ACTION: Original Durable medical equipment and supplies

Appendix to OAC rule 5160-10-01 Payment schedule effective 01/01/2026

AMENDED Appendix 5160-10-01

DATE: 10/17/2025 8:45 AM

				PA Payment by pr									
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR	FREQUENCY	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
CODE	DESCRIPTION	UNII	CATEGORI	5160-10	AWOUNT	DATE	RESIDENCE	FUNCHASE	LIMIT	AUTHORIZATION	NUMBER	NAME	NOTES
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC	Each	Syringes / needles	5160-10-01	\$0.23	05/01/1990	Non-institutional only	Purchase only	100 per month	Limit-based	16	Supplies (miscellaneous)	
A4208	SYRINGE WITH NEEDLE, STERILE 3 CC	Each	Syringes / needles	5160-10-01	\$0.17	05/01/1990	Non-institutional only	Purchase only	100 per month	Limit-based	16	Supplies (miscellaneous)	
A4209	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER	Each	Syringes / needles	5160-10-01	\$0.27	05/01/1990	Non-institutional only	Purchase only	100 per month	Limit-based	16	Supplies (miscellaneous)	
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	Each	Syringes / needles	5160-10-01	\$3.60	04/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	16	Supplies (miscellaneous)	
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	Each	Syringes / needles	5160-10-01	\$0.60	11/22/1990	Non-institutional only	Purchase only	50 per year	Limit-based	16	Supplies (miscellaneous)	
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH	10-milliliter vial	Distilled water / sterile saline	5160-10-01	\$0.38	01/01/2024	Non-institutional only	Purchase only	90 per month	Never required	NA	NA	
A4217	STERILE WATER/SALINE, 500 ML	500-milliliter bottle	Distilled water / sterile saline	5160-10-01	\$3.13	01/01/2024	Non-institutional only	Purchase only	36 per month	Limit-based	4	Dressings, surgical	
A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	Set	Infusion pump (non- nutrition) supplies	5160-10-29	\$20.55	01/01/1998	Non-institutional only	Purchase only	4 per month	Limit-based	16	Supplies (miscellaneous)	
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	Set	Infusion pump (non- nutrition) supplies	5160-10-29	\$40.00	01/01/2005	Non-institutional only	Purchase only	60 per month	Limit-based	16	Supplies (miscellaneous)	
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	Set	Infusion pump (non- nutrition) supplies	5160-10-29	\$15.00	03/21/2007	Non-institutional only	Purchase only	30 per month	Limit-based	16	Supplies (miscellaneous)	
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	Set	Infusion pump (non- nutrition) supplies	5160-10-29	\$20.00	01/01/2017	Non-institutional only	Purchase only	1 per week	Limit-based	16	Supplies (miscellaneous)	
A4224 U1	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	Set	Infusion pump (non- nutrition) supplies	5160-10-29	\$32.00	01/01/2024	Non-institutional only	Purchase only	1 per week	Limit-based	16	Supplies (miscellaneous)	U1 modifer is used for 7 day infusion sets
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE	Each	Infusion pump (non- nutrition) supplies	5160-10-29	\$2.08	01/01/2017	Non-institutional only	Purchase only	4 per month	Limit-based	16	Supplies (miscellaneous)	
A4226	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION PUMP WITH DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING, PER WEEK	Each	Infusion pump (non- nutrition) supplies	5160-10-29	\$20.25	07/01/2021	Non-institutional only	Purchase only	1 per week	Limit-based	16	Supplies (miscellaneous)	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	Set	Infusion pump (non- nutrition) supplies	5160-10-29	\$12.00	01/01/2024	Non-institutional only	Purchase only	30 per month	Never required	NA	NA	
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	Set	Infusion pump (non- nutrition) supplies	5160-10-29	\$9.45	01/01/2024	Non-institutional only	Purchase only	30 per month	Never required	NA	NA	
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3 CC	Each	Infusion pump (non- nutrition) supplies	5160-10-29	\$4.00	10/15/2006	Non-institutional only	Purchase only	30 per month	Never required	NA	NA	
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Each	Infusion pump (non- nutrition) supplies	5160-10-01	\$0.40	01/01/2024	Non-institutional only	Purchase only	2 per dispensing, 10 per year	Never required	NA	NA	
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Each	Infusion pump (non- nutrition) supplies	5160-10-01	\$0.40	01/01/2024	Non-institutional only	Purchase only	2 per dispensing, 10 per year	Never required	NA	NA	
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Each	Infusion pump (non- nutrition) supplies	5160-10-01	\$1.90	01/01/2024	Non-institutional only	Purchase only	2 per dispensing, 10 per year	Never required	NA	NA	
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Each	Infusion pump (non- nutrition) supplies	5160-10-01	\$0.95	01/01/2024	Non-institutional only	Purchase only	2 per dispensing, 10 per year	Never required	NA	NA	
A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1	Each	Allowance	5160-10-36	\$210.00	01/01/2024	Non-institutional only	Purchase only	1 per month	Limit-based	16	Supplies (miscellaneous)	
A4239	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND	Each	Allowance	5160-10-36	\$220.00	01/01/2024	Non-institutional only	Purchase only	1 per month	Limit-based	9, 12	Miscellaneous equipment, Repairs	Replaced K0553
A4244	ALCOHOL OR PEROXIDE, PER PINT	16 ounces	Antiseptic solution	5160-10-01	\$0.56	05/01/1990	Non-institutional only	Purchase only	15 per month	Limit-based	16	Supplies (miscellaneous)	
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	16 ounces	Antiseptic solution	5160-10-01	\$10.00	06/20/1990	Non-institutional only	Purchase only	6 per month	Limit-based	16	Supplies (miscellaneous)	
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	Box	Antiseptic solution	5160-10-01	\$19.00	01/01/2005	Non-institutional only	Purchase only	2 per month	Limit-based	16	Supplies (miscellaneous)	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	Each	Family planning supplies	5160-10-01	\$17.65	01/01/1999	Non-institutional only	Purchase only	2 per year	Never required	NA	NA	
A4265	PARAFFIN, PER POUND	Pound	Heat / cold application	5160-10-01	\$3.37	12/15/2002	Non-institutional only	Purchase only	2 per month	Limit-based	16	Supplies (miscellaneous)	
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	Each	Family planning supplies	5160-10-01	\$25.46	04/01/2003	Non-institutional only	Purchase only	1 per year	Limit-based	16	Supplies (miscellaneous)	
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE	Each	Family planning supplies	5160-10-01	\$0.40	04/01/2003	Non-institutional only	Purchase only	36 per month	Limit-based	16	Supplies (miscellaneous)	
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE	Each	Family planning supplies	5160-10-01	\$2.10	04/01/2003	Non-institutional only	Purchase only	36 per month	Limit-based	16	Supplies (miscellaneous)	
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL)	Each	Family planning supplies	5160-10-01	\$10.05	04/01/2003	Non-institutional only	Purchase only	1 per month	Limit-based	16	Supplies (miscellaneous)	
A4271	INTERGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MONITOR, PER 50 TESTS	Each	Infusion pump (non- nutrition) supplies	5160-10-01	\$5.25	04/01/2024	Non-institutional only	Purchase only	10 per month	Limit-based	16	Supplies (miscellaneous)	

				PA Payment by p	prior authorization								
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A4281	TUBING FOR BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	\$4.75	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	\$4.60	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	Each	Breast pump supplies	5160-10-01	\$1.55	01/01/2022	Non-institutional only	Purchase only	1 per 6 months per bottle	Never required	NA	NA	
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	\$8.85	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	\$3.90	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	\$2.20	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4287	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE	Each	Breast pump related supplies	5160-10-01	\$0.33	01/01/2022	All	Purchase only	300 per 3 months	Limit-based	16	Supplies (miscellaneous)	Formerly K1005
A4288	VALVE FOR BREAST PUMP, REPLACEMENT	Each	Breast pump related supplies	5160-10-01	\$2.00	10/01/2025	All	Purchase only	1 per month	Never required	NA	NA	For use with a manual breast pump only
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	Each	Infusion pump (non- nutrition) equipment	5160-10-29	\$12.73	04/01/2001	Non-institutional only	Purchase only	1 per day	Limit-based	16	Supplies (miscellaneous)	
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	Each	Infusion pump (non- nutrition) equipment	5160-10-29	\$12.73	04/01/2001	Non-institutional only	Purchase only	1 per day	Limit-based	16	Supplies (miscellaneous)	
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	Each	Insertion tray	5160-10-32	\$4.10	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Each	Insertion tray	5160-10-32	\$6.75	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Each	Insertion tray	5160-10-32	\$10.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Each	Insertion tray	5160-10-32	\$14.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Each	Insertion tray	5160-10-32	\$11.29	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Each	Insertion tray	5160-10-32	\$14.70	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Each	Insertion tray	5160-10-32	\$18.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	Each	Insertion tray	5160-10-32	\$2.50	04/01/1992	Non-institutional only	Purchase only	30 per month	Limit-based	8	Incontinence Supplies	
A4322	IRRIGATION SYRINGE, BULB OR PISTON	Each	Insertion syringe	5160-10-32	\$1.60	06/20/1990	Non-institutional only	Purchase only	30 per month	Limit-based	8	Incontinence Supplies	
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE	Each	Catheter	5160-10-32	\$9.00	08/01/1997	Non-institutional only	Purchase only	5 per year	Limit-based	8	Incontinence Supplies	
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP	Each	Cup	5160-10-32	\$37.00	08/01/1997	Non-institutional only	Purchase only	2 per year	Limit-based	8	Incontinence Supplies	
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH	Each	Pouch	5160-10-32	\$8.33	04/01/2001	Non-institutional only	Purchase only	1 per month	Limit-based	8	Incontinence Supplies	
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE	Each	Pouch	5160-10-32	\$5.80	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH	Each	Tubing	5160-10-32	\$3.04	04/01/2001	Non-institutional only	Purchase only	2 per month	Limit-based	8	Incontinence Supplies	
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET	Each	Lubricant	5160-10-01	\$0.10	01/01/2024	Non-institutional only	Purchase only	250 per month	Never required	NA	NA	
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	Each	Anchoring device	5160-10-32	\$2.00	07/16/2018	Non-institutional only	Purchase only	12 per month	Limit-based	8	Incontinence Supplies	
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP	Each	Anchoring device	5160-10-32	\$3.00	01/01/2001	Non-institutional only	Purchase only	1 per month	Limit-based	8	Incontinence Supplies	
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Each	Supply	5160-10-32	Determined by PA	05/01/1990	Non-institutional only	Purchase only	Medical necessity	Always required	8	Incontinence Supplies	
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE	Each	Supply	5160-10-32	\$1.67	01/01/2024	Non-institutional only	Purchase only	200 per month	Never required	NA	NA	
A4337	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE	Each	Supply	5160-10-32	\$10.00	01/01/2024	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	Each	Catheter	5160-10-32	\$10.00	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4340	INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WING, ETC.)	Each	Catheter	5160-10-32	\$24.00	08/01/1997	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4341	INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, PATIENT INSERTED, REPLACEMENT ONLY, EACH	Each	Replacement supply	5160-10-32	\$208.00	04/01/2023	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4342	ACCESSORIES FOR PATIENT INSERTED INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, REPLACEMENT ONLY, EACH	Each	Replacement supply	5160-10-32	\$524.80	04/01/2023	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	Each	Catheter	5160-10-32	\$9.86	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION	Each	Catheter	5160-10-32	\$12.50	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE	Each	Catheter	5160-10-32	\$1.39	01/01/2005	Non-institutional only	Purchase only	60 per month	Limit-based	8	Incontinence Supplies	
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A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	Each	Catheter	5160-10-32	\$2.00	01/01/2024	Non-institutional only	Purchase only	200 per month	Limit-based	8	Incontinence Supplies	
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.)	Each	Catheter	5160-10-32	\$6.45	01/01/2024	Non-institutional only	Purchase only	200 per month	Limit-based	8	Incontinence Supplies	
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Each	Catheter	5160-10-32	\$5.50	01/01/2024	Non-institutional only	Purchase only	200 per month	Limit-based	8	Incontinence Supplies	Payment for A4353 includes lubricant.
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Each	Insertion tray	5160-10-32	\$7.40	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4355	IRRIGATION TUBING SET 3-WAY INDWELLING FOLEY CATHETER	Each	Tubing	5160-10-32	\$2.70	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP)	Each	Clamp	5160-10-32	\$30.01	05/01/1990	Non-institutional only	Purchase only	1 per year	Limit-based	8	Incontinence Supplies	
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE	Each	Bag	5160-10-32	\$6.30	01/01/2024	Non-institutional only	Purchase only	2 per month	Limit-based	8	Incontinence Supplies	
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS	Each	Bag	5160-10-32	\$6.57	01/01/2024	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH	Each	Clamp	5160-10-32	\$0.40	01/01/2024	Non-institutional only	Purchase only	31 per month	Never required	NA	NA	
A4361	OSTOMY FACEPLATE	Each	Face plate	5160-10-32	\$17.52	04/01/2001	Non-institutional only	Purchase only	1 per month	Limit-based	8	Incontinence Supplies	
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT	Each	Barrier	5160-10-32	\$3.22	04/01/2001	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	Ounce	Adhesive	5160-10-32	\$2.38	04/01/2001	Non-institutional only	Purchase only	4 per 2 months	Limit-based	8	Incontinence Supplies	
A4367	OSTOMY BELT	Each	Belt	5160-10-32	\$6.96	04/01/2001	Non-institutional only	Purchase only	2 per 6 months	Limit-based	8	Incontinence Supplies	
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	Ounce	Barrier	5160-10-32	\$2.30	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	Ounce	Barrier	5160-10-32	\$3.48	04/01/2001	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4372	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY	Each	Barrier	5160-10-32	\$3.78	01/01/2000	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN CONVEXITY, ANY SIZE	Each	Barrier	5160-10-32	\$5.99	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC	Each	Pouch	5160-10-32	\$15.56	01/01/2000	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER	Each	Pouch	5160-10-32	\$43.11	07/26/2007	Non-institutional only	Purchase only	5 per month	Never required	NA	NA	
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC	Each	Pouch	5160-10-32	\$3.89	01/01/2000	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER	Each	Pouch	5160-10-32	\$27.86	01/01/2000	Non-institutional only	Purchase only	10 per month	Limit-based	8	Incontinence Supplies	
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC	Each	Pouch	5160-10-32	\$13.61	01/01/2000	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER	Each	Pouch	5160-10-32	\$33.82	07/26/2007	Non-institutional only	Purchase only	5 per month	Never required	NA	NA	
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC	Each	Pouch	5160-10-32	\$4.18	01/01/2000	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC	Each	Pouch	5160-10-32	\$22.31	07/26/2007	Non-institutional only	Purchase only	10 per month	Never required	NA	NA	
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER	Each	Pouch	5160-10-32	\$25.55	07/26/2007	Non-institutional only	Purchase only	10 per month	Never required	NA	NA	
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING	Each	Face plate	5160-10-32	\$8.72	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4385	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY	Each	Barrier	5160-10-32	\$4.20	01/01/2024	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	\$2.00	07/16/2018	Non-institutional only	Purchase only	45 per month	Limit-based	8	Incontinence Supplies	
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE)	Each	Pouch	5160-10-32	\$3.87	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	\$5.55	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	\$8.94	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	Each	Pouch	5160-10-32	\$6.04	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	\$6.34	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	\$7.81	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Each	Belt	5160-10-32	\$24.20	10/01/2004	Non-institutional only	Purchase only	1 per 3 months	Never required	NA	NA	
A4398	OSTOMY IRRIGATION SUPPLY; BAG	Each	Irrigation	5160-10-32	\$13.17	04/01/2001	Non-institutional only	Purchase only	4 per year	Limit-based	8	Incontinence Supplies	
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	Each	Irrigation	5160-10-32	\$9.95	01/01/1998	Non-institutional only	Purchase only	1 per month	Limit-based	8	Incontinence Supplies	
A4400	OSTOMY IRRIGATION SET	Each	Irrigation	5160-10-32	\$45.00	08/01/1997	Non-institutional only	Purchase only	2 per year	Limit-based	8	Incontinence Supplies	
A4402	LUBRICANT, PER OUNCE	Ounce	Lubricant	5160-10-01	\$0.98	01/01/2024	Non-institutional only	Purchase only	8 per month	Limit-based	8	Incontinence Supplies	
A4404	OSTOMY RING	Each	Ring	5160-10-32	\$1.47	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	

A4406 OSTC A4407 OSTC ACCC INCHI A4408 OSTC LARG A4409 OSTC 4 X 4 A4410 OSTC ACCC ACCC ACCC ACCC ACCC ACCC ACCC A	DESCRIPTION TOMY SKIN BARRIER, NON-PECTIN BASED, PASTE OMY SKIN BARRIER, PECTIN BASED PASTE OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR CORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4. X 4 HES OR SMALLER OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR CORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, GET HANA V.4 INCHES OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR CORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, GORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, CORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY,	UNIT Ounce Ounce Each	CATEGORY Barrier Barrier Barrier	RELATED RULE 5160-10 5160-10-32 5160-10-32	CURRENT MAXIMUM PAYMENT AMOUNT \$3.27	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
A4406 OSTC A4407 OSTC ACCC INCHI A4408 OSTC ACCC LARG A4409 OSTC 4 X 4 A4410 OSTC ACCC ACCC ACCC ACCC ACCC ACCC ACCC A	OMY SKIN BARRIER, PECTIN BASED PASTE OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR CORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4. X.4. HES OR SMALLER OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR OKDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, GER THAN X.4. INCHES OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR OKDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY,	Ounce	Barrier										
A4406 OSTC A4407 OSTC ACCC INCHI A4408 OSTC ACCC LARG A4409 OSTC 4 X 4 A4410 OSTC ACCC ACCC ACCC ACCC ACCC ACCC ACCC A	OMY SKIN BARRIER, PECTIN BASED PASTE OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR CORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4. X.4. HES OR SMALLER OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR OKDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, GER THAN X.4. INCHES OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR OKDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY,	Ounce	Barrier		\$3.27								
A4407 OSTC ACCC INCHI A4408 OSTC ACCC LARG A4409 OSTC ACCC 4 X 4 A4410 OSTC ACCC	OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR CORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4, 4 4 HES OR SMALLER OR STANLER ON SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR CORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, GER THAN 4,4 INCHES OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR CORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY,	Each		5160-10-32		04/01/2003	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4408 OSTC A4409 OSTC ACCC ACCC A4409 OSTC ACCC 4 X 4 A4410 OSTC ACCC	ORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4.X.4 HES OR SMALLER OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, GERT HANA V.4 HOMES OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, WITHOUT BUILT-IN CONVEXITY.		Barrier		\$3.27	04/01/2003	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4408 OSTO ACCO LARG A4409 OSTO ACCO 4 X 4 A4410 OSTO ACCO	OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR CORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, GER THAN 4 X 4 INCHES OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR CORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY,	Each	1	5160-10-32	\$8.05	01/01/2024	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
ACCC 4 X 4 A4410 OSTC ACCC	ORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY,		Barrier	5160-10-32	\$7.67	04/01/2003	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
ACCC	4 INCHES OR SMALLER	Each	Barrier	5160-10-32	\$5.96	01/01/2024	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
LARG	OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR CORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, GER THAN 4 X 4 INCHES	Each	Barrier	5160-10-32	\$5.68	04/01/2003	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
	OMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED AR, WITH BUILT-IN CONVEXITY, EACH	Each	Barrier	5160-10-32	\$4.75	01/01/2024	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
	OMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A RIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER	Each	Pouch	5160-10-32	\$2.13	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5063.
	OMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A PRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	Each	Pouch	5160-10-32	\$2.13	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5063.
ACCC	OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR CORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR ILLER	Each	Barrier	5160-10-32	\$4.24	04/01/2003	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
ACCC	OMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR CORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X CHES	Each	Barrier	5160-10-32	\$4.24	04/01/2003	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
	OMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FER (1 PIECE)	Each	Pouch	5160-10-32	\$1.91	07/01/2021	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5051.
A4417 OSTO BUILT	OMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH T-IN CONVEXITY, WITH FILTER (1 PIECE)	Each	Pouch	5160-10-32	\$2.00	07/01/2021	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A4387.
	OMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH ER (1 PIECE)	Each	Pouch	5160-10-32	\$1.36	07/01/2021	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5052.
	OMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON- KING FLANGE, WITH FILTER (2 PIECE)	Each	Pouch	5160-10-32	\$1.35	07/01/2021	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5054.
	OMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING NGE (2 PIECE), EACH	Each	Pouch	5160-10-32	\$1.35	01/01/2024	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5054.
A4421 OSTC	OMY SUPPLY; MISCELLANEOUS	Each	Supply	5160-10-32	Determined by PA	05/01/1990	Non-institutional only	Purchase only	Medical necessity	Always required	8	Incontinence Supplies	
	OMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING NGE, WITH FILTER (2 PIECE)	Each	Pouch	5160-10-32	\$1.35	07/01/2021	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5054.
	OMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH ER (1 PIECE)	Each	Pouch	5160-10-32	\$2.45	07/01/2021	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5061.
LOCK	OMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON- KING FLANGE, WITH FILTER (2 PIECE SYSTEM)	Each	Pouch	5160-10-32	\$2.13	07/01/2021	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5063.
LOCK	OMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH KING FLANGE (2 PIECE SYSTEM)	Each	Pouch	5160-10-32	\$2.13	07/01/2021	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5063.
LOCK	OMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH KING FLANGE, WITH FILTER (2 PIECE SYSTEM)	Each	Pouch	5160-10-32	\$2.13	07/01/2021	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5063.
LOCK	OMY POUCH, URINARY; FOR USE ON BARRIER WITH KING FLANGE (2 PIECE)	Each	Pouch	5160-10-32	\$2.98	07/01/2021	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5073.
LOCK PIECE	/	Each	Pouch	5160-10-32	\$2.98	07/01/2021	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A5073.
	E, NON-WATERPROOF, PER 18 SQUARE INCHES	18 square inches	Dressings / tape / gauze / bandages	5160-10-34	\$0.08	10/01/2004	Non-institutional only	Purchase only	200 per month	Limit-based	8	Incontinence Supplies	
A4452 TAPE	E, WATERPROOF, PER 18 SQUARE INCHES	18 square inches	Dressings / tape / gauze / bandages	5160-10-34	\$0.32	10/01/2004	Non-institutional only	Purchase only	200 per month	Limit-based	8	Incontinence Supplies	
WITH	TAL CATHETER WITH OR WITHOUT BALLOON, FOR USE H ANY TYPE TRANSANAL IRREGATION SYSTEM, EACH	Each	Catheter	5160-10-01	\$19.00	01/01/2026	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
OTHE	IESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR IER ADHESIVE), PER OUNCE	Ounce	Supply	5160-10-01	\$1.36	04/01/2001	Non-institutional only	Purchase only	8 per month	Limit-based	16	Supplies (miscellaneous)	
	MA BAG WITH TUBING, REUSABLE	Each	Bag	5160-10-01	\$8.00	10/01/2004	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	
RESE CATH	IUAL TRANSANAL IRRIGATION SYSTEM, INCLUDES WATER, EVOIR, PUMP, TUBING, AND ACCESSORIES, WITHOUT HETER, ANY TYPE	Each	Pump	5160-10-01	\$232.00	01/01/2026	Non-institutional only	Purchase only	4 per year	<u>Limit-based</u>	8	Incontinence Supplies	
	T, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	Each	Elastic supports	5160-10-14	\$40.00	01/01/2017	Non-institutional only	Purchase only	2 per year	Limit-based	1	Compression garments	
	CHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	Each	Tracheostomy supplies	5160-10-01	\$0.35	01/01/2024	Non-institutional only	Purchase only	90 per month	Never required	NA	NA	
MECH	STURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE CHANICAL VENTILATION	Each	Tracheostomy supplies	5160-10-01	\$4.15	01/01/2005	Non-institutional only	Purchase only	100 per month	Limit-based	13	Respiratory	
	GICAL STOCKINGS ABOVE KNEE LENGTH	Each	Surgical stockings and burn garments	5160-10-14	\$25.00	10/15/2006	Non-institutional only	Purchase only	6 per year	limit-based	1	Compression garments	
	GICAL STOCKINGS THIGH LENGTH	Each	Surgical stockings and burn garments	5160-10-14	\$25.00	10/15/2006	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression garments	
A4500 SURG	GICAL STOCKINGS BELOW KNEE LENGTH	Each	Surgical stockings and burn garments	5160-10-14	\$22.00	10/15/2006	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression garments	

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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
0002	SECONAL FIGH	01111	SAI EGGILI	0.00 .0	Amount	DAIL	KEGIDENGE	1 OROLINGE		AUTHORIZATION	HOMBER	TOTALL	110.20
A4510	SURGICAL STOCKINGS FULL LENGTH	Each	Surgical stockings and burn garments	5160-10-14	\$75.00	01/01/2008	Non-institutional only	Purchase only	3 per year	Limit-based	1	Compression garments	
A4556	ELECTRODES, (E.G., APNEA MONITOR)	Pair	Electrodes	5160-10-01	\$9.41	10/01/2004	Non-institutional only	Purchase only	1 per month	Limit-based	16	Supplies (miscellaneous)	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4557	LEAD WIRES, (E.G., APNEA MONITOR)	Pair	Lead wires	5160-10-01	\$16.36	10/01/2004	Non-institutional only	Purchase only	1 per month	Limit-based	16	Supplies (miscellaneous)	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES)	Each	Supply	5160-10-01	\$4.23	10/01/2004	Non-institutional only	Purchase only	1 per month	Limit-based	16	Supplies (miscellaneous)	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4561	PESSARY, REUSABLE, RUBBER, ANY TYPE	Each	Supply	5160-10-01	\$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	Limit-based	16	Supplies (miscellaneous)	
A4562	PESSARY, REUSABLE, NON RUBBER, ANY TYPE	Each	Supply	5160-10-01	\$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	Limit-based	16	Supplies (miscellaneous)	
A4564 A4565	PESSARY, DISPOSABLE, ANY TYPE SI INGS	Each	Supply	5160-10-01 5160-10-01	\$20.75 \$6.30	04/01/2024	Non-institutional only	Purchase only	3 boxes per 6 months	Limit-based	16	Supplies (miscellaneous)	
A4565 A4566	SLINGS SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER.	Each	Limb support Shoulder	5160-10-01	\$6.30 \$95.00	07/01/2002	Non-institutional only All	Purchase only	2 per year 1 per medical	Limit-based Limit-based	16	Supplies (miscellaneous)	
	WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT				·			Purchase only	event		,	Supplies (miscellaneous)	
A4570	SPLINT	Each	Limb support	5160-10-01	\$10.00	05/01/1990	Non-institutional only	Purchase only	1 per year	Limit-based	16	Supplies (miscellaneous)	
A4580	CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY	Roll	Casting	5160-10-01	\$2.55	11/01/1992	Non-institutional only	Purchase only	1 per year	Never required	NA 10	NA	
A4590	CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY	Roll	Casting	5160-10-01	\$15.00	11/01/1992	Non-institutional only	Purchase only	1 per year	Limit-based	16	Supplies (miscellaneous)	
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G., TENS, NMES)	Each	TENS supplies	5160-10-15	\$25.00	01/01/1996	Non-institutional only	Purchase only	1 per month	Never required	NA	NA	No separate payment is made for TENS supplies during any month in which a TENS unit is rented. (FOR A RECIPIENT-OWNED UNIT)
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	Tubing	5160-10-19	\$53.40	02/08/2016	Non-institutional only	Purchase only	1 per year	Never required	NA	NA	
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM	Each	Respiratory care supplies	5160-10-01	\$19.68	01/01/2024	Non-institutional only	Purchase only	10 per month	Limit-based	13	Respiratory	A claim may be submitted for only one type of tracheal suction catheter per month.
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, ADULT	Each	Probe	5160-10-23	\$110.25	07/01/2021	Non-institutional only	Purchase only	4 per year	Limit-based	13	Respiratory	
A4606 U1	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, PEDIATRIC	Each	Probe	5160-10-23	\$242.50	07/01/2021	Non-institutional only	Purchase only	4 per year	Always required	13	Respiratory	Modifier U1 is used to differentiate this item for pediatric use.
A4606 U2	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, DISPOSABLE	Each	Probe	5160-10-23	\$18.50	07/01/2021	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	Modifier U2 is used to differentiate this item for disposable use.
A4611 A4612	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED- VENTILATOR BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED	Each	Ventilator battery Ventilator battery	5160-10-22 5160-10-22	\$100.00 \$60.00	05/01/1990	All	Purchase only	1 per year	Limit-based Limit-based	13	Respiratory	
A4613	WENTILATOR BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED	Each	Ventilator battery	5160-10-22	\$60.00	05/01/1990	<u>All</u> All	Purchase only	1 per 2 years 1 per 3 years	Limit-based	13	Respiratory	
A4615	VENTILATOR CANNULA, NASAL	Each	Respiratory care	5160-10-22	\$0.70	01/01/2024	Non-institutional	Purchase only	4 per month	Never required	NA NA	NA NA	
A4616	TUBING (OXYGEN), PER FOOT	Foot	supplies Respiratory care	5160-10-01	\$0.75	01/01/2008	only Non-institutional	Purchase only	15 per month	Never required	NA NA	NA NA	
A4617	MOUTH PIECE	Each	supplies Respiratory care	5160-10-13	\$1.00	05/01/1990	only Non-institutional	Purchase only	1 per 2 months	Limit-based	13	Respiratory	
A4618	BREATHING CIRCUITS	Each	supplies Breathing circuits	5160-10-19	\$2.60	05/01/1990	only Non-institutional	Purchase only	4 per month	Limit-based	13	Respiratory	For consumer-owned IPB only
A4619	FACE TENT	Fach	Respiratory care	5160-10-13	\$1.21	01/01/2002	only Non-institutional	Purchase only	6 per month	Limit-based	13	Respiratory	
A4620	VARIABLE CONCENTRATION MASK	Each	supplies Respiratory care	5160-10-13	\$0.62	04/01/2009	only Non-institutional	Purchase only	6 per month	Never required	NA NA	NA NA	
A4623	TRACHEOSTOMY, INNER CANNULA	Each	supplies Tracheostomy	5160-10-13	\$4.60	01/01/2009	only Non-institutional	Purchase only	30 per month	Limit-based	13	Respiratory	Replacement only
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN	Each	supplies Respiratory care	5160-10-01	\$1.60	01/01/2024	only Non-institutional	Purchase only	150 per month	Limit-based	13	Respiratory	A claim may be submitted for only one type of tracheal suction
A4625	CLOSED SYSTEM TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Each	supplies Tracheostomy	5160-10-01	\$3.55	01/01/1996	only Non-institutional	Purchase only	30 per month	Limit-based	13	Respiratory	catheter per month. (ADULT) This item is covered only for the first two weeks following open
A4626	TRACHEOSTOMY CLEANING BRUSH	Each	supplies Tracheostomy	5160-10-01	\$1.38	01/01/1993	only Non-institutional	Purchase only	10 per month	Limit-based	13	Respiratory	surgical tracheostomy.
A4628	OROPHARYNGEAL SUCTION CATHETER	Each	supplies Respiratory care	5160-10-01	\$2.84	01/01/2024	only Non-institutional	Purchase only	4 per month	Limit-based	13	Respiratory	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Each	supplies Tracheostomy	5160-10-01	\$3.83	01/01/2024	only Non-institutional	Purchase only	30 per month	Limit-based	13	Respiratory	
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY,	Each	supplies Batteries	5160-10-15	\$5.80	01/01/2024	only Non-institutional	Purchase only	1 per 3 months	Never required	NA	NA	
A4633	TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY	Each	Bulb	5160-10-01	\$36.94	07/01/2019	only Non-institutional	Purchase only	1 per 5 years	Limit-based	9	Miscellaneous	1 each = 1 bulb per each socket of the phototherapy unit.
A4635	SYSTEM UNDERARM PAD, CRUTCH, REPLACEMENT	Each	Ambulation accessory	5160-10-30	\$1.50	05/25/1991	only Non-institutional only	Purchase only	2 per year	Limit-based	16, 12	equipment Supplies (miscellaneous),	
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER	Each	Ambulation	5160-10-30	\$1.66	05/25/1991	Non-institutional	Purchase only	4 per year	Limit-based	9	Repairs Miscellaneous	
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER	Each	Ambulation accessory	5160-10-30	\$1.90	05/25/1991	only Non-institutional only	Purchase only	4 per year	Limit-based	16	equipment Supplies (miscellaneous)	
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	Each	Pad	5160-10-18	\$31.28	05/25/1991	Non-institutional only	Purchase only	1 per year	Limit-based	2	Decubitus care equipment	
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Each	Supply	5160-10-01	Determined by PA	05/01/1990	Non-institutional only	Purchase only		Always required	16	Supplies (miscellaneous)	Do not use for ostomy supplies
							only					(miscerianeous)	

