\$77.99	01/01/2010	All	Purchase only	4 per year	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L2405	ADD KNEE JNT.DROP LOCK EA.JNT.	Each	C01c	Knee joint, addition to orthosis	\$40.54	01/01/2010	All	Purchase only	2 per year	
L2415	ADD KNEE LOCK W/INTEGRATED RELEASE MECHEA JNT	Each	C01c	Knee joint, addition to orthosis	\$93.85	01/01/2010	All	Purchase only	2 per orthosis	
L2425	ADD KNEE JNT DISC DIAL LOCK ADJUST KNEE	Each	C01c	Knee joint, addition to orthosis	\$110.73	01/01/2010	All	Purchase only	2 per orthosis	
L2430	ADD LOW EXTREM, ORTHOSIS, INCR LOCK AT KNEE JOINT	Each	C01c	Knee joint, addition to orthosis	\$62.82	01/01/2010	All	Purchase only	2 per orthosis	
L2492	ADD KNEE JNT. LIFT LOOP DROP LOCK RING	Each	C01c	Knee joint, addition to orthosis	\$74.93	01/01/2010	All	Purchase only	1 per orthosis	
L2500	GLUTEAL/ISCHIAL WT BEARING ,RING	Each	C01c	Thigh, addition to orthosis	\$199.94	01/01/2010	All	Purchase only	1 per orthosis	
L2510	QUADRILATERAL BRIM, MLDDED TO PATIENT MOD	Each	C01c	Thigh, addition to orthosis	\$515.28	01/01/2010	All	Purchase only	1 per orthosis	
L2520	QUARILATERAL BRIM, CUSTOM FITTED	Each	C01c	Thigh, addition to orthosis	\$343.40	01/01/2010	All	Purchase only	1 per orthosis	
L2525	ADD ON L EXT I CONT/ML BRIM PT MODEL	Each	C01c	Thigh, addition to orthosis	\$728.22	01/01/2010	All	Purchase only	1 per orthosis	
L2526	ADD ON EXT L CONT/ML BRIM CUSTOM FIT	Each	C01c	Thigh, addition to orthosis	\$409.18	01/01/2010	All	Purchase only	1 per orthosis	
L2530	LACER, NON-MOLDED	Each	C01c	Thigh, addition to orthosis	\$153.22	01/01/2010	All	Purchase only	1 per orthosis	
L2540	LACER, MOLDED TO PATIENT MODEL	Each	C01c	Thigh, addition to orthosis	\$289.92	01/01/2010	All	Purchase only	1 per orthosis	
L2550	HIGH ROLL CUFF	Each	C01c	Thigh, addition to orthosis	\$217.39	01/01/2010	All	Purchase only	1 per orthosis	
L2570	2 POSTION LOCKING HIP JOINT	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$284.54	01/01/2010	All	Purchase only	1 per orthosis	
L2580	PELVIC/BUTTOCK BANDS/SLING,BILATERAL	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$277.26	01/01/2010	All	Purchase only	1 per 2 years	
L2600	PELV CONTRL,HP JT,CLEVIS TYPE, FREE,EACH	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$136.26	01/01/2010	All	Purchase only	1 per orthosis	
L2610	PELV CONTROL, HP JT, CLEVIS, LOCK,EACH	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$150.57	01/01/2010	All	Purchase only	1 per orthosis	
L2620	PELV CONTRL, HP JT, HEAVY DUTY, EACH	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$159.73	01/01/2010	All	Purchase only	1 per orthosis	
L2622	ADD LOW EXTREM PELVIC CONTR.HIP JNT EA	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$203.30	01/01/2010	All	Purchase only	1 per orthosis	
L2624	ADD LOW EXTREM.PELVIC CONTR.ABDUCCON EA.	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$249.28	01/01/2010	All	Purchase only	1 per orthosis	
L2627	ADD L EXT RGO PLASTIC PELVIC HIP JT CABL	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$1,365.48	01/01/2010	All	Purchase only	1 set per 2 years	
L2628	ADD RGO METAL PELVIC & HIPS & CABLES	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$1,000.88	01/01/2010	All	Purchase only	1 set per 2 years	
L2630	PELV CONTRL, BAND & BELT, UNILATERAL	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$147.93	01/01/2010	All	Purchase only	1 per orthosis	
L2640	PELV CONTRL,BAND & BELT, BILATERAL	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$200.76	01/01/2010	All	Purchase only	1 per 2 years	
L2650	PELV & THORACIC CONTRL,GLUTEAL PAD, EACH	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$88.42	01/01/2010	All	Purchase only	1 per 2 years	
L2660	THORACIC CONTROL, THORACIC BAND	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$114.48	01/01/2010	All	Purchase only	1 per 2 years	
L2680	THORACIC CONTROL, LATERAL SUPP UPRIGHTS	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$93.48	01/01/2010	All	Purchase only	1 set per 2 years	
L2755	ADD LOW EXTREM ORTHOSIS,HI-STR, LT-WT MAT	Each	C01c	General, addition to orthosis	\$83.49	01/01/2010	All	Purchase only	4 per year	
L2760	EXTENSION, PER BAR (ADJ FOR GROWTH)	Each	C01c	General, addition to orthosis	\$36.30	01/01/2010	All	Purchase only	4 per year	

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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	Each	C01c	General, addition to orthosis	\$100.06	07/16/2018	All	Purchase only	1 per 2 years	
L2785	ADD LOW EXTRE ORTH. DROP LOCK RETAIN EA	Each	C01c	General, addition to orthosis	\$18.93	01/01/2010	All	Purchase only	2 per year	
L2795	ADD LOW EXTREME ORTH KNEE CONTR. FULL	Each	C01c	General, addition to orthosis	\$52.37	01/01/2010	All	Purchase only	1 per year	
L2800	ADD LOW EXTREM.ORTH.KNEE CONTR.KNEE CAP	Each	C01c	General, addition to orthosis	\$64.35	01/01/2010	All	Purchase only	1 per orthosis	
L2810	ADD LOW EXTREM.ORTH.KNEE CONDYLAR PAD	Each	C01c	General, addition to orthosis	\$52.18	01/01/2010	All	Purchase only	1 per year	
L2820	ADD LOW EXTREM.ORTH.SOFT INTERFACE MOLD	Each	C01c	General, addition to orthosis	\$51.88	01/01/2010	All	Purchase only	1 per year	
L2830	ADD LOW EXTRE. ORTH SOFT ABOVE KNEE SEC	Each	C01c	General, addition to orthosis	\$56.12	01/01/2010	All	Purchase only	1 per year	
L2840	ADD ON TIBIAL LENGTH FRACTURE SOCK EACH	Each	C01c	General, addition to orthosis	\$27.56	01/01/2010	All	Purchase only	3 per year	
L2850	ADD ON FEMORAL LENGTH FRACTURE SOCK,EACH	Each	C01c	General, addition to orthosis	\$38.64	01/01/2010	All	Purchase only	3 per medical event	
L2999	LOWER EXTREMITY ORTHOSIS, NOS	Each	C01c	General, addition to orthosis	PA	10/01/1988	All	Purchase only		
L3000	INSERT, REMOV, MLDED TO PAT MOD,UCB TYPE	Each	C31b	Molded insert	\$134.48	01/01/2010	All	Purchase only	1 per foot per 2 years	
L3001	INSERT, REMOV,MLDED TO PAT MOD,SPENCO,EA	Each	C31b	Molded insert	\$12.19	01/01/2010	All	Purchase only	2 per foot per year	
L3002	INSERT,REMOV,MLDED TO PAT, PLASTAZOTE,EA	Each	C31b	Molded insert	\$64.08	01/01/2010	All	Purchase only	2 per foot per year	
L3010	INS.REMOV,MLD/PAT, LONGITUD ARCH SUPP, EA	Each	C31b	Molded insert	\$96.11	01/01/2010	All	Purchase only	1 per foot per 2 years	
L3020	INS.REMOV,MLD/PAT, LONG/METATAR SUPP,EA	Each	C31b	Molded insert	\$102.52	01/01/2010	All	Purchase only	1 per foot per 2 years	
L3030	INS.REMOV, FORMED TO PAT FOOT, EACH	Each	C31b	Formed insert	\$66.97	01/01/2010	All	Purchase only	2 per foot per year	
L3040	ARCH SUPP, REMOV, PREMLD, LONGITUD, EACH	Each	C31b	Premolded insert	\$12.81	01/01/2010	All	Purchase only	2 per foot per year	
L3050	ARCH SUPP, REMOV, PREMLD, METATARSAL, EA	Each	C31b	Premolded insert	\$12.81	01/01/2010	All	Purchase only	2 per foot per year	
L3060	ARCH SUPP/REM, PREMLD, LONG/METATAR, EA	Each	C31b	Premolded insert	\$34.30	01/01/2010	All	Purchase only	2 per foot per year	
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	Each	C31b	Splint	\$25.63	01/01/2010	All	Purchase only	1 per medical event	
L3140	ABD/ROT BARS(DENNIS BROWNE) .ATT TO SHOE	Each	C31b	Rotation bar	\$38.44	01/01/2010	All	Purchase only	2 per year	
L3150	ABD/ROT BARS(DENNIS BROWNE)CLAPPED TO SH	Each	C31b	Rotation bar	\$43.81	01/01/2010	All	Purchase only	2 per foot per year	
L3160	FOOT, ADJUST. SHOE-STYLED POSITIONING DEVICE	Each	C31b	Positioning device	\$96.11	01/01/2010	All	Purchase only	2 per orthosis	
L3170	PLASTIC HEEL STABILIZER	Each	C31b	Stabilizer	\$10.25	01/01/2010	All	Purchase only	2 per foot per year	
L3201	ORTHOPEDIC SHOE OXFORD SUPIN INFANT	Each	C31a	Infant shoes	\$55.38	01/01/2010	All	Purchase only	3 pairs per year	
L3202	ORTHOPEDIC SHOE OXFORD CHILD	Each	C31a	Child shoes	\$55.38	01/01/2010	All	Purchase only	3 pairs per year	
L3203	ORTHOPEDIC SHOES OXFORD JUNIOR	Each	C31a	Junior shoes	\$57.67	01/01/2010	All	Purchase only	3 pairs per year	
L3204	ORTHOPEDIC SHOES HIGHTOP INFANT	Each	C31a	Infant shoes	\$57.67	01/01/2010	All	Purchase only	3 pairs per year	
L3206	ORTHOPEDIC SHOES HIGHTOP CHILD	Each	C31a	Child shoes	\$54.24	01/01/2010	All	Purchase only	3 pairs per year	
L3207	ORTHOPEDIC SHOES HIGHTOP JUNIOR	Each	C31a	Junior shoes	\$53.12	01/01/2010	All	Purchase only	3 pairs per year	
L3208	SURGICAL BOOT EACH INFANT	Each	C31a	Infant shoes	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	
L3209	SURGICAL BOOT EACH CHILD	Each	C31a	Child shoes	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	