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	Set	Blood pressure monitor and accessories	5160-10-01	\$30.00	08/01/1997	Non-institutional only	Purchase only	1 per 3 years	Limit-based	16	Supplies (miscellaneous)	
A4663	BLOOD PRESSURE CUFF ONLY	Each	Blood pressure monitor and accessories	5160-10-01	\$13.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	Limit-based	16	Supplies (miscellaneous)	Replacement
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	Each	Blood pressure monitor and accessories	5160-10-01	\$47.00	08/01/1997	Non-institutional only	Purchase only	1 per 3 years	Limit-based	16	Supplies (miscellaneous)	
A4719	Y SET TUBING FOR PERITONEAL DIALYSIS	Set	Infusion pump (non- nutrition) supplies	5160-10-29	\$5.00	10/01/2004	Non-institutional only	Purchase only	30 per month	Never required	NA	NA	
A4927	GLOVES, NON-STERILE, PER 100	100	Supply	5160-10-01	\$8.69	04/01/2003	Non-institutional only	Purchase only	3 per month	Limit-based	16	Supplies (miscellaneous)	
A4930	GLOVES, STERILE, PER PAIR	Pair	Supply	5160-10-01	\$0.55	04/01/2003	Non-institutional only	Purchase only	100 pairs per month	Limit-based	16	Supplies (miscellaneous)	
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE)	Each	Pouch	5160-10-32	\$1.91	04/01/2001	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1	Each	Pouch	5160-10-32	\$1.36	04/01/2001	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	Each	Pouch	5160-10-32	\$1.58	01/01/1998	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE	Each	Pouch	5160-10-32	\$1.79	01/01/2024	Non-institutional only	Purchase only	62 per month	Limit-based	8	Incontinence Supplies	
A5055	STOMA CAP	Each	Сар	5160-10-32	\$1.27	04/01/2001	Non-institutional only	Purchase only	30 per month	Limit-based	8	Incontinence Supplies	
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE)	Each	Pouch	5160-10-32	\$3.87	07/01/2021	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A4388.
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE)	Each	Pouch	5160-10-32	\$8.94	07/01/2021	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	This item and payment are crosswalked with A4390.
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE)	Each	Pouch	5160-10-32	\$3.53	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	8	Incontinence Supplies	
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)	Each	Pouch	5160-10-32	\$1.90	08/01/1997	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH	Each	Pouch	5160-10-32	\$2.70	01/01/2024	Non-institutional	Purchase only	31 per month	Limit-based	8	Incontinence	
A5071	FLANGE (2 PIECE SYSTEM) OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE)	Each	Pouch	5160-10-32	\$5.99	01/01/2024	only Non-institutional	Purchase only	31 per month	Limit-based	8	Supplies Incontinence	
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1	Each	Pouch	5160-10-32	\$3.10	04/01/2001	only Non-institutional	Purchase only	31 per month	Limit-based	8	Supplies Incontinence	
A5073	PIECE) OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE	Each	Pouch	5160-10-32	\$2.98	04/01/2001	Only Non-institutional	Purchase only	31 per month	Limit-based	8	Supplies Incontinence	
A5081	(2 PIECE) STOMA PLUG OR SEAL, ANY TYPE	Each	Plug	5160-10-32	\$3.00	01/01/1998	only Non-institutional	Purchase only	31 per month	Limit-based	8	Supplies Incontinence	
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Each	Catheter	5160-10-32	\$10.75	01/01/1998	only Non-institutional	Purchase only	1 per month	Limit-based	8	Supplies Incontinence	
A5093	OSTOMY ACCESSORY; CONVEX INSERT	Each	Insert	5160-10-32	\$1.58	04/01/2001	only Non-institutional	Purchase only	10 per month	Limit-based	8	Supplies Incontinence	
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID	Each	Bottle	5160-10-32	\$21.39	04/01/2001	only Non-institutional	Purchase only	1 per month	Limit-based	8	Supplies Incontinence	
A5105	OR EXPANDABLE URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE	Each	Suspensory	5160-10-32	\$40.32	07/01/2002	only Non-institutional	Purchase only	3 per month	Limit-based	8	Supplies Incontinence	
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR	Each	Bag	5160-10-32	\$31.16	07/01/2002	only Non-institutional	Purchase only	1 per month	Limit-based	8	Supplies	
A5113	WITHOUT TUBE, WITH STRAPS LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	Set	Strap	5160-10-32	\$1.30	11/15/1993	only Non-institutional	Purchase only	1 per month	Limit-based	8	Supplies Incontinence	For use with urinary leg bag
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	Set	Strap	5160-10-32	\$7.59	01/01/2024	only Non-institutional	Purchase only	1 per month	Limit-based	8	Supplies Incontinence	For use with urinary leg bag
A5120	SKIN BARRIER, WIPES OR SWABS	Each	Wipes	5160-10-32	\$0.20	01/01/2024	only Non-institutional	Purchase only	200 per month	Limit-based	8	Supplies Incontinence	
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT	Each	Barrier	5160-10-32	\$7.43	01/01/2024	only Non-institutional	Purchase only	20 per month	Limit-based	8	Supplies Incontinence	
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT	Each	Barrier	5160-10-32	\$12.26	04/01/2001	only Non-institutional	Purchase only	20 per month	Limit-based	8	Supplies Incontinence	
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Each	Pad	5160-10-32	\$1.11	07/01/2002	only Non-institutional	Purchase only	20 per month	Limit-based	8	Supplies Incontinence	
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY	16 ounces	Cleaner	5160-10-32	\$13.44	01/01/2024	only Non-institutional	Purchase only	2 per month	Limit-based	8	Supplies Incontinence	
A5500	APPLIANCES, PER 16 OZ. FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP),	Each	Diabetic shoes	5160-10-31	\$47.81	01/01/2024	only	Purchase only	2 per foot per	Always required	10	Supplies Orthotics	
	CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH- INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT(S), PER SHOE							,	year	, ,			
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE	Each	Diabetic shoes	5160-10-31	\$160.19	01/01/2010	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE	Each	Diabetic shoes	5160-10-31	\$30.00	01/01/2021	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE	Each	Diabetic shoes	5160-10-31	\$30.00	01/01/2021	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE	Each	Diabetic shoes	5160-10-31	\$30.00	01/01/2021	All	Purchase only	2 per foot per year	Always required	10	Orthotics	

				PA Payment by pr	CURRENT	PAYMENT					PRIOR	PRIOR	
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	MAXIMUM PAYMENT AMOUNT	AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	AUTHORIZATION ASSIGNMENT NUMBER	AUTHORIZATION ASSIGNMENT NAME	NOTES
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF	Each	Diabetic shoes	5160-10-31	\$30.00	01/01/2021	All	Purchase only	2 per foot per	Always required	10	Orthotics	
	OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE							,	year				
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-	Each	Diabetic shoes	5160-10-31	\$30.00	01/01/2024	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	Each	Diabetic shoes	5160-10-31	\$35.00	01/01/2024	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE,	Each	Diabetic shoes	5160-10-31	\$22.40	01/01/2024	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES PAHERHHET OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 14 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED	Each	Diabetic shoes	5160-10-31	\$25.00	01/01/2024	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUBES ARCH HILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED	Each	Diabetic shoes	5160-10-31	\$28.04	01/01/2010	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENTS FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3'rif NICH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED	Each	Diabetic shoes	5160-10-31	\$35.65	01/01/2019	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	Gram	Wound fillers	5160-10-01	\$30.96	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Limit-based	4	Dressings, surgical	
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	Gram	Wound fillers	5160-10-01	\$1.82	01/01/2005	Non-institutional only	Purchase only	\$100 per month	Limit-based	4	Dressings, surgical	
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS	Each	Dressings / tape / gauze / bandages	5160-10-34	\$25.23	01/01/2024	Non-institutional only	Purchase only	10 per month per wound	Always required	4	Dressings, surgical	
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	Dressings / tape / gauze / bandages	5160-10-34	\$18.91	04/01/2006	Non-institutional only	Purchase only	10 per month per wound	Always required	4	Dressings, surgical	
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	Each	Dressings / tape / gauze / bandages	5160-10-34	\$171.27	04/01/2006	Non-institutional only	Purchase only	20 per month per wound	Always required	4	Dressings, surgical	
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	Each	Dressings / tape / gauze / bandages	5160-10-34	\$5.75	01/01/2024	Non-institutional only	Purchase only	10 per month	Limit-based	4	Dressings, surgical	
A6154	WOUND POUCH, FOR SURGICAL WOUND DRAINAGE, PER WOUND	Each	Dressings / tape / gauze / bandages	5160-10-34	\$11.40	01/01/1997	Non-institutional only	Purchase only	15 per month	Limit-based	4	Dressings, surgical	
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$9.00	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$18.75	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$31.40	07/26/2007	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	6 inches	Wound fillers	5160-10-01	\$5.29	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Limit-based	4	Dressings, surgical	
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$3.02	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$4.50	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$5.00	07/01/2021	Non-institutional only	Purchase only	12 per month per wound	Always required	4	Dressings, surgical	
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$6.25	07/01/2021	Non-institutional only	Purchase only	4 per month per wound	Always required	4	Dressings, surgical	
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$5.30	01/01/1997	Non-institutional only	Purchase only	4 per month	Limit-based	4	Dressings, surgical	
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$11.98	04/01/2006	Non-institutional only	Purchase only	4 per month per wound	Always required	4	Dressings, surgical	
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$7.46	01/01/2024	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	Maddle I Idadish and a Aba isan
A6209 U1	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, SILVER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$14.90	07/01/2021	Non-institutional only	Purchase only	3 per week	Limit-based	4	Dressings, surgical	Modifier U1 differentiates this item. It is to be used for short-term wound care (less than or equal to 8 weeks per wound) under a specific treatment plan.
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$19.88	01/01/2024	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6210 U1	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, SILVER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$20.85	07/01/2021	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	Modifier U1 differentiates this item. It is to be used for short-term wound care (less than or equal to 8 weeks per wound) under a specific treatment plan.
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$29.30	01/01/2024	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$10.50	01/01/2024	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	

HCPCS				PA Payment by pi	CURRENT MAXIMUM PAYMENT	PAYMENT AMOUNT EFFECTIVE		RENTAL OR	FREQUENCY	PRIOR	PRIOR AUTHORIZATION ASSIGNMENT	PRIOR AUTHORIZATION ASSIGNMENT	
CODE	DESCRIPTION	UNIT	CATEGORY	5160-10	AMOUNT	DATE	RESIDENCE	PURCHASE	LIMIT	AUTHORIZATION	NUMBER	NAME	NOTES
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$12.54	04/01/2006	Non-institutional only	Purchase only	12 per month per wound	Always required	4	Dressings, surgical	
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$7.45	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	Gram	Wound fillers	5160-10-01	\$1.23	06/28/2006	Non-institutional only	Purchase only	\$100 per month	Limit-based	4	Dressings, surgical	
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$0.04	07/16/2018	Non-institutional only	Purchase only	\$50 per month	Limit-based	4	Dressings, surgical	
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$0.64	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	4	Dressings, surgical	
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$1.27	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	4	Dressings, surgical	
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$0.95	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	4	Dressings, surgical	
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$2.58	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	4	Dressings, surgical	
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$0.52	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	4	Dressings, surgical	
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER. EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$1.82	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. III., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$1.75	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$2.60	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$1.65	01/01/2001	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$1.75	01/01/2001	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$2.60	01/01/2001	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$4.80	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$12.15	08/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$19.65	08/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$5.80	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$16.75	08/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$16.75	07/01/2021	Non-institutional only	Purchase only	12 per month per wound	Always required	4	Dressings, surgical	
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	Fluid ounce	Wound fillers	5160-10-01	\$5.00	07/26/2007	Non-institutional only	Purchase only	\$100 per month	Never required	NA	NA	
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	Gram	Wound fillers	5160-10-01	\$2.57	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Limit-based	4	Dressings, surgical	
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$4.80	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$8.75	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$28.30	01/01/1999	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$5.90	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$7.15	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$17.15	08/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	Fluid ounce	Wound fillers	5160-10-01	\$5.76	07/26/2007	Non-institutional only	Purchase only	\$100 per month	Never required	NA	NA	

				PA Payment by p	CURRENT	PAYMENT					PRIOR	PRIOR	
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	MAXIMUM PAYMENT AMOUNT	AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	AUTHORIZATION ASSIGNMENT NUMBER	AUTHORIZATION ASSIGNMENT NAME	NOTES
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$0.90	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$3.53	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$4.83	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$0.90	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$2.20	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$2.20	07/01/2021	Non-institutional only	Purchase only	30 per month per wound	Always required	4	Dressings, surgical	
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$1.10	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$3.10	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$7.90	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	Month	Wound fillers	5160-10-01	\$100.00	01/01/1997	Non-institutional only	Purchase only	\$100 per month	Limit-based	4	Dressings, surgical	
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	Month	Wound fillers	5160-10-01	\$100.00	01/01/1997	Non-institutional only	Purchase only	\$100 per month	Limit-based	4	Dressings, surgical	
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$1.75	08/01/1997	Non-institutional only	Purchase only	100 yards per month	Limit-based	4	Dressings, surgical	
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$0.12	04/01/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	4	Dressings, surgical	
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$0.43	04/01/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	4	Dressings, surgical	
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	\$0.61	04/01/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	4	Dressings, surgical	
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$0.54	01/01/2005	Non-institutional only	Purchase only	100 per month	Limit-based	4	Dressings, surgical	
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON- STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$0.14	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	4	Dressings, surgical	
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON- STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$0.23	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	4	Dressings, surgical	
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON- STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$0.45	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	4	Dressings, surgical	
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$0.26	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	4	Dressings, surgical	
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$0.33	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	4	Dressings, surgical	
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$0.54	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	4	Dressings, surgical	
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$1.04	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTEDWOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$1.05	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$1.60	01/01/2005	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, WAITTEDMOVEN, LOAD RESISTANCE OF 12 5T 0.134 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$3.19	01/01/2005	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$5.32		Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON- WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$0.55	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON- WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$0.69	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON- WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$1.25	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$1.20	01/01/2024	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	

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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	MAXIMUM PAYMENT AMOUNT	AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	AUTHORIZATION ASSIGNMENT NUMBER	AUTHORIZATION ASSIGNMENT NAME	NOTES
A6460	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$9.75	07/01/2021	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6461	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	\$9.75	07/01/2021	Non-institutional only	Purchase only	18 per 3 months	Limit-based	4	Dressings, surgical	
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	1	Compression garments	
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	1	Compression garments	
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	1	Compression garments	
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	1	Compression garments	
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	1	Compression garments	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	1	Compression garments	
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	Each	Surgical stockings and burn garments	5160-10-14	Determined by PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
A6515	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH, CUSTOM	Each	Elastic supports	5160-10-14	Determined by PA	04/01/2025	Non-institutional only	Purchase only	1 per year	Always required	1	Compression garments	
<u>A6516</u>	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH, CUSTOM	Each	Elastic supports	5160-10-14	Determined by PA	04/01/2025	Non-institutional only	Purchase only	1 per year	Always required	1	Compression garments	
A6517	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE FACH CUSTOM	Each	Elastic supports	5160-10-14	Determined by PA	04/01/2025	Non-institutional only	Purchase only	1 per year	Always required	1	Compression	
A6518	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS,	Each	Elastic supports	5160-10-14	Determined by PA	04/01/2025	Non-institutional	Purchase only	1 per year	Always required	1	Compression	
A6519	ARM, EACH, CUSTOM GRADIENT COMPRESSION GARMENT, NOT OTHERWISE	Each	Elastic supports	5160-10-14	Determined by PA	04/01/2025	only Non-institutional	Purchase only	1 per year	Always required	1	garments Compression	
A6520	SPECIFIED, FOR NIGHTTIME USE, EACH GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	1 per vear	Always required	1	garments Compression	Once every 2 years for 2 nighttime garments per each affected
A6521	NIGHTTIME USE, EACH	Each		5160-10-14	Determined by PA		only Non-institutional	Purchase only	1 per year	Always required		garments Compression	extremity or part of the body Once every 2 years for 2 nighttime garments per each affected
	GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH		Elastic supports		Ť	01/01/2024	only		. ,	, ,	1	garments	extremity or part of the body
A6522	GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	1 per year	Always required	1	Compression garments	Once every 2 years for 2 nighttime garments per each affected extremity or part of the body
A6523	GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	1 per year	Always required	1	Compression garments	Once every 2 years for 2 nighttime garments per each affected extremity or part of the body
A6524	GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED. FOR NIGHTTIME USE. EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	1 per year	Always required	1	Compression garments	Once every 2 years for 2 nighttime garments per each affected extremity or part of the body
A6525	GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	1 per year	Always required	1	Compression	Once every 2 years for 2 nighttime garments per each affected
A6526	PADDED, FOR NIGHTTIME USE, CUSTOM, EACH GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	1 per year	Always required	1	garments Compression	extremity or part of the body Once every 2 years for 2 nighttime garments per each affected
A6527	PADDED, FOR NIGHTTIME USE, EACH GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	1 per year	Always required	1	garments Compression	extremity or part of the body Once every 2 years for 2 nighttime garments per each affected
A6528	PADDED, FOR NIGHTTIME USE, CUSTOM, EACH GRADIENT COMPRESSION GARMENT, BRA, PADDED, FOR	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	1 per year	Always required	1	garments Compression	extremity or part of the body Once every 2 years for 2 nighttime garments per each affected
	NIGHTTIME USE, EACH						only	,				garments	extremity or part of the body
A6529	GRADIENT COMPRESSION GARMENT, BRA, PADDED, FOR NIGHTTIME USE, CUSTOM EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	1 per year	Always required	1	Compression garments	Once every 2 years for 2 nighttime garments per each affected extremity or part of the body
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG	Each	Elastic supports	5160-10-14	\$21.64	07/26/2007	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression garments	
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG	Each	Elastic supports	5160-10-14	\$26.06	07/26/2007	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression	For use as surgical dressing only
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG	Each	Elastic supports	5160-10-14	\$30.48	07/26/2007	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression garments	For use as surgical dressing only
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30	Each	Elastic supports	5160-10-14	\$24.64	07/26/2007	Non-institutional	Purchase only	6 per year	Limit-based	1	Compression	
A6534	MMHG GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40	Each	Elastic supports	5160-10-14	\$29.06	07/26/2007	only Non-institutional	Purchase only	6 per year	Limit-based	1	garments Compression	
A6535	MMHG GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50	Each	Elastic supports	5160-10-14	\$33.48	07/26/2007	only Non-institutional	Purchase only	6 per year	Limit-based	1	garments Compression	
	MMHG		- Teperord				only		., .,		l	garments	

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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG	Each	Elastic supports	5160-10-14	\$43.27	01/01/2006	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression garments	
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE 30-40 MMHG	Each	Elastic supports	5160-10-14	\$52.12	07/26/2007	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression	
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG	Each	Elastic supports	5160-10-14	\$60.96	01/01/2006	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression garments	
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30	Each	Elastic supports	5160-10-14	\$50.00	07/26/2007	Non-institutional	Purchase only	3 per year	Limit-based	1	Compression	
A6540	MMHG GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40	Each	Elastic supports	5160-10-14	\$62.50	07/26/2007	only Non-institutional	Purchase only	3 per year	Limit-based	1	garments Compression	
A6541	MMHG GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50	Each	Elastic supports	5160-10-14	\$75.00	07/26/2007	only Non-institutional	Purchase only	3 per year	Limit-based	1	garments Compression	
A6549	MMHG GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2011	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	Beginning April 1, 2025 claims for these items should be used using
A6552	SPECIFIED GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	new HCPCS code A6519 For lymphedema treatment only
A6553	MMHG, EACH GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40	Fach		5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only			1	garments Compression	To yriphodelia dedition only
	MMHG, CUSTOM EACH		Elastic supports		,		only	,	6 per year	Always required	1	garments	
A6554	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	For lymphedema treatment only
A6555	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6556	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6557	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6558	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG OR GREATER CUSTOM FACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6559	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	Compression	
A6560	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6561	STYLE, 30-40 MMHG, CUSTOM, EACH GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6562	STYLE, 40 MMHG OR GREATER, CUSTOM, EACH GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6563	MMHG, CUSTOM, EACH GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6564	MMHG, CUSTOM, EACH GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	4	garments Compression	For use as surgical dressing only
A6565	OR GREATER, CUSTOM, EACH				,		only Non-institutional	,			1	garments	ror use as surgical dressing only
	GRADIENT COMPRESSION GAUNTLET, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only	Purchase only	6 per year	Always required	1	Compression garments	
A6566	GRADIENT COMPRESSION GARMENT, NECK/HEAD, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6567	GRADIENT COMPRESSION GARMENT, NECK/HEAD, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6568	GRADIENT COMPRESSION GARMENT, TORSO AND SHOULDER, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6569	GRADIENT COMPRESSION GARMENT, TORSO AND SHOULDER,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	Compression	
A6570	GRADIENT COMPRESSION GARMENT, GENITAL REGION, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression	
A6571	GRADIENT COMPRESSION GARMENT, GENITAL REGION,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6572	CUSTOM, EACH GRADIENT COMPRESSION GARMENT, TOE CAPS, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6573	GRADIENT COMPRESSION GARMENT, TOE CAPS, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6574	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6575	COMBINATION, CUSTOM, EACH GRADIENT COMPRESSION ARM SLEEVE AND GLOVE	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6576	COMBINATION, EACH GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, MEDIUM	Each		5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only			1	garments Compression	
A6577	WEIGHT, EACH		Elastic supports		·		only Non-institutional		6 per year	Always required	,	garments	
	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only	Purchase only	6 per year	Always required	1	Compression garments	
A6578	GRADIENT COMPRESSION ARM SLEEVE, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6579	GRADIENT COMPRESSION GLOVE, CUSTOM, MEDIUM WEIGHT, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6580	GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6581	GRADIENT COMPRESSION GLOVE, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6582	GRADIENT COMPRESSION GAUNTLET, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6583	GRADIENT COMPESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE. 30-50 MMHG. EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression	For lymphedema treatment only
A6584	GRADIENT COMPESSION WRAP WITH ADJUSTABLE STRAPS, NOT	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	Compression	
A6585	OTHERWISE SPECIFIED GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6586	ABOVE KNEE, EACH GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
	FULL LEG, EACH				,		only	,		l]	garments	