L3211	SURGICAL BOOT EACH JUNIOR	Each	C31a	Junior shoes	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	
L3215	ORTHO FOOTWEAR, LADIES SHOES, OXFORD	Each	C31a	Ladies shoes	\$90.40	01/01/2010	All	Purchase only	2 pairs per year	
L3216	ORTHOPEDIC SHOES LADIES DEPTH INLAY	Each	C31a	Ladies shoes	\$102.52	01/01/2010	All	Purchase only	2 pairs per year	
L3217	ORTHOPEDIC SHOES LADIES HIGHTOP DPTH INL	Each	C31a	Ladies shoes	\$114.05	01/01/2010	All	Purchase only	2 pairs per year	



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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L3219	ORTHO FOOTWEAR, MENS SHOES, OXFORD	Each	C31a	Mens shoes	\$90.40	01/01/2010	All	Purchase only	2 pairs per year	
L3221	ORTHOPEDIC MENS SHOES DEPTH INLAY	Each	C31a	Mens shoes	\$112.77	01/01/2010	All	Purchase only	2 pairs per year	
L3222	ORTHOPEDIC MENS SHOES HIGHTOP DPT INLAY	Each	C31a	Mens shoes	\$117.89	01/01/2010	All	Purchase only	2 pairs per year	
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S OXFORD, PART OF BRACE	Each	C31a	Ladies shoes	\$43.17	01/01/2010	All	Purchase only	1 per foot per year	
L3225	ORTHOPEDIC FOOTWEAR, MEN'S SHOE, OXFORD, PART OF BRACE	Each	C31a	Mens shoes	\$47.15	01/01/2010	All	Purchase only	1 per foot per year	
L3230	ORTHOPEDIC CUSTOM SHOES DEPTH INLAY	Each	C31a	Custom shoes	\$160.19	09/01/2011	All	Purchase only	1 per foot per year	
L3251	FOOT SHOE MOLDED TO PATIENT SILIC EA	Each	C31a	Molded shoes	\$160.19	01/01/2010	All	Purchase only	1 per foot per year	
L3252	CUSTOM MADE SHOE/MADE OVER PAT MODEL	Each	C31a	Custom shoes	\$84.76	01/01/2010	All	Purchase only	1 per foot per year	
L3253	FOOT MOLDED SHOE PLASTAZOTE CUS FIT EA	Each	C31a	Molded shoes	\$64.08	01/01/2010	All	Purchase only	1 per foot per year	
L3257	ORTHOPEDIC SHOES SPLIT SIZE MISMATCHES	Each	C31a	Mismatch shoes	\$138.57	01/01/2010	All	Purchase only	2 pairs per year (adult)	
L3300	ELEVAT,HEEL TAPERED TO METAR/PER INCH	Each	C31b	Lift	\$43.57	01/01/2010	All	Purchase only	2 modifications per year	
L3310	ELEVAT, HEEL&SOLE,NEOPRENE/PER INCH	Each	C31b	Lift	\$51.25	01/01/2010	All	Purchase only	2 modifications per year	
L3320	ELEVAT, HEEL & SOLE, CORK, PER INCH	Each	C31b	Lift	\$64.08	01/01/2010	All	Purchase only	2 modifications per year	
L3332	ELEVAT,INSIDE SHOE,TAPERED,UP TO 1/2 IN	Each	C31b	Lift	\$25.79	01/01/2010	All	Purchase only	2 modifications per year	
L3334	ELEVATION, HEEL PER INCH	Each	C31b	Lift	\$30.12	01/01/2010	All	Purchase only	2 modifications per year	
L3340	HEEL WEDGE, EACH	Each	C31b	Wedge	\$19.22	01/01/2010	All	Purchase only	4 per year	
L3350	HEEL WEDGE	Each	C31b	Wedge	\$10.25	01/01/2010	All	Purchase only	4 per year	
L3360	SOLE WEDGE, OUTSIDE SOLE	Each	C31b	Wedge	\$17.95	01/01/2010	All	Purchase only	4 per year	
L3370	SOLE WEDGE, BETWEEN SOLE	Each	C31b	Wedge	\$26.91	01/01/2010	All	Purchase only	4 per year	
L3380	CLUBFOOT WEDGE	Each	C31b	Wedge	\$15.82	01/01/2010	All	Purchase only	4 per year	
L3390	OUTFLARE WEDGE	Each	C31b	Wedge	\$26.91	01/01/2010	All	Purchase only	4 per year	
L3400	METATARSAL BAR WEDGE, ROCKER	Each	C31b	Wedge	\$32.04	01/01/2010	All	Purchase only	4 per year	
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	Each	C31b	Wedge	\$37.17	01/01/2010	All	Purchase only	4 per year	
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	Each	C31b	Wedge	\$43.57	01/01/2010	All	Purchase only	4 per year	
L3430	HEEL, COUNTER, PLASTIC REINFORCED	Each	C31b	Heel	\$38.44	01/01/2010	All	Purchase only	2 heels per year	
L3440	HEEL, COUNTER, LEATHER REINFORCED	Each	C31b	Heel	\$33.19	01/01/2010	All	Purchase only	2 heels per year	
L3450	HEEL, SACH CUSHION TYPE	Each	C31b	Heel	BR	09/01/2005	All	Purchase only	?	
L3455	HEEL, NEW LEATHER, STANDARD	Each	C31b	Heel	\$15.38	01/01/2010	All	Purchase only	2 heels per year	
L3460	HEEL, NEW RUBBER, STANDARD	Each	C31b	Heel	\$14.09	01/01/2010	All	Purchase only	2 heels per year	
L3465	HEEL, THOMAS WITH WEDGE	Each	C31b	Heel	\$17.64	01/01/2010	All	Purchase only	2 heels per year	
L3470	HEEL, THOMAS EXTENDED TO BALL	Each	C31b	Heel	\$37.30	01/01/2010	All	Purchase only	2 heels per year	
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	Each	C31b	Heel	\$19.22	01/01/2010	All	Purchase only	2 per foot per year	
L3500	MISC. SHOE ADD, INSOLE, LEATHER	Each	C31a	Miscellaneous shoe addition	\$16.65	01/01/2010	All	Purchase only	2 insoles per year	
L3510	MISC SHOE ADD, INSOLE, RUBBER	Each	C31a	Miscellaneous shoe addition	\$11.59	01/01/2010	All	Purchase only	2 insoles per year	
L3520	MISC SHOE ADD, INSOLE, FELT COV/LEATHER	Each	C31a	Miscellaneous shoe addition	\$22.39	01/01/2010	All	Purchase only	2 insoles per year	

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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L3530	MISC SHOE ADDITIONS, SOLE, HALF	Each	C31a	Miscellaneous shoe addition	\$19.33	01/01/2010	All	Purchase only	2 half soles per year [for ODM-authorized shoes]	
L3540	MISC SHOE ADDITIONS, SOLE, FULL	Each	C31a	Miscellaneous shoe addition	\$23.85	01/01/2010	All	Purchase only	2 full soles per year [for ODM-authorized shoes]	
L3550	MISC SHOE ADD, TOE TAP, STANDARD	Each	C31a	Miscellaneous shoe addition	\$5.13	01/01/2010	All	Purchase only	4 per year	
L3570	MISC MODIFIED GUSSET (LEATHER W/EYE)	Each	C31a	Miscellaneous shoe addition	\$69.16	01/01/2010	All	Purchase only	4 per year (adults), 6 per year (children) [for ODM-authorized shoes]	
L3580	MISC SHOE ADD, CONV INSTEP TO VELCRO CLS	Each	C31a	Miscellaneous shoe addition	\$25.63	01/01/2010	All	Purchase only	4 per year (adults), 6 per year (children)	
L3595	MISC SHOE ADDITIONS, MARCH BAR	Each	C31a	Miscellaneous shoe addition	\$32.04	01/01/2010	All	Purchase only	4 per year	
L3600	TRANS OF ORTH/FR SHOES,CALIPER EXISTING	Each	C31b	Transfer	\$37.44	01/01/2010	All	Purchase only	2 transfers per orthosis per year	
L3610	TRANS ORTH/BETWEEN SHOES, NEW CALIPER PL	Each	C31b	Transfer	\$57.67	01/01/2010	All	Purchase only	2 transfers per orthosis per year	
L3620	TRANS ORTHOSIS/SHOES,SOLID STIRRUP EXIST	Each	C31b	Transfer	\$48.56	01/01/2010	All	Purchase only	2 transfers per orthosis per year	
L3630	TRANS ORTHOSIS/SHOES,NEW SOLID STIRRUP	Each	C31b	Transfer	\$63.26	01/01/2010	All	Purchase only	2 transfers per orthosis per year	
L3649	UNLISTED PROC FOR ORTHO SHOE,MODIF&TRANS	Each	C01c	Miscellaneous procedure	PA	10/01/1988	All	Purchase only		
L3650	SO, FIGURE "8" DESIGN ABD RESTRAINER	Each	C01c	Shoulder	\$41.90	01/01/2010	All	Purchase only	1 per medical event	
L3670	SO,ACROMIO/CLAVICULAR (CANV&WEB TYPE)	Each	C01c	Shoulder	\$66.10	01/01/2010	All	Purchase only	1 per medical event	
L3674	SHOULDER ORTHOSIS, ABD POS, THORACIC	Each	C01c	Shoulder	\$778.74	01/01/2011	All	Purchase only	1 per medical event	
L3675	SO, VEST TYPE ABDUCTION RESTRAINER, CANVAS OR EQUAL	Each	C01c	Shoulder	\$118.84	01/01/2010	All	Purchase only	1 per medical event	
L3710	EO, PLASTIC WITH METAL JOINTS	Each	C01c	Elbow	\$83.03	01/01/2010	All	Purchase only	2 per year	
L3720	EO, DBL UP W/FOREARM/ARM CUFF,FREE MOTION	Each	C01c	Elbow	\$397.27	01/01/2010	All	Purchase only	1 per 2 years	
L3730	EO, DBL UP W/FOREARM/ARM CUFF,F/E ASSIST	Each	C01c	Elbow	\$526.97	01/01/2010	All	Purchase only	1 per 2 years	
L3740	EO/FOREARM-ARM CUFF-ACTIVE CONTRL LOCK	Each	C01c	Elbow	\$624.77	01/01/2010	All	Purchase only	1 per 2 years	
L3760	EO/ADJUSTABLE POSISTION LOCKING JOINT, PREFABRICATED	Each	C01c	Elbow	\$285.67	01/01/2010	All	Purchase only	1 per 2 years	
L3763	EWHO RIGID W/O JNTS CF	Each	C01c	Elbow	\$493.34	12/07/2010	All	Purchase only	1 per 2 years	
L3764	EWHO W/JOINT(S) CF	Each	C01c	Elbow	\$516.30	12/07/2010	All	Purchase only	1 per 2 years	
L3807	WHFO, WITHOUT JOINTS, PREFAB	Each	C01c	Wrist-hand-finger	\$147.26	04/01/2009	All	Purchase only	1 per 2 years	
L3808	WHFO, RIGID W/O JOINTS	Each	C01c	Wrist-hand-finger	\$168.26	01/01/2010	All	Purchase only	1 per 2 years	
L3900	WHFO,DYN FLEX HNG,WRIST DRIVEN	Each	C01c	Wrist-hand-finger	\$941.93	01/01/2010	All	Purchase only	1 per 2 years	
L3901	WHFO,DYN FLEX HNG, CABLE DRIVEN	Each	C01c	Wrist-hand-finger	\$1,234.46	01/01/2010	All	Purchase only	1 per 2 years	
L3906	WHFO, WRIST(GAUNTLET) MLD TO PAT MODEL	Each	C01c	Wrist-hand-finger	\$294.66	01/01/2010	All	Purchase only	1 per medical event	
L3908	WHFO,WRIST EXT CONT (COCK-UP) NON/MLDED	Each	C01c	Wrist-hand-finger	\$43.66	01/01/2010	All	Purchase only	1 per 180 days	