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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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A6587	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6588	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	Compression	
A6589	ARM, EACH GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, BRA.	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6590	EACH EXTERNAL URINARY CATHETERS; DISPOSABLE, WITH WICKING	Month	Catheter	5160-10-14	\$259.20	04/01/2023	only Non-institutional	Purchase only	1 per month	Limit-based	4	garments Compression	
	MATERIAL, FOR USE WITH SUCTION PUMP, PER MONTH						only		i per montn		1	garments	
A6591	EXTERNAL URINARY CATHETER; NON-DISPOSABLE, FOR USE WITH SUCTION PUMP, PER MONTH	Month	Catheter	5160-10-14	\$54.40	04/01/2023	Non-institutional only	Purchase only	1 per month	Limit-based	1	Compression garments	
A6593	ACCESSORY FOR GRADIENT COMPRESSION GARMENT OR WRAP WITH ADJUSTABLE STRAPS, NOT OTHERWISE SPECIFIED	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression	
A6594	GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	Compression	
A6595	LOWER EXTREMITY, ANY SIZE OR LENGTH, EACH GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6596	UPPER EXTREMITY, ANY SIZE OR LENGTH, EACH GRADIENT COMPRESSION BANDAGING SUPPLY, CONFORMING	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6597	GAUZE, PER LINEAR YARD, ANY WIDTH, EACH GRADIENT COMPRESSION BANDAGING ROLL ELASTIC LONG	Each	Elastic supports	5160-10-14		01/01/2024	only Non-institutional	Purchase only	0	About a social	4	garments	
	STRETCH, PER LINEAR YARD, ANY WIDTH, EACH				Determined by PA		only		6 per year	Always required	'	garments	
A6598	GRADIENT COMPRESSION BANDAGING ROLL, ELASTIC MEDIUM STRETCH, PER LINEAR YARD, ANY WIDTH, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6599	GRADIENT COMPRESSION BANDAGING ROLL, INELASTIC SHORT STRETCH, PER LINEAR YARD, ANY WIDTH, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6600	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6601	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM PAD ANY SIZE OR SHAPE FACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	Compression	
A6602	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
	FOAM ROLL FOR BANDAGE, PER LINEAR YARD, ANY WIDTH, EACH						only					garments	
A6603	GRADIENT COMPRESSION BANDAGING SUPPLY, LOW DENSITY CHANNEL FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6604	GRADIENT COMPRESSION BANDAGING SUPPLY, LOW DENSITY	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	Compression	
A6605	FLAT FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED FOAM,	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6606	PER LINEAR YARD, ANY WIDTH, EACH GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6607	TEXTILE, PER LINEAR YARD, ANY WIDTH, EACH GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	- 1	garments Compression	
A0007	PROTECTIVE ABSORPTION LAYER, PER LINEAR YARD, ANY WIDTH FACH	Eduli	Elastic supports	3100-10-14	Determined by FA	01/01/2024	only	ruicilase only	o per year	Aiways required	'	garments	
A6608	GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	Compression	
	PROTECTIVE ABSORPTION PADDED LAYER, PER LINEAR YARD, ANY WIDTH, EACH						only					garments	
A6609	GRADIENT COMPRESSION BANDAGING SUPPLY, NOT OTHERWISE SPECIFIED	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6610	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG CUSTOM FACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional	Purchase only	6 per year	Always required	1	Compression	
A6611	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS,	Each	Elastic supports	5160-10-14	Determined by PA	04/01/2025	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A7000	ABOCE KNEE, EACH, CUSTOM CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	Each	Suction pump	5160-10-01	\$7.50	01/01/2000	only Non-institutional	Purchase only	3 per month	Limit-based	13	garments Respiratory	
A7002	TUBING, USED WITH SUCTION PUMP	Each	Suction pump	5160-10-01	\$3.75	01/01/2000	only Non-institutional	Purchase only	4 per month	Limit-based	13	Respiratory	Includes connector/adaptor
A7002					** '		only						
	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	Respiratory care supplies	5160-10-01	\$2.15	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	Respiratory care supplies	5160-10-01	\$1.44	10/01/2004	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER. NON-DISPOSABLE	Each	Respiratory care supplies	5160-10-01	\$20.00	01/01/2000	Non-institutional only	Purchase only	2 per year	Limit-based	13	Respiratory	
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Each	Respiratory care supplies	5160-10-01	\$8.00	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH	Each	Respiratory care	5160-10-01	\$4.00	10/01/2004	Non-institutional	Purchase only	4 per month	Limit-based	13	Respiratory	
A7012	AEROSOL COMPRESSOR WATER COLLECTION DEVICE, USED WITH LARGE VOLUME	Each	supplies Respiratory care	5160-10-01	\$1.80	01/01/2000	only Non-institutional	Purchase only	4 per month	Limit-based	13	Respiratory	
A7015	NEBULIZER AEROSOL MASK, USED WITH DME NEBULIZER	Each	supplies Respiratory care	5160-10-01	\$1.63	07/01/2002	only Non-institutional	Purchase only	4 per month	Limit-based	13	Respiratory	
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000	Liter	supplies Distilled water /	5160-10-01	\$0.28	01/01/2001	only Non-institutional	Purchase only	16 per month	Limit-based	4	Dressings, surgical	
	ML		sterile saline		** *		only						
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	Each	Respiratory care equipment	5160-10-01	\$16.00	01/01/2024	Non-institutional only	Purchase only	1 per month	Limit-based	13	Respiratory	
A7021	SUPPLIES AND ACCESSORIES FOR LUNG EXAPANSION AIRWAY CLEARANCE, CONTINUOUS HIGH FREQUENCY OSCILLATION, AND	Each	Respiratory care supplies	5160-10-01	\$110.00	10/01/2024	Non-institutional only	Purchase only	1 per month	Limit-based	13	Respiratory	
	NEBULIZATION DEVICE (E.G., HANDSET, NEBULIZER KIT, BIOFILTER)												
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT	Each	HFCWO system	5160-10-08	\$400.00	10/01/2004	Non-institutional	Purchase only	1 per lifetime	Always required	13	Respiratory	
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE,	Each	HFCWO system	5160-10-08	\$26.80	01/01/2024	Non-institutional	Purchase only	1 per year	Limit-based	13	Respiratory	
A7027	REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS	Each	supply Face mask	5160-10-19	\$114.50	01/01/2024	only Non-institutional	Purchase only	3 per year	Limit-based	13	Respiratory	
A7028	POSITIVE AIRWAY PRESSURE DEVICE, EACH ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK.	Each	Face mask	5160-10-19	\$31.55	01/01/2024	only Non-institutional	Purchase only	2 per month	Limit-based	13	Respiratory	
020	REPLACEMENT ONLY, EACH			10 10			only		- p		.0		

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	PA Payment by pi RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK,	Pair	Face mask	5160-10-19	\$14.00	01/01/2024	Non-institutional	Purchase only	2 pairs per	Limit-based	13	Respiratory	
A7030	REPLACEMENT ONLY, PAIR FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE	Each	Face mask	5160-10-19	\$113.18	04/20/2006	only Non-institutional	Purchase only	month 4 per year	Limit-based	13	Respiratory	
A7031	DEVICE FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK	Each	Replacement supply	5160-10-19	\$51.12	02/01/2016	only Non-institutional	Purchase only	1 per year	Never required	NA	NA	
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT	Each	Replacement supply	5160-10-19	\$21.36	10/01/2004	only Non-institutional	Purchase only	2 per year	Limit-based	13	Respiratory	
A7033	ONLY PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY	Pair	Replacement supply	5160-10-19	\$21.36	10/01/2004	only Non-institutional only	Purchase only	2 per year	Limit-based	13	Respiratory	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	Each	Nasal interface	5160-10-19	\$66.71	10/01/2004	Non-institutional only	Purchase only	4 per year	Limit-based	13	Respiratory	
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	PAP headgear	5160-10-19	\$34.95	04/01/2003	Non-institutional only	Purchase only	1 per year	Limit-based	13	Respiratory	
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	PAP chinstrap	5160-10-19	\$13.60	04/01/2003	Non-institutional only	Purchase only	2 per year	Limit-based	13	Respiratory	
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	Tubing	5160-10-19	\$28.75	04/01/2003	Non-institutional only	Purchase only	1 per year	Limit-based	13	Respiratory	
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	Filter	5160-10-19	\$3.25	04/01/2003	Non-institutional only	Purchase only	1 per month	Limit-based	13	Respiratory	
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	Filter	5160-10-19	\$12.30	04/01/2003	Non-institutional only	Purchase only	4 per year	Limit-based	13	Respiratory	
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT	Each	Replacement supply	5160-10-19	\$11.45	01/01/2024	Non-institutional only	Purchase only	1 per 6 months	Limit-based	13	Respiratory	
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT	Each	Replacement supply	5160-10-19	\$11.95	01/01/2024	Non-institutional only	Purchase only	5 per month	Limit-based	13	Respiratory	This includes mechanical ventilation.
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP	Each	Interface	5160-10-19	\$112.60	01/01/2024	Non-institutional only	Purchase only	5 per month	Limit-based	13	Respiratory	
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER	Each	Vacuum	5160-10-19	\$37.58	01/01/2015	Non-institutional only	Purchase only	4 per year	Limit-based	13	Respiratory	
A7049	EXPIRATORY POSITIVE AIRWAY PRESSURE INTRANASAL RESISTANCE VALVE	Each	Valve	5160-10-19	\$97.60	04/01/2023	Non-institutional only	Purchase only	1 per 3 months	Limit-based	13	Respiratory	
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM	Each	Tracheostomy supplies	5160-10-01	\$97.80	01/01/2024	Non-institutional only	Purchase only	2 per 6 months	Limit-based	13	Respiratory	
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE	Each	Tracheostomy supplies	5160-10-01	\$46.50	01/01/2024	Non-institutional only	Purchase only	1 per 6 months	Limit-based	13	Respiratory	
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Each	Tracheostomy supplies	5160-10-01	\$10.60	01/01/2024	Non-institutional only	Purchase only	1 per month	Limit-based	13	Respiratory	
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Each	Tracheostomy supplies	5160-10-01	\$0.54	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	NA	NA	
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE	Each	Tracheostomy supplies	5160-10-01	\$3.74	10/01/2004	Non-institutional only	Purchase only	4 per month	Never required	NA	NA	
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE	Each	Tracheostomy supplies	5160-10-01	\$0.26	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	NA	NA	
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Each	Tracheostomy supplies	5160-10-01	\$1.99	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	NA	NA	
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE	Each	Tracheostomy supplies	5160-10-01	\$2.30	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	NA	NA	
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Each	Tracheostomy supplies	5160-10-01	\$1.13	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	NA	NA	
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL	Each	Tracheostomy supplies	5160-10-01	\$47.48	10/01/2004	Non-institutional only	Purchase only	2 per month	Never required	NA	NA	
A7520 U1	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL*CUSTOM MADE*	Each	Tracheostomy supplies	5160-10-01	\$389.55	04/01/2016	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	Modifier U1 is used to differentiate this item.
A7520 U2	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL *STANDARD OR STOCK WITH MODIFICATIONSPEDIATRIC*	Each	Tracheostomy supplies	5160-10-01	\$100.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	Modifier U2 is used to differentiate this item.
A7520 U3	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL *STANDARD OR STOCK WITH MODIFICATIONS-ADILIT*	Each	Tracheostomy supplies	5160-10-01	\$60.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	Modifier U3 is used to differentiate this item.
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL	Each	Tracheostomy supplies	5160-10-01	\$47.05	10/01/2004	Non-institutional only	Purchase only	2 per month	Never required	NA	NA	
A7521 U1	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL *CUSTOM- MADE*	Each	Tracheostomy supplies	5160-10-01	\$404.25	04/01/2016	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	Modifier U1 is used to differentiate this item.
A7521 U2	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL - *STANDARD OR STOCK, WITH MODIFICATIONS-PEDIATRIC*	Each	Tracheostomy supplies	5160-10-01	\$220.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	Modifier U2 is used to differentiate this item.
A7521 U3	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -*STANDARD OR STOCK WITH MODIFICATIONS ADULT *	Each	Tracheostomy supplies	5160-10-01	\$75.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	Modifier U3 is used to differentiate this item.
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)	Each	Tracheostomy supplies	5160-10-01	\$45.16	10/01/2004	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	
A7525	TRACHEOSTOMY MASK	Each	Tracheostomy supplies	5160-10-01	\$2.06	01/01/2024	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER	Each	Tracheostomy supplies	5160-10-01	\$3.38	01/01/2024	Non-institutional only	Purchase only	15 per month	Limit-based	13	Respiratory	Payment is not made for both this item and twill tape. Only one type of tracheostomy tie is medically necessary.

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	Cranium	5160-10-01	\$103.41	01/01/2010	All	Purchase only	1 per year	Limit-based	10	Orthotics	
A8001	COMPONENTS AND ACCESSORIES HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	Cranium	5160-10-01	\$103.41	01/01/2010	All	Purchase only	1 per year	Limit-based	10	Orthotics	
A8002	ALL COMPONENTS AND ACCESSORIES ALL COMPONENTS AND ACCESSORIES ALL COMPONENTS AND ACCESSORIES	Each	Cranium	5160-10-01	\$441.26	01/01/2010	All	Purchase only	1 per year	Limit-based	10	Orthotics	
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	Cranium	5160-10-01	\$441.26	01/01/2010	All	Purchase only	1 per year	Limit-based	10	Orthotics	
A9273	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	Each	Heat / cold application	5160-10-01	\$7.50	01/01/2011	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	Each	Delivery system	5160-10-29	\$48.15	01/01/2019	Non-institutional only	Purchase only	1 per 3 days	Limit-based	9, 12	Miscellaneous equipment, Repairs	
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM. ONE UNIT = 1 DAY SUPPLY	Each	Sensor	5160-10-29	\$12.26	07/16/2018	Non-institutional only	Purchase only	Medical necessity	Never required	NA	NA	
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Each	Transmitter	5160-10-29	\$522.30	07/16/2018	Non-institutional	Purchase only	Medical necessity	Never required	NA	NA	
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Each	Monitor	5160-10-29	\$522.30	07/16/2018	Non-institutional only	Purchase only	Medical necessity	Never required	NA	NA	
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	Each	Miscellaneous DME item	5160-10-01	Determined by PA	01/01/2024	Non-institutional only	Purchase only	Medical necessity	Always required	16	Supplies (miscellaneous)	
A9900 U1	MISCELLANEOUS DME SUPPLY, RECLINER FOR E0627 OR E0639	Each	Miscellaneous DME item	5160-10-01	\$500.00	01/01/2026	Non-institutional only	Purchase only	Medical necessity	Always required	16	Supplies (miscellaneous)	Used for chair with HCPCS codes E0627 or E0629.
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	Each	Miscellaneous DME item	5160-10-01	Determined by PA	01/01/2024	Non-institutional only	Purchase only	Medical necessity	Always required	16	Supplies (miscellaneous)	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	Each	Feeding kit	5160-10-26	\$3.72	01/01/2010	Non-institutional only	Purchase only	1 per day	Limit-based	5	Enteral nutrition and supplies	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	Each	Feeding kit	5160-10-26	\$7.60	01/01/2024	Non-institutional only	Purchase only	1 per day	Limit-based	5	Enteral nutrition and supplies	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	Each	Feeding kit	5160-10-26	\$4.85	01/01/2010	Non-institutional only	Purchase only	1 per day	Limit-based	5	Enteral nutrition and supplies	
B4081	NASOGASTRIC TUBING WITH STYLET	Each	Tubing	5160-10-26	\$19.19	01/01/2010	Non-institutional only	Purchase only	2 per month	Limit-based	5	Enteral nutrition and supplies	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Each	Tubing	5160-10-26	\$14.29	01/01/2010	Non-institutional only	Purchase only	2 per month	Limit-based	5	Enteral nutrition and supplies	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4083	STOMACH TUBE - LEVINE TYPE	Each	Tubing	5160-10-26	\$2.05	01/01/2010	Non-institutional only	Purchase only	8 per month	Limit-based	5	Enteral nutrition and supplies	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE	Each	Tubing	5160-10-26	\$29.66	01/01/2010	Non-institutional only	Purchase only	4 per year	Never required	NA	NA	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE	Each	Tubing	5160-10-26	\$160.00	01/01/2024	Non-institutional only	Purchase only	4 per year	Never required	NA	NA	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	Ounce	Nutritional supplement	5160-10-26	\$0.75	01/01/2024	Non-institutional only	Purchase only	30 units per day	Never required	NA	NA	
B4100 U1	FOOD THICKENER, ADMINISTERED ORALLY, CONCENTRATED FORMULA, PER OUNCE	Ounce	Nutritional supplement	5160-10-26	\$1.62	02/01/2018	Non-institutional only	Purchase only	12 units per day	Never required	NA	NA	Modifier U1 is used to differentiate this item as a concentrated thickener.
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	Each	Nutritional supplement	5160-10-26	\$0.60	06/01/2014	Non-institutional only	Purchase only	Medical necessity	Always required	5	Enteral nutrition and supplies	This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply.
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	Each	Nutritional supplement	5160-10-26	\$0.60	06/01/2014	Non-institutional only	Purchase only	Medical necessity	Always required	5	Enteral nutrition and supplies	This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply.
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	Each	Feeding kit	5160-10-26	\$75.00	07/01/2025	Non-institutional only	Purchase only	1 per day	Always required	5	Enteral nutrition and supplies	This item is to be used only when the individual has pancreatic insufficiency and requires continuous feed, and has insufficient weight gain.
B4148	ENTERAL FEEDING SUPPLY KIT; ELASTOMERIC CONTROL FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING	Each	Feeding kit	5160-10-26	\$7.00	10/01/2023	Non-institutional only	Purchase only	1 per day	Limit-based	5	Enteral nutrition and supplies	
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT HURTHENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTRED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	\$1.35	01/01/2024	Non-institutional only	Purchase only	Medical necessity	Always required	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4149 U1	ENTERAL FORMULA, MANUFACTURED, NUTRITIONALLY COMPLETE WHOLE OR ORGANIC FOOD CONTAINING	100 calories	Formula	5160-10-26	\$2.30	01/01/2024	Non-institutional only	Purchase only	Medical necessity	Always required	5	Enteral nutrition and supplies	Modifier U1 differentiates this type of enteral formula. Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	\$0.70	01/01/2024	Non-institutional only	Purchase only	20 units per day	Limit-based	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCALMI, WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	\$0.57	01/01/2024	Non-institutional only	Purchase only	20 units per day	Limit-based	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	\$2.70	01/01/2024	Non-institutional only	Purchase only	20 units per day	Limit-based	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	PA Payment by p RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS ANDOR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT.	100 calories	Formula	5160-10-26	\$1.05	07/01/2021	Non-institutional only	Purchase only	20 units per day	Limit-based	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4154 U1	ENTERAL FORMULA NUTRITIONALLY COMPLETE KETOGENIC FORMULAS, FOR SPECIAL METABOLIC NEEDS. EXCLUDES INHERITED ISIEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR NINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	\$1.80	01/01/2024	Non-institutional only	Purchase only	20 units per day	Always required	5	Enteral nutrition and supplies	This type of enteral formula is differentiated by modifier U1. Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G., GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G., GLUTAMINE, ARGININE), FAT (E.G., MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	\$1.00	01/01/2024	Non-institutional only	Purchase only	20 units per day	Limit-based	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4155 U1	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE, PROTEIN MODULAR NUTRIENTS CONTAINING ESSENTIAL AND/OR NON-ESSENTIAL AMINO ACIDS AND LESS THAN 0.7 KCALS PER ML	100 calories	Formula	5160-10-26	\$20.00	07/01/2021	Non-institutional only	Purchase only	20 units per day	Always required	5	Enteral nutrition and supplies	This type of enteral formula is differentiated by modifier U1. Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES – I UNIT	100 calories	Formula	5160-10-26	Determined by PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES - 1 UNIT	100 calories	Formula	5160-10-26	Determined by PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTREAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	Determined by PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCALMI, WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	Determined by PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZEDIAMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	Determined by PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISAASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	Determined by PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	Each	Supply kit	5160-10-26	\$4.53	01/01/2010	Non-institutional only	Purchase only	1 per day	Limit-based	5	Enteral nutrition and supplies	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order
B4222 B4224	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Each Each	Supply kit Administration kit	5160-10-26 5160-10-26	\$6.95 \$14.55	01/01/2010	Non-institutional only Non-institutional	Purchase only Purchase only	1 per day 1 per day	Never required Limit-based	NA 5	NA Enteral nutrition and	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order Nasogastric tubes are incompatible with parenteral codes B4220,
							only	Ť				supplies	B4222, and B4224. The supplier must have on file a current order
B9002 B9004	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Each	Pump	5160-10-26 5160-10-26	\$679.00 \$2.170.86	01/01/2010	Non-institutional only Non-institutional	Purchase only	1 per 8 years	Limit-based	5	Enteral nutrition and supplies Enteral nutrition and	With alarm
B9004	·	Each	· ·		. ,		Non-institutional only Non-institutional		1 per 8 years		-	supplies	
B9998	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES	Each	Pump Supply	5160-10-26 5160-10-26	\$2,170.86 Determined by PA	01/01/2010	Non-institutional only Non-institutional	Purchase only	1 per 8 years	Limit-based Always required	5	Enteral nutrition and supplies Enteral nutrition and	
B9998	NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES	Each	Supply	5160-10-26	\$17.50	01/01/2024	only Non-institutional	Purchase only	4 per month	Limit-based	5	supplies Enteral nutrition and	Modifier U1 is used to request extension tubes, any length, for use
U1 B9998	(EXTENSION SETS, ANY SIZE) NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES	Each	Supply	5160-10-26	\$10.00	07/01/2021	only Non-institutional	Purchase only	1 per day	Limit-based	5	supplies Enteral nutrition and	with feeding kits B4034, B4035, or B4036 Modifier U2 is used to request Farrell bags for use with feeding kits
U2 B9999	NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES		Supply	5160-10-26	Determined by PA	05/01/1990	only Non-institutional	Purchase only		Always required	5	supplies Enteral nutrition and	B4034, B4035, or B4036
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR	Each	Cane	5160-10-30	\$10.19	05/01/1990	only Non-institutional	Purchase only	1 per 3 years	Never required	NA	supplies NA	
E0100 U1	FIXED, WITH TIP CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED. WITH TIP	Each	Cane	5160-10-30	\$10.19	01/01/2019	only Non-institutional only	Purchase only	1 per year	Never required	NA	NA	Modifier U1 is used to differentiate this item as a white cane for blind or otherwise visually impaired individuals.
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	Each	Cane	5160-10-30	\$39.28	04/01/2006	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	and the second s
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	Pair	Crutches	5160-10-30	\$50.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	Each	Crutches	5160-10-30	\$25.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	Limit-based	16	Supplies (miscellaneous)	

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HCPCS				RELATED RULE	CURRENT MAXIMUM PAYMENT	PAYMENT AMOUNT EFFECTIVE		RENTAL OR	FREQUENCY	PRIOR	PRIOR AUTHORIZATION ASSIGNMENT	PRIOR AUTHORIZATION ASSIGNMENT	
CODE	DESCRIPTION	UNIT	CATEGORY	5160-10	AMOUNT	DATE	RESIDENCE	PURCHASE	LIMIT	AUTHORIZATION	NUMBER	NAME	NOTES
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Pair	Crutches	5160-10-30	\$19.25	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	Limit-based	16	Supplies (miscellaneous)	
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	Each	Crutches	5160-10-30	\$10.30	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	Limit-based	16	Supplies (miscellaneous)	
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Pair	Crutches	5160-10-30	\$23.85	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	Limit-based	16	Supplies (miscellaneous)	
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER	Each	Crutches	5160-10-30	\$11.95	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	Limit-based	16	Supplies (miscellaneous)	
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Each	Walker	5160-10-30	\$35.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	Limit-based	16	Supplies (miscellaneous)	With tips and handgrips
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Each	Walker	5160-10-30	\$47.00	02/17/1991	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	With tips and handgrips
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	Each	Walker	5160-10-30	\$200.00	09/01/2005	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	Walker	5160-10-30	\$58.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Limit-based	16	Supplies (miscellaneous)	
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	Walker	5160-10-30	\$52.80	07/16/2018	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	Each	Walker	5160-10-30	\$150.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	Each	Walker	5160-10-30	\$150.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	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	Walker	5160-10-30	\$109.07	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Limit-based	16	Supplies (miscellaneous)	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	Walker	5160-10-30	\$135.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	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	Ambulation accessory	5160-10-30	\$51.44	01/01/1999	Non-institutional only	Purchase only	2 per 3 years	Never required	NA	NA	
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	Pair	Ambulation accessory	5160-10-30	\$16.25	05/01/1990	Non-institutional only	Purchase only	4 per 3 years	Never required	NA	NA	
E0156	SEAT ATTACHMENT, WALKER	Each	Ambulation accessory	5160-10-30	\$15.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0157	CRUTCH ATTACHMENT, WALKER	Each	Ambulation accessory	5160-10-30	\$62.50	05/01/1990	Non-institutional only	Purchase only	2 per 3 years	Limit-based	16	Supplies (miscellaneous)	
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	Set	Ambulation accessory	5160-10-30	\$12.64	05/01/1990	Non-institutional only	Purchase only	4 per 3 years	Limit-based	16	Supplies (miscellaneous)	
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT	Each	Ambulation accessory	5160-10-30	\$15.00	10/01/2004	Non-institutional only	Purchase only	2 per 5 years	Limit-based	16	Supplies (miscellaneous)	
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	Each	Bath and toilet aids	5160-10-01	<u>\$25.05</u>	01/01/2026	Non-institutional only	Purchase only	1 per 3 years	Never required	9	Miscellaneous equipment	
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	Each	Fixed arms	5160-10-01	\$52.80	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA NA	
E0165 E0167	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT	Each Each	Detachable arms	5160-10-01 5160-10-01	\$104.00 \$5.25	04/01/2006	Non-institutional only Non-institutional	Purchase only	1 per 5 years	Never required Limit-based	NA 16	NA Compliant	
E0167	ONLY COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY	Each	Heavy duty	5160-10-01	\$129.56	05/01/1990	only Non-institutional	Purchase only	1 per year 1 per 5 years	Never required	NA	Supplies (miscellaneous) NA	
E0171	STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM,	Each	Commode lift	5160-10-01	\$304.80	01/01/2026	only Non-institutional	Purchase only	1 per 3 years	Limit-based	9	Miscellaneous	
	NON-ELECTRIC, ANY TYPE						only	,				equipment	
E0181 F0182	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT	Each Each	Pad Pump	5160-10-18 5160-10-18	\$148.00 \$105.00	04/01/2006 11/01/1992	Non-institutional only	Purchase only Purchase only	1 per 4 years 1 per 4 years	Never required	NA 2	NA Decubitus care	
E0183	ONLY POWERED PRESSURE REDUCING MATTRESS UNDERLAY/PAD,	Each	Pad	5160-10-18	\$148.00	10/01/2022	only Non-institutional	Purchase only	1 per 4 years	Never required	NA NA	equipment NA	
E0184	ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY DRY PRESSURE MATTRESS	Each	Mattress	5160-10-18	\$148.00	07/16/2018	only Non-institutional	Purchase only	1 per 4 years	Never required	NA NA	NA NA	
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD	Each	Mattress	5160-10-18	\$102.00	08/01/1998	only Non-institutional	Purchase only	1 per 2 years	Never required	NA NA	NA NA	
E0186	MATTRESS LENGTH AND WIDTH AIR PRESSURE MATTRESS	Each	Mattress	5160-10-18	\$219.74	04/01/2006	only Non-institutional	Purchase only	1 per 2 years	Limit-based	2	Decubitus care	
E0187	WATER PRESSURE MATTRESS	Each	Mattress	5160-10-18	\$231.00	12/15/2002	only Non-institutional	Purchase only	1 per 2 years	Limit-based	2	equipment Decubitus care	
E0188	SYNTHETIC SHEEPSKIN PAD	Each	Pad	5160-10-18	\$5.00	05/01/1990	only Non-institutional	Purchase only	2 per 6 months	Limit-based	2	equipment Decubitus care	Wheelchair size
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	Each	Pad	5160-10-18	\$43.95	07/01/2002	only Non-institutional	Purchase only	2 per year	Limit-based	2	equipment Decubitus care	Bed size
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE,	Each	Positioning cushion	5160-10-18	\$100.00	04/01/2009	only Non-institutional	Purchase only	1 per 2 years	Never required	NA	equipment NA	
E0191	INCLUDES ALL COMPONENTS AND ACCESSORIES HEEL OR ELBOW PROTECTOR	Each	Pressure-reducing	5160-10-18	\$9.00	04/01/2001	only Non-institutional	Purchase only	4 per 6 months	Limit-based	2	Decubitus care	
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	Day	supply Bed	5160-10-18	\$32.50	01/01/1992	only Non-institutional only	Rental only	180 per year	Never required	NA	equipment NA	
E0194	AIR FLUIDIZED BED	Day	Bed	5160-10-18	\$95.00	01/01/2024	Non-institutional only	Rental only	180 per year	Always required	2	Decubitus care equipment	Bead bed
E0196	GEL PRESSURE MATTRESS	Each	Mattress	5160-10-18	\$351.69	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA NA	
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS	Each	Mattress	5160-10-18	\$199.42	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
<u> </u>	CENOTI AND WIDTH		1		i		only		l	<u> </u>		L	l .

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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS	Each	Mattress	5160-10-18	\$177.26	07/26/2007	Non-institutional	Purchase only	1 per 4 years	Limit-based	2	Decubitus care	
E0199	LENGTH AND WIDTH DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS	Each	Pad	5160-10-18	\$20.00	05/25/1991	only Non-institutional	Purchase only	1 per year	Never required	NA	equipment NA	(e.g. egg crate)
E0201	LENGTH AND WIDTH PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS	Each	Constracture device	5160-10-01	\$120.00	04/01/2025	only All	Purchase only	1 per 3 years	Never required	NA	NA	
E0202	TRACTION FORCE PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Each	Therapy light	5160-10-01	\$68.50	01/01/2026	Non-institutional	Rental only	1 per lifetime	Limit-based	16	Supplies	
E0210	ELECTRIC HEAT PAD, STANDARD	Each	Heat / cold	5160-10-01	\$15.09	05/01/1990	only Non-institutional	Purchase only	1 per 5 years	Limit-based	16	(miscellaneous) Supplies	
E0215	ELECTRIC HEAT PAD, MOIST	Each	application Heat / cold	5160-10-01	\$25.00	05/01/1990	only Non-institutional	Purchase only	1 per 5 years	Limit-based	16	(miscellaneous) Supplies	
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE	Each	application Heat / cold	5160-10-01	\$133.00	04/01/2006	only Non-institutional	Purchase only	1 per 5 years	Limit-based	16	(miscellaneous) Supplies	Complete with wax
E0240	A4265 FOR PARAFFIN) BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	Each	application Bath and toilet aids	5160-10-01	\$35.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Never required	NA	(miscellaneous) NA	
E0240	BATHING CHAIR, BASIC SHOWER-COMMODE CHAIR	Each	Bathing seats	5160-10-07	\$53.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	Modifier U1 differentiates this item. Description is located in the rule.
U1 E0240	BATHING CHAIR, INTERMEDIATE NON-ASSISTED SHOWER CHAIR	Each	Bathing seats	5160-10-07	\$755.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Always required	9	Miscellaneous	Modifier U2 differentiates this item. Description is located in the rule.
U2 E0240	BATHING CHAIR, INTERMEDIATE ASSISTED SINGLE POSITION	Each	Bathing seats	5160-10-07	\$500.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Always required	9	equipment Miscellaneous	Modifier U3 differentiates this item. Description is located in the rule.
U3 E0240	SHOWER CHAIR BATHING CHAIR, INTERMEDIATE ASSISTED MULTI-POSITION	Each	Bathing seats	5160-10-07	\$1,250.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Always required	9	equipment Miscellaneous	Modifier U4 differentiates this item. Description is located in the rule.
U4 E0240	SHOWER CHAIR BATHING CHAIR, COMPLEX POSITIONING SHOWER CHAIR	Each	Bathing seats	5160-10-07	\$2,420.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Always required	9	equipment Miscellaneous	Modifier U5 differentiates this item. Description is located in the rule.
U5 E0240	BATHING CHAIR, INTERMEDIATE ASSISTED MULTI-POSITION	Each	Bathing seats	5160-10-07	\$275.00	01/01/2024	only Non-institutional	Purchase only	1 per 5 years	Always required	9	equipment Miscellaneous	Modifier U6 differentiates this item. Description is located in the rule.
U6 E0241	BEACH STYLE BATHING CHAIR BATH TUB WALL RAIL	Each	Bath and toilet aids	5160-10-01	\$24.00	01/01/1997	only Non-institutional	Purchase only	1 per 5 years	Never required	NA	equipment NA	
E0243	TOILET RAIL	Each	Bath and toilet aids	5160-10-01	\$40.00	04/01/1999	only Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	
E0244	RAISED TOILET SEAT	Each	Bath and toilet aids	5160-10-01	\$49.25	04/01/1999	only Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	
E0245	TUB STOOL OR BENCH	Each	Bathing seats	5160-10-07	\$30.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	
E0246	TRANSFER TUB RAIL ATTACHMENT	Each	Bath and toilet aids	5160-10-01	\$57.90	04/01/2006	only Non-institutional	Purchase only	1 per 5 years	Limit-based	16	Supplies	
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT	Each	Bathing seats	5160-10-07	\$60.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Never required	NA	(miscellaneous) NA	
E0247	COMMODE OPENING BATHING CHAIR, BASIC SLIDING TRANSFER BATH BENCH	Each	Bathing seats	5160-10-07	\$100.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	Modifier U1 differentiates this item. Description is located in the rule.
U1 E0247	BATHING CHAIR, COMPLEX TRANSFER BATH OR SHOWER CHAIR	Each	Bathing seats	5160-10-07	\$3,300.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Always required	9	Miscellaneous	Modifier U2 differentiates this item. Description is located in the rule.
U2 E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR	Each	Bathing seats	5160-10-07	\$100.00	07/01/2021	only Non-institutional	Purchase only	1 per 5 years	Never required	NA	equipment NA	
E0250	WITHOUT COMMODE OPENING HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH	Each	Hospital bed	5160-10-18	\$540.00	01/01/2024	only Non-institutional	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds,	
E0251	MATTRESS HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS,	Each	Hospital bed	5160-10-18	\$460.00	01/01/2024	only Non-institutional	Rental / purchase	1 per 8 years	Limit-based	7, 12	Repairs Hospital beds,	
E0255	WITHOUT MATTRESS HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE	Each	Hospital bed	5160-10-18	\$677.00	05/25/1991	only Non-institutional	Rental / purchase	1 per 8 years	Limit-based	7, 12	Repairs Hospital beds,	
E0256	RAILS, WITH MATTRESS HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE	Each	Hospital bed	5160-10-18	\$580.00	05/25/1991	only Non-institutional	Rental / purchase	1 per 8 years	Never required	NA	Repairs NA	
E0260	RAILS, WITHOUT MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),	Each	Hospital bed	5160-10-18	\$989.00	07/16/2018	only Non-institutional	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds,	
E0261	WITH ANY TYPE SIDE RAILS, WITH MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),	Each	Hospital bed	5160-10-18	\$892.00	05/25/1991	only Non-institutional	Rental / purchase	1 per 8 years	Always required	7, 12	Repairs Hospital beds,	
	WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS						only					Repairs	
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	\$1,285.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT	Each	Hospital bed	5160-10-18	\$1,110.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0271	MATTRESS, INNERSPRING	Each	Mattress	5160-10-18	\$97.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0272	MATTRESS, FOAM RUBBER	Each	Mattress	5160-10-18	\$92.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0275	BED PAN, STANDARD, METAL OR PLASTIC	Each	Bed pan	5160-10-01	\$4.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Each	Bed pan	5160-10-01	\$3.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Each	Mattress	5160-10-18	\$3,046.08	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Always required	2, 12	Decubitus care equipment, Repairs	
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	\$445.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	\$540.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	\$567.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	\$470.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	\$703.20	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
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				PA Payment by pr	CURRENT	PAYMENT					PRIOR	PRIOR	
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE	MAXIMUM PAYMENT AMOUNT	AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR	FREQUENCY LIMIT	PRIOR AUTHORIZATION	AUTHORIZATION ASSIGNMENT NUMBER	AUTHORIZATION ASSIGNMENT NAME	NOTES
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),	Each	Hospital bed	5160-10-18	\$625.60	07/16/2018	Non-institutional	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds,	
	WITHOUT SIDE RAILS, WITHOUT MATTRESS HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT	Each	Hospital bed	5160-10-18	\$1,020.00	01/01/2024	only Non-institutional	Rental / purchase	1 per 8 years	Always required	7, 12	Repairs Hospital beds,	
E0297	ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	\$890.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Repairs Hospital beds, Repairs	
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT	Each	Hospital bed	5160-10-18	\$1,677.44	07/16/2018	Non-institutional	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds,	
	CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS						only					Repairs	
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	\$4,578.80	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	\$1,945.44	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	\$4,932.32	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0305	BED SIDE RAILS, HALF LENGTH	Each	Hospital bed accessories	5160-10-18	\$185.01	01/01/2010	Non-institutional only	Purchase only	2 per 8 years	Never required	NA	NA	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	Each	Hospital bed accessories	5160-10-18	\$143.74	04/01/2009	Non-institutional only	Purchase only	2 per 8 years	Never required	NA	NA	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	Urinal	5160-10-01	\$7.93	01/01/2024	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	Each	Urinal	5160-10-01	\$3.50	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Each	Hospital bed	5160-10-18	\$5,560.00	09/01/2013	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	Payment amount includes accessories.
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Each	Hospital bed	5160-10-18	\$6,000.00	09/01/2013	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	Payment amount includes accessories.
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	Overlay	5160-10-18	\$4,644.81	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Always required	2, 12	Decubitus care equipment, Repairs	
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	Overlay	5160-10-18	\$5,838.28	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Always required	2, 12	Decubitus care equipment, Repairs	
E0373	NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS	Each	Mattress	5160-10-18	\$5,321.02	07/16/2018	Non-institutional only	Purchase only	1 per 4 years	Always required	2, 12	Decubitus care equipment, Repairs	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Each	Pulse oximeter	5160-10-23	\$2,250.00	02/26/2010	Non-institutional only	Purchase only	1 per 5 years	Always required	13	Respiratory	
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	Each	Respiratory care supplies	5160-10-13	\$8.00	05/01/1990	Non-institutional only	Purchase only	6 per month	Never required	NA	NA	Replacement for recipient owned equipment
E0457	CHEST SHELL (CUIRASS)	Each	Shell	5160-10-22	\$450.00	08/01/1998	Non-institutional only	Purchase only	1 per 8 years	Limit-based	13	Respiratory	
E0459	CHEST WRAP	Each	Wrap	5160-10-22	\$352.00	08/01/1998	Non-institutional only	Purchase only	1 per 8 years	Limit-based	13	Respiratory	
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Each	Invasive ventilation	5160-10-22	\$933.00	01/01/2024	All	Rental only	2 per month	Never required	NA	NA	A second ventilator may be provided each month based on need/medical necessity at same payment. This provision has been in effect 01/01/2024 with the elimination of Y2032 12/31/2023.
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Each	Non-invasive ventilation	5160-10-22	\$933.00	01/01/2024	All	Rental only	2 per month	Never required	NA	NA	A second ventilator may be provided each month based on need/medical necessity at same payment. This provision has been in effect 01/01/2024 with the elimination of Y2032 12/31/2023.
	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF DAYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS	Each	Non-invasive ventilation	5160-10-22	\$1,000.00	07/01/2021	All	Rental only	1 per month	Never required	NA	NA	
E0468	HOME VENTILATOR, DUAL-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS	Each	Non-invasive ventilation	5160-10-22	\$950.00	04/01/2024	All	Rental only	1 per month	Never required	NA	NA	
E0469	LUNG EXPANSION AIRWAY CLEARANCE, CONTINUOUS HIGH FREQUENCY OSCILLATION, AND NEBULIZATION DEVICE	Each	Respiratory assist device	5160-10-19	\$12,645.00	10/01/2024	Non-institutional only	Purchase only	1 per 5 years	Limit-based	NA	NA	
E0470	RESPIRATORY ASSIST DEVICE, BILEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FATURE. USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Each	Respiratory assist device	5160-10-19	\$1,900.00	08/01/2006	Non-institutional only	Purchase only	1 per 5 years	Always required	13	Respiratory	
	RESPIRATORY ASSIST DEVICE, BILEVEL PRESSURE CAPABILITY, WITH BACKLY PRATE FEATURE, USED WITH MONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Each	Respiratory assist device	5160-10-19	\$320.00	08/01/2006	Non-institutional only	Rental only	1 per month	Always required	13	Respiratory	

Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as; "each side," "each foot," "each fastener." Please see 5160-10-01 regarding frequency limits. CURRENT MAXIMIIM AMOUNT ALITHORIZATION ALITHORIZATIO HCPCS RELATED RULI EFFECTIVE RENTAL OR FREQUENCY ASSIGNMENT ASSIGNMENT PAYMENT PRIOR NAME CODE DESCRIPTION UNIT CATEGORY 5160-10-.. AMOUNT DATE RESIDENCE PURCHASE LIMIT AUTHORIZATIO NUMBER NOTES RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY 5160-10-19 08/01/2006 Rental only VITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE device only G TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE VITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL 5160-10-01 NA E0480 Each Percussors \$321.00 05/01/1990 Purchase only 1 per 3 years Never required NA only E0481 NTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND Each 5160-10-01 Percussors Purchase only 1 per 8 years Never required ELATED ACCESSORIES E0482 COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND 5160-10-01 Each Percussors \$4.022.80 01/01/2024 on-institutional Rental / purchas 1 per 8 years Always required 13 Respiratory ECATIVE AIRWAY DRESSURE HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM. E0483 Each HFCWO system 5160-10-08 \$12,190,00 on-institutiona Purchase only 1 per lifetime Never required NA NA tental can be paid for a failed trial period CLUDES ALL ACCESSORIES AND SUPPLIES only E0484 SCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-Each 5160-10-01 NA Respiratory care \$27.70 Purchase only 1 per 8 years Never required NA LECTRIC. ANY TYPE equipment only RAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWA respiratory car 5160-10-01 \$1,250.00 1 per 5 years OLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM equipment only equipment E0500 IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION: Each IPPB machine 5160-10-19 \$65.00 04/01/1992 Non-institutional Rental only 1 per month Never required MANUAL OR AUTOMATIC VALVES: INTERNAL OR EXTERNAL only UMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY 5160-10-19 Each \$92.00 Purchase only 1 per 4 years on-institution Never require RESSURE DEVICE HUMIDIEIER HEATED USED WITH POSITIVE AIRWAY PRESSURE F0562 Fach Humidifier 5160-10-19 \$225.92 10/01/2004 Jon-institutional Purchase only 1 per 4 years Limit-based Miscellaneous EVICE COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS F0565 Respiratory car 5160-10-01 per 4 years Limit-based Miscellaneous NOT SELF-CONTAINED OR CYLINDER DRIVEN equipment only equipment E0570 NEBULIZER, WITH COMPRESSOR Each 5160-10-01 \$133.00 04/01/2006 his item is covered without prior authorization for individuals who equipment only have a documented, relevant respiratory system diagnosis. A ebulizer may be covered only in association with a prescribed nedication: an applicable diagnosis and specific medications must be listed on the prescription E0575 NEBULIZER, ULTRASONIC, LARGE VOLUME Each 5160-10-01 \$430.00 04/01/2006 Purchase only Limit-based A nebulizer may be covered only in association with a prescribed Respiratory care 1 per 4 years Miscellaneous dication; an applicable diagnosis and specific med e listed on the prescription NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTI Respiratory care 5160-10-01 on-institutional Purchase only 2 per year Limit-based Miscellaneous A nebulizer may be covered only in association with a prescribed SOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER equipment nedication; an applicable diagnosis and specific medications must equipment oe listed on the prescription. RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR Each Pump 5160-10-19 1 per 4 years NA NΔ TATIONARY, ELECTRIC only ONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE Each 5160-10-19 \$775.00 Nasal PAP devi 04/01/1992 n-institution ntal / purcha 1 per 4 years Limit-based Respiratory REAST PUMP MANUAL ANY TYPE 5160-10-25 F0602 Fach Breast nump \$15.00 10/01/2004 on-institutiona Purchase only 1 per medical Never required NA NA medical event = 1 pregnancy only F0603 REAST PUMP ELECTRIC (AC AND/OR DC) ANY TYPE Fach Breast pump 5160-10-25 \$202.50 07/26/200 Purchase only 1 per medical NA NA medical event = 1 pregnancy only BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC) Day Breast pump 5160-10-25 \$2.25 Rental only 90 days NA ANY TYPE APORIZER, ROOM TYPE 5160-10-01 \$20.00 05/01/199 Limit-base Respiratory car 1 per 4 years Miscellaneo only equipment APNEA MONITOR, WITHOUT RECORDING FEATURE 5160-10-09 E0618 Each Monitor without \$2,626.50 10/15/2006 on-institutiona Rental / purchas 1 per 5 years Always required Miscellaneous ncluding alarms, maintenance, and supplies APNEA MONITOR WITH RECORDING FEATURE F0619 Fach Monitor with 5160-10-09 \$2 833 65 10/15/2006 1 per 5 years Miscellaneous ncluding alarms, maintenance, and supplies recording featu only equipment F0621 SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON Fach Portable lifts 5160-10-01 \$89.70 Purchase only 1 per 2 years NA NA his item is covered only for a lift owned by the individual. only ATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISI 5160-10-01 ourchase only 1 per 6 years Chair lifts 5160-10-01 \$263.48 Purchase only 1 per 5 years se A9900 U1 for chair Always required quipment, Repai only SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE 5160-10-01 Miscellaneous Jse A9900 U1 for chair \$260.37 01/01/2026 on-institutional Purchase only 1 per 5 years Always required equipment, Repa PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY Each Portable lift 5160-10-01 1 per 6 vear NA NΔ EAT, SLING, STRAP(S) OR PAD(S) only OMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE 5160-10-01 Each Standing frames termined by I 06/01/2022 Purchase only 1 per 5 years Always required 9, 12 NOULDING PEDIATRIC WITH SEAT LIFT FEATURE WITH OR gait trainers only auinment Renai THOUT WHEELS FANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., 5160-10-01 Each Standing frames etermined by Purchase only 1 per 5 years Always required 9, 12 PRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING gait trainers only equipment, Repa EDIATRIC, WITH OR WITHOUT WHEELS TANDING FRAME/TABLE SYSTEM MULTI-POSITION (F.G. THRE Purchase only F0641 Each Standing frame 5160-10-01 Determined by F 06/01/2022 1 per 5 years Always required Miscellaneou VAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR gait trainers only equipment, Repai VITHOUT WHEELS F0642 STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER) Each Standing frame 5160-10-01 Determined by I Purchase only 1 per 5 years Always required 9. 12 Miscellaneou NY SIZE INCLUDING PEDIATRIC equipment, Repai gait trainers only E0650 NEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL Each Home model 5160-10-17 \$510.00 01/01/1994 on-institutional Rental / purchase 1 per 5 years Never required NA NA only NEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOU F0651 Fach 5160-10-17 \$790.72 1 per 3 vean NA NA only E0652 NEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH 5160-10-17 \$5,046.00 01/01/2024 NA ALIBRATED GRADIENT PRESSURE

Purchase only

1 per 2 years

on-institutio

only

Limit-based

Compression

garments

ON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH

PNEUMATIC COMPRESSOR HALF ARM

Each

Half arm

5160-10-17

\$77.50

01/01/199

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	PA Payment by p RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH	Each	Full leg	5160-10-17	\$135.12	07/01/2002	Non-institutional	Purchase only	1 per 2 years	Never required	NA	NA	
E0665	PNEUMATIC COMPRESSOR, FULL LEG NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH	Each	Full arm	5160-10-17	\$101.50	01/01/1994	only Non-institutional	Purchase only	1 per 2 years	Limit-based	1	Compression	
E0666	PNEUMATIC COMPRESSOR, FULL ARM NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH	Each	Half leg	5160-10-17	\$95.00	01/01/1994	only Non-institutional	Purchase only	1 per 2 years	Never required	NA	garments NA	
E0667	PNEUMATIC COMPRESSOR, HALF LEG SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	Full leg	5160-10-17	\$202.43	01/01/2024	only Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	Full arm	5160-10-17	\$208.15	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	Half leg	5160-10-17	\$143.75	01/01/1994	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0677	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, TRUNK	Each	Trunk	5160-10-17	\$520.00	04/01/2023	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0678	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG	Each	Full leg	5160-10-17	\$318.00	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	Formerly K1032
E0679	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF	Each	Half leg	5160-10-17	\$178.00	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	Formerly K1033
E0680	NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSURE	Each	Controller	5160-10-17	\$5,046.00	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	Formerly K1024
E0681	NON-PNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE	Each	Controller	5160-10-17	\$850.00	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	Formerly K1031
E0682	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM	Each	Full arm	5160-10-17	\$410.00	10/01/2021	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	Formerly K1025
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	Each	Phototherapy system	5160-10-01	\$809.08	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	9	Miscellaneous equipment	Biologic drugs may be used in treatment only after this item has been used appropriately for three full months.
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	Each	Phototherapy panel system	5160-10-01	\$1,015.99	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	9	Miscellaneous equipment	Biologic drugs may be used in treatment only after this item has been used appropriately for three full months.
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	Each	Phototherapy panel system	5160-10-01	\$1,252.42	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	9	Miscellaneous equipment	Biologic drugs may be used in treatment only after this item has been used appropriately for three full months.
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	Each	Phototherapy cabinet system	5160-10-01	\$3,986.35	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	9	Miscellaneous equipment	Biologic drugs may be used in treatment only after this item has been used appropriately for three full months.
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	Each	Safety Equipment	5160-10-01	Determined by PA	01/01/2026	Non-institutional only	Purchase only	2 per year	Always required	9	Miscellaneous equipment	(e.g. belt, harness, or vest)
E0700 U1	SAFETY EQUIPMENT, THERMAL FUSE	Each	Safety Equipment	5160-10-01	<u>\$10.82</u>	01/01/2026	Non-institutional only	Purchase only	2 per unit per year	Never required	NA	NA	
E0705	TRANSFER DEVICE, ANY TYPE, EACH	Each	Transfer board	5160-10-01	\$46.62	05/26/2006	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	Each	Two lead	5160-10-15	\$525.00	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Never required	NA	NA	All TENS units must include a battery charger and battery pack.
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Each	Four lead	5160-10-15	\$564.18	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Limit-based	9	Miscellaneous equipment	All TENS units must include a battery charger and battery pack.
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Each	Non-spinal	5160-10-28	\$1,965.59	01/01/2024	Non-institutional only	Purchase only	1 per 8 years	Limit-based	9	Miscellaneous equipment	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	Each	Spinal	5160-10-28	\$1,856.53	01/01/2024	Non-institutional only	Purchase only	1 per 8 years	Limit-based	9	Miscellaneous equipment	
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Each	Low intensity	5160-10-28	\$1,750.00	03/21/2007	Non-institutional only	Purchase only	1 per 8 years	Limit-based	9	Supplies (miscellaneous)	
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	Each	Low intensity	5160-10-28	Determined by PA	01/01/2009	Non-institutional only	Purchase only	1 per 8 years	Always required	9	Miscellaneous equipment	
E0776	IV POLE	Each	Infusion pump (non- nutrition) equipment	5160-10-29	\$75.00	04/01/2006	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	If pump is authorized, payment for pole is included in pump rental
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Each	Infusion pump (non- nutrition) equipment	5160-10-29	\$10.12	01/01/2024	Non-institutional only	Rental only	1 per day	Never required	NA	NA	
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Each	Infusion pump (non- nutrition) equipment	5160-10-29	\$4,000.00	08/01/2006	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	Each	Infusion pump (non- nutrition) equipment	5160-10-29	Determined by PA	01/01/2024	Non-institutional only	Purchase only	1 per 4 years	Always required	9	Miscellaneous equipment	
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI- CHANNEL	Each	Infusion pump (non- nutrition) equipment	5160-10-29	\$8.73	08/01/2006	Non-institutional only	Rental only	1 per day	Never required	NA	NA	Includes pole
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	Each	Hospital bed accessories	5160-10-18	\$58.62	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	Each	Hospital bed accessories	5160-10-18	\$84.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	Each	Hospital bed accessories	5160-10-18	\$30.82	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category 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	Hospital bed accessories	5160-10-18	\$93.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category 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	Hospital bed accessories	5160-10-18	\$100.43	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.

				PA Payment by p	rior authorization								
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	Each	Hospital bed accessories	5160-10-18	\$96.33	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category 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	Hospital bed accessories	5160-10-18	\$102.50	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	Each	Hospital bed accessories	5160-10-18	\$208.00	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	Each	Hospital bed accessories	5160-10-18	\$1,190.49	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category 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	Hospital bed accessories	5160-10-18	\$479.86	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	Each	Hospital bed accessories	5160-10-18	\$475.17	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	Day	CPM device	5160-10-27	\$18.18	08/01/2006	Non-institutional only	Rental only	21 per medical event	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	Each	Hospital bed accessories	5160-10-18	\$361.61	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	Each	Hospital bed accessories	5160-10-18	\$451.46	07/26/2007	Non-institutional only	Rental / purchase	1 per year	Limit-based	7, 12	Hospital beds, Repairs	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0942	CERVICAL HEAD HARNESS/HALTER	Each	Hospital bed accessories	5160-10-18	\$15.88	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0944	PELVIC BELT/HARNESS/BOOT	Each	Hospital bed accessories	5160-10-18	\$36.70	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0945	EXTREMITY BELT/HARNESS	Each	Hospital bed accessories	5160-10-18	\$35.46	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Limit-based	7, 12	Hospital beds, Repairs	Only one code may be reported in each category of side rails, cervical traction frames/stands, petvic traction frames/stands, trapeze bars, and fracture frames.
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER)	Each	Hospital bed accessories	5160-10-18	\$615.26	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Always required	7, 12	Hospital beds, Repairs	Only one code may be reported in each category 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	Hospital bed accessories	5160-10-18	\$485.17	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Always required	7, 12	Hospital beds, Repairs	Only one code may be reported in each category 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	Hospital bed accessories	5160-10-18	\$469.27	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Always required	7, 12	Hospital beds, Repairs	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	Each	Whirlpool	5160-10-01	\$170.00	04/01/2006	Non-institutional only	Purchase only	1 per 8 years	Limit-based	16	Supplies (miscellaneous)	
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Each	Respiratory care equipment	5160-10-01	\$118.00	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Limit-based	13	Respiratory	
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Each	Miscellaneous DME item	5160-10-01	Determined by PA	01/01/2006	Non-institutional only		Medical necessity	Always required	9, 12	Miscellaneous equipment, Repairs	E1399 is not to be used to represent labor or repair.
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	Each	Extension/flexion device	5160-10-01	\$65.39	04/01/2006	Non-institutional only	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E2001	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE AND/OR FECAL MANAGEMENT SYSTEM	Each	Catheter	5160-10-32	\$299.00	01/01/2021	Non-institutional only	Purchase only	1 per 5 years	Limit-based	8	Incontinence Supplies	Formerly K1006
E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR OR RECEIVER	Each	Receiver/monitor	5160-10-36	\$180.00	01/01/2024	Non-institutional	Purchase only	Medical necessity	Never required	NA	NA	
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE	Each	Receiver/monitor	5160-10-36	\$210.00	01/01/2024	only Non-institutional	Purchase only	Medical	Never required	NA	NA	Replaced K0554
E2104	MONITOR OR RECEIVER HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING CARTRIDGE	Each	Monitor	5160-10-36	\$42.00	04/01/2024	only Non-institutional only	Purchase only	necessity 1 per 3 years	Never required	NA	NA	
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE- RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	Each	8 minutes or less recording time	5160-10-24	\$266.75	01/01/2010	All	Purchase only	1 per 5 years	Never required	NA	NA	
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE- RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	Each	8-20 minutes recording time	5160-10-24	\$811.95	01/01/2010	All	Purchase only	1 per 5 years	Never required	NA	NA	
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE- RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	Each	20-40 minutes recording time	5160-10-24	\$1,071.06	01/01/2010	All	Purchase only	1 per 5 years	Always required	15, 12	Speech generating devices, Repairs	
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE- RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Each	40+ minutes recording time	5160-10-24	\$2,129.15	01/01/2010	All	Purchase only	1 per 5 years	Always required	15, 12	Speech generating devices, Repairs	
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Each	Spell only messages	5160-10-24	\$3,452.16	01/01/2010	All	Purchase only	1 per 5 years	Always required	15, 12	Speech generating devices, Repairs	
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Each	Multiple message methods	5160-10-24	\$6,565.20	01/01/2010	All	Purchase only	1 per 5 years	Always required	15, 12	Speech generating devices, Repairs	
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	Each	Software	5160-10-24	\$645.00	07/01/2021	All	Purchase only	1 per 5 years	Limit-based	15, 12	Speech generating devices, Repairs	
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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	Each	Accessory	5160-10-24	\$652.16	12/07/2010	All	Purchase only	1 per 5 years	Always required	15, 12	Speech generating devices, Repairs	
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	Each	Accessory	5160-10-24	Determined by PA	10/01/2004	All	Purchase only	1 per 5 years	Always required	15, 12	Speech generating devices, Repairs	
E3000	SPEECH VOLUME MODULATION SYSTEM, ANY TYPE, INCLUDING ALL COMPONENTS AND ACCESSORIES	Each	Speech modulation	5160-10-24	\$2,495.00	01/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	15, 12	Speech generating devices, Repairs	Formerly K1009
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT,	Each	Standing frames /	5160-10-01	Determined by PA	06/01/2022	Non-institutional	Purchase only	1 per 5 years	Always required	9	Miscellaneous	
E8001	INCLUDES ALL ACCESSORIES AND COMPONENTS GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES	Each	gait trainers Standing frames /	5160-10-01	Determined by PA	06/01/2022	only Non-institutional	Purchase only	1 per 5 years	Always required	9	equipment Miscellaneous	
E8002	ALL ACCESSORIES AND COMPONENTS GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES	Each	gait trainers Standing frames /	5160-10-01	Determined by PA	06/01/2022	only Non-institutional	Purchase only	1 per 5 years	Always required	9	equipment Miscellaneous	
K0552	ALL ACCESSORIES AND COMPONENTS SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP,	Each	gait trainers Infusion pump (non-	5160-10-29	\$2.65	10/15/2006	only Non-institutional	Purchase only	30 per month	Never required	NA	equipment NA	
	SYRINGE TYPE CARTRIDGE, STERILE		nutrition) supplies				only				_		
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	Each	Defibrillator	5160-10-06	\$2,320.00	07/01/2021	Non-institutional only	Rental only	PA	Limit-based	9	Miscellaneous equipment	PA required after first three months
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Each	Drug delivery system	5160-10-01	\$1,379.20	10/15/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Each	Labor	5160-10-01	\$18.50	01/01/2024	All				NA	NA	
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	Each	Miscellaneous item	5160-10-01	Determined by PA	01/01/2024	Non-institutional only	Purchase only	PA	Always required	9	Miscellaneous equipment	
K1020	NON-INVASIVE VAGUS NERVE STIMULATOR	Each	Addition to lower limb	5160-10-01	\$415.00	10/01/2021	All	Purchase only	1 per 2 years	Limit-based	16	Supplies (miscellaneous)	
K1027	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, WITHOUT FIXED MECHANICAL HINGE, CUSTOM	Each	Oral device	5160-10-01	\$600.00	10/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	
K1030	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTED CARDIAC CONTRACTILITY MODULI ATION	Each	Charging system	5160-10-01	Determined by PA	04/01/2022	Non-institutional only	Purchase only	1 per 3 years	Limit-based	16	Supplies (miscellaneous)	
K1034	PROVISION OF COVID-19 TEST, NONPRESCRIPTION SELF- ADMINISTERED AND SELF-COLLECTED USE, FDA APPROVED,	Each	Test	5160-10-01	\$12.00	04/04/2022	Non-institutional only	Purchase only	8 per month	Never required	NA	NA NA	Terminated 12.31.24
K1035	MOLECULAR DIAGNOSTIC TEST READER, NONPRESCRIPTION SELF-ADMINISTERED AND SELF-COLLECTED USE. FDA	Each	Test	5160-10-01	Determined by PA	04/01/2023	Non-institutional	Purchase only	Medical necessity	Always required	16	Supplies (miscellaneous)	
S1040	SELF-ADMINISTERED AND SELF-COLLECTED USE, FUA CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	Each	Cranial remolding device	5160-10-35	\$2,000.00	09/01/2011	only All	Purchase only	Medical necessity	Never required	NA	NA NA	
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR	Each	Respiratory care	5160-10-01	\$8.00	04/01/2006	Non-institutional	Purchase only	1 per year	Limit-based	13	Respiratory	
S8420	NEBULIZER; WITH MASK GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION),	Each	supplies Elastic supports	5160-10-14	Determined by PA	10/15/2006	only Non-institutional	Purchase only	4 per year	Always required	1	Compression	
S8421	CUSTOM MADE GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION),	Each	Elastic supports	5160-10-14	\$95.00	07/01/2021	only Non-institutional	Purchase only	4 per year	Never required	NA	garments NA	
S8422	READY MADE GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM	Each	Elastic supports	5160-10-14	Determined by PA	10/15/2006	only Non-institutional	Purchase only	4 per year	Always required	1	Compression	
S8423	WEIGHT GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY	Each	Elastic supports	5160-10-14	Determined by PA	10/15/2006	only Non-institutional	Purchase only	4 per year	Always required	1	garments Compression	
S8424	WEIGHT GRADIENT PRESSURE AID (SLEEVE), READY MADE	Each	Elastic supports	5160-10-14	\$50.00	07/01/2021	only Non-institutional	Purchase only	4 per year	Never required	NA	garments NA	
S8425	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM	Each	Elastic supports	5160-10-14	Determined by PA	10/15/2006	only Non-institutional	Purchase only	4 per year	Always required	1	Compression	
S8426	WEIGHT GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY	Fach	Elastic supports	5160-10-14	Determined by PA	10/15/2006	only Non-institutional	Purchase only	4 per year	Always required	1	garments Compression	
S8427	WEIGHT GRADIENT PRESSURE AID (GLOVE), READY MADE	Each	Elastic supports	5160-10-14	\$70.00	07/01/2021	only Non-institutional	Purchase only	4 per year	Never required	NA NA	garments NA	
S8428		Each					only Non-institutional						
S9432	GRADIENT PRESSURE AID (GAUNTLET), READY MADE MEDICAL FOODS FOR NON-INBORN ERRORS OF METABOLISM	EdUI	Elastic supports Medical food	5160-10-14 5160-10-26	\$35.00 Determined by PA	07/01/2021	only Non-institutional	Purchase only	4 per year Medical	Never required Always required	NA NA	NA NA	
					ŕ		only	,	necessity	, .			
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	0	Medical food	5160-10-26	Determined by PA	12/31/2014	Non-institutional only	Purchase only	Medical necessity	Always required	NA NA	NA NA	
T2101	HUMAN BREAST MILK PROCESSING, STORAGE AND DISTRIBUTION ONLY	Ounce	Donor human milk	5160-10-26	\$4.75	07/16/2018	Non-institutional only	Purchase only	Medical necessity	Never required	NA	NA	
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL	Each	Incontinence garment	5160-10-21	\$0.58	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM	Each	Incontinence garment	5160-10-21	\$0.68	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	Each	Incontinence garment	5160-10-21	\$0.76	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	Each	Incontinence garment	5160-10-21	\$0.85	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE	Each	Incontinence garment	5160-10-21	\$0.59	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE LINDERWEAR PULL LOW MEDILIM SIZE	Each	Incontinence garment	5160-10-21	\$0.68	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE	Each	Incontinence garment	5160-10-21	\$0.76	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE	Each	Incontinence	5160-10-21	\$0.85	01/01/2024	Non-institutional	Purchase only	300 per month	Limit-based	8	Incontinence	
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT,	Each	garment Incontinence	5160-10-21	\$0.43	01/01/2024	only Non-institutional	Purchase only	300 per month	Limit-based	8	Supplies Incontinence	
T4530	BRIEF/DIAPER, SMALL/MEDIUM SIZE PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT,	Each	garment Incontinence	5160-10-21	\$0.43	01/01/2024	only Non-institutional	Purchase only	300 per month	Limit-based	8	Supplies Incontinence	
T4531	BRIEF/DIAPER, LARGE SIZE PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT,	Each	garment Incontinence	5160-10-21	\$0.40	01/01/2005	only Non-institutional	Purchase only	300 per month	Limit-based	8	Supplies Incontinence	
	PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE		garment				only					Supplies	