L3912	WHFO, FLEX GLOVE W/ELASTIC FINGER CONTRL	Each	C01c	Wrist-hand-finger	\$61.27	01/01/2010	All	Purchase only	1 per 2 years	
L3923	HFO, W/O JOINT(S), PREFABRICATED, ANY TYPE	Each	C01c	Wrist-hand-finger	\$27.65	01/01/2010	All	Purchase only	1 per medical event	
L3925	FINGER ORTHOSIS, PROX, PIP	Each	C01c	Wrist-hand-finger	\$39.04	01/01/2010	All	Purchase only	1 per medical event	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L3929	HAND FINGER ORTHOSIS	Each	C01c	Wrist-hand-finger	\$66.19	01/01/2010	All	Purchase only	1 per medical event	
L3931	WRIST HAND FINGER ORTHOSIS	Each	C01c	Wrist-hand-finger	\$142.53	01/01/2010	All	Purchase only	1 per medical event	
L3956	ADD JOINT UPPER EXTREM ORTHOSIS, ANY MAT. PER JOINT	Each	C01c	Wrist-hand-finger	\$187.75	01/01/2010	All	Purchase only	1 per medical event	
L3960	SEWHO,ABD POSIT, AIRPLANE DESIGN	Each	C01c	Shoulder-elbow-wrist-hand	\$463.75	01/01/2010	All	Purchase only	1 per medical event	
L3971	SEWHO CAP DESIGN W/JNT(S) CF	Each	C01c	Shoulder-elbow-wrist-hand	\$975.27	01/01/2010	All	Purchase only	1 per 2 years	
L3980	FX ORTHOSIS, HUMERAL	Each	C01c	Upper limb, fracture	\$224.94	01/01/2010	All	Purchase only	1 per medical event	
L3982	FX ORTH, RADIUS/ULNAR	Each	C01c	Upper limb, fracture	\$228.40	01/01/2010	All	Purchase only	1 per medical event	
L3984	FX ORTHOSIS, WRIST	Each	C01c	Upper limb, fracture	\$201.21	01/01/2010	All	Purchase only	1 per medical event	
L3995	ADD ON UPPER EXTREMITY FRACTURE SOCK, EA	Each	C01c	Upper limb, fracture	\$23.88	01/01/2010	All	Purchase only	3 per medical event	
L3999	UNLISTED PROCEDURES FOR UPPER LIMB ORTH	Each	C01c	Upper limb, fracture	PA	10/01/1988	All	Purchase only		
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	Each	C01c	Specific repair or replacement, including parts and labor	\$844.25	01/01/2010	All	Purchase only	1 per 4 years	
L4010	REPLACE TRILATERAL SOCKET BRIM	Each	C01c	Specific repair or replacement, including parts and labor	\$513.16	01/01/2010	All	Purchase only	1 per lifetime	
L4020	REPLACE QUAD/SOCKET BRIM,MLD TO PAT MODL	Each	C01c	Specific repair or replacement, including parts and labor	\$616.43	01/01/2010	All	Purchase only	1 per 2 years	
L4030	REPLACE QUAD/SOCKET BRIM, CUSTOM FITTED	Each	C01c	Specific repair or replacement, including parts and labor	\$391.73	01/01/2010	All	Purchase only	1 per 2 years	
L4040	REPLACE MOLDED THIGH LACER	Each	C01c	Specific repair or replacement, including parts and labor	\$265.30	01/01/2010	All	Purchase only	1 per 2 years	
L4045	REPLACE NON-MOLDED THIGH LACER	Each	C01c	Specific repair or replacement, including parts and labor	\$195.96	01/01/2010	All	Purchase only	1 per 2 years	
L4050	REPLACE MOLDED CALF LACER	Each	C01c	Specific repair or replacement, including parts and labor	\$262.73	01/01/2010	All	Purchase only	1 per 2 years	
L4055	REPLACE NON-MOLDED CALF LACER	Each	C01c	Specific repair or replacement, including parts and labor	\$159.70	01/01/2010	All	Purchase only	1 per 2 years	
L4060	REPLACE HIGH ROLL CUFF	Each	C01c	Specific repair or replacement, including parts and labor	\$211.11	01/01/2010	All	Purchase only	1 per 2 years	
L4070	REPLACE PROX & DIST UPRIGHT KAFO	Each	C01c	Specific repair or replacement, including parts and labor	\$183.88	01/01/2010	All	Purchase only	1 per 2 years	
L4080	REPLACE METAL BANDS KAFO, PROX THIGH	Each	C01c	Specific repair or replacement, including parts and labor	\$64.32	01/01/2010	All	Purchase only	1 per 2 years	
L4090	REPLACE BANDS,KAFO-AFO,DISTAL THI/CALF	Each	C01c	Specific repair or replacement, including parts and labor	\$53.98	01/01/2010	All	Purchase only	1 per 2 years	
L4100	REPLACE LEATHER CUFF KAFO, PROX THIGH	Each	C01c	Specific repair or replacement, including parts and labor	\$64.88	01/01/2010	All	Purchase only	1 per 2 years	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L4110	REPL LEATHER CUFF KAFO-AFO,CALF/DIST THG	Each	C01c	Specific repair or replacement, including parts and labor	\$50.66	01/01/2010	All	Purchase only	1 per 2 years	
L4130	REPLACE RETIBIAL SHELL	Each	C01c	Specific repair or replacement, including parts and labor	\$306.22	01/01/2010	All	Purchase only	1 per 2 years	
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR, PER 15 MINUTES	Each	C01e	Labor	\$10.67	01/01/2010	All		1 per 120 days	
L4210	REPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE	Each	C01e	Labor	Supplier charge (without PA), PA (with PA)	01/01/2006	All		1 per 120 days	
L4350	PNEUMATIC ANKLE CONTROL SPLINT AIR CAST	Each	C01c	Splint	\$61.83	01/01/2010	All	Purchase only	1 per medical event	
L4360	PNEUMATIC WALKING SPLINT AIRCAST OR EQUA	Each	C01c	Splint	\$165.41	01/01/2010	All	Purchase only	1 per medical event	
L4370	PNEUMATIC FULL LEG SPLINT AIRCAST OR EQ	Each	C01c	Splint	\$150.37	01/01/2010	All	Purchase only	1 per medical event	
L4386	NON-PNEUMATIC WALKING SPLINT	Each	C01c	Splint	\$99.06	01/01/2010	All	Purchase only	1 per medical event	
L4392	REPL SOFT INT-FACE MAT STATIC AFO	Each	C01c	Splint	\$15.04	01/01/2010	All	Purchase only	1 per medical event	
L4396	STATIC AFO INCL SOFT INTFACE MAT; ADJUSTABLE; PREFAB	Each	C01c	Splint	\$107.22	01/01/2010	All	Purchase only	1 per medical event	
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, ROCKER BOTTOM	Each	C01c	Splint	\$1,066.77	01/01/2011	All	Purchase only	1 per medical event	
L5000	P/F,SHOE INSW/LONGITUD ARCH, TOE FILLER	Each	C01b	Lower limb	\$366.87	01/01/2010	All	Purchase only	1 per 4 years	
L5010	P/F,ANKLE HEIGHT WITH TOE FILLER	Each	C01b	Lower limb	\$1,025.10	01/01/2010	All	Purchase only	1 per 4 years	
L5020	P/F, TIBIAL TUBERCLE HEIGHT	Each	C01b	Lower limb	\$1,605.99	01/01/2010	All	Purchase only	1 per 4 years	
L5050	SYMES, MOLDED SOCKET, EACH FOOT	Each	C01b	Lower limb	\$1,754.04	01/01/2010	All	Purchase only	1 per 4 years	
L5060	SYMES,METAL FR,MLD LEATH SOCK,ART/FOOT	Each	C01b	Lower limb	\$2,162.23	01/01/2010	All	Purchase only	1 per 4 years	
L5100	MOLDED SOCKET, SHIN, EACH FOOT	Each	C01b	Lower limb	\$1,746.54	01/01/2010	All	Purchase only	1 per 4 years	
L5105	BK PLASTIC SOCK JTS THI LACER EACH FOOT	Each	C01b	Lower limb	\$2,464.74	01/01/2010	All	Purchase only	1 per 4 years	
L5150	MLD SOCK,EXT KNEE JTS,SHIN,EACH FOOT	Each	C01b	Lower limb	\$2,740.21	01/01/2010	All	Purchase only	1 per 4 years	
L5160	MLD SOCK,BENT KNEE CONFIG,EXT KN JTS,SHN	Each	C01b	Lower limb	\$3,008.61	01/01/2010	All	Purchase only	1 per 4 years	
L5200	MLD SKT,SING AX,CONS FRICIT KN,EACH FOOT	Each	C01b	Lower limb	\$2,326.94	01/01/2010	All	Purchase only	1 per 4 years	
L5210	SHORT PROS,NO KN/ANK JT*STUBBIES*W/FT BL	Each	C01b	Lower limb	\$1,847.59	01/01/2010	All	Purchase only	1 per 4 years	
L5220	ABOVE KNEE SHORT PROST W ARTICU ANK +FT	Each	C01b	Lower limb	\$2,035.24	01/01/2010	All	Purchase only	1 per 4 years	
L5230	PFFD AK PROS, CONS FRICIT KN/EACH FOOT	Each	C01b	Lower limb	\$3,052.57	01/01/2010	All	Purchase only	1 per 4 years	
L5250	CANAD TYPE,MLD SOCK,HP JT ,1 AXIS/FRICIT/K	Each	C01b	Lower limb	\$3,579.21	01/01/2010	All	Purchase only	1 per 4 years	
L5280	HEMIPELVECTOMY, CANADIAN TYPE,MLD SKT,HP	Each	C01b	Lower limb	\$3,876.41	01/01/2010	All	Purchase only	1 per 4 years	
L5301	B/K MLD SKT, SHIN, EACH, ENDO SYSTEM	Each	C01b	Lower limb	\$2,073.45	01/01/2010	All	Purchase only	1 per 4 years	
L5321	A/K MLD SKT, OPEN END, ENDO SYS, SINGLE AXIS	Each	C01b	Lower limb	\$2,764.88	01/01/2010	All	Purchase only	1 per 4 years	
L5331	CANAD TYPE,ENDO SYS,HP JT,EACH,SING AXIS	Each	C01b	Lower limb	\$4,049.55	01/01/2010	All	Purchase only	1 per 4 years	
L5341	HEMIPELVECT, CANAD TYPE, ENDO SYS, HIP JOINT, EACH FOOT	Each	C01b	Lower limb	\$4,304.60	01/01/2010	All	Purchase only	1 per 4 years	
L5400	B/K,POST SURG,INITIAL,INCL ONE CAST CHG	Each	C01b	Immediate post-surgery or early fitting	\$1,021.32	01/01/2010	All	Purchase only	1 per amputation	
L5410	B/K,IMMED/FIT,EACH ADDITIONAL CAST CHANG	Each	C01b	Immediate post-surgery or early fitting	\$282.16	01/01/2010	All	Purchase only	1 per amputation	

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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5420	A/K,KN/DIS,INIT FIT,ALIGN INCL 1 CAST CH	Each	C01b	Immediate post-surgery or early fitting	\$1,289.89	01/01/2010	All	Purchase only	1 per amputation	