				PA Payment by	prior authorization								
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE	Each	Incontinence garment	5160-10-21	\$0.43	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIFF/DIAPER	Each	Incontinence garment	5160-10-21	\$0.49	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON	Each	Incontinence garment	5160-10-21	\$0.49	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE	Each	Incontinence garment	5160-10-21	\$0.43	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REIJSABI F ANY SIZE	Each	Incontinence	5160-10-21	\$11.00	01/01/2005	Non-institutional	Purchase only	12 per year	Limit-based	8	Incontinence Supplies	
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE,	Each	garment Incontinence supply	5160-10-21	\$20.00	01/01/2005	only Non-institutional	Purchase only	6 per year	Limit-based	8	Incontinence	
T4538	BED SIZE DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER	Each	Incontinence service	5160-10-21	\$0.53	01/01/2005	only Non-institutional	Purchase only	300 per month	Limit-based	8	Supplies Incontinence	
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE	Pack of 10	Incontinence	5160-10-21	\$11.00	03/28/2005	only Non-institutional	Purchase only	12 per year	Limit-based	8	Supplies Incontinence	
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE,	Each	garment Incontinence	5160-10-21	\$10.00	01/01/2005	only Non-institutional	Purchase only	6 per year	Limit-based	8	Supplies Incontinence	
T4541	CHAIR SIZE INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE	Each	garment Incontinence	5160-10-21	\$0.30	01/01/2024	only Non-institutional	Purchase only	300 per 2	Limit-based	8	Supplies Incontinence	
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE	Each	garment Incontinence	5160-10-21	\$0.28	01/01/2005	only Non-institutional	Purchase only	months 300 per 2	Limit-based	8	Supplies Incontinence	
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT,	Each	garment Incontinence	5160-10-21	\$2.12	01/01/2010	only Non-institutional	Purchase only	months 300 per month	Limit-based	8	Supplies Incontinence	
T4544	PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT,	Each	garment Incontinence	5160-10-21	\$2.12	07/16/2018	only Non-institutional	Purchase only	300 per month	Limit-based	8	Supplies Incontinence	
T5999	PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE SUPPLY, NOT OTHERWISE SPECIFIED	Each	garment Miscellaneous	5160-10-01	Determined by PA	01/01/2024	only All	Purchase only	Medical	Always required	16	Supplies Supplies	
T5999	INFANT MILK FORTIFIER	Each	supply item Miscellaneous	5160-10-01	Determined by PA	01/01/2026	Non-institutional	Purchase only	necessity Medical	Always required	5	(miscellaneous)	To be used when requesting fortifiers for pediatric cardiac outpatient
<u>U1</u> V5014	REPAIR/MODIFICATION OF A HEARING AID	Each	supply item Repair of hearing aid	5160-10-01	Usual and	01/01/2006	only All		necessity 3 per year	Limit-based	6, 12	supplies Hearing Aids,	use
V3014	REPAININGUIFIGHTION OF A HEAMING ALL	Edul	repair of flearing alu	5100-10-01	customary charge (provider- performed); 125% of invoice (subcontracted)	01/01/2006	All		3 per year	Limit-based	0, 12	Repairs	
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	Each	Hearing aid	5160-10-11	\$356.48	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	Each	Hearing aid	5160-10-11	\$356.48	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5050	HEARING AID, MONAURAL, IN THE EAR	Each	Hearing aid	5160-10-11	\$254.63	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	Each	Hearing aid	5160-10-11	\$254.63	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5070	GLASSES, AIR CONDUCTION	Each	Glasses	5160-10-11	\$254.63	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5080	GLASSES, BONE CONDUCTION	Each	Glasses	5160-10-11	\$254.63	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5130	BINAURAL, IN THE EAR	Each	Hearing aid	5160-10-11	\$509.25	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5140	BINAURAL, BEHIND THE EAR	Each	Hearing aid	5160-10-11	\$509.25	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5150	BINAURAL, GLASSES	Each	Glasses	5160-10-11	\$509.25	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5160	DISPENSING FEE, BINAURAL	Each	Fee	5160-10-11	\$305.55	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	Each	Contralateral	5160-10-11	\$840.00	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	Each	Contralateral	5160-10-11	\$840.00	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE FAR (BTF)	Each	Contralateral	5160-10-11	\$840.00	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5190	HEARING AID, CONTRALATERAL ROUTING, MONAURAL, GLASSES	Each	Glasses	5160-10-11	\$254.63	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5200	DISPENSING FEE, CONTRALATERAL, MONAURAL	Each	Contralateral	5160-10-11	\$203.70	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL,	Each	Contralateral	5160-10-11	\$1,680.00	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL,	Each	Contralateral	5160-10-11	\$1,680.00	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL,	Each	Contralateral	5160-10-11	\$1,680.00	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL,	Each	Contralateral	5160-10-11	\$1,680.00	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL,	Each	Contralateral	5160-10-11	\$1,680.00	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTF/BTF	Each	Contralateral	5160-10-11	\$1,680.00	01/01/2024	All	Purchase only	1 per 4 years	Always required	6, 12	Hearing Aids, Repairs	
V5230	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, GLASSES	Each	Glasses	5160-10-11	\$254.63	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5240	DISPENSING FEE, CONTRALATERAL ROUTING SYSTEM,	Each	BiCROS	5160-10-11	\$203.70	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	Each	Fee	5160-10-11	\$203.70	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids,	
												Repairs	

				PA Payment by p									
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	Each	Programmable	5160-10-11	\$356.48	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	Each	Programmable	5160-10-11	\$356.48	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	Each	Programmable	5160-10-11	\$712.95	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	Each	Programmable	5160-10-11	\$712.95	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	Each	Digital	5160-10-11	\$763.88	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	Each	Digital	5160-10-11	\$763.88	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	Each	Digital	5160-10-11	\$1,527.75	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	Each	Digital	5160-10-11	\$1,527.75	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	Each	Insert	5160-10-11	\$25.46	01/01/2024	Ali	Purchase only	4 per year, < 5 year old; 1 per 2 years per ear, 5+ years old	Limit-based	6, 12	Hearing Aids, Repairs	
V5266	BATTERY FOR USE IN HEARING DEVICE	Each	Battery	5160-10-11	\$1.02	01/01/2024	All	Purchase only	48 per year per hearing aid	Never required			
V5267	HEARING AID OR ASSISTIVE LISTENING DEVICE/SUPPLIES/ACCESSORIES, NOT OTHERWISE SPECIFIED	Each	Supply	5160-10-11	Determined by PA	11/01/2004	All	Purchase only	1 per year	Always required	6, 12	Hearing Aids, Repairs	
Y9167	SHARPS DISPOSAL CONTAINER, CAPACITY 200	Each	Supply	5160-10-01	\$4.00	06/20/1990	Non-institutional only	Purchase only	1 per 2 months	Limit-based	16	Supplies (miscellaneous)	

Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity Unit amounts, such as "each" are not a limit, they refer to the amount

				Unit amounts, such PA Payment by p	as "each" are not	a limit, they refer to the	ne amount of items	required such as' "	each side," "each foo	t," "each fastener." Ple	ease see 5160-10-01	regarding frequency I	imits.
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L1006	SCOLLOSIS, ORTHOSIS, SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME, EXTENDS FROM AXILLA TO TROCHANTER, INCLUDES ALL ACCESSORY PADS, STRAPS AND INTERFACE, PREFABRICATED ITEM THAT HAS BEEN TRIMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZET DO IT ASPECIAL PATENTS WAY AN IOND/DULA WITH EXPERTISE	Each	Cervical spine	5160-10-01	\$1,095.00	10/01/2024	All	Purchase only	1 per 2 years	Limit-based	NA	NA	
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	Each	Cervical spine	5160-10-01	\$16.89	01/01/2010	All	Purchase only	1 per year	Never required	NA	NA	
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	Each	Cervical	5160-10-01	\$177.40	01/01/2026	All	Purchase only	Medical necessity	Limit-based	10	Orthotics	
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	Each	Cervical spine	5160-10-01	\$38.25	01/01/2010	All	Purchase only	1 per year	Never required	NA	NA	
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE- SHELF	Each	Cervical spine	5160-10-01	\$120.00	01/01/2022	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	Each	Cervical spine	5160-10-01	\$513.69	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-THE- SHELF	Each	Cervical spine	5160-10-01	\$90.48	01/01/2010	All	Purchase only	1 per year	Limit-based	10, 12	Orthotics, Repairs	
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	Each	Cervical spine	5160-10-01	\$177.92	01/01/2010	All	Purchase only	1 per year	Limit-based	10, 12	Orthotics, Repairs	
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	Each	Cervical spine	5160-10-01	\$288.26	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	Each	Cervical spine	5160-10-01	\$339.95	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	Each	Cervical spine	5160-10-01	\$394.31	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	Each	Thoracic spine	5160-10-01	\$82.55	01/01/2010	All	Purchase only	1 per year	Limit-based	10, 12	Orthotics, Repairs	
L0450	TLSO, FLEXBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACANTARY PRESSURE TO REDUCE LADA ON THE INTERVENTERBAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	Each	Thoracic spine	5160-10-01	\$155.00	07/16/2018	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	Each	Thoracic spine	5160-10-01	\$202.07	01/01/2010	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L0454	TILSO FLEXIBLE, PROVIDES TRUMK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOWE T-9 VERTEBRA RESTRICTOS GROSS TRUMK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAWTARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR FAMELIS, NOLLDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Thoracic spine	5160-10-01	\$195.52	01/01/2010	All	Purchase only	1 per year	Limit-based	10, 12	Orthotics, Repairs	
L0455	TLSO, FLEXBLE, PROVIDES TRUMK SUPPORT, EXTENDS FROM SACROCOCCYGEA. JUNCTION TO ABOVE T-9 VERTEBRA RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	Each	Thoracic spine	5160-10-01	\$180.00	01/01/2022	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0456	TLSO, ELXBLE, PROVIDES TRUMK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL, AND SOFT ANTERIOR APRON, LETSINGS FROM THE SORGOOCYCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPILLAR SPIRE, RESTRICTS GROSS TRUMK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREPABRICATED ITEM THAT THAS BEEN TRIMMED, BENT, MICLEDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.	Each	Thoracic spine	5160-10-01	<u>\$935.68</u>	01/01/2026	All	Purchase only	1 per medical event	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L0457	TILSO, FLEXIBLE, PROVIDES TRUMK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT AMTERIOR APPON, EXTENDS FROM THE SACROCOCYCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAMITARY PRESSURE TO REDUCE LOAD ON THE INTERVENTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHAPS AND CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHAPS AND CLOSURES, THE PROPERTY OF THE PROPERTY OF THE PROPERTY OFF-THE-SHAPS AND CLOSURES.	Each	Thoracic spine	5160-10-01	\$630.00	01/01/2022	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0460	TI.SO, TRIPLAMAR CONTROL, MODILAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXPENDS FROM THE SACROCOCYCEQUEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUMN MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLAMES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT AS SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.	Each	Thoracic spine	5160-10-01	<u>\$944.37</u>	01/01/2026	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0464	TILSO, TRIPLAMAR CONTROL MODILAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTEMDS FROM SAGROCOCCYCHEAU, JUNCTION AND TERMINATES JUST IN REFLOR TO SCAPILLAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRIUNK MOTION IN SAGRITAL, CORONAL, MOIT TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Thoracic spine	5160-10-01	\$1,200.00	01/01/2022	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXRLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAUTARY PRESSURE TO REDUCE LOAD ON NITEWERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOM/ED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Thoracic spine	5160-10-01	\$242.40	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF	Each	Thoracic spine	5160-10-01	\$240.00	01/01/2022	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STARPS, CLOSURES AND PADDING, SEXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPILLAE LATERAL STRENGTH PROVIDED BY PELIVIC, THORACIC, AND LATERAL FRAME PIECES RESTRETCS GROSS TRUNK MOTION IN SAGITTAL, AND CORRONAL PLANES, PRODUCES INSTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Thoracic spine	5160-10-01	\$303.78	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	

				PA Payment by pr	ior authorization								
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L0469	TI.SO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STARSE, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTON OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PRECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVENTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF.	Each	Thoracic spine	5160-10-01	\$310.00	01/01/2022	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0470	TI.SO, TRIPLAMAR CONTROL RIGID POSTERIOR FRAME AND FLEXBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCYCYGEAL JUNCTION TO SCAPULA LATERAL STRENGTH PROVIDED BY PEI.VC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAYCILLAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PROVIDES NITRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTIEBRAL DISKS, INCLIDES HITTING AND SHAPING THE FRAME, PREFABRICATED, INCLIDES HITTING AND ADJUSTMENT	Each	Thoracic spine	5160-10-01	\$535.72	01/01/2024	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L0472	TILSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGO ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBSI TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXON, RESTRICTS GROSS TRUM MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Thoracic spine	5160-10-01	\$329.65	01/01/2024	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0480	TLSO, TRIPLAMAR CONTROL, ONE PECE RIGIO PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIFLE STRAPS AND CLOSINGES, POSTERIOR EXTENDIS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPILLAR SPINE, ANTERIOR EXTENDIS FROM SYMPHYSIS PUBIS TO STERNAL, MOTICA, ANTERIOR OR POSTERIOR OFFENDIA, ESTENDIS GROSS TRUINK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOR FABRICATED.	Each	Thoracic spine	5160-10-01	\$965.02	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0482	TI.SO, TRIPLAMAR CONTROL, ONE PIECE RIGIO PILASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPILLAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTION, ANTERIOR OR POSTERIOR OPENION, RESTRICTS GROSS TRUMK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Each	Thoracic spine	5160-10-01	\$1,077.94	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0484	TLSO, TRIPLAMAR CONTROL. TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIFLE STREAPS AND CLOSIVES, POSTERIOR SETTENDS FROM SACROCOCOYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPILLAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBSIS TO STERNAL NOTICH, ATTERAL STRENGT IS SENAMACED BY OVERLAPPOR PLASTER, ESTSTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAO-COM MODEL, CUSTOM PASPICK, CRES	Each	Thoracic spine	5160-10-01	\$1,164.14	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0486	TI.SO, TRIPLAMAR CONTROL, TWO PICE RIGID PLASTIC SHELL WITH INTERFACE LINER, MILITPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPILLAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL MOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPOR PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVEO PLASTER OR CA-O'AM MODEL, CUSTOM FABRICATED.	Each	Thoracic spine	5160-10-01	\$1,666.15	01/01/2024	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0488	TILSO, TRIPLAMAR CONTROL, ONE PECE RIGIO PILASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPILLAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTION, ANTERIOR OR POSTERIOR OPENION, RESTRICTS GROSS TRUMK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT.	Each	Thoracic spine	5160-10-01	\$727.15	12/07/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0621	SACROLIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROLIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Each	Sacroiliac joints	5160-10-01	\$55.09	01/01/2010	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L0625	LUMBAR ORTHOSIS, FLEXBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTIEBRA, PRODUCES NITRACAUTARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF	Each	Lumbar spine	5160-10-01	\$39.90	12/07/2010	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L0626	LUMBAR ORTHOSS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PAREL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBAR, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, NCLUDES STRAPS, CLOSURES, MAY NCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABOOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRAMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN NOMIDUAL WITH EXPERTISE	Each	Lumbar spine	5160-10-01	\$56.46	12/07/2010	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L0627	LUMBAR ORTHOSS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXPENDS FROM 1-1 TO BELOW 1-5 VERTEBRA, PRODUCES INTRACAUTRAY PRESSURE TO REDUCE LOAD ON THE INTERVENTEBRAL DISCS, NICLIDES STRAPS, CLOSURES, MAY INCLIDE PADDING, SHOULDER STRAPS, PRODUCUUS ABDOWEN DESIGN, PREARBRICATED ITEM THAT HAS BEEN TRAIMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN HOMPOULAL WITH EXPERTISE	Each	Lumbar spine	5160-10-01	\$334.67	01/01/2024	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L0628	LUMBAR-SACRAL ORTHOSIS. FLEXIEL PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBAR PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, NCLUDES STRAPS, CLOSURES, MAY NCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PRETABRICATED, OFF-THE-SHELF	Each	Lumbar spine	5160-10-01	\$60.76	12/07/2010	All	Purchase only	2 per year	Never required	NA	NA	
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYOEAL, JUNCTION TO T9 - VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PROULOUS ABDOMEN DESIGN, CUSTOM ABRICATED LUMBAR-SACRAL CRITHOSIS, SAGITTAL CONTROL WITH RIGID POSTERIOR PANELISI, POSTERIOR	Each	Lumber spine	5160-10-01	\$164.66	01/01/2010	All	Purchase only	2 per year	Never required	NA NA	NA NA	
	EXTENDS FROM SACROCOCCYGEAL JUNCTION TO TAY VERTEBRA, PRODUCES INTRACANTARY PRESSURE TO REQUIZE LOS HORSEN, MAY PRESSURE TO REQUIZE STRAPS, E. CLOSURES, MAY INCLUDE FADDING, STAYS, SHOULDER STRAPS, PENDULQUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BESHT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Lumbar spine	5160-10-01	\$135.00	07/16/2018	All	Purchase only	2 per year	Never required	NA NA	NA NA	
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SAGROCOCCYGEAL JUNICTON TO 1-9 VERTEBRA PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STAPS, CLOSURES, MY OLILUDE RADDING, SHOULDER STAPS, PENDUCIOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Lumbar spine	5160-10-01	\$835.85	01/01/2024	All	Purchase only	2 per year	Never required	NA	NA	

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNICTION TO 1-9 VERTEAR PRODUCED NITRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEERAL DISCS, INCLUDES STRAPS, CLOSURES, MAY NOLLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED.	Each	Lumbar spine	5160-10-01	\$143.51	01/01/2010	All	Purchase only	2 per year	Never required	NA	NA	
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH HIGID POSTERIOR PRAMEPANELS, POSTERIOR EXTENDES FROM SAGROCOCCYCEAL JUNCTION TO 1-9 VERTEBRA LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAMEPANELS, PRODUCES INTRACAVITABY PRESSURE TO BEDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TIMMED, BENT, MUCLED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATENT BY AN INDIVIDUAL WITH EXPERTED.	Each	Lumbar spine	5160-10-01	\$250.00	07/16/2018	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH HIGID POSTERIOR FRAMEPANELS, POSTERIOR EXTENDIS FROM SAGROCOCCYGEAL JUNCTION TO 1-9 VERTEBRA LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Each	Lumbar spine	5160-10-01	\$246.18	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL LUMBAR FLEXION, RIGID POSTERIOR FRAME/PARISIS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-4 VERTEBRAL LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PARISIS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Lumbar spine	5160-10-01	\$271.88	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAMEPANELS, LATERAL ARTICULATING DESIGN TO FLEXT HE LUMBAR SPINE, POSTERIOR EXTENSIS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAMEPANELS, PRODUCES INTRACAVITARY PRESSURE TO REQUICE LOAD INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABOUMEN DESIGN, CUSTOM FABRICATED	Each	Lumbar spine	5160-10-01	\$271.88	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L0637	LIMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH HIGHO ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACCOCCYCSIAL, JUNCTON TO 7-40 VERTIERRA, LATERAL STRENGTH PROVIDED BY RIGIO LATERAL FRAME/PANELS, PRODUCES NITRACAVITARY PRESSURE TO REDUCE LOAD ON NITERVENTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDEN STRAPS, PENDIL OUS ABDOMEN DESIGN, PREPARRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MICLED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO HIT A SPECIFIC PATENT BY AN BONDOUGL WITH EXPERTISE	Each	Lumbar spine	5160-10-01	\$1,040.00	01/01/2022	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S) PANEL(S), POSTERIOR EXTENDS FROM SACROCCOXGEAL JUNCTION TO TO 4 VERTEBRA, ANTERIOR EXTENDS FROM SYMEHYSIS PUBIS TO XYPHOD, PRODUCES INTRACAWTARY PRESSURE TO REDUCE LOAD ON THE INTERVERTERBALD LIGISCA, OVERALL STEMENTH IS PROVIDED BY OVERLAPPING RIGID WATERIAL, AND STABLEZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PRODULOUS ABOMEN DESIGN, FREFABRICATED THEN THAT HAS BEEN TRAIMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Lumbar spine	5160-10-01	\$827.69	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0640	LIMBARS-ACRAL ORTHORIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL (SPRANEL(S)) POSTERIOR EXTENDS FROM SACROCCOX'CQEAL JUNCTION TO 17 OF VERTEBRA, ANTERIOR EXTENDS FROM SYMEMYSIS PUBS TO XYPHOD, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STEMENTH IS PROVIDED BY OVERLAPPING RIGID WATERIAL AND STABLEDING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABOOMEN DESIGN, CUSTOM FABRICATED	Each	Lumbar spine	5160-10-01	\$757.98	12/07/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PAREL(S), POSTERIOR EXTENDS FROM 1-1 TO BE LOW 1-5 VERTEBRA, PRODUCES INTRACAUTRARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY NOLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Each	Lumbar spine	5160-10-01	\$70.00	10/01/2021	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR EXTENDS FROM 1-1 TO BELOW 1-5 VETTERDA PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Each	Lumbar spine	5160-10-01	\$360.00	10/01/2021	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL. WITH RIGID POSTERIOR PAREL(S), POSTERIOR EXTENDS FROM SACROCCOCYGEAL JUNCTION TO TO 4 VERTERAR, PRODUCES INTRACAUTARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY NOCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELE	Each	Lumbar spine	5160-10-01	\$105.00	01/01/2022	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR, EXTENDIS FROM SACROCOCCYCEAL JUNCTION TO 1-9 VENTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELD.	Each	Lumbar spine	5160-10-01	\$880.00	10/01/2021	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL WITH HIGID POSTERIOR FRAMEPANELS, POSTERIOR EXTENDIS FROM SAGROCOCCYGEAL JUNCTION TO 1-9 VERTEBRA LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAMEPANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, 0FF-THE-SHELE.	Each	Lumbar spine	5160-10-01	\$180.00	01/01/2022	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGIO ANTERIOR NID POSTERIOR FRAMEPANELS), POSTERIOR EXTENDES FROM SAGROCOCCYCEAL JUNCTION TO 7-VENTEBRA. LATERAL STRENGTH PROVIDED BY RIGIO LATERAL FRAMEPANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDUL OUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE- SHELF.	Each	Lumbar spine	5160-10-01	\$990.00	10/01/2021	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)PANEL(S), POSTERIOR EXTENDS FROM SACROCCOCYGEAL JUNCTION TO TO 4 VERTEBRA, ANTERIOR EXTENDS FROM SYMEMYSIS PUBIS TO XYMPHOD, PRODUCES INTRACAWITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTIERBALD IOSCS, OVERALL STREMENTH IS PROVIDED BY OVERLAPPING RIGID WAITERIAL AND STABILETING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Each	Lumbar spine	5160-10-01	\$990.00	01/01/2022	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	Each	Cervical-thoracic- lumbar-sacral spine	5160-10-01	\$1,271.88	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	Each	Cervical-thoracic- lumbar-sacral spine	5160-10-01	\$1,398.16	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0720	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWINS CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Cervical-thoracic- lumbar-sacral spine	5160-10-01	\$1,500.00	04/01/2025	All	Purchase only	1 per medical event	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Each	Halo procedure	5160-10-01	\$1,707.70	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	Each	Halo procedure	5160-10-01	\$750.27	01/01/2006	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	Each	Halo procedure	5160-10-01	\$202.76	01/01/2026	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0970	TLSO, CORSET FRONT	Each	Spine, addition to orthosis	5160-10-01	\$68.28	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0972	LSO, CORSET FRONT	Each	Spine, addition to orthosis	5160-10-01	\$62.14	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0974	TLSO, FULL CORSET	Each	Spine, addition to orthosis	5160-10-01	\$111.65	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0976	LSO, FULL CORSET	Each	Spine, addition to orthosis	5160-10-01	\$95.52	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L0978	AXILLARY CRUTCH EXTENSION	Each	Spine, addition to	5160-10-01	\$120.22	01/01/2010	All	Purchase only	1 per medical	Limit-based	10, 12	Orthotics, Repairs	
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	Each	orthosis Spine, addition to	5160-10-01	\$10.93	01/01/2010	All	Purchase only	event 2 per year	Never required	NA	NA	
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)	Set	orthosis Grips	5160-10-01	\$12.60	01/01/2022	All	Purchase only	1 per year	Never required	NA	NA	
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF	Each	Spine, addition to	5160-10-01	\$43.25	01/01/2010	All	Purchase only	6 per year	Limit-based	10, 12	Orthotics, Repairs	
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Each	orthosis Spine, addition to	5160-10-01	Determined by	09/01/2005	All	Purchase only		Always required	10, 12	Orthotics, Repairs	
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING	Each	orthosis Spine, scoliosis,	5160-10-01	PA \$1,295.56	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
	INITIAL ORTHOSIS, INCLUDING MODEL		cervical-thoracic- lumbar-sacral spine (Milwaukee)										
<u>L1007</u>	SCOLLOSIS ORTHOSIS, SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME. EXTENDS FROM MILLA, TO TROCHANTER, INCLUDES ALL ACCESSORY PADS, STRAPS, AND INTERFACE, CUSTOM FABRICATED	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	Determined by PA	10/01/2025	All	Purchase only	1 per 3 years	Always required	10, 12	Orthotics, Repairs	
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS. AXILLA SLING	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$53.46	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$68.85	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$99.32	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$50.01	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$56.65	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$64.10	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$69.19	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$71.67	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$33.43	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$111.91	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$64.30	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$125.08	01/01/2000	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL.	Each	Spine, scoliosis, cervical-thoracic- lumbar-sacral spine (Milwaukee)	5160-10-01	\$203.43	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT	Each	Spine, scoliosis,	5160-10-01	\$24.29	01/01/2010	All	Purchase only	6 per year	Never required	NA	NA	
			cervical-thoracic- lumbar-sacral spine (Milwaukee)										
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$1,457.08	01/01/2024	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$156.32	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$152.14	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$426.24	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$58.10	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$50.51	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$60.27	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$52.97	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC)	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$55.80	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	Each	Spine, scoliosis, thoracic-lumbar- sacral spine (low profile)	5160-10-01	\$49.64	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Each	Spine, scoliosis, other	5160-10-01	\$1,101.13	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1320	THORACIC, PECTUS CARINATUM ORTHOSIS, STERNAL COMPRESSION, RIGID CIRCUMFERENTIAL FRAME WITH ANTERIOR AND POSTERIOR RIGID PADS, CUSTOM FABRICATED	Each	Spine, scoliosis, other	5160-10-01	\$2,925.00	04/01/2024	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Each	Spine, scoliosis, other Spine, scoliosis,	5160-10-01 5160-10-01	\$1,146.93 Determined by	01/01/2010	All	Purchase only Purchase only	1 per medical event	Limit-based Always required	10, 12	Orthotics, Repairs Orthotics, Repairs	
L1600	HIP ORTHOSIS, NOT OTHERWISE SPECIFIED HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER,	Each	other Hip	5160-10-01	PA \$82.33	01/01/2010	All	Purchase only	1 per lifetime per	Never required	NA	NA NA	
	PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INIDIVIDUAL WITH EXPERTISE								side				
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Hip	5160-10-01	\$100.40	01/01/2010	All	Purchase only	1 per lifetime per side	Never required	NA	NA	
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM FABRICATED	Each	Hip	5160-10-01	\$134.98	01/01/2010	All	Purchase only	1 per lifetime per side	Limit-based	10, 12	Orthotics, Repairs	
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	Each	Hip	5160-10-01	\$302.44	01/01/2010	All	Purchase only	1 per lifetime per side	Never required	NA	NA	
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Hip	5160-10-01	\$157.56	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLEED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN BIONDOULA WITH EXPERTISE	Each	Hip	5160-10-01	\$335.34	01/01/2026	All	Purchase only	1 per medical event	Never required	NA	NA	
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Hip	5160-10-01	\$115.46	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	Each	Hip	5160-10-01	\$727.88	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L1681	HIP ORTHOSIS, BILATERAL HIP JOINTS AND THIGH CUFFS, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATWE HIP ABDUCTION TYPE, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BEST, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Hip	5160-10-01	\$1,800.00	10/01/2023	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	Each	Hip	5160-10-01	\$710.59	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Hip	5160-10-01	\$598.67	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Hip	5160-10-01	\$1,438.91	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED	Each	Hip, Legg-Calvé- Perthes disease	5160-10-01	\$942.49	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	Each	Hip, Legg-Calvé- Perthes disease	5160-10-01	\$795.67	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	Each	Hip, Legg-Calvé- Perthes disease	5160-10-01	\$1,143.95	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED. BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Knee	5160-10-01	\$65.77	01/01/2010	All	Purchase only	2 per year per side	Never required	NA	NA	

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INDITION ANNUE FOOT ORTHOOS, SPRING WIRE, DORSPIEDON ASSIST CAFEAND, CUSTOM FABRICATED Each Annie-lood 5100-10-01 \$182.28 0.101/2010 All Purchase only 2 per year per lumit-based 10, 12 Orthodos, Repairs 10, 12 Orthodos,	
1502 ANKLE CRITIOSIS, ANNLE GAINTLET OR SMILLAR, WITH OR WITHOUT, JOHTS, PREFABRICATED, OFF- Each	
THE-SHELF 1906 ANICE FOOT ORTHOSS, MULT LGAMENTOUS ANICE SUPPORT, PREPABRICATED, OFF-THE-SHELF Each ANICE ORT 10518, SUPPRAMALECUAR WITH STRAPS, WITH OR WITHOUT INTERPACEPADS, CUSTOM FLARE CRETORS, SUPPRAMALECUAR WITH STRAPS, WITH OR WITHOUT INTERPACEPADS, CUSTOM FLARE CRETORS, SUPPRAMALECUAR WITH STRAPS, WITH OR WITHOUT INTERPACEPADS, CUSTOM FLARE CRETOR	
ANNLE COTT ORTHOSIS, SUPEAMALLECLAR WITH STRAPS, WITH OR WITHOUT NITERFACE/PADS, CUSTOM Each AnNle-foot 5160-10-01 \$364.11 0.401/2009 All Purchase only per 2 years per Limit-based 10, 12 Orthotics, Repairs Limit-base	
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MATERIAL, PREFABRICATED, OFF-THE-SHELF Side S	
1970 ANKLE FOOT ORTHOSS, PLASTIC WITH ANKLE JONT, CUSTOM FABRICATED Each Ankle-foot 5160-10-01 \$563.56 0101/2024 All Purchase only 1 per 2 years per Limi-based 10, 12 Ortholics, Repairs 10, 12 Ortholics, Repairs 1 per 2 years per Limi-based 10, 1	
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NCLUDES FITTING AND ADJUSTMENT Side Si	
BANDICUFF (SINGLE BAR 'BIK ORTHOSIS), CUSTOM FABRICATED side	
L190 ANKLE FOOT ORTHOSS, DOUBLE LIPRIGHT FREE PLANTAR DORSHEADIN, SOLID STRRUP, CALF Each Ankle-foot 5160-10-01 \$298.57 01.01.2010 All Purchase only 1 per 2 years per Limit-based 10, 12 Orthotics, Repairs	
BRIDGOTT (DOODLE DAY DY OYTHOUG), COSTON FADRICATED	
L200 NNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE NNEE, FREE ANKLE, SQLID STIRRUP, THIGH Each Knee-ankle-foot 5160-10-01 \$714.72 01/01/2010 All Purchase only 1 per 2 years per 1 limit-based 10, 12 Orthotics, Repairs and per 2 years per 2 limit-based 10, 12 Orthotics, Repairs 2 limit-	
L2010 KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STRRUP, THIGH AND CALF BANDSICUFFS (SINGLE BAR AW ORTHOSIS), WITHOUT KNEE JOHT, CUSTOM FABRICATED 8 AND SICUFFS (SINGLE BAR AW ORTHOSIS), WITHOUT KNEE JOHT, CUSTOM FABRICATED 10 10 12010 All Purchase only 1 per 2 years per Limit-based 10, 12 Orthotics, Repairs side	

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF	Each	Knee-ankle-foot	5160-10-01	\$704.06	01/01/2010	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L2030	BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF	Each	Knee-ankle-foot	5160-10-01	\$692.05	01/01/2010	All	Purchase only	side 1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L2034	BANDSICUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED FABRICATED	Each	Knee-ankle-foot	5160-10-01	\$1,419.88	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Knee-ankle-foot	5160-10-01	\$110.68	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Each	Knee-ankle-foot	5160-10-01	\$1,509.55	01/01/2024	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Each	Knee-ankle-foot	5160-10-01	\$1,059.50	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	Each	Knee-ankle-foot	5160-10-01	\$854.11	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	Each	Knee-ankle-foot	5160-10-01	\$129.25	01/01/2010	All	Purchase only	1 per year	Limit-based	10, 12	Orthotics, Repairs	
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	Each	Hip-knee-ankle-foot	5160-10-01	\$311.34	01/01/2010	All	Purchase only	1 per year	Limit-based	10, 12	Orthotics, Repairs	
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	Each	Hip-knee-ankle-foot	5160-10-01	\$389.41	01/01/2010	All	Purchase only	1 per year	Limit-based	10, 12	Orthotics, Repairs	
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	Each	Knee-ankle-foot	5160-10-01	\$121.20	01/01/2026	All	Purchase only	1 per medical event per side	<u>Limit-based</u>		Orthotics, Repairs	
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM	Each	Lower limb, fracture	5160-10-01	\$503.59 \$734.51	01/01/2010	All	Purchase only	1 per medical event per side	Limit-based	10, 12	Orthotics, Repairs	
L2108	FABRICATED	Each	Lower limb, fracture	5160-10-01	\$734.51 \$322.32	01/01/2010	All	Purchase only	1 per medical event per side	Limit-based Limit-based	10, 12	Orthotics, Repairs	
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS. TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID.	Each	Lower limb, fracture	5160-10-01 5160-10-01	\$322.32 \$403.71	01/01/2010	All	Purchase only	1 per medical event per side 1 per medical	Limit-based Limit-based	10, 12	Orthotics, Repairs Orthotics, Repairs	
L2114	PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, IBIAL FRACTURE ORTHOSIS, RIGID,	Each	Lower limb, fracture	5160-10-01	\$492.44	01/01/2010	All	Purchase only	event per side	Limit-based	10, 12	Orthotics, Repairs	
L2116	PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	Each	Lower limb, fracture	5160-10-01	\$492.44	01/01/2010	All	Purchase only	event per side	Limit-based	10, 12	Orthotics, Repairs	
L2128	THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	Each	Lower limb, fracture	5160-10-01	\$1,024.38	01/01/2010	All	Purchase only	event per side 1 per medical	Limit-based	10, 12	Orthotics, Repairs	
L2132	CUSTOM FABRICATED KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED,	Each	Lower limb, fracture	5160-10-01	\$621.78	01/01/2010	All	Purchase only	event per side	Limit-based	10, 12	Orthotics, Repairs	
L2132	INCLUDES PITTING AND ADJUSTMENT KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED,	Each	Lower limb, fracture	5160-10-01	\$736.26	01/01/2010	All	Purchase only	event per side 1 per medical	Limit-based	10, 12	Orthotics, Repairs	
L2136	INCLUDES FITTING AND ADJUSTMENT KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED,	Each	Lower limb, fracture	5160-10-01	\$805.72	01/01/2010	All	Purchase only	event per side	Limit-based	10, 12	Orthotics, Repairs	
L2180	INCLUDES FITTING AND ADJUSTMENT ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	Each	Lower limb, fracture,	5160-10-01	\$84.69	01/01/2010	All	Purchase only	event per side 1 per medical	Never required	NA	NA NA	
			addition to orthosis						event per side				
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$73.00	01/01/2010	All	Purchase only	2 per orthosis	Never required	NA	NA	
	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$74.00	01/01/2010	All	Purchase only	2 per orthosis	Limit-based	10, 12	Orthotics, Repairs	
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS. QUADRILATERAL BRIM	Each Each	Lower limb, fracture, addition to orthosis	5160-10-01 5160-10-01	\$98.43 \$178.92	01/01/2010	All	Purchase only	2 per orthosis 1 per orthosis	Never required Limit-based	NA 10, 12	NA Orthotics, Repairs	
L2100	ADDITION TO LOWER EXTREMITE THAT TORE ON THOSIS, GONDALENE DAW	Laui	addition to orthosis	3100-10-01	\$170.52	01/01/2010	Ail	r dichase only	i pei oitiosis	Lilliebaseu	10, 12	Orthotics, (Vepails	
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$54.50	01/01/2010	All	Purchase only	1 per year	Limit-based	10, 12	Orthotics, Repairs	
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	Each Each	Lower limb, fracture, addition to orthosis	5160-10-01 5160-10-01	\$213.01 \$32.22	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	10, 12 NA	Orthotics, Repairs	
L2210	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$32.22	01/01/2010	All	Purchase only	2 per year per side 2 per year per side	Never required Never required	NA NA	NA NA	
	, , , , , , , , , , , , , , , , , , , ,		addition to orthosis		V			,					
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$51.69	01/01/2010	All	Purchase only	2 per year per side	Never required	NA	NA	
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$61.12	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA NA	NA NA	
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FASRICATED ORTHOSIS ONLY ADDITION TO LOWER EXTREMITY, ROUND GALIPER AND PLATE ATTACHMENT	Each	Lower limb, fracture, addition to orthosis	5160-10-01 5160-10-01	\$93.63 \$60.81	01/01/2026	All	Purchase only	1 per orthosis 1 per year per side	Never required Never required	NA NA	NA NA	
2240		Cull	addition to orthosis		\$55.01		. 41	. aranase only	. por your per aide	equiled		140	
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$213.41	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	10, 12	Orthotics, Repairs	
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$119.75	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	10, 12	Orthotics, Repairs	
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$85.86	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	PA Payment by p RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION (T') STRAP, PADDEDLINED OR MALLEOLUS PAD	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$39.38	01/01/2010	All	Purchase only	2 per year per side	Never required	NA	NA	
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$106.13	01/01/2024	All	Purchase only	2 per orthosis	Never required	NA	NA	
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$360.68	01/01/2010	All	Purchase only	1 per 3 years per side	Limit-based	10, 12	Orthotics, Repairs	
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$160.85	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$73.50	01/01/2010	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED	Each	Lower limb, fracture, addition to orthosis	5160-10-01 5160-10-01	\$123.23 \$298.95	01/01/2010	All	Purchase only Purchase only	1 per orthosis 1 per orthosis	Limit-based Limit-based	10, 12	Orthotics, Repairs Orthotics, Repairs	
L2335	ADDITION TO LOWER EXTREMITY, DALER WOLDED TO PATIENT I MODEL, FOR COSTOM PARRICATED ORTHORS RONLY ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	Each	addition to orthosis	5160-10-01	\$179.60	01/01/2024	All	Purchase only	1 per orthosis	Limit-based	10, 12	Orthotics, Repairs	
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	Each	addition to orthosis Lower limb, fracture,	5160-10-01	\$340.27	01/01/2024	All	Purchase only	1 per orthosis	Limit-based	10, 12	Orthotics, Repairs	
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL,	Each	addition to orthosis Lower limb, fracture,	5160-10-01	\$532.31	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	10, 12	Orthotics, Repairs	
L2360	(USED FOR 'PTB' 'AFO' ORTHOSES) ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	Each	Lower limb, fracture,	5160-10-01	\$32.96	01/01/2010	All	Purchase only	2 per year per side	Never required	NA	NA NA	
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	Each	addition to orthosis Lower limb, fracture, addition to orthosis	5160-10-01	\$204.48	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	10, 12	Orthotics, Repairs	
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$78.60	01/01/2010	All	Purchase only	2 per orthosis	Limit-based	10, 12	Orthotics, Repairs	
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$82.45	01/01/2010	All	Purchase only	2 per orthosis	Never required	NA	NA	
L2385	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$93.88	01/01/2010	All	Purchase only	2 per orthosis	Never required	NA	NA	
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	Each	Lower limb, fracture, addition to orthosis	5160-10-01	<u>\$183.03</u>	01/01/2026	All	Purchase only	2 per orthosis	Never required	NA	NA	
L2390	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$65.39	01/01/2010	All	Purchase only	2 per orthosis	Never required	NA	NA	
L2395	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR "PTB" "AFO" ORTHOSES) ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	Each	Lower limb, fracture, addition to orthosis	5160-10-01	\$93.47	01/01/2010	All	Purchase only	2 per orthosis	Never required	NA	NA	
L2397	ADDITION TO LOWER EXTREMITY, EXTENDED SIEEL SHANK ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	Each	Lower limb, fracture, addition to orthosis Knee joint, addition	5160-10-01	\$77.99 \$40.54	01/01/2010	All	Purchase only	4 per year per side 2 per year per side	Never required Never required	NA NA	NA NA	
L2405	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	Each	to orthosis Knee joint, addition	5160-10-01	\$93.85	01/01/2010	All	Purchase only	2 per year per side	Never required	NA NA	NA.	
L2425	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	Each	to orthosis Knee joint, addition	5160-10-01	\$110.73	01/01/2010	All	Purchase only	2 per orthosis	Limit-based	10. 12	Orthotics, Repairs	
L2423	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH	Each	to orthosis Knee joint, addition	5160-10-01	\$62.82	01/01/2010	All	Purchase only	2 per orthosis	Never required	NA	NA NA	
L2492	ADDITION TO KNEE JOINT, RAIGHEL LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	Each	to orthosis Knee joint, addition	5160-10-01	\$74.93	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA NA	NA NA	
L2500	ADDITION TO KNEE SUNT, LIFT LOOP FOR DROP LOCK KING ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING,	Each	to orthosis Thigh, addition to	5160-10-01	\$199.94	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA NA	NA NA	
L2510	ADDITION TO LOWER EXTREMITY, THIS WEIGHT BEARING, GLOTERE IS CHIEF WEIGHT BEARING, RING ADDITION TO LOWER EXTREMITY, THIS WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDED TO	Each	orthosis Thigh, addition to	5160-10-01	\$515.28	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA NA	NA NA	
L2520	PATIENT MODEL ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI-LATERAL BRIM, CUSTOM FITTED	Each	orthosis Thigh, addition to	5160-10-01	\$343.40	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA NA	NA.	
L2525	ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L	Each	orthosis Thigh, addition to	5160-10-01	\$728.22	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA NA	NA NA	
L2526	BRIM MOLDED TO PATIENT MODEL ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L	Each	orthosis Thigh, addition to	5160-10-01	\$409.18	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA NA	NA NA	
L2530	BRIM, CUSTOM FITTED ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	Each	orthosis Thigh, addition to	5160-10-01	\$153.22	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA NA	
L2540	ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	Each	orthosis Thigh, addition to	5160-10-01	\$289.92	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA NA	
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	Each	orthosis Thigh, addition to	5160-10-01	\$217.39	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT	Each	orthosis Pelvic and thoracic control, addition to orthosis	5160-10-01	\$284.54	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	Each	Pelvic and thoracic control, addition to orthosis	5160-10-01	\$277.26	01/01/2010	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE	Each	Pelvic and thoracic control, addition to orthosis	5160-10-01	\$136.26	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	

HCPCS				PA Payment by p	CURRENT MAXIMUM PAYMENT	PAYMENT AMOUNT		RENTAL OR	FREQUENCY	PRIOR	PRIOR AUTHORIZATION ASSIGNMENT	PRIOR AUTHORIZATION ASSIGNMENT	
CODE	DESCRIPTION	UNIT	CATEGORY	5160-10	AMOUNT	EFFECTIVE DATE	RESIDENCE	PURCHASE	LIMIT	AUTHORIZATION	NUMBER	NAME	NOTES
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK	Each	Pelvic and thoracic control, addition to orthosis	5160-10-01	\$150.57	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY	Each	Pelvic and thoracic control, addition to orthosis	5160-10-01	\$159.73	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION	Each	Pelvic and thoracic control, addition to orthosis	5160-10-01	\$203.30	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL	Each	Pelvic and thoracic control, addition to orthosis	5160-10-01	\$249.28	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND	Each Each	Pelvic and thoracic control, addition to orthosis Pelvic and thoracic	5160-10-01 5160-10-01	\$1,365.48 \$1,000.88	01/01/2010	All	Purchase only	1 set per 2 years 1 set per 2 years	Limit-based Limit-based	10, 12	Orthotics, Repairs Orthotics, Repairs	
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNLATERAL	Each	control, addition to orthosis	5160-10-01	\$1,000.00	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	Each	control, addition to orthosis	5160-10-01	\$200.76	01/01/2010	All	Purchase only	1 per 2 years per	Never required	NA NA	NA NA	
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	Each	control, addition to orthosis Pelvic and thoracic	5160-10-01	\$88.42	01/01/2010	All	Purchase only	side 1 per 2 years per	Never required	NA NA	NA NA	
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	Each	control, addition to orthosis Pelvic and thoracic	5160-10-01	\$114.48	01/01/2010	All	Purchase only	side 1 per 2 years per	Never required	NA NA	NA NA	
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	Each	control, addition to orthosis Pelvic and thoracic	5160-10-01	\$93.48	01/01/2010	All	Purchase only	side 1 set per 2 years	Never required	NA	NA	
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE. PER SEGMENT. FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	control, addition to orthosis General, addition to orthosis	5160-10-01	\$83.49	01/01/2010	All	Purchase only	per side 4 per year per side	Never required	NA NA	NA NA	
L2760	DANIMAT LOWPREPRED COMPUSITE, PER SEGMENT, FOR CUSTOM PARABLELD ORTHOUSE UNLY ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	Each	General, addition to orthosis	5160-10-01	\$36.30	01/01/2010	All	Purchase only	4 per year per side	Never required	NA	NA	
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	Each	General, addition to orthosis	5160-10-01	\$100.06	07/16/2018	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	Each	General, addition to	5160-10-01	<u>\$81.32</u>	01/01/2026	All	Purchase only	2 per year per side	Never required	NA	NA	
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER	Each	orthosis General, addition to	5160-10-01	\$18.93	01/01/2010	All	Purchase only	2 per year per side	Never required	NA	NA	
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	Each	orthosis General, addition to	5160-10-01	\$52.37	01/01/2010	All	Purchase only	1 per year per side	Never required	NA	NA	
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	Each	orthosis General, addition to orthosis	5160-10-01	\$64.35	01/01/2010	All	Purchase only	1 per orthosis	Never required	NA	NA	
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	Each	General, addition to orthosis	5160-10-01	\$52.18	01/01/2010	All	Purchase only	1 per year per side	Never required	NA	NA	
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	Each	General, addition to orthosis	5160-10-01	\$66.12	01/01/2024	All	Purchase only	1 per year per side	Never required	NA	NA	
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	Each	General, addition to orthosis	5160-10-01	\$56.12	01/01/2010	All	Purchase only	1 per year per side	Never required	NA	NA	
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL	Each	General, addition to orthosis	5160-10-01	\$27.56	01/01/2010	All	Purchase only	3 per year per side	Never required	NA	NA	
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL	Each	General, addition to orthosis	5160-10-01	\$38.64	01/01/2010	All	Purchase only	3 per medical event	Never required	NA	NA	
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	Each	General, addition to orthosis	5160-10-01	\$250.00	01/01/2026	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	Each	General, addition to orthosis	5160-10-01	Determined by PA	10/01/1988	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL	Each	Molded insert	5160-10-31	\$134.48	01/01/2010	All	Purchase only	1 per foot per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL	Each Each	Molded insert Molded insert	5160-10-31 5160-10-31	\$12.19 \$64.08	01/01/2010	All	Purchase only Purchase only	2 per foot per year 2 per foot per year	Never required Never required	NA NA	NA NA	
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT	Each	Molded insert	5160-10-31	\$96.11	01/01/2010	All	Purchase only	1 per foot per 2	Limit-based	NA 10, 12	Orthotics, Repairs	
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT	Each	Molded insert	5160-10-31	\$102.52	01/01/2010	All	Purchase only	years 1 per foot per 2	Limit-based	10, 12	Orthotics, Repairs	
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT	Each	Formed insert	5160-10-31	\$66.97	01/01/2010	All	Purchase only	years 2 per foot per year	Never required	NA	NA	
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	Each	Pre-molded insert	5160-10-31	\$119.73	01/01/2026	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL	Each	Pre-molded insert	5160-10-31	\$12.81	01/01/2010	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL	Each	Pre-molded insert	5160-10-31	\$12.81	01/01/2010	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL	Each	Pre-molded insert	5160-10-31	\$34.30	01/01/2010	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	Each	Splint	5160-10-31	\$25.63	01/01/2010	All	Purchase only	1 per medical	Never required	NA	NA	
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	Each	Rotation bar	5160-10-31	\$38.44	01/01/2010	All	Purchase only	2 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	Each	Rotation bar	5160-10-31	\$43.81	01/01/2010	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	Each	Positioning device	5160-10-31	\$96.11	01/01/2010	All	Purchase only	2 per orthosis	Limit-based	10, 12	Orthotics, Repairs	
L3161	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	Each	Positioning device	5160-10-31	PA	04/01/2021	All	Purchase only	2 per orthosis	Always required	10, 12	Orthotics, Repairs	Formerly K1015
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Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity

					as "each" are not a	the basis of medical a limit, they refer to the		s required such as' "	each side," "each foo	t," "each fastener." Ple	ease see 5160-10-01	regarding frequency li	imits.
				PA Payment by p	CURRENT						PRIOR	PRIOR	
HCPCS				RELATED RULE	MAXIMUM PAYMENT	PAYMENT AMOUNT		RENTAL OR	FREQUENCY	PRIOR	AUTHORIZATION ASSIGNMENT	AUTHORIZATION ASSIGNMENT	
CODE	DESCRIPTION	UNIT	CATEGORY	5160-10	AMOUNT	EFFECTIVE DATE	RESIDENCE	PURCHASE	LIMIT	AUTHORIZATION	NUMBER	NAME	NOTES
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF	Each	Stabilizer	5160-10-31	\$10.25	01/01/2010	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	Each	Infant shoes	5160-10-31	\$55.38	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	Each	Child shoes	5160-10-31	\$55.38	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	Each	Junior shoes	5160-10-31	\$57.67	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	Each	Infant shoes	5160-10-31	\$57.67	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	Each	Child shoes	5160-10-31	\$54.24	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	Each	Junior shoes	5160-10-31	\$53.12	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3208	SURGICAL BOOT, EACH, INFANT	Each	Infant boot	5160-10-31	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3209	SURGICAL BOOT, EACH, CHILD	Each	Child boot	5160-10-31	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3211	SURGICAL BOOT, EACH, JUNIOR	Each	Juniro boot	5160-10-31	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD	Each	Ladies shoes	5160-10-31	\$90.40	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY	Each	Ladies shoes	5160-10-31	\$102.52	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY	Each	Ladies shoes	5160-10-31	\$114.05	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD	Each	Men's shoes	5160-10-31	\$90.40	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY	Each	Men's shoes	5160-10-31	\$112.77	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY	Each	Men's shoes	5160-10-31	\$117.89	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	10, 12	Orthotics, Repairs	
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Each	Ladies shoes	5160-10-31	\$43.17	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	10, 12	Orthotics, Repairs	
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Each	Men's shoes	5160-10-31	\$47.15	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	10, 12	Orthotics, Repairs	
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY	Each	Custom shoes	5160-10-31	\$160.19	09/01/2011	All	Purchase only	1 per foot per year	Limit-based	10, 12	Orthotics, Repairs	
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE	Each	Molded shoes	5160-10-31	\$160.19	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	10, 12	Orthotics, Repairs	
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED	Each	Custom shoes	5160-10-31	\$84.76	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	10, 12	Orthotics, Repairs	
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED	Each	Molded shoes	5160-10-31	\$64.08	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	10, 12	Orthotics, Repairs	
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	Each	Mis-mate shoes	5160-10-31	\$138.57	01/01/2010	All	Purchase only	2 pairs per year (adult)	Limit-based	10, 12	Orthotics, Repairs	
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	Each inch	Lift	5160-10-31	\$43.57	01/01/2010	All	Purchase only	2 modifications per year	Never required	NA	NA	
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	Each inch	Lift	5160-10-31	\$51.25	01/01/2010	All	Purchase only	2 modifications per year	Never required	NA	NA	
L3320	ELEVAT, HEEL & SOLE, CORK, PER INCH	Each inch	Lift	5160-10-31	\$64.08	01/01/2010	All	Purchase only	2 modifications per year	Never required	NA	NA	
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	Each	Lift	5160-10-31	\$25.79	01/01/2010	All	Purchase only	2 modifications per year	Never required	NA	NA	
L3334	LIFT, ELEVATION, HEEL, PER INCH	Each	Lift	5160-10-31	\$30.12	01/01/2010	All	Purchase only	2 modifications per year	Never required	NA	NA	
L3340	HEEL WEDGE, SACH	Each	Wedge	5160-10-31	\$19.22	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3350	HEEL WEDGE	Each	Wedge	5160-10-31	\$10.25	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3360	SOLE WEDGE, OUTSIDE SOLE	Each	Wedge	5160-10-31	\$17.95	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3370	SOLE WEDGE, BETWEEN SOLE	Each	Wedge	5160-10-31	\$26.91	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3380	CLUBFOOT WEDGE	Each	Wedge	5160-10-31	\$15.82	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3390	OUTFLARE WEDGE	Each	Wedge	5160-10-31	\$26.91	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3400	METATARSAL BAR WEDGE, ROCKER	Each	Wedge	5160-10-31	\$32.04	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	Each	Wedge	5160-10-31	\$37.17	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	Each	Wedge	5160-10-31	\$43.57	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3430	HEEL, COUNTER, PLASTIC REINFORCED	Each	Heel	5160-10-31	\$38.44	01/01/2010	All	Purchase only	2 heels per year	Never required	NA	NA	
L3440	HEEL, COUNTER, LEATHER REINFORCED	Each	Heel	5160-10-31	\$33.19	01/01/2010	All	Purchase only	2 heels per year	Never required	NA	NA	
L3450	HEEL, SACH CUSHION TYPE	Each	Heel	5160-10-31	\$84.60	07/01/2021	All	Purchase only	2 heels per year	Never required	NA	NA	
L3455	HEEL, NEW LEATHER, STANDARD	Each	Heel	5160-10-31	\$15.38	01/01/2010	All	Purchase only	2 heels per year	Limit-based	10, 12	Orthotics, Repairs	
L3460	HEEL, NEW RUBBER, STANDARD	Each	Heel	5160-10-31	\$14.09	01/01/2010	All	Purchase only	2 heels per year	Limit-based	10, 12	Orthotics, Repairs	
L3465	HEEL, THOMAS WITH WEDGE	Each	Heel	5160-10-31	\$17.64	01/01/2010	All	Purchase only	2 heels per year	Never required	NA	NA	
L3470	HEEL, THOMAS EXTENDED TO BALL	Each	Heel	5160-10-31	\$37.30	01/01/2010	All	Purchase only	2 heels per year	Never required	NA	NA	
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	Each	Heel	5160-10-31	\$19.22	01/01/2010	All	Purchase only	2 per foot per year	Never required	NA	NA	
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	Each	Miscellaneous shoe addition	5160-10-31	\$16.65	01/01/2010	All	Purchase only	2 insoles per year	Never required	NA	NA	
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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	PA Payment by p	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	Each	Miscellaneous shoe	5160-10-31	\$11.59	01/01/2010	All	Purchase only	2 insoles per vear	Never required	NA	NA.	
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	Each	addition Miscellaneous shoe	5160-10-31	\$22.39	01/01/2010	All	Purchase only	2 insoles per year	Never required	NA NA	NA.	
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	Each	addition Miscellaneous shoe	5160-10-31	\$19.33	01/01/2010	All	Purchase only	2 half soles per	Limit-based	10, 12	Orthotics, Repairs	
			addition					,	year [for ODM- authorized shoes]		·	, ,	
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	Each	Miscellaneous shoe addition	5160-10-31	\$23.85	01/01/2010	All	Purchase only	2 full soles per year [for ODM- authorized shoes]	Never required	NA	NA	
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	Each	Miscellaneous shoe addition	5160-10-31	\$5.13	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	Each	Miscellaneous shoe addition	5160-10-31	\$69.16	01/01/2010	All	Purchase only	4 per year (adults), 6 per year (children) [for ODM-authorized shoes]	Never required	NA	NA	
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	Each	Miscellaneous shoe addition	5160-10-31	\$25.63	01/01/2010	All	Purchase only	4 per year (adults), 6 per year (children)	Never required	NA	NA	
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	Each	Miscellaneous shoe addition	5160-10-31	\$32.04	01/01/2010	All	Purchase only	4 per year	Never required	NA	NA	
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	Each	Transfer	5160-10-31	\$37.44	01/01/2010	All	Purchase only	2 transfers per orthosis per year	Never required	NA	NA	
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	Each	Transfer	5160-10-31	\$57.67	01/01/2010	All	Purchase only	2 transfers per orthosis per year	Never required	NA	NA	
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	Each	Transfer	5160-10-31	\$48.56	01/01/2010	All	Purchase only	2 transfers per orthosis per year	Never required	NA	NA	
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	Each	Transfer	5160-10-31	\$63.26	01/01/2010	All	Purchase only	2 transfers per orthosis per year	Never required	NA	NA	
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	Each	Miscellaneous procedure	5160-10-01	Determined by PA	10/01/1988	All	Purchase only		Always required	10, 12	Orthotics, Repairs	
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF- THE-SHELF	Each	Shoulder	5160-10-01	\$41.90	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF-THE-SHELF	Each	Shoulder	5160-10-01	\$76.00	01/01/2022	All	Purchase only	1 per medical event	Never required	NA	NA	
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF- THE-SHELF	Each	Shoulder	5160-10-01	\$66.10	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Shoulder	5160-10-01	\$771.51	01/01/2026	All	Purchase only	1 per medical event	Never required	NA	NA	
L3674	SHOULDER ORTHOSIS, ADDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Shoulder	5160-10-01	\$778.74	01/01/2011	All	Purchase only	1 per medical event	Never required	NA	NA	
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF	Each	Shoulder	5160-10-01	\$118.84	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Elbow	5160-10-01	\$247.22	01/01/2026	All	Purchase only	1 per 3 years per side	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	Each	Elbow	5160-10-01	\$83.03	01/01/2010	All	Purchase only	2 per year per side	Never required	NA	NA	
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	Each	Elbow	5160-10-01	\$397.27	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM FABRICATED	Each	Elbow	5160-10-01	\$526.97	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	Each	Elbow	5160-10-01	\$624.77	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3760	ELBOW ORTHOSIS (E.O), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Elbow	5160-10-01	\$285.67	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE- SHELF	Each	Elbow	5160-10-01	\$365.00	01/01/2021	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Each	Elbow	5160-10-01	\$79.00	01/01/2021	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Elbow	5160-10-01	\$493.34	12/07/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Elbow	5160-10-01	\$516.30	12/07/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Wrist-hand-finger	5160-10-01	\$147.26	04/01/2009	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Wrist-hand-finger	5160-10-01	\$263.97	01/01/2024	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	Each	Wrist-hand-finger	5160-10-01	\$155.00	07/01/2021	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	Each	Wrist or elbow addition	5160-10-01	\$300.00	01/01/2026	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED	Each	Wrist-hand-finger	5160-10-01	\$941.93	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	Each	Wrist-hand-finger	5160-10-01	\$1,234.46	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Wrist-hand	5160-10-01	\$849.11	01/01/2026	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Wrist-hand-finger	5160-10-01	\$294.66	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	Each	Wrist-hand-finger	5160-10-01	\$43.66	01/01/2010	All	Purchase only	1 per 180 days per side	Never required	NA	NA	

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	notes
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF	Each	Wrist-hand-finger	5160-10-01	\$61.27	01/01/2010	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Hand-finger	5160-10-01	\$231.88	01/01/2026	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	Each	Wrist-hand-finger	5160-10-01	\$100.00	10/01/2021	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	Each	Wrist-hand-finger	5160-10-01	\$100.00	10/01/2021	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS EEN TRIMMED, BENT, MOULED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Wrist-hand-finger	5160-10-01	\$27.65	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	Each	Wrist-hand-finger	5160-10-01	\$69.82	07/01/2021	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP) DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Each	Wrist-hand-finger	5160-10-01	\$39.04	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3929	HAND FINGER ORTHOSIS, NCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDISSPRINGS, MAY INCLUDE SOFT INTERPRECE MATERIAL, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATENT BY AN NONDOUAL WITH EXPERTISE	Each	Wrist-hand-finger	5160-10-01	\$66.19	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDSISPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, OFF-THE-SHELF	Each	Wrist-hand-finger	5160-10-01	\$67.00	01/01/2022	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDSISPRINGS, MAY INCL UDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Wrist-hand-finger	5160-10-01	\$142.53	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Wrist-hand-finger	5160-10-01	\$156.00	01/01/2022	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	Each	Wrist-hand-finger	5160-10-01	\$187.75	01/01/2010	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Shoulder-elbow-wrist hand	5160-10-01	\$463.75	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELBSTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Shoulder-elbow-wrist hand	5160-10-01	\$975.27	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSTIONING (ARPLANE DESIGN). THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Shoulder-elbow-wrist hand	5160-10-01	\$1,698.40	01/01/2026	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Upper limb, fracture	5160-10-01	\$224.94	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINTS, FOREARM SECTION, MAY INCLUDE SOFT INTERFACE, STRAPS, INCLUDES FITTING AND ADJUSTMENTS	Each	Upper limb, fracture	5160-10-01	\$861.82	01/01/2026	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Upper limb, fracture	5160-10-01	\$228.40	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Upper limb, fracture	5160-10-01	\$201.21	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL	Each	Upper limb, fracture	5160-10-01	\$23.88	01/01/2010	All	Purchase only	3 per medical event	Limit-based	10, 12	Orthotics, Repairs	
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Each	Upper limb, fracture	5160-10-01	Determined by PA	10/01/1988	All	Purchase only		Always required	10, 12	Orthotics, Repairs	
L4000	REPLACE GRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$844.25	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	10, 12	Orthotics, Repairs	
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	Each	Strap	5160-10-01	\$10.00	01/01/2026	All	Purchase only	1 per 3 years	Limit-based	10, 12	Orthotics, Repairs	
L4010	REPLACE TRILATERAL SOCKET BRIM	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$513.16	01/01/2010	All	Purchase only	1 per lifetime	Limit-based	10, 12	Orthotics, Repairs	
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$616.43	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$391.73	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$265.30	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$195.96	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$262.73	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$159.70	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L4060	REPLACE HIGH ROLL CUFF	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$211.11	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	

Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as "each side," "each foot," "each fastener." Please see 5160-10-01 regarding frequency limits. PA – Payment by prior authorization.

	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L4070 RE	EPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$183.88	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L4080 RE	EPLACE METAL BANDS KAFO, PROXIMAL THIGH	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$64.32	01/01/2010	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L4090 RE	EPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$53.98	01/01/2010	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L4100 RE	EPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$64.88	01/01/2010	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L4110 RE	EPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$50.66	01/01/2010	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L4130 RE	EPLACE PRETIBIAL SHELL	Each	Specific repair or replacement, including parts and labor	5160-10-01	\$306.22	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L4205 RE	EPAIR OF ORTHOTIC DEVICE, LABOR, PER 15 MINUTES	Each	Labor	5160-10-01	\$18.50	01/01/2024	All		1 per 120 days	Limit-based	10, 12	Orthotics, Repairs	
L4210 RE	EPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE, PER 15 MINUTES (IN ADDITION TO PARTS)	Each	Labor	5160-10-01	\$18.50	01/01/2024	All		2 or more per 120	Always required	10, 12	Orthotics, Repairs	PA for minor repairs occurring prior to 120 days
L4210 RE	EPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE, PER 15 MINUTES (IN ADDITION TO PARTS)	Each	Labor	5160-10-01	\$18.50	01/01/2024	All		days 1 per 120 days	Never required	NA	NA	PA not required for minor repairs occurring after 120 days
L4350 AN	NKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G.,	Each	Splint	5160-10-01	\$61.83	01/01/2010	All	Purchase only	1 per medical	Never required	NA	NA	
L4360 WA	NEUMATIC, GEL, PREFABRICATED, OFF-THE-SHELF ALKING BOOT, PREUMATIC ANDION VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT TIERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, SERMBLED, OR OTHERWISE COLTOMIZED TO FIT A SPECIFIC PATENT BY AN INDIVIDUAL WITH	Each	Splint	5160-10-01	\$165.41	01/01/2010	All	Purchase only	event 1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
	XPERTISE VALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT	Each	Splint	5160-10-01	\$150.00	10/01/2021	All	Purchase only	1 per medical	Limit-based	10, 12	Orthotics, Repairs	
INT	ITERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF NEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	Each	Splint	5160-10-01	\$150.37	01/01/2010	All	Purchase only	event 1 per medical	Limit-based	10, 12	Orthotics, Repairs	
L4386 WA	VALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE ATERNIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR THERWISE, CUSTOMIZED TO FIT A SPECHED PATENT BY AN INDIVIDUAL WITH EXPERTISE	Each	Splint	5160-10-01	\$99.06	01/01/2010	All	Purchase only	1 per medical event	Never required	NA	NA	
L4387 WA	ALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE	Each	Splint	5160-10-01	\$85.00	10/01/2021	All	Purchase only	1 per medical	Never required	NA	NA	
	ATERIAL, PREFABRICATED, OFF-THE-SHELF EPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	Each	Splint	5160-10-01	\$15.04	01/01/2010	All	Purchase only	event 1 per medical	Never required	NA	NA	
FO HA	TATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, NCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE OR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT AS BEEN TRAMMED, BENT, MOLDED, ASEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC ATTENT BY AN INDIVOLAL WITH EXPERTISE	Each	Splint	5160-10-01	\$107.22	01/01/2010	All	Purchase only	event 1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
FOI SH	TATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE OR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-HELF	Each	Splint	5160-10-01	\$95.00	10/01/2021	All	Purchase only	1 per medical event	Limit-based	10, 12	Orthotics, Repairs	
	DOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	Each	Splint	5160-10-01	\$63.00	01/01/2022	All	Purchase only	1 per medical event	Never required	NA	NA	
AN'	NICLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUSIVALGUS CORRECTION, ROCKER BOTTOM, NTERIOR TIBILS ABELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, ICLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	Each	Splint	5160-10-01	\$1,066.77	01/01/2011	All	Purchase only	1 per medical event	Always required	10, 12	Orthotics, Repairs	
	ARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Each	Lower limb	5160-10-01	\$467.56	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
	ARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Each	Lower limb	5160-10-01	\$1,025.10	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
	ARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Each	Lower limb	5160-10-01	\$2,046.72	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
	NKLE, SYMES, MOLDED SOCKET, SACH FOOT	Each	Lower limb	5160-10-01	\$1,754.04	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5060 AN	NKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	Each	Lower limb	5160-10-01	\$2,162.23	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
	ELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Each	Lower limb	5160-10-01	\$2,225.84	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5105 BE	ELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	Each	Lower limb	5160-10-01	\$2,464.74	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
SA	NEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, ACH FOOT	Each	Lower limb	5160-10-01	\$2,740.21	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5160 KN EX	NEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, XTERNAL KNEE JOINTS, SHIN, SACH FOOT	Each	Lower limb	5160-10-01	\$3,008.61	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5200 AB	BOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Each	Lower limb	5160-10-01	\$2,965.53	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
JOI	BOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE DINTS	Each	Lower limb	5160-10-01	\$1,847.59	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
DY	BOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, YNAMICALLY ALIGNED, EACH	Each	Lower limb	5160-10-01	\$2,035.24	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
FO	BOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH DOT	Each	Lower limb	5160-10-01	\$3,052.57	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
FR	IP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT RICTION KNEE, SHIN, SACH FOOT	Each	Lower limb	5160-10-01	\$3,579.21	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5280 HE KN	EMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION NEE, SHIN, SACH FOOT	Each	Lower limb	5160-10-01	\$3,876.41	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5301 BE	ELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Each	Lower limb	5160-10-01	\$2,185.72	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
	NEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH DOT, ENDOSKELETAL SYSTEM	5160-10-01	Lower limb	5160-10-01	\$4,077.00	01/01/2026	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	

Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as "each side," "each foot," "each fastener." Please see 5160-10-01 regarding frequency limits. PA – Payment by prior authorization

				PA Payment by p									
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	Each	Lower limb	5160-10-01	\$2,914.59	01/01/2024	All	Purchase only	1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,	Each	Lower limb	5160-10-01	\$4,049.55	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5341	SINGLE AXIS KNEE, SACH FOOT HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE	Each	Lower limb	5160-10-01	\$4,304.60	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5400	AXIS KNEE, SACH FOOT MINEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	Each	Immediate post- surgery or early fitting	5160-10-01	\$1,021.32	01/01/2010	All	Purchase only	1 per amputation	Limit-based	10, 12	Orthotics, Repairs	
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REAL INMENT.	Each	Immediate post- surgery or early fitting	5160-10-01	\$282.16	01/01/2010	All	Purchase only	1 per amputation	Limit-based	10, 12	Orthotics, Repairs	
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION	Each	Immediate post- surgery or early fitting	5160-10-01	\$1,289.89	01/01/2010	All	Purchase only	1 per amputation	Limit-based	10, 12	Orthotics, Repairs	
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	Each	Immediate post- surgery or early fitting	5160-10-01	\$350.13	01/01/2010	All	Purchase only	1 per amputation	Limit-based	10, 12	Orthotics, Repairs	
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Each	Preparatory prosthesis	5160-10-01	\$1,377.79	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	Each	Preparatory prosthesis	5160-10-01	\$1,513.49	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Each	Preparatory prosthesis	5160-10-01	\$1,603.02	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Each	Preparatory prosthesis	5160-10-01	\$1,826.51	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Each	Preparatory prosthesis	5160-10-01	\$2,200.15	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-AL IGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	Each	Preparatory prosthesis	5160-10-01	\$2,576.61	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Each	Preparatory prosthesis	5160-10-01	\$2,293.95	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	Each	Preparatory prosthesis	5160-10-01	\$2,933.02	01/01/2010	All	Purchase only	1 per amputation	Limit-based	10, 12	Orthotics, Repairs	
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	Each	Preparatory prosthesis	5160-10-01	\$3,338.21	01/01/2010	All	Purchase only	1 per amputation	Limit-based	10, 12	Orthotics, Repairs	
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	Each	Addition to lower limb	5160-10-01	\$1,610.00	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$1,025.44	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$1,559.75	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$1,080.22	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$940.49	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE	Each	Addition to lower limb	5160-10-01	\$358.18	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	Each	Addition to lower limb	5160-10-01	\$213.89	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	Limit-based	10, 12	Orthotics, Repairs	
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	Each	Addition to lower limb	5160-10-01	\$241.85	01/01/2024	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	Limit-based	10, 12	Orthotics, Repairs	
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	Each	Addition to lower limb	5160-10-01	\$255.66	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive	Limit-based	10, 12	Orthotics, Repairs	
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	Each	Addition to lower	5160-10-01	\$325.71	01/01/2024	All	Purchase only	prosthesis 1 per preparatory prosthesis, 2 per	Limit-based	10, 12	Orthotics, Repairs	
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	Each	Addition to lower	5160-10-01	\$404.60	01/01/2010	All	Purchase only	definitive prosthesis	Limit-based	10, 12	Orthotics, Repairs	
			limb					,	prosthesis, 2 per definitive prosthesis				
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	Each	Addition to lower limb	5160-10-01	\$409.72	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	Limit-based	10, 12	Orthotics, Repairs	
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Each	Addition to lower limb	5160-10-01	\$202.26	01/01/2010	All	Purchase only	1 per prosthesis	Limit-based	10, 12	Orthotics, Repairs	
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	Each	Addition to lower limb	5160-10-01	\$351.43	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	Each	Addition to lower limb	5160-10-01	\$356.38	01/01/2024	All	Purchase only	1 per prosthesis	Limit-based	10, 12	Orthotics, Repairs	
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	Each	Addition to lower limb	5160-10-01	\$172.35	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	Each	Addition to lower limb	5160-10-01	\$215.55	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	Each	Addition to lower	5160-10-01	\$164.75	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Each	Addition to lower	5160-10-01	\$245.16	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	Each	Addition to lower	5160-10-01	\$412.99	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
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Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as "each side," "each foot," "each fastener." Please see 5160-10-01 regarding frequency limits. PA – Payment by prior authorization.

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	Each	Addition to lower	5160-10-01	\$713.58	01/01/2010	All	Purchase only	1 per prosthesis	Limit-based	10, 12	Orthotics, Repairs	
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	Each	Addition to lower	5160-10-01	\$469.04	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	Each	Addition to lower	5160-10-01	\$434.79	01/01/2010	All	Purchase only	1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Each	limb Addition to lower	5160-10-01	\$1,282.40	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Each	limb Addition to lower	5160-10-01	\$794.76	01/01/2024	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Each	limb Addition to lower	5160-10-01	\$398.77	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Each	limb Addition to lower	5160-10-01	\$506.27	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Each	limb Addition to lower	5160-10-01	\$475.45	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Each	limb Addition to lower	5160-10-01	\$1,999.63	01/01/2024	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION	Each	limb Addition to lower	5160-10-01	\$310.70	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5651	SOCKET ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Each	limb Addition to lower	5160-10-01	\$1,160.15	01/01/2024	All	Purchase only	side 1 per 4 years per	Limit-based	10. 12	Orthotics, Repairs	
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION	Each	limb Addition to lower	5160-10-01	\$277.48	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5653	SOCKET ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	Each	limb Addition to lower	5160-10-01	\$432.93	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5654	ADDITION TO LOWER EXTREMITY, NICE DISANTIOUS TION, EAR AND ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE	Each	limb Addition to lower	5160-10-01	\$250.96	01/01/2010	All	Purchase only	side 1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, STWES, (REMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL) ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST,	Each	limb Addition to lower	5160-10-01	\$181.21	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL) ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE,	Each	limb Addition to lower	5160-10-01	\$181.21	01/01/2010	All	Purchase only		Limit-based	10, 12	Orthotics, Repairs Orthotics, Repairs	
	ALIPLAST, PLASTAZOTE OR EQUAL)		limb		4		All		1 per year per side	Ellill bases	·		
L5657	ADDITION TO LOWER EXTREMITY PROSTHESIS, MANUALAUTOMATED ADJUSTABLE AR, FLUID, GEL OR EQUAL SOCKET INSERT FOR LIMB VOLUME MANAGEMENT, ANY MATERIALS	Each	Addition to lower limb	5160-10-01	Determined by PA	10/01/2025	All	Purchase	1 per preparatory prosthesis, 2 per definitive prosthesis	Always required	10, 12	Orthotics, Repairs	
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Each	Addition to lower	5160-10-01	\$290.59	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	Each	Addition to lower	5160-10-01	\$416.91	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	Each	Addition to lower	5160-10-01	\$370.67	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	Each	Addition to lower	5160-10-01	\$49.07	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	Each	Addition to lower	5160-10-01	\$73.12	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMI AR)	Each	Addition to lower	5160-10-01	\$172.71	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5671	ADD LOWER EXTREMITY, SUSPENS LOCKING MECH, EXCL SOCKET INSERT	Each	Addition to lower	5160-10-01	\$403.46	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	Each	Addition to lower	5160-10-01	\$228.53	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5673	ADDITION TO LOWER EXTREMITY, BELOW KINEE/ABOVE KINEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREPARICATED, SOCKET INSERT, SILCONE GEL, ELASTOMERIC, OR EQUAL, WITH OR WITHOUT PERFORATIONS, WITH OR WITHOUT BREATHABLE MATERIAL, FOR USE WITH LOCKING MECHANISM	Each	Addition to lower limb	5160-10-01	\$745.00	07/16/2018	All	Purchase only	2 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	Each	Addition to lower limb	5160-10-01	\$230.63	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	Pair	Addition to lower	5160-10-01	\$353.23	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	Pair	Addition to lower	5160-10-01	\$25.27	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5679	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE CUSTOM FABRICATED FROM EXISTING MOLD OR PREPARIOLATED. SOCKET INSERT, SILCONG EGI. ELASTOMERIC, OR FOLKIW, WITH OR WITHOUT PERFORATIONS, WITH OR WITHOUT BREATHABLE MATERIAL, NOT FOR USE WITH LOCKING MECHANISM	Each	Addition to lower limb	5160-10-01	\$625.00	07/16/2018	All	Purchase only	2 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	Each	Addition to lower limb	5160-10-01	\$193.72	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONCENTIAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6673 OR L5679)	Each	Addition to lower limb	5160-10-01	\$1,029.21	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	Each	Addition to lower limb	5160-10-01	\$398.03	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5683	ADDITION TO LOWER EXTREMITY, BELOW NINEE/ABOVE KINEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONCENTAL OR ATYPICAL TRAUMATC AMPUTES, SULCOME GEL, ELASTOMERTO OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE 16873 OR 16879)	Each	Addition to lower limb	5160-10-01	\$1,029.21	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	Each	Addition to lower limb	5160-10-01	\$30.63	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	10, 12	Orthotics, Repairs	
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL	Each	Addition to lower limb	5160-10-01	\$104.51	01/01/2024	All	Purchase only	6 per year per side	Never required	NA	NA	_
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	Each	Addition to lower limb	5160-10-01	\$36.84	01/01/2010	All	Purchase only	1 per 2 years per side	Never required	NA	NA	
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	Each	Addition to lower limb	5160-10-01	\$39.13	01/01/2010	All	Purchase only	1 per year	Never required	NA	NA	
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	Each	Addition to lower limb	5160-10-01	\$79.87	01/01/2010	All	Purchase only	1 per year	Never required	NA	NA	
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	Each	Addition to lower	5160-10-01	\$84.57	01/01/2010	All	Purchase only	1 per year	Never required	NA	NA	
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	Each	Addition to lower	5160-10-01	\$115.47	01/01/2010	All	Purchase only	1 per year	Never required	NA	NA	
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Limit-based — PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of modical necessity Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as "each side," "each foot," "each fastener." Please see 5180-10-01 regarding frequency limits. PA.— Payment by prior authorization.

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR FOLIAL	Each	Addition to lower	5160-10-01	\$103.79	01/01/2010	All	Purchase only	2 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	Each	Addition to lower limb	5160-10-01	\$125.38	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	10, 12	Orthotics, Repairs	
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	Each	Addition to lower limb	5160-10-01	\$59.55	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	10, 12	Orthotics, Repairs	
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE	Each	Addition to lower limb	5160-10-01	\$76.38	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	Each	Addition to lower limb	5160-10-01	\$130.54	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Each	Addition to lower limb	5160-10-01	\$2,502.40	01/01/2024	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	Each	Addition to lower limb	5160-10-01	\$3,104.45	01/01/2024	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	Each	Addition to lower limb	5160-10-01	\$3,070.16	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	Each	Addition to lower limb	5160-10-01	\$2,135.00	10/01/2022	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	Each	Addition to lower limb	5160-10-01	\$400.36	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	Each	Addition to lower limb	5160-10-01	\$733.99	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	Each	Addition to lower limb	5160-10-01	\$715.93	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	Each	Addition to lower limb	5160-10-01	\$961.85	01/01/2010	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Each	Addition to lower limb	5160-10-01	\$228.91	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Each	Addition to lower limb	5160-10-01	\$384.17	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Each	Addition to lower limb	5160-10-01	\$274.25	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$279.04	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Each	Addition to lower limb	5160-10-01	\$551.77	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$590.02	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$717.50	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$1,105.92	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$1,542.94	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	Each	Addition to lower limb	5160-10-01	\$3,771.58	01/01/2026	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5783	ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM (WITH OR WITHOUT LAMINATION KIT)	Each	Addition to lower limb	5160-10-01	\$2,415.00	04/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	Addition to lower limb	5160-10-01	\$330.67	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	Addition to lower limb	5160-10-01	\$477.25	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	Addition to lower limb	5160-10-01	\$683.36	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Each	Addition to lower limb	5160-10-01	\$364.10	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Each	Addition to lower limb	5160-10-01	\$502.44	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Each	Addition to lower limb	5160-10-01	\$378.10	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	Each	Addition to lower limb	5160-10-01	\$2,377.43	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Each	Addition to lower limb	5160-10-01	\$541.27	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$611.21	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$1,121.22	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$1,059.89	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	Each	Addition to lower limb	5160-10-01	\$1,999.12	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5827	ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING	Each	Addition to lower limb	5160-10-01	\$6,500.00	04/01/2025	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$2,404.01	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$1,271.88	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$2,496.40	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5841	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, PNEUMATIC SWING, AND STANCE PHASE CONTROL	Each	Addition to lower limb	5160-10-01	\$1,465.00	04/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	Each	Addition to lower limb	5160-10-01	\$1,147.38	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUST ABILITY	Each	Addition to lower limb	5160-10-01	\$1,013.63	01/01/2026	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	Each	Addition to lower limb	5160-10-01	\$81.42	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	Each	Addition to lower limb	5160-10-01	\$196.55	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Each	Addition to lower limb	5160-10-01	\$3,470.01	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	

Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as "each side," "each foot," "each fastener." Please see 5160-10-01 regarding frequency limits. PA – Payment by prior authorization.