L5430	IMM POST SURG RIGID DRESS EA CAST CHANGE	Each	C01b	Immediate post-surgery or early fitting	\$350.13	01/01/2010	All	Purchase only	1 per amputation	
L5510	PTB, PLASTIC SOCKET, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$1,377.79	01/01/2010	All	Purchase only	Medical necessity	
L5535	PTB, PREFABRICATED, OPEN END SOCKET	Each	C01b	Preparatory prosthesis	\$1,513.49	01/01/2010	All	Purchase only	Medical necessity	
L5540	PTB, LAMINATED SOCKET, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$1,603.02	01/01/2010	All	Purchase only	Medical necessity	
L5560	PREP, ABOVE KNEE, PLASTER SOCKET, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$1,826.51	01/01/2010	All	Purchase only	Medical necessity	
L5580	PREP, ABOVE KNEE, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$2,200.15	01/01/2010	All	Purchase only	Medical necessity	
L5585	PREP, ABOVE KNEE, PREFABRICATED ADJUSTABLE OPEN END SOCKET	Each	C01b	Preparatory prosthesis	\$2,576.61	01/01/2010	All	Purchase only	Medical necessity	
L5590	PREP, ABOVE KNEE, LAMINATED SOCKET, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$2,293.95	01/01/2010	All	Purchase only	Medical necessity	
L5595	PREP HD THERMOPLASTIC OF EQUAL MLD MODEL	Each	C01b	Preparatory prosthesis	\$2,933.02	01/01/2010	All	Purchase only	1 per amputation	
L5600	PREP HD LAMINATED SOCKET MOLDED PT MODEL	Each	C01b	Preparatory prosthesis	\$3,338.21	01/01/2010	All	Purchase only	1 per amputation	
L5610	ABOVE KNEE, HYDRACADENCE	Each	C01b	Addition to lower limb	\$1,610.00	01/01/2010	All	Purchase only	1 per 4 years	
L5611	ADD ON AK/KD OHC 4-BAR FRICT SWING CNTRL	Each	C01b	Addition to lower limb	\$1,025.44	01/01/2010	All	Purchase only	1 per 4 years	
L5613	ADD AK/KD OHC 4-BAR HYDRAULIC SWING CTRL	Each	C01b	Addition to lower limb	\$1,559.75	01/01/2010	All	Purchase only	1 per 4 years	
L5614	ADD TO LOWER EXTREMITY, K-K DIS., 4-BAR LINK W/ PSPC	Each	C01b	Addition to lower limb	\$1,080.22	01/01/2010	All	Purchase only	1 per 4 years	
L5616	A/K UNIV MULTIPLEX SYS,FRICTION SW/PHASE	Each	C01b	Addition to lower limb	\$940.49	01/01/2010	All	Purchase only	1 per 4 years	
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE, SELF ALIGN.	Each	C01b	Addition to lower limb	\$358.18	01/01/2010	All	Purchase only	1 per 4 years	
L5618	TEST SOCKET, SYMES	Each	C01b	Addition to lower limb	\$213.89	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5620	TEST SOCKET, BELOW KNEE	Each	C01b	Addition to lower limb	\$189.77	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5622	TEST SOCKET, KNEE DISARTICULATION	Each	C01b	Addition to lower limb	\$255.66	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5624	TEST SOCKET,ABOVE KNEE	Each	C01b	Addition to lower limb	\$255.59	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5626	TEST SOCKET, HIP DISARTIULATION	Each	C01b	Addition to lower limb	\$404.60	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5628	TEST SOCKET, HEMIPELVECTOMY	Each	C01b	Addition to lower limb	\$409.72	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5629	ADD ON BK ACRYLIC SOCKET	Each	C01b	Addition to lower limb	\$202.26	01/01/2010	All	Purchase only	1 per prosthesis	
L5630	SYMES TYPE,EXPANDABLE WALL SOCKET	Each	C01b	Addition to lower limb	\$351.43	01/01/2010	All	Purchase only	1 per 4 years	
L5631	ADD ON AK/KD ACRYLIC SOCKET	Each	C01b	Addition to lower limb	\$279.65	01/01/2010	All	Purchase only	1 per prosthesis	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5632	SYMES TYPE,"PTB" BRIM DESIGN SOCKET	Each	C01b	Addition to lower limb	\$172.35	01/01/2010	All	Purchase only	1 per 4 years	
L5634	SYMES TYPE, POST OPEN(CANADIAN) SOCKET	Each	C01b	Addition to lower limb	\$215.55	01/01/2010	All	Purchase only	1 per 4 years	
L5636	SYMES TYPE, MEDIAL OPENING SOCKET	Each	C01b	Addition to lower limb	\$164.75	01/01/2010	All	Purchase only	1 per 4 years	
L5637	ADD ON BK TOTAL CONTACT	Each	C01b	Addition to lower limb	\$245.16	01/01/2010	All	Purchase only	1 per 4 years	
L5638	BELOW KNEE, LEATHER SOCKET	Each	C01b	Addition to lower limb	\$412.99	01/01/2010	All	Purchase only	1 per 4 years	
L5639	ADD ON BK WOOD SOCKET	Each	C01b	Addition to lower limb	\$713.58	01/01/2010	All	Purchase only	1 per prosthesis	
L5640	KNEE DISARTICULATION,LEATHER SOCKET	Each	C01b	Addition to lower limb	\$469.04	01/01/2010	All	Purchase only	1 per 4 years	
L5642	ABOVE KNEE, LEATHER SOCKET	Each	C01b	Addition to lower limb	\$434.79	01/01/2010	All	Purchase only	1 per 4 years	
L5643	ADD L EXTRM HIP DISART FLEX SOCK EXT FRM	Each	C01b	Addition to lower limb	\$1,282.40	01/01/2010	All	Purchase only	1 per 4 years	
L5645	ADD L EXTRM BK FLEX IN SOCK EXTERN FRAME	Each	C01b	Addition to lower limb	\$623.61	01/01/2010	All	Purchase only	1 per 4 years	
L5646	BELOW KNEE, AIR CUSHION SOCKET	Each	C01b	Addition to lower limb	\$398.77	01/01/2010	All	Purchase only	1 per 4 years	
L5647	ADD L EXTRM,BK,SUCTION SOCKET	Each	C01b	Addition to lower limb	\$506.27	01/01/2010	All	Purchase only	1 per 4 years	
L5648	ABOVE KNEE, AIR CUSHION SOCKET	Each	C01b	Addition to lower limb	\$475.45	01/01/2010	All	Purchase only	1 per 4 years	
L5649	ADD L EXTRM CAT CAM SOCKET	Each	C01b	Addition to lower limb	\$1,569.04	01/01/2010	All	Purchase only	1 per 4 years	
L5650	TOTAL CONTACT,A/K OR KN DISARTIC SOCKET	Each	C01b	Addition to lower limb	\$310.70	01/01/2010	All	Purchase only	1 per 4 years	
L5651	ADD L EXTRM AK FLEX IN SOCK EXTRN FRAME	Each	C01b	Addition to lower limb	\$910.35	01/01/2010	All	Purchase only	1 per 4 years	
L5652	SUCTION SUSPEN,A/K OR KNEE DISARTIC SKT	Each	C01b	Addition to lower limb	\$277.48	01/01/2010	All	Purchase only	1 per 4 years	
L5653	KNEE DISARTIC, EXPANDABLE WALL SOCKET	Each	C01b	Addition to lower limb	\$432.93	01/01/2010	All	Purchase only	1 per 4 years	
L5654	SOCKET INSERT,SYMES(PELITE PLASTAZ,ETC)	Each	C01b	Addition to lower limb	\$250.96	01/01/2010	All	Purchase only	1 per year	
L5655	SKT INS,B/K(KEMBOL,PELITE,ALIPLAST,ETC)	Each	C01b	Addition to lower limb	\$181.21	01/01/2010	All	Purchase only	1 per year	
L5656	SKT INS, KN/DISART(KEMBLO,ALIPLAST,ETC)	Each	C01b	Addition to lower limb	\$275.31	01/01/2010	All	Purchase only	1 per year	
L5658	SKT INS,A/K (KEMPLO,PELITE,ALIPLAST,ETC)	Each	C01b	Addition to lower limb	\$290.59	01/01/2010	All	Purchase only	1 per year	
L5661	ADD LOW EXTRE SOCK INSER MULTI DVROMET	Each	C01b	Addition to lower limb	\$416.91	01/01/2010	All	Purchase only	1 per year	
L5665	ADD LOW EXTRE SOCK LASER KNEE BK MLT DU	Each	C01b	Addition to lower limb	\$370.67	01/01/2010	All	Purchase only	1 per year	
L5666	BELOW KNEE,CUFF SUSPENSION	Each	C01b	Addition to lower limb	\$49.07	01/01/2010	All	Purchase only	1 per year	
L5668	BELOW KNEE, MOLDED DISTAL CUSHION	Each	C01b	Addition to lower limb	\$73.12	01/01/2010	All	Purchase only	1 per year	
L5670	B/K,MOLD SUPRACONDL SUSP (PTS OR SIM)	Each	C01b	Addition to lower limb	\$172.71	01/01/2010	All	Purchase only	1 per 4 years	
L5671	ADD LOWER EXTREMITY, SUSPENS LOCKING MECH, EXCL SOCKET INSERT	Each	C01b	Addition to lower limb	\$358.93	04/01/2009	All	Purchase only	1 per 4 years	
L5672	BELOW KNEE,REMOVABLE MEDIAL BRIM SUSPEN	Each	C01b	Addition to lower limb	\$228.53	01/01/2010	All	Purchase only	1 per 4 years	
L5673	ADD TO LOWER EXTREM, BELOW KNEE/ABOVE KNEE, SOCKET INSERT	Each	C01b	Addition to lower limb	\$745.00	07/16/2018	All	Purchase only	2 per year	
L5676	BELOW KNEE, KNEE JOINTS, PAIR	Each	C01b	Addition to lower limb	\$230.63	01/01/2010	All	Purchase only	1 per 4 years	
L5677	ADD LOW EXTRE BELOW KNEE POLYCN PAIR	Each	C01b	Addition to lower limb	\$353.23	01/01/2010	All	Purchase only	1 per 4 years	
L5678	BELOW KNEE, JOINT COVERS, PAIR	Each	C01b	Addition to lower limb	\$25.27	01/01/2010	All	Purchase only	1 per 2 years	
L5679	ADD TO LOWER EXTREM, BELOW KNEE/ABOVE KNEE, SOCKET INSERT	Each	C01b	Addition to lower limb	\$625.00	07/16/2018	All	Purchase only	2 per year	
L5680	BELOW KNEE, THIGH LACER, NON-MOLDED	Each	C01b	Addition to lower limb	\$193.72	01/01/2010	All	Purchase only	1 per 4 years	
L5681	ADD TO LOWER EXTREM, BELOW KNEE/ABOVE KNEE, SOCKET INSERT	Each	C01b	Addition to lower limb	\$1,029.21	01/01/2010	All	Purchase only	1 per year	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5682	B/K.THIGH LACER,LGUTEAL/ISHCIAL, MOLDED	Each	C01b	Addition to lower limb	\$398.03	01/01/2010	All	Purchase only	1 per 4 years	
L5683	ADD TO LOWER EXTREM, BELOW KNEE/ABOVE KNEE, SOCKET INSERT	Each	C01b	Addition to lower limb	\$1,029.21	01/01/2010	All	Purchase only	1 per year	
L5684	BELOW KNEE, FORK STRAP	Each	C01b	Addition to lower limb	\$30.63	01/01/2010	All	Purchase only	1 per 2 years	
L5685	ADD LOW EXTREM PROS, LOWER KNEE, SUSP/SEAL SLEEVE	Each	C01b	Addition to lower limb	\$55.13	01/01/2010	All	Purchase only	6 per year	
L5686	BELOW KNEE, BACK CHECK(EXTENSION CONTROL	Each	C01b	Addition to lower limb	\$36.84	01/01/2010	All	Purchase only	1 per 2 years	
L5688	BELOW KNEE, WAIST BELT, WEBBING	Each	C01b	Addition to lower limb	\$39.13	01/01/2010	All	Purchase only	1 per year	
L5690	BELOW KNEE, WAIST BELT, PADDED AND LINED	Each	C01b	Addition to lower limb	\$79.87	01/01/2010	All	Purchase only	1 per year	
L5692	A/K, PELVIC CONTROL BELT,LIGHT DUTY	Each	C01b	Addition to lower limb	\$84.57	01/01/2010	All	Purchase only	1 per year	
L5694	A/K,PELIC CONTROL BELT, PADDED/LINED	Each	C01b	Addition to lower limb	\$115.47	01/01/2010	All	Purchase only	1 per year	
L5695	ADD ON AK PELVIC CTRL SLEEVE SUSPEN TES	Each	C01b	Addition to lower limb	\$103.79	01/01/2010	All	Purchase only	2 per year	
L5696	A/K OR KNEE DISARTIC, PELVIC JOINT	Each	C01b	Addition to lower limb	\$125.38	01/01/2010	All	Purchase only	1 per 4 years	
L5697	A/K OR KNEE DISARTIC, PELVIC BAND	Each	C01b	Addition to lower limb	\$59.55	01/01/2010	All	Purchase only	1 per 4 years	
L5698	A/K OR KNEE DISARTIC, SILESIAIN BELT	Each	C01b	Addition to lower limb	\$76.38	01/01/2010	All	Purchase only	1 per year	
L5699	ALL LOW/EXTREM PROSTHESIS, SHLDR HARNESS	Each	C01b	Addition to lower limb	\$130.54	01/01/2010	All	Purchase only	1 per year	
L5700	REPLACE. SOCKET, BELOW K, MOLDED TO PATIENT MODEL	Each	C01b	Addition to lower limb	\$1,963.56	01/01/2010	All	Purchase only	Medical necessity	
L5701	REPLACE. SOCKET, HIP DIS., INC. ATT. PLATE, MOLDED	Each	C01b	Addition to lower limb	\$2,435.96	01/01/2010	All	Purchase only	Medical necessity	
L5702	REPLACE. SOCKET, HIP DIS., INCLUDING HIP JOINT, MOLDED	Each	C01b	Addition to lower limb	\$3,070.16	01/01/2010	All	Purchase only	Medical necessity	
L5704	CUSTOM SHAPED PROT. COVER, ABOVE KNEE	Each	C01b	Addition to lower limb	\$400.36	01/01/2010	All	Purchase only	Medical necessity	
L5705	CUSTOM SHAPED PROT. COVER, ABOVE KNEE	Each	C01b	Addition to lower limb	\$733.99	01/01/2010	All	Purchase only	Medical necessity	
L5706	CUSTOM SHAPED PROT. COVER, KNEE DIS.	Each	C01b	Addition to lower limb	\$715.93	01/01/2010	All	Purchase only	Medical necessity	
L5707	CUST. SHAPED PROT. COVER, HIP DIS.	Each	C01b	Addition to lower limb	\$961.85	01/01/2010	All	Purchase only	Medical necessity	
L5710	SINGLE AXIS,MANUAL LOCK	Each	C01b	Addition to lower limb	\$228.91	01/01/2010	All	Purchase only	1 per 4 years	
L5711	ADD EXOSKE KNEE SHIN SINGLE ULTRA LIGHT	Each	C01b	Addition to lower limb	\$384.17	01/01/2010	All	Purchase only	1 per 4 years	
L5712	FRICTION SWING & STANCE,SAFETY KNEE	Each	C01b	Addition to lower limb	\$274.25	01/01/2010	All	Purchase only	1 per 4 years	
L5714	SINGLE AXIS,VARIABLE FRICT,SW/PH CONT	Each	C01b	Addition to lower limb	\$279.04	01/01/2010	All	Purchase only	1 per 4 years	
L5716	POLYCENTRIC,MECHANICAL STANCE PHASE LOCK	Each	C01b	Addition to lower limb	\$551.77	01/01/2010	All	Purchase only	1 per 4 years	
L5718	POLYCENTRIC FRICTION SW/STANCE PH CONTRL	Each	C01b	Addition to lower limb	\$590.02	01/01/2010	All	Purchase only	1 per 4 years	
L5722	SINGLE AXIS, PNEUMATIC SWING PHASE	Each	C01b	Addition to lower limb	\$717.50	01/01/2010	All	Purchase only	1 per 4 years	
L5724	SINGLE AXIS, FLUID SWING CONTROL	Each	C01b	Addition to lower limb	\$1,105.92	01/01/2010	All	Purchase only	1 per 4 years	
L5728	SINGLE AXIS,FLUID CONTROL,SWING & STANCE	Each	C01b	Addition to lower limb	\$1,542.94	01/01/2010	All	Purchase only	1 per 4 years	
L5785	ADD ENDOSKE BELOW KNEE ULTRA LIGHT MAT	Each	C01b	Addition to lower limb	\$330.67	01/01/2010	All	Purchase only	1 per 4 years	
L5790	ADD EXOSKE ABOVE KNEE ULTRA LIGHT MAT	Each	C01b	Addition to lower limb	\$477.25	01/01/2010	All	Purchase only	1 per 4 years	
L5795	ADD EXOSKE HIP DISART ULTRA LIGHT MAT	Each	C01b	Addition to lower limb	\$683.36	01/01/2010	All	Purchase only	1 per 4 years	
L5810	ADD ENDOSKE KNEE SINGLE MANUAL LOCK	Each	C01b	Addition to lower limb	\$364.10	01/01/2010	All	Purchase only	1 per 4 years	
L5811	ADD ENDOSK KNEE SING MANUAL ULTRA LIGHT	Each	C01b	Addition to lower limb	\$502.44	01/01/2010	All	Purchase only	1 per 4 years	
L5812	ADD ENDOSKE KNEE SING FRIC SWNG SAFE KN	Each	C01b	Addition to lower limb	\$378.10	01/01/2010	All	Purchase only	1 per 4 years	

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

HCPGS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5814	ADD ENDOSKE KNEE SHIN, POLYCENTRIC, HYD SWING PHASE	Each	C01b	Addition to lower limb	\$2,377.43	01/01/2010	All	Purchase only	1 per 4 years	
L5816	ADD ENDOSKE KNEE SHIN POLYGEN MECHANICAL	Each	C01b	Addition to lower limb	\$541.27	01/01/2010	All	Purchase only	1 per 4 years	
L5818	ADD ENDOSKE KNEE POLYCE FRIC SWING CNT	Each	C01b	Addition to lower limb	\$611.21	01/01/2010	All	Purchase only	1 per 4 years	
L5822	ADD ENDOSK KNEE SING PNEU SWING FRIC	Each	C01b	Addition to lower limb	\$1,121.22	01/01/2010	All	Purchase only	1 per 4 years	
L5824	ADD ENDOSK KNEE SING. FLUID SWING PHASE	Each	C01b	Addition to lower limb	\$1,059.89	01/01/2010	All	Purchase only	1 per 4 years	
L5826	ADD ENDOSK KNEE-SHIN, SING. AXIS HYD. SWING PHASE	Each	C01b	Addition to lower limb	\$1,999.12	01/01/2010	All	Purchase only	1 per 4 years	
L5828	ADD ENDOSK. SING. FLUID SWING + STANCE	Each	C01b	Addition to lower limb	\$1,886.34	01/01/2010	All	Purchase only	1 per 4 years	
L5830	ADD ENDOSK., KNEE SING. PNEU. HYDRAPNEU.	Each	C01b	Addition to lower limb	\$1,271.88	01/01/2010	All	Purchase only	1 per 4 years	
L5840	ADD., ENDOSKEL., KNEE-SHIN SYSTEM, MULTIAXIAL PSPC	Each	C01b	Addition to lower limb	\$2,496.40	01/01/2010	All	Purchase only	1 per 4 years	
L5845	ADD., ENDOSKEL, KNEE-SHIN, STANCE FLEX., ADJUSTABLE	Each	C01b	Addition to lower limb	\$1,147.38	01/01/2010	All	Purchase only	1 per 4 years	
L5850	ADD ENDOSK ABOVE KNEE HIP DISART. EXT AS	Each	C01b	Addition to lower limb	\$81.42	01/01/2010	All	Purchase only	1 per 4 years	
L5855	ADD ENDOSKEL SYS, HIP DIS., MECH. HIP EXT. ASSIST	Each	C01b	Addition to lower limb	\$196.55	01/01/2010	All	Purchase only	1 per 4 years	
L5857	ADD., ENDOSKEL, KNEE-SHIN, MICROPROCESSOR CONTROL, SWING ONLY	Each	C01b	Addition to lower limb	\$3,470.01	01/01/2010	All	Purchase only	1 per 4 years	
L5910	ADD ENDOSK SYSTEM BELOW KNEE ALIGN SYS	Each	C01b	Addition to lower limb	\$230.50	01/01/2010	All	Purchase only	1 per 4 years	
L5920	ADD ENDOSK SYS ABOVE KNEE HIP DIS ALNG	Each	C01b	Addition to lower limb	\$337.70	01/01/2010	All	Purchase only	1 per 4 years	
L5925	ADD. ENDOSKEL. SYS., ABOVE K, K DIS., OR HIP DIS.	Each	C01b	Addition to lower limb	\$213.86	01/01/2010	All	Purchase only	1 per 4 years	
L5930	ADD., ENDOSKEL., HIGH ACTIVITY KNEE CONTROL FRAME	Each	C01b	Addition to lower limb	\$2,154.68	01/01/2010	All	Purchase only	1 per 4 years	
L5940	ADD ENDOSK BELOW KNEE ULTRA LIGHT	Each	C01b	Addition to lower limb	\$319.25	01/01/2010	All	Purchase only	1 per 4 years	
L5950	ADD ENDOSK ABOVE KNEE ULTRA LIGHT	Each	C01b	Addition to lower limb	\$495.17	01/01/2010	All	Purchase only	1 per 4 years	
L5960	ADD ENDOSK HIP DISART ULTRA LIGHT MAT	Each	C01b	Addition to lower limb	\$740.39	01/01/2010	All	Purchase only	1 per 4 years	
L5961	ENDO POLY HIP, PNEU/HYD/ROT	Each	C01b	Addition to lower limb	PA	01/01/2011	All	Purchase only	1 per 4 years	
L5962	ADD ENDOSKEL., SYS., BELOW K, FLEX PROT OUTER SURF.	Each	C01b	Addition to lower limb	\$374.10	01/01/2010	All	Purchase only	1 per 2 years	
L5964	ADD ENDOSKEL., SYS. ABOVE K, FLEX PROT OUTER SURF.	Each	C01b	Addition to lower limb	\$717.60	01/01/2010	All	Purchase only	1 per 2 years	
L5966	ADD ENDOSKEL., SYS., HIP DIS., FLEX PROT OUTER SURF.	Each	C01b	Addition to lower limb	\$924.38	01/01/2010	All	Purchase only	1 per 2 years	
L5968	MULTIAXIAL ANKLE W DORSIFLEX	Each	C01b	Addition to lower limb	PA	07/01/2016	All	Purchase only	1 per 2 years	
L5970	ALL LOW/EXT PROS, FEET EXT KEEL EACH FT	Each	C01b	Addition to lower limb	\$139.06	01/01/2010	All	Purchase only	1 per 2 years	
L5972	ALL LOWER EXTREMITY PROTHESES SAFE FOOT	Each	C01b	Addition to lower limb	\$253.31	01/01/2010	All	Purchase only	1 per 2 years	
L5974	ALL LOW/EXT PROS FEET SGL AX ANK/FOOT	Each	C01b	Addition to lower limb	\$148.31	01/01/2010	All	Purchase only	1 per 2 years	
L5975	ALL LOWER EXT PROS, COMBO SINGLE AXIAL ANKLE	Each	C01b	Addition to lower limb	\$345.64	01/01/2010	All	Purchase only	1 per 2 years	
L5976	ALL LOWER EXTREME PROS ENERGY STOR. FT	Each	C01b	Addition to lower limb	\$376.20	01/01/2010	All	Purchase only	1 per 2 years	
L5978	ALL LOW/EXT, FEET, MULTIAX ANK/FT(GREISS)	Each	C01b	Addition to lower limb	\$199.35	01/01/2010	All	Purchase only	1 per 2 years	
L5979	ALL LOWER EXTREM. PROSTHESES, MULTIAX., A/F, DYN RESP	Each	C01b	Addition to lower limb	\$1,596.06	01/01/2010	All	Purchase only	1 per 4 years	
L5980	ALL LOWER EXTREMITY FLEX FOOT SYSTEM	Each	C01b	Addition to lower limb	\$2,431.74	01/01/2010	All	Purchase only	1 per 4 years	
L5981	ALL LOWER ENTREMITY PROSTHESIS, FLEX WALK SYSTEM	Each	C01b	Addition to lower limb	\$2,184.31	01/01/2010	All	Purchase only	1 per 4 years	
L5982	ALL LOW/EXT, AXIAL ROTATION UNIT (WEBER)	Each	C01b	Addition to lower limb	\$410.34	01/01/2010	All	Purchase only	1 per 2 years	
L5984	ALL ENDOSKEL LOW EXTER PROS AXIAL ROTA	Each	C01b	Addition to lower limb	\$411.61	01/01/2010	All	Purchase only	1 per 2 years	



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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5985	ALL ENDOSKEL LOWER EXT. PROSTH., DYNAMIC PROSTH. PYLON	Each	C01b	Addition to lower limb	\$180.77	01/01/2010	All	Purchase only	1 per 2 years	
L5986	ALL LOW/EXT MULTI-AXIAL ROT UNIT (MCP/=)	Each	C01b	Addition to lower limb	\$496.50	01/01/2010	All	Purchase only	1 per 2 years	
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM	Each	C01b	Addition to lower limb	\$4,605.07	01/01/2010	All	Purchase only	1 per 2 years	
L5988	ALL LOWER EXT PROS, COMBO VERTICAL SHOCK	Each	C01b	Addition to lower limb	\$1,489.41	01/01/2010	All	Purchase only	1 per 2 years	
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Each	C01b	Addition to lower limb	PA	01/01/1982	All	Purchase only	Medical necessity	
L6000	ROBIN AIDS, THUMB REMAINING OR EQUAL	Each	C01b	Upper limb	\$1,127.52	01/01/2010	All	Purchase only	1 per 4 years	
L6010	ROBIN AIDS, SOME FINGERS REMAINING	Each	C01b	Upper limb	\$1,254.75	01/01/2010	All	Purchase only	1 per 4 years	
L6020	ROBIN AIDS, NO FINGERS REMAINING	Each	C01b	Upper limb	\$1,169.86	01/01/2010	All	Purchase only	1 per 4 years	
L6050	MLD SKT, FLEX ELBOW HINGES, TRICEP PAD	Each	C01b	Upper limb	\$1,591.24	01/01/2010	All	Purchase only	1 per 4 years	
L6055	WRIST DISART MOLD SOCK W EXPAN INTERFA	Each	C01b	Upper limb	\$2,029.71	01/01/2010	All	Purchase only	1 per 4 years	
L6100	MDL SKT, FLEX ELBOW HNG. TRICEPS PAD	Each	C01b	Upper limb	\$1,610.29	01/01/2010	All	Purchase only	1 per 4 years	
L6110	MOLDED SOCKET (MUENSTER/NW SUSPENSION)	Each	C01b	Upper limb	\$1,703.56	01/01/2010	All	Purchase only	1 per 4 years	
L6120	MLMLD DBL WALL,STEP/UP HNG,HALF CUFF	Each	C01b	Upper limb	\$1,926.74	01/01/2010	All	Purchase only	1 per 4 years	
L6130	MLD DBL WALL STUMP ACTIVATED LKG/HINGE	Each	C01b	Upper limb	\$2,032.76	01/01/2010	All	Purchase only	1 per 4 years	
L6200	MLD SKT,OUTSIDE LOCKING HINGE,FOREARM	Each	C01b	Upper limb	\$2,093.98	01/01/2010	All	Purchase only	1 per 4 years	
L6205	ELBOW DISART MOLD SOCK W EXPAN INTERFA	Each	C01b	Upper limb	\$2,888.62	01/01/2010	All	Purchase only	1 per 4 years	
L6250	MLD DBL WALL SKT,INT LK/ELBOW, FOREARM	Each	C01b	Upper limb	\$2,060.12	01/01/2010	All	Purchase only	1 per 4 years	
L6300	MLD SKT,SH BULK/HHUM SECT,INT LK/ELB,FR	Each	C01b	Upper limb	\$2,841.46	01/01/2010	All	Purchase only	1 per 4 years	
L6310	PASSIVE RESTORATION(COMPLETE PROTHESIS)	Each	C01b	Upper limb	\$2,575.16	01/01/2010	All	Purchase only	1 per 4 years	
L6320	PASSIVE RESTORATIVE (SHOULDER CAP ONLY)	Each	C01b	Upper limb	\$1,342.11	01/01/2010	All	Purchase only	1 per 4 years	
L6350	MLD SKT, SH B/H,HUM SECT,INT L/K ELB,F/A	Each	C01b	Upper limb	\$3,113.36	01/01/2010	All	Purchase only	1 per 4 years	
L6360	PASSIVE RESTORATION (COMPLETE PROTHESIS)	Each	C01b	Upper limb	\$2,702.94	01/01/2010	All	Purchase only	1 per 4 years	
L6370	PASSIVE RESTORATION (SHOULDER CAP ONLY)	Each	C01b	Upper limb	\$1,567.52	01/01/2010	All	Purchase only	1 per 4 years	
L6400	MLD SKT,ENDO SYS, INC SOFT PROS COVER	Each	C01b	Upper limb	\$1,741.93	01/01/2010	All	Purchase only	1 per 4 years	
L6450	MLD SKT,ENDO SYS,INCL SOFT RPOS COVER	Each	C01b	Upper limb	\$2,276.62	01/01/2010	All	Purchase only	1 per 4 years	
L6500	MLD SKT,ENDO SYS,INCL SOFT PROS COVER	Each	C01b	Upper limb	\$2,235.58	01/01/2010	All	Purchase only	1 per 4 years	
L6550	MLD SKT,ENDO SYS,INCL SOFT PROS COVER	Each	C01b	Upper limb	\$2,895.52	01/01/2010	All	Purchase only	1 per 4 years	
L6570	MLD SKI,ENDO SYS,INCL SOFT PROS COVER	Each	C01b	Upper limb	\$3,232.48	01/01/2010	All	Purchase only	1 per 4 years	
L6600	POLYCENTRIC HINGE, PAIR	Each	C01b	Addition to upper limb	\$145.21	01/01/2010	All	Purchase only	1 per 4 years	
L6605	SINGLE PIVOT HINGE, PAIR	Each	C01b	Addition to upper limb	\$149.46	01/01/2010	All	Purchase only	1 per 4 years	
L6610	FLEXIBLE METAL HINGE, PAIR	Each	C01b	Addition to upper limb	\$141.28	01/01/2010	All	Purchase only	1 per 4 years	
L6615	DISCONNECT LOCKING WRIST UNIT	Each	C01b	Addition to upper limb	\$137.13	01/01/2010	All	Purchase only	1 per 4 years	
L6616	ADD ON UP EXT ADDITIONAL DISC INSERTS	Each	C01b	Addition to upper limb	\$41.28	01/01/2010	All	Purchase only	3 per 4 years	
L6620	FLEXION-FRICTION WRIST UNIT	Each	C01b	Addition to upper limb	\$239.75	01/01/2010	All	Purchase only	1 per 4 years	
L6623	UPPER EXTREME ADD SPRING ASSISTED WRST	Each	C01b	Addition to upper limb	\$456.72	01/01/2010	All	Purchase only	1 per 4 years	
L6625	ROTATION WRIST UNIT WITH CABLE LOCK	Each	C01b	Addition to upper limb	\$338.50	01/01/2010	All	Purchase only	1 per 4 years	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L6628	UPPER EXTREME ADD QUICK DISCON HOOK ADAP	Each	C01b	Addition to upper limb	\$364.35	01/01/2010	All	Purchase only	1 per 4 years	
L6629	UPPER EXTREM QUICK DISCON LAMIN COLLAR	Each	C01b	Addition to upper limb	\$124.16	01/01/2010	All	Purchase only	1 per 4 years	
L6630	STAINLESS STEEL, ANY WRIST	Each	C01b	Addition to upper limb	\$182.89	01/01/2010	All	Purchase only	1 per 4 years	
L6632	UPPER EXTREM ADD LATEX SUSPEN SLEEVE EA	Each	C01b	Addition to upper limb	\$41.35	01/01/2010	All	Purchase only	6 per year	
L6635	LIST ASSIST FOR ELBOW	Each	C01b	Addition to upper limb	\$132.19	01/01/2010	All	Purchase only	1 per 4 years	
L6637	UPPER EXTREM ADD NUDGE CONTROL ELBOW	Each	C01b	Addition to upper limb	\$258.81	01/01/2010	All	Purchase only	1 per 4 years	
L6640	SHOULDER ABDUCTION JOINT, PAIR	Each	C01b	Addition to upper limb	\$215.53	01/01/2010	All	Purchase only	1 per 4 years	
L6641	UPPER EXTREM ADD EXCURS AMPLIF PULLEY	Each	C01b	Addition to upper limb	\$125.51	01/01/2010	All	Purchase only	1 per 4 years	
L6642	UPPER EXTREM ADD EXCUR AMPLIER LEVER	Each	C01b	Addition to upper limb	\$184.52	01/01/2010	All	Purchase only	1 per 4 years	
L6645	SHOULDER FLEXION-ABDUCTION JOINT, EACH	Each	C01b	Addition to upper limb	\$233.08	01/01/2010	All	Purchase only	1 per 4 years	
L6650	SHOULDER UNIVERSAL JOINT EACH	Each	C01b	Addition to upper limb	\$252.80	01/01/2010	All	Purchase only	1 per 4 years	
L6655	STANDARD CONTROL CABLE, EXTRA	Each	C01b	Addition to upper limb	\$49.02	01/01/2010	All	Purchase only	1 per year	
L6660	HEAVY DUTY CONTROL CABLE	Each	C01b	Addition to upper limb	\$65.62	01/01/2010	All	Purchase only	1 per year	
L6665	TEFLON, OR EQUAL, CABLE LINING	Each	C01b	Addition to upper limb	\$29.31	01/01/2010	All	Purchase only	1 per year	
L6670	HOOK TO HAND, CABLE ADAPTER	Each	C01b	Addition to upper limb	\$30.53	01/01/2010	All	Purchase only	1 per year	
L6672	HARNESS, CHEST OR SHOULDER, SADDLE TYPE	Each	C01b	Addition to upper limb	\$140.08	01/01/2010	All	Purchase only	1 per year	
L6675	HARNESS, FIGURE "8", FOR SINGLE CONTROL	Each	C01b	Addition to upper limb	\$76.43	01/01/2010	All	Purchase only	1 per year	
L6676	HARNESS, FIGURE "8", FOR DUAL CONTROL	Each	C01b	Addition to upper limb	\$79.96	01/01/2010	All	Purchase only	1 per year	
L6680	TEST SKT, WRIST DISARTIC OR BELOW/ELBOW	Each	C01b	Addition to upper limb	\$196.88	01/01/2010	All	Purchase only	2 per prosthesis	
L6682	TEST SKT, ELBOW DISARTIC OR ABOVE/ELBOW	Each	C01b	Addition to upper limb	\$217.68	01/01/2010	All	Purchase only	2 per prosthesis	
L6684	TEST SKT, SH DISARTIC OR IN/SCAP THORACIC	Each	C01b	Addition to upper limb	\$295.80	01/01/2010	All	Purchase only	2 per prosthesis	
L6686	UPPER EXTREM ADD SUCTION SOCKET	Each	C01b	Addition to upper limb	\$438.93	01/01/2010	All	Purchase only	1 per 4 years	
L6687	UPPER EXTREM FRAME TYPE BELOW ELBOW ADD	Each	C01b	Addition to upper limb	\$367.11	01/01/2010	All	Purchase only	1 per 4 years	
L6688	UPPER EXTREM ADD FRAME TYPE ABOVE ELB	Each	C01b	Addition to upper limb	\$406.28	01/01/2010	All	Purchase only	1 per 4 years	
L6689	UP EXTRM ADD FRM SOCK SHOULD DISARTIC	Each	C01b	Addition to upper limb	\$484.22	01/01/2010	All	Purchase only	1 per 4 years	
L6690	UPPER EXTREM ADD FRAME TYPE INTERSCAP	Each	C01b	Addition to upper limb	\$570.12	01/01/2010	All	Purchase only	1 per 4 years	
L6691	UPPER EXTREM ADD REMOVABLE INSERT EA	Each	C01b	Addition to upper limb	\$225.03	01/01/2010	All	Purchase only	1 per year	
L6692	ADD ON UP EXT SILICONE GELL INSERT/EQUAL	Each	C01b	Addition to upper limb	\$409.41	01/01/2010	All	Purchase only	1 per 2 years	
L6693	UPPER EXTREMITY ADDITION, EXTERNAL LOCKING ELBOW	Each	C01b	Addition to upper limb	\$2,370.00	07/16/2018	All	Purchase only	1 per 2 years	
L6704	TERM DEV, SPORT/REC/WORK ATT	Each	C01b	Addition to upper limb, terminal device	\$352.81	01/01/2010	All	Purchase only	1 per 4 years	
L6706	TERM DEV MECH HOOK VOL OPEN	Each	C01b	Addition to upper limb, terminal device	\$261.92	01/01/2010	All	Purchase only	1 per 4 years	
L6707	TERM DEV MECH HOOK VOL CLOSE	Each	C01b	Addition to upper limb, terminal device	\$740.62	01/01/2010	All	Purchase only	1 per 4 years	
L6708	TERM DEV MECH HAND VOL OPEN	Each	C01b	Addition to upper limb, terminal device	\$589.16	01/01/2010	All	Purchase only	1 per 4 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L6709	TERM DEV MECH HAND VOL CLOSE	Each	C01b	Addition to upper limb, terminal device	\$795.89	01/01/2010	All	Purchase only	1 per 4 years	
L6805	MODIFIER WRIST FLEXION UNIT	Each	C01b	Addition to upper limb, terminal device	\$245.52	01/01/2010	All	Purchase only	1 per 4 years	
L6810	TERMINAL DEVICE PINCHER TOOL OTTO BOCK=	Each	C01b	Addition to upper limb, terminal device	\$130.51	01/01/2010	All	Purchase only	1 per 4 years	
L6890	TER DEVICE, PRODUC GLOVE FOR ABOVE HAND	Each	C01b	Addition to upper limb, terminal device	\$127.85	01/01/2010	All	Purchase only	2 per year	
L6900	INCL CST ,SHAD&MEASURE)W/GLOVE,TH/FIN REM	Each	C01b	Addition to upper limb, terminal device	\$1,241.44	01/01/2010	All	Purchase only	1 per 4 years	
L6905	H/R, W/GLOVE, MULTIPLE FINGERS REMAINING	Each	C01b	Addition to upper limb, terminal device	\$1,228.68	01/01/2010	All	Purchase only	1 per 4 years	
L6910	H/R, W/GLOVE, NO FINGERS REMAINING	Each	C01b	Addition to upper limb, terminal device	\$1,207.87	01/01/2010	All	Purchase only	1 per 4 years	
L6915	H/R, REPLACMENT GLOVE FOR ABOVE	Each	C01b	Addition to upper limb, terminal device	\$518.99	01/01/2010	All	Purchase only	1 per 2 years	
L7368	LITHIUM ION BATTERY CHARGER	Each	C01b	Supply	\$366.30	09/01/2011	All	Purchase only	1 per 5 years	
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	each	C01b	Upper limb	PA	10/01/1991	All	Purchase only	Medical necessity	
L7510	REPAIR OR REPL MINOR PARTS OF PROSTHETIC DEVICE	Each	C01e	Labor	Supplier charge (without PA), PA (with PA)	01/01/2006	All		1 per 120 days	
L7520	REPAIR PROSTHETIC DEVICE, LABOR, PER 15 MINUTES	Each	C01e	Labor	\$10.67	01/01/2010	All		1 per 120 days	
L8000	MASTECTOMY BRA	Each	C01b	Breast prosthesis	\$29.10	01/01/2010	All	Purchase only	2 per year	
L8010	MASTECTOMY SLEEVE	Each	C01b	Breast prosthesis	\$46.67	01/01/2010	All	Purchase only	3 per year	
L8015	EXTERNAL BREAST PROSTHESIS GARMENT	Each	C01b	Breast prosthesis	\$42.21	01/01/2010	All	Purchase only	3 per year	
L8020	MASTECTOMY FORM, EACH	Each	C01b	Breast prosthesis	\$144.73	01/01/2010	All	Purchase only	1 per 2 years	
L8030	BREAST PROTHESIS, SILICONE OR EQUAL	Each	C01b	Breast prosthesis	\$232.80	01/01/2010	All	Purchase only	1 per 2 years	
L8035	CUSTOM BREAST PROSTHESIS	Each	C01b	Breast prosthesis	\$2,579.86	01/01/2010	All	Purchase only	1 per 2 years	
L8300	TRUSS, SINGLE WITH STANDARD PAD	Each	C01c	Truss	\$59.12	01/01/2010	All	Purchase only	2 per year	
L8310	TRUSS, DOUBLE WITH STANDARD PADS	Each	C01c	Truss	\$95.12	01/01/2010	All	Purchase only	2 per year	
L8320	TRUSS ADDITION TO STANDARD PAD,WATER PAD	Each	C01c	Truss	\$41.52	01/01/2010	All	Purchase only	2 per year	
L8330	TRUSS ADDITION TO STANDARD PADS,SCROT PD	Each	C01c	Truss	\$31.42	01/01/2010	All	Purchase only	2 per year	
L8400	PROSTHETIC SHEATH, B/K,EACH	Each	C01b	Sock	\$10.02	01/01/2010	All	Purchase only	12 per year	
L8410	PROSTHETIC SHEATH, A/K, EACH	Each	C01b	Sock	\$13.19	01/01/2010	All	Purchase only	12 per year	
L8415	PROSTHETIC SHEATH UPPER LIMB EA	Each	C01b	Sock	\$13.65	01/01/2010	All	Purchase only	12 per year	
L8417	PROSTHETIC SOCK/SHEATH, GEL LINER, BEL OR ABV KNEE	Each	C01b	Sock	\$48.14	01/01/2010	All	Purchase only	12 per year	
L8420	PROSTHETIC SOCK, WOOL, B/K, EACH	Each	C01b	Sock	\$13.36	01/01/2010	All	Purchase only	12 per year	
L8430	PROSTHETIC SOCK, WOOL, A/K, EACH	Each	C01b	Sock	\$15.11	01/01/2010	All	Purchase only	12 per year	
L8435	PROSTHETIC SOCK WOOL UPPER LIMB EA	Each	C01b	Sock	\$14.37	01/01/2010	All	Purchase only	12 per year	
L8440	PROSTHETIC SHRINKER, B/K, EACH	Each	C01b	Sock	\$29.85	01/01/2010	All	Purchase only	2 per year	
L8460	PROSTHETIC SHRINKER, A/K, EACH	Each	C01b	Sock	\$42.42	01/01/2010	All	Purchase only	2 per year	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L8465	PROSTHETIC SHRINKER UPPER LIMB EA	Each	C01b	Sock	\$39.22	01/01/2010	All	Purchase only	2 per year	
L8470	STUMP SOCK, SING PLY, FITTING B/K, EACH	Each	C01b	Sock	\$4.25	01/01/2010	All	Purchase only	24 per year	
L8480	STUMP SOCK, SING PLY, FITTING, A/K, EACH	Each	C01b	Sock	\$5.86	01/01/2010	All	Purchase only	24 per year	
L8485	STUMP SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	Each	C01b	Sock	\$7.89	01/01/2010	All	Purchase only	24 per year	
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Each	C01b	Miscellaneous procedure	PA	10/01/1991	All	Purchase only	Medical necessity	
L8500	ARTIFICIAL LARYNX	Each	C01b	Speech aid	\$421.25	01/01/2010	All	Purchase only	1 per 4 years	
L8501	TRACHEOSTOMY SPEAKING VALVE	Each	C01b	Speech aid	\$83.66	01/01/2010	All	Purchase only	1 per 4 months	
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	C11	Hearing aid	\$346.02	01/01/2016	All	Purchase only	Medical necessity	
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	C11	Hearing aid	\$80.58	01/01/2016	All	Purchase only	Medical necessity	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	C11	Hearing aid	\$70.39	01/01/2016	All	Purchase only	Medical necessity	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEointegrated DEVICE, REPLACEMENT	Each	C11	Hearing aid	\$20.12	01/01/2016	All	Purchase only	Medical necessity	
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Each	C11	Hearing aid	\$6,448.80	01/01/2016	All	Purchase only	1 per 5 years	
L8621	ZINC AIR BATTERY, COCH IMPLANT DEV, REPL, EA	Each	C01b	Supply	\$0.45	09/01/2011	All	Purchase only	25 per month per implant	
L8622	ALKALINE BATTERY, COCH IMPLANT DEV, ANY SIZE, REPL	Each	C01b	Supply	\$0.24	09/01/2011	All	Purchase only	31 per month per implant	
L8623	LITH ION BATT CID, NON-EARLVL	Each	C01b	Supply	\$46.94	09/01/2011	All	Purchase only	2 per year per implant	
L8624	LITH ION BATT CID, EAR LEVEL	Each	C01b	Supply	\$117.04	09/01/2011	All	Purchase only	2 per year per implant	
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Each	C11	Hearing aid	\$5,473.60	01/01/2016	All	Purchase only	Medical necessity	
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Each	C11	Hearing aid	\$975.19	01/01/2016	All	Purchase only	Medical necessity	
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	C11	Hearing aid	\$137.06	01/01/2016	All	Purchase only	Medical necessity	
L8691	AUDITORY OSSEointegrated DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	Each	C01a	Other equipment	\$2,045.83	01/01/2016	All	Purchase only	Medical necessity	
Q9994	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	Each	C26	Feeding kit	\$31.20	07/16/2018	Non-institutional only	Purchase only	1 per day	To be used in conjunction with B4034, B4035, or B4036
S1040	CRANIAL REMOLDING ORTHOSIS	Each	C35	Cranial remolding device	\$2,000.00	09/01/2011	All	Purchase only	Medical necessity	
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER, WITH MASK	Each	C01d	Respiratory care supplies	\$8.00	04/01/2006	Non-institutional only	Purchase only	1 per year	
S8420	CUSTOM GRADIENT SLEEVE/GLOVE	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8421	READY GRADIENT SLEEVE/GLOV	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8422	CUSTOM GRAD SLEEVE MED	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8423	CUSTOM GRAD SLEEVE HEAVY	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8424	READY GRADIENT SLEEVE	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8425	CUSTOM GRAD GLOVE MED	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8426	CUSTOM GRAD GLOVE HEAVY	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8427	READY GRADIENT GLOVE	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8428	READY GRADIENT GAUNTLET	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S9435	MEDICAL FOOD FOR INBORN ERRORS OF METABOLISM		C26	Medical food	BR	12/31/2014	Non-institutional only	Purchase only		
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	Each	C21	Incontinence garment	\$0.55	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	Each	C21	Incontinence garment	\$0.63	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	Each	C21	Incontinence garment	\$0.71	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	Each	C21	Incontinence garment	\$0.79	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	Each	C21	Incontinence garment	\$0.55	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	Each	C21	Incontinence garment	\$0.63	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	Each	C21	Incontinence garment	\$0.71	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	Each	C21	Incontinence garment	\$0.79	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	Each	C21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	Each	C21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	Each	C21	Incontinence garment	\$0.54	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	Each	C21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	Each	C21	Incontinence garment	\$0.46	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	Each	C21	Incontinence garment	\$0.46	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	Each	C21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	Each	C21	Incontinence garment	\$11.00	01/01/2005	Non-institutional only	Purchase only	12 per year	
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	Each	C21	Incontinence supply	\$20.00	01/01/2005	Non-institutional only	Purchase only	6 per year	
T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH	Each	C21	Incontinence service	\$0.53	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	Each	C21	Incontinence garment	\$10.00	01/01/2005	Non-institutional only	Purchase only	6 per year	
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	Each	C21	Incontinence garment	\$0.28	01/01/2005	Non-institutional only	Purchase only	300 per 2 months	
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	Each	C21	Incontinence garment	\$0.28	01/01/2005	Non-institutional only	Purchase only	300 per 2 months	
T4543	DISP BARIATIC BRIEF/DIAPER	Each	C21	Incontinence garment	\$2.12	01/01/2010	Non-institutional only	Purchase only	150 per month	

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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	Each	C21	Incontinence garment	\$2.12	07/16/2018	Non-institutional only	Purchase only	150 per month	
T5999	SUPPLY, NOT OTHERWISE SPECIFIED [Used to represent insect repellent]	Each	C01d	Insect repellent	\$10.00	06/06/2016	All	Purchase only		Coverage was established to help prevent the spread of the Zika virus.
T2101	BREAST MILK PROG/STORE/DIST, PER OZ	Ounce	C26	Donor human milk	\$4.75	07/16/2018	Non-institutional only	Purchase only	Medical necessity	
V5014	REPAIR, MODIFICATION OF HEARING AID	Each	C01e	Repair of hearing aid	Usual and customary charge (provider-performed); 125% of invoice (subcontracted)	01/01/2006	All		< \$120, 1 per 120 days; >= \$120, 1 per year	
V5030	BODY-WORN HEARING AID AIR	Each	C11	Hearing aid	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5040	BODY-WORN HEARING AID BONE	Each	C11	Hearing aid	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5050	HEARING AID MONAURAL IN EAR	Each	C11	Hearing aid	\$242.50	01/01/2010	All	Purchase only	1 per 4 years	
V5060	BEHIND EAR HEARING AID	Each	C11	Hearing aid	\$242.50	01/01/2010	All	Purchase only	1 per 4 years	
V5070	GLASSES AIR CONDUCTION	Each	C11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	
V5080	GLASSES BONE CONDUCTION	Each	C11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	
V5130	IN EAR BINAURAL HEARING AID	Each	C11	Hearing aid	\$485.00	01/01/2010	All	Purchase only	1 per 4 years	
V5140	BEHIND EAR BINAUR HEARING AID	Each	C11	Hearing aid	\$485.00	01/01/2010	All	Purchase only	1 per 4 years	
V5150	GLASSES BINAURAL HEARING AID	Each	C11	Glasses	\$485.00	01/01/2010	All	Purchase only	1 per 5 years	
V5160	DISPENSING FEE BINAURAL	Each	C11	Fee	\$291.00	01/01/2010	All	Purchase only	1 per 5 years	
V5170	WITHIN EAR CROS HEARING AID	Each	C11	CROS	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5180	BEHIND EAR CROS HEARING AID	Each	C11	CROS	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5190	GLASSES CROS HEARING AID	Each	C11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	
V5200	CROS HEARING AID DISPENS FEE	Each	C11	CROS	\$194.00	01/01/2010	All	Purchase only	1 per 5 years	
V5210	IN EAR BICROS HEARING AID	Each	C11	BiCROS	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5220	BEHIND EAR BICROS HEARING AID	Each	C11	BiCROS	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5230	GLASSES BICROS HEARING AID	Each	C11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	
V5240	DISPENSING FEE BICROS	Each	C11	BiCROS	\$194.00	01/01/2010	All	Purchase only	1 per 5 years	
V5241	DISPENSING FEE, MONAURAL	Each	C11	Fee	\$194.00	01/01/2010	All	Purchase only	1 per 5 years	
V5246	HEARING AID, PROG, MON, ITE	Each	C11	Programmable	\$339.50	01/01/2010	All	Purchase only	1 per 5 years	
V5247	HEARING AID, PROG, MON, BTE	Each	C11	Programmable	\$339.50	01/01/2010	All	Purchase only	1 per 5 years	
V5252	HEARING AID, PROG, BIN,ITE	Each	C11	Programmable	\$679.00	01/01/2010	All	Purchase only	1 per 5 years	
V5253	HEARING AID, PROG, BIN, BTE	Each	C11	Programmable	\$679.00	01/01/2010	All	Purchase only	1 per 5 years	
V5256	HEARING AID, DIGIT, MON, ITE	Each	C11	Digital	\$727.50	01/01/2010	All	Purchase only	1 per 5 years	
V5257	HEARING AID, DIGIT, MON, BTE	Each	C11	Digital	\$727.50	01/01/2010	All	Purchase only	1 per 5 years	
V5260	HEARING AID, DIGIT, BIN, ITE	Each	C11	Digital	\$1,455.00	01/01/2010	All	Purchase only	1 per 5 years	
V5261	HEARING AID, DIGIT,BIN,BTE	Each	C11	Digital	\$1,455.00	01/01/2010	All	Purchase only	1 per 5 years	
V5264	EAR MOLD, INSERT	Each	C11	Insert	\$24.25	01/01/2010	All	Purchase only	4 per year, < 5 year old; 1 per 2 years per ear, 5+ years old	
V5266	BATTERY FOR HEARING AID DEVICE	Each	C11	Battery	\$0.97	01/01/2010	All	Purchase only	48 per year per hearing aid	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
V5267	HEARING AID SUPPLIES/ ACCESSORIES	Each	C11	Supply	PA	11/01/2004	All	Purchase only	1 per year	
Y2032	BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS)	Each	C22	Back-up	\$375.00	05/01/1990	All	Rental only	1 per month	
Y2090	HOME HEMODIALYSIS FOR ESRD	Each	C10	ESRD	\$1,200.00	05/01/1990	Non-institutional only	Rental only	1 per month	All supplies and equipment for home dialysis are to be reported under a single code.
Y2091	CAPD HOME DIALYSIS	Each	C10	CAPD	\$1,200.00	05/01/1990	Non-institutional only	Rental only	1 per month	All supplies and equipment for home dialysis are to be reported under a single code.
Y2092	CCPD HOME DIALYSIS	Each	C10	CCPD	\$1,500.00	09/05/1990	Non-institutional only	Rental only	1 per month	All supplies and equipment for home dialysis are to be reported under a single code.
Y9167	SHARPS CONTAINER FOR DISPOSAL, CAPACITY 200	Each	C01d	Supply	\$4.00	06/20/1990	Non-institutional only	Purchase only	1 per 2 months	