				PA Payment by p	CURRENT	PAYMENT					PRIOR AUTHORIZATION	PRIOR AUTHORIZATION	
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	PAYMENT AMOUNT	AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	ASSIGNMENT NUMBER	ASSIGNMENT NAME	NOTES
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Each	Addition to lower	5160-10-01	\$230.50	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	Each	Addition to lower	5160-10-01	\$337.70	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	Each	Addition to lower	5160-10-01	\$213.86	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5926	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL ROTATION UNIT. ANY TYPE	Each	Addition to lower	5160-10-01	\$415.00	10/01/2021	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	Formerly K1022
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	Each	Addition to lower	5160-10-01	\$2,154.68	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIRER OR FOLIAL)	Each	Addition to lower	5160-10-01	\$319.25	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR FOLIAL)	Each	Addition to lower	5160-10-01	\$495.17	01/01/2010	All	Purchase only	1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARRON FIRER OR FOLIAL)	Each	Addition to lower	5160-10-01	\$740.39	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL.	Each	Addition to lower	5160-10-01	\$3,835.00	07/01/2021	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Each	Addition to lower	5160-10-01	\$374.10	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Each	Addition to lower	5160-10-01	\$717.60	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Each	Addition to lower	5160-10-01	\$924.38	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	Each	Addition to lower	5160-10-01	\$2,920.00	07/01/2021	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	Each	Addition to lower	5160-10-01	\$139.06	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	Each	Addition to lower	5160-10-01	\$322.81	01/01/2024	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	Each	Addition to lower	5160-10-01	\$189.02	01/01/2024	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	Each	Addition to lower	5160-10-01	\$345.64	01/01/2010	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR	Each	Addition to lower	5160-10-01	\$376.20	01/01/2010	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L5978	EQUAL) ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	Each	limb Addition to lower	5160-10-01	\$199.35	01/01/2010	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	Each	Addition to lower	5160-10-01	\$1,596.06	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	Each	Addition to lower	5160-10-01	\$2,431.74	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	Each	Addition to lower	5160-10-01	\$2,783.73	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	Each	Addition to lower	5160-10-01	\$410.34	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	Each	Addition to lower	5160-10-01	\$411.61	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	Each	Addition to lower	5160-10-01	\$180.77	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	Each	Addition to lower	5160-10-01	\$632.77	01/01/2024	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	Each	Addition to lower	5160-10-01	\$4,605.07	01/01/2010	All	Purchase only	1 per 2 years per	Always required	10, 12	Orthotics, Repairs	
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	Each	Addition to lower	5160-10-01	\$1,489.41	01/01/2010	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	Each	Addition to lower	5160-10-01	\$1,710.13	01/01/2026	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L5991	ADDITION TO LOWER EXTREMITY PROSTHESES, OSSEOINTEGRATED EXTERNAL PROSTHETIC CONNECTOR	Each	Addition to lower	5160-10-01	\$8,775.00	10/01/2023	All	Purchase only	1 per 2 years per side	Limit-based	10, 12	Orthotics, Repairs	
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Each	Addition to lower	5160-10-01	Determined by	10/01/1988	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L6000	PARTIAL HAND, THUMB REMAINING	Each	Upper limb	5160-10-01	\$1,127.52	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	Each	Upper limb	5160-10-01	\$1,254.75	01/01/2010	All	Purchase only	1 per 4 years per	Always required	10, 12	Orthotics, Repairs	
L6020	PARTIAL HAND, NO FINGER REMAINING	Each	Upper limb	5160-10-01	\$1,169.86	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6028	PARTIAL HAND, FINGER, AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)/THUMB, AMPIUTATION AT METACARPAL LEVEL, INCLUDING FLEXIBLE OR NON-FLEXIBLE INTERFACE, MOLDED TO PATIENT MODEL, INCLUDING PALM, FOR USE WITHOUT EXTERNAL POWER AND/OR PASSIVE PROSTHETIC DIGIT/THUMB, NOT INCLUDING INSERTS DESCRIBED BY L6892	Each	Upper limb	5160-10-01	Determined by PA	04/01/2025	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6029	UPPER EXTREMITY ADDITION, TEST SOCKET/INERFACE, PARTIAL HAND INCLUDING FINGERS	Each	Upper limb	5160-10-01	Determined by PA	04/01/2025	All	Purchase only	1 per 4 years per	Always required	10, 12	Orthotics, Repairs	
L6030	UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS	Each	Upper limb	5160-10-01	Determined by PA	04/01/2025	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6031	REPLACEMENT SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS, MOLDED TO PATIENT MODEL. FOR USE WITH OR WITHOUT EXTERNAL POWER	Each	Upper limb	5160-10-01	Determined by PA	04/01/2025	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6032	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	Upper limb	5160-10-01	Determined by PA	04/01/2025	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6033	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLIC MATERIAL	Each	Upper limb	5160-10-01	Determined by PA	04/01/2025	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6034	PARTIAL HAND, FINGER, AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)/THUMB, AMPUTATION AT TRANSMETACARPAL LEVEL. INCLUDING FLEXIBLE OR NON-FLEXIBLE INTERFACE.	Each	Upper limb	5160-10-01	Determined by PA	10/01/2025	All	Purchase	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
<u>L6035</u>	SINGLE PROSTHETIC DIGIT, MECHANICAL, CAN INCLUDE METACARPOPHALANGEAL (MCP), PROXIMAL INTERPHALANGEAL (PIP), ANDIOR DISTAL INTERPHALANGEAL (DIP) JOINT(S), WITH OR WITHOUT	Each	Upper limb	5160-10-01	Determined by PA	10/01/2025	All	Purchase	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
<u>L6036</u>	PROSTHETIC THUMB, MECHANICAL, CAN INCLUDE METACARPOPHALANGEAL (MCP), INTERPHALANGEAL (P) JOINT(S), WITH OR WITHOUT LOCKING MECHANISM, CAN INCLUDE FLEXION	Each	Upper limb	5160-10-01	Determined by PA	10/01/2025	All	Purchase	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6037	IMMEDIATE POST-SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INLUCIONG FITTING, ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, PARTIAL HAND	Each	Upper limb	5160-10-01	Determined by PA	04/01/2025	All	Purchase only	1 per medical event per side	Always required	10, 12	Orthotics, Repairs	
L6038	ADDITION TO SINGLE PROSTHETIC DIGIT OR THUMB, MECHANICAL, ATTACHMENT, MULTIAXIAL	Each	Upper limb	5160-10-01	Determined by	10/01/2025	All	Purchase	1 per 4 years per	Always required	10, 12	Orthotics, Repairs	
<u> </u>	AND/OR INTERNAL/EXTERNAL ROTATION/ABDUCTION/ADDUCTION MECHANISM, WITH OR WITHOUT				PA				side		L	i .	

Limit-based – PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of medical necessity Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as "each side," "each foot," "each fastener." Please see 5160-10-01 regarding frequency limits. PA – Payment by prior authorization

	T			PA Payment by p									
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L6039	PASSIVE PROSTHETIC DIGIT OR THUMB PROSTHESIS NOT INCLUDING HAND RESTORATION PARTIAL	Each	Upper limb	5160-10-01	Determined by	10/01/2025	All	Purchase	1 per 4 years per	Always required	10, 12	Orthotics, Repairs	
L6050	HAND, FULL OR PARTIAL, CUSTOM MADE, ANY MATERIAL, INITIAL OR REPLACEMENT, PER SINGLE WRIST DISARTICULATION. MOLDED SOCKET. FLEXIBLE ELBOW HINGES. TRICEPS PAD	Each	Upper limb	5160-10-01	PA \$1,591.24	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW	Each	Upper limb	5160-10-01	\$2.029.71	01/01/2010	All	Purchase only	side 1 per 4 years per	Always required	10. 12	Orthotics, Repairs	
L6100	HINGES, TRICEPS PAD BELOW EIBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	Each	Upper limb	5160-10-01	\$2,052.19	01/01/2024	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6110	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAU BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	Each		5160-10-01	\$1,703.56	01/01/2024	All	Purchase only	side	Limit-based	10, 12	Orthotics, Repairs	
L6120	BELOW ELBOW, MOLDED SOCKET, (MOENSTER OR NORTHWESTERN SUSPENSION TYPES) BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF		Upper limb		\$1,703.56				side		10, 12		
	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	Each	Upper limb	5160-10-01	\$1,926.74	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	-,	Orthotics, Repairs	
L6200		Each	Upper limb	5160-10-01	. ,	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	Each	Upper limb	5160-10-01	\$2,888.62	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	Each	Upper limb	5160-10-01	\$2,060.12	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Each	Upper limb	5160-10-01	\$2,841.46	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Each	Upper limb	5160-10-01	\$2,575.16	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Each	Upper limb	5160-10-01	\$1,342.11	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Each	Upper limb	5160-10-01	\$3,113.36	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Each	Upper limb	5160-10-01	\$2,702.94	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Each	Upper limb	5160-10-01	\$1,567.52	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	Upper limb	5160-10-01	\$1,741.93	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	Upper limb	5160-10-01	\$2,276.62	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	Upper limb	5160-10-01	\$2,235.58	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	Upper limb	5160-10-01	\$2,895.52	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	Upper limb	5160-10-01	\$3,232.48	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	Pair	Addition to upper limb	5160-10-01	\$145.21	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	Pair	Addition to upper limb	5160-10-01	\$149.46	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	Pair	Addition to upper limb	5160-10-01	\$141.28	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	Each	Addition to upper limb	5160-10-01	\$137.13	01/01/2010	All	Purchase only	1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT	Each	Addition to upper	5160-10-01	\$41.28	01/01/2010	All	Purchase only	3 per 4 years	Limit-based	10, 12	Orthotics, Repairs	
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	Each	Addition to upper	5160-10-01	\$239.75	01/01/2010	All	Purchase only	1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	Each	Addition to upper	5160-10-01	\$456.72	01/01/2010	All	Purchase only	1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	Each	Addition to upper	5160-10-01	\$338.50	01/01/2010	All	Purchase only	1 per 4 years per	Always required	10, 12	Orthotics, Repairs	
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	Each	Addition to upper	5160-10-01	\$364.35	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE,	Each	Addition to upper limb	5160-10-01	\$124.16	01/01/2010	All	Purchase only	1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	Each	Addition to upper	5160-10-01	\$182.89	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE	Each	Addition to upper	5160-10-01	\$41.35	01/01/2010	All	Purchase only	6 per year	Limit-based	10, 12	Orthotics, Repairs	
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	Each	Addition to upper	5160-10-01	\$132.19	01/01/2010	All	Purchase only	1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	Each	limb Addition to upper	5160-10-01	\$258.81	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	Pair	limb Addition to upper	5160-10-01	\$215.53	01/01/2010	All	Purchase only	side 1 per 4 years per	Always required	10, 12	Orthotics, Repairs	
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	Each	limb Addition to upper	5160-10-01	\$125.51	01/01/2010	All	Purchase only	side 1 per 4 years per	Always required	10, 12	Orthotics, Repairs	
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	Each	limb Addition to upper	5160-10-01	\$184.52	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT	Each	limb Addition to upper	5160-10-01	\$233.08	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT	Each	limb Addition to upper	5160-10-01	\$252.80	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	Each	limb Addition to upper	5160-10-01	\$49.02	01/01/2010	All	Purchase only	side 1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	Each	limb Addition to upper	5160-10-01	\$65.62	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	Each	limb Addition to upper	5160-10-01	\$29.31	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	Each	limb Addition to upper	5160-10-01	\$30.53	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	Each	limb Addition to upper	5160-10-01	\$140.08	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	Each	limb Addition to upper	5160-10-01	\$97.41	01/01/2024	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	Each	limb Addition to upper	5160-10-01	\$79.96	01/01/2010	All	Purchase only	1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
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Limit-based — PA is required when the frequency limit is exceeded Frequency limits may be exceeded on the basis of modical necessity Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as "each side," "each foot," "each fastener." Please see 5180-10-01 regarding frequency limits. PA.— Payment by prior authorization.

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	Each	Addition to upper	5160-10-01	\$196.88	01/01/2010	All	Purchase only	2 per prosthesis	Limit-based	10, 12	Orthotics, Repairs	
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	Each	Addition to upper limb	5160-10-01	\$217.68	01/01/2010	All	Purchase only	2 per prosthesis	Limit-based	10, 12	Orthotics, Repairs	
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	Each	Addition to upper limb	5160-10-01	\$295.80	01/01/2010	All	Purchase only	2 per prosthesis	Limit-based	10, 12	Orthotics, Repairs	
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	Each	Addition to upper limb	5160-10-01	\$438.93	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	Each	Addition to upper limb	5160-10-01	\$367.11	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	Each Each	Addition to upper limb Addition to upper	5160-10-01 5160-10-01	\$406.28 \$484.22	01/01/2010	All	Purchase only	1 per 4 years per side 1 per 4 years per	Limit-based Always required	10, 12	Orthotics, Repairs Orthotics, Repairs	
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	Each	limb Addition to upper	5160-10-01	\$484.22	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
L6691	UPPER EXTREMITY ADDITION, FROM VABLE INSERT	Each	limb Addition to upper	5160-10-01	\$286.80	01/01/2024	All	Purchase only	side 1 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL	Each	limb Addition to upper	5160-10-01	\$409.41	01/01/2010	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L6693	UPPER EXTREMITY ADDITION, EXTERNAL LOCKING ELBOW	Each	limb Addition to upper	5160-10-01	\$2,370.00	07/16/2018	All	Purchase only	side 1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	Each	limb Addition to upper	5160-10-01	\$352.81	01/01/2010	All	Purchase only	side 1 per 4 years per	Limit-based	10, 12	Orthotics, Repairs	
			limb, terminal device						side				
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Each	Addition to upper limb, terminal device	5160-10-01	\$341.81	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Each	Addition to upper limb, terminal device	5160-10-01	\$740.62	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	Each	Addition to upper limb, terminal device	5160-10-01	\$799.30	01/01/2024	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	Each	Addition to upper limb, terminal device	5160-10-01	\$795.89	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	Each	Addition to upper limb, terminal device	5160-10-01	\$245.52	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	Each	Addition to upper limb, terminal device	5160-10-01	\$130.51	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6883	REPLACEMENT SOCKET, BELOW ELBOWWRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	Each	Addition to upper limb, terminal device	5160-10-01	\$1,967.66	01/01/2026	All	Purchase only	2 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	Each	Addition to upper limb, terminal device	5160-10-01	\$2,688.81	01/01/2026	All	Purchase only	2 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Addition to upper limb, terminal device	5160-10-01	\$162.94	01/01/2024	All	Purchase only	2 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Each	Addition to upper limb, terminal device	5160-10-01	\$1,241.44	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Each	Addition to upper limb, terminal device	5160-10-01	\$1,228.68	01/01/2010	All	Purchase only	1 per 4 years per side	Always required	10, 12	Orthotics, Repairs	
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Each	Addition to upper limb, terminal device	5160-10-01	\$1,207.87	01/01/2010	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	Each	Addition to upper limb, terminal device	5160-10-01	\$518.99	01/01/2010	All	Purchase only	1 per 2 years per side	Always required	10, 12	Orthotics, Repairs	
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	Each	Supply	5160-10-01	\$366.30	09/01/2011	All	Purchase only	1 per 5 years per side	Never required	NA	NA	
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	Addition to upper limb	5160-10-01	\$288.90	01/01/2026	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	Each	Addition to upper limb	5160-10-01	\$347.12	01/01/2026	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L7406	ADDITION TO UPPER EXTREMITY PROSTHESIS, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM (WITH OR WITHOUT LAMINATION KIT)	Each	Addition to upper limb, terminal device	5160-10-01	\$2,470.00	04/01/2025	All	Purchase only	1 per 4 years per side	Limit-based	10, 12	Orthotics, Repairs	
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Each	Upper limb	5160-10-01	Determined by PA	10/01/1991	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Each Each	Labor	5160-10-01 5160-10-01	\$18.50 \$18.50	01/01/2024	All		1 per 120 days	Limit-based Limit-based	10, 12	Orthotics, Repairs Orthotics, Repairs	
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY	Each	Breast prosthesis	5160-10-01	\$18.50	01/01/2024	All	Purchase only		Never required	10, 12 NA	NA NA	
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE BREAST PROSTHESIS, MASTECTOMY SLEEVE	Each	Breast prosthesis	5160-10-01	\$29.10	01/01/2010	All	Purchase only	2 per year 3 per year per side	Never required Never required	NA NA	NA NA	Terminated 3.31.25.
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	Each	Breast prosthesis	5160-10-01	\$42.21	01/01/2010	All	Purchase only	3 per year	Never required	NA NA	NA NA	
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	Each	Breast prosthesis	5160-10-01	\$144.73	01/01/2010	All	Purchase only	1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	Each	Breast prosthesis	5160-10-01	\$232.80	01/01/2010	All	Purchase only	side 1 per 2 years per	Limit-based	10, 12	Orthotics, Repairs	
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	Each	Breast prosthesis	5160-10-01	\$2,579.86	01/01/2010	All	Purchase only	side 1 per 2 years per	Always required	10, 12	Orthotics, Repairs	
L8300	TRUSS, SINGLE WITH STANDARD PAD	Each	Truss	5160-10-01	\$59.12	01/01/2010	All	Purchase only	side 2 per year	Never required	NA NA	NA	

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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L8310	TRUSS, DOUBLE WITH STANDARD PADS	Each	Truss	5160-10-01	\$95.12	01/01/2010	All	Purchase only	2 per year	Never required	NA	NA	
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	Each	Truss	5160-10-01	\$41.52	01/01/2010	All	Purchase only	2 per year	Limit-based	10, 12	Orthotics, Repairs	
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	Each	Truss	5160-10-01	\$31.42	01/01/2010	All	Purchase only	2 per year	Never required	NA	NA	
L8400	PROSTHETIC SHEATH, BELOW KNEE	Each	Sock	5160-10-01	\$10.02	01/01/2010	All	Purchase only	12 per year per side	Never required	NA	NA	
L8410	PROSTHETIC SHEATH, ABOVE KNEE	Each	Sock	5160-10-01	\$13.19	01/01/2010	All	Purchase only	12 per year per side	Never required	NA	NA	
L8415	PROSTHETIC SHEATH, UPPER LIMB	Each	Sock	5160-10-01	\$13.65	01/01/2010	All	Purchase only	12 per year per side	Never required	NA	NA	
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE	Each	Sock	5160-10-01	\$48.14	01/01/2010	All	Purchase only	12 per year per side	Never required	NA	NA	
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE	Each	Sock	5160-10-01	\$13.36	01/01/2010	All	Purchase only	12 per year per side	Never required	NA	NA	
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE	Each	Sock	5160-10-01	\$15.11	01/01/2010	All	Purchase only	12 per year per side	Never required	NA	NA	
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB	Each	Sock	5160-10-01	\$14.37	01/01/2010	All	Purchase only	12 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L8440	PROSTHETIC SHRINKER, BELOW KNEE	Each	Sock	5160-10-01	\$29.85	01/01/2010	All	Purchase only	2 per year per side	Never required	NA	NA	
L8460	PROSTHETIC SHRINKER, ABOVE KNEE	Each	Sock	5160-10-01	\$42.42	01/01/2010	All	Purchase only	2 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L8465	PROSTHETIC SHRINKER, UPPER LIMB	Each	Sock	5160-10-01	\$39.22	01/01/2010	All	Purchase only	2 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE	Each	Sock	5160-10-01	\$4.25	01/01/2010	All	Purchase only	24 per year per side	Never required	NA	NA	
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE	Each	Sock	5160-10-01	\$5.86	01/01/2010	All	Purchase only	24 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB	Each	Sock	5160-10-01	\$7.89	01/01/2010	All	Purchase only	24 per year per side	Limit-based	10, 12	Orthotics, Repairs	
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Each	Miscellaneous procedure	5160-10-01	Determined by PA	10/01/1988	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L8500	ARTIFICIAL LARYNX, ANY TYPE	Each	Speech aid	5160-10-01	\$421.25	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	10, 12	Orthotics, Repairs	
L8501	TRACHEOSTOMY SPEAKING VALVE	Each	Speech aid	5160-10-01	\$83.66	01/01/2010	All	Purchase only	1 per 4 months	Never required	NA	NA	
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	Cochlear implant	5160-10-11	\$346.02	01/01/2016	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	Cochlear implant	5160-10-11	\$80.58	01/01/2016	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	Cochlear implant	5160-10-11	\$70.39	01/01/2016	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	Each	Cochlear implant	5160-10-11	\$20.12	01/01/2016	All	Purchase only	Medical necessity	Limit-based	10, 12	Orthotics, Repairs	
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Each	Cochlear implant	5160-10-11	\$6,448.80	01/01/2016	All	Purchase only	1 per 5 years	Never required	NA	NA	
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT	Each	Supply	5160-10-01	\$0.45	09/01/2011	All	Purchase only	25 per month per implant	Limit-based	10, 12	Orthotics, Repairs	
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT	Each	Supply	5160-10-01	\$0.24	09/01/2011	All	Purchase only	31 per month per implant	Limit-based	10, 12	Orthotics, Repairs	
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT	Each	Supply	5160-10-01	\$46.94	09/01/2011	All	Purchase only	2 per year per implant	Limit-based	10, 12	Orthotics, Repairs	
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT	Each	Supply	5160-10-01	\$117.04	09/01/2011	All	Purchase only	2 per year per implant	Limit-based	10, 12	Orthotics, Repairs	
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Each	Cochlear implant	5160-10-11	\$5,473.60	01/01/2016	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Each	Cochlear implant	5160-10-11	\$975.19	01/01/2016	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	Cochlear implant	5160-10-11	\$137.06	01/01/2016	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L8678	ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH	Each	Supply		Determined by PA	04/01/2023	All	Purchase only	1 per month	Always required	10, 12	Orthotics, Repairs	
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY	Each	Other equipment	5160-10-01	\$2,045.83	01/01/2016	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	Each	Other equipment	5160-10-01	\$3,500.00	07/01/2021	All	Purchase only	Medical necessity	Always required	10, 12	Orthotics, Repairs	

Oxygen and related items and services Appendix to OAC rule 5160-10-01, related to rule 5160-10-13 Payment schedlule effective 01/01/2026

Limit-based – PA is required when the frequency limit is exceeded
Frequency limits may be exceeded on the basis of medical necessity
Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as, "each side," "each foot," "each fastener." Please see 5160-10-01 regarding frequency limits.
PA – Payment by prior authorization.

			PA Payment by price	i dutionzation								
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT OR FREQUENCY	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Each	Gaseous oxygen	\$100.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Each	Gaseous oxygen	\$40.00	01/01/2014	Non-institutional only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	Each	Liquid oxygen	\$40.00	01/01/2014	Non-institutional only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Each	Liquid oxygen	\$220.00	07/01/2021	Non-institutional only	Rental only	1 per month	Always required	13	Respiratory	
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	Each	Supply	\$50.00	07/16/2018	LTCF only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	Each	Supply	\$50.00	07/16/2018	LTCF only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)	Each	Supply	\$63.00	07/01/2023	LTCF only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E0700 U1	SAFETY EQUIPMENT, THERMAL FUSE	Each	Safety Equipment	<u>\$10.82</u>	01/01/2026	Non-institutional only	Purchase only	2 per year	Never required	NA	NA	2 per unit per year
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Each	Concentrator	\$100.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Each	Concentrator	\$50.00	07/16/2018	LTCF only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	Each	Concentrator	\$100.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	Each	Concentrator	\$50.00	07/16/2018	LTCF only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Each	Concentrator	\$40.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	13	Respiratory	If criteria other than group I or group II are met, PA is required.
K0738*	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Each	Compressor	\$40.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	13, 12	Respiratory, Repairs	If criteria other than group I or group II are met, PA is required.
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Each	Labor	\$18.50	01/01/2024	All		1 per 120 days	Always required	12	Repairs	Only for customer-owned oxygen equipment
E1390 U1 AND E1392	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 65 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE AND PORTABLE OXYGEN CONCENTRATOR, RENTAL	Set	Concentrator	\$140.00	02/01/2020	Non-institutional only	Rental only	1 per month	Limit based	13	,	The U1 modifier is used only when E1390 and E1392 are provided together. When a claim is submitted for E1390 U1 and E1392, the E1392 detail will be denied and the E1390 U1 detail will be paid at \$140.00.

*Note: K0738 formerly represented the combination of a stationary oxygen concentrator and a transfill unit.

U1 modifiers are not needed to differentiate between non-institutional and institutional residences. They will pay based on place of service.

Modifier	Description	Applicable Procedure Codes	Payment Multiplier
QF	Prescribed oxygen flow greater than 4 LPM, both stationary and portable	E0424, E0431, E0434, E0439, E0441, E0442	1.50
QG	Prescribed oxygen flow greater than 4 LPM, stationary only	E0424, E0439, E0441, E0442	1.50

Limit-based – PA is required when the frequency limit is exceeded

Frequency limits may be exceeded on the basis of medical necessity.

Unit amounts, such as "each" are not a limit, they refer to the amount of items required such as; "each side," "each foot," "each fastener." Please see 5160-10-01 regarding frequency limits.

E2609 or E2617 causes all components of a wheelchair to qualify for LTCFs

PA. – Payment by prior authorization.

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	Current Maximum Payment Amount	PAYMENT AMOUNT EFFECTIVE DATE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E0950	WHEELCHAIR ACCESSORY, TRAY	Each	Tray	\$101.50	01/01/2024	1 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP	Each	Positioning aid	\$20.00	01/01/2024	2 per year	Never required	NA	NA		DMEB
E0952	TOE LOOP/HOLDER, ANY TYPE	Each	Positioning aid	\$15.98	01/01/2017	4 per year	Never required	NA	NA		DMEB
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE	Each	Positioning aid	\$500.00	07/01/2021	Medical	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0954	HARDWARE WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	Each	Positioning aid	\$150.00	01/01/2024	necessity 1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0954 U1	WHEELCHAIR ACCESSORY, DOUBLE FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE	Each	Positioning aid	\$300.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs	U1 modifier differenitates this item as a double foot box.	DMEB
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	Each	Positioning aid	\$250.00	01/01/2024	1 per 3 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	Each	Positioning aid	\$98.49	01/01/2017	Medical	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	Each	Positioning aid	\$137.79	01/01/2017	2 per 3 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT	Each	Propulsion aid	\$420.00	01/01/2024	2 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE	Each	Stability aid	\$37.54	01/01/2017	2 per year	Never required	NA	NA		DMEB
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Positioning aid	\$100.00	01/01/2024	1 per 3 years	Never required	NA	NA		DMEB
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE)	Each	Lock	\$25.26	01/01/2017	2 per 2 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	Each	Positioning aid	\$64.69	01/01/2017	1 per 3 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY	Each	Handrim	\$65.61	01/01/2017	2 per year	Never required	NA	NA		DMEB
E0968	COMMODE SEAT, WHEELCHAIR	Each	Seat	\$150.00	07/01/2021	1 per 5 years	Never required	NA	NA		DMEB
E0969	NARROWING DEVICE, WHEELCHAIR	Each	Maneuverability aid	\$133.00	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E0970	NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	Each	Footrest	\$45.00	07/01/2021	1 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE	Each	Stability aid	\$50.00	01/01/2024	2 per 2 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY	Each	Armrest	\$97.62	01/01/2017	2 per year	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE	Each	Stability aid	\$78.33	01/01/2017	2 per 4 years	Never required	NA	NA		DMEB
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP	Each	Positioning aid	\$44.04	01/01/2024	1 per 2 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0980	SAFETY VEST, WHEELCHAIR	Each	Positioning aid	\$31.92	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY	Each	Seat upholstery	\$40.04	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	Each	Back upholstery	\$33.02	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEFI CHAIR JOYSTICK CONTROL	Each	Propulsion aid	\$4,500.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0984	WHEELCHAIR, JUTS TICK CONTROL MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	Each	Propulsion	\$1,420.73	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0985	WHEELCHAIR, ILLER CONTROL WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	Each	Adjustable seating	\$202.64	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E0986	MANUAL WHEELCHAIR ACCESSORY, POWER ASSIST SYSTEM	Each	Propulsion aid	\$4,851.75	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE	Pair	Propulsion aid	\$2,850.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY	Each	Legrest	\$99.72	01/01/2017	2 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	Each	Seat	\$95.06	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E0994	ARM REST	Each	Armrest	\$17.60	01/01/2017	1 per 2 years	Limit-based	19, 12	Wheelchairs, Repairs	BEP item	DMEB
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY	Each	Legrest	\$25.82	01/01/2017	2 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Each	Adjustable power seating	\$3,300.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Each	Adjustable power seating	\$3,311.15	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Each	Adjustable power seating	\$3,671.38	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Each	Adjustable power seating	\$3,973.98	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Each	Adjustable power seating	\$4,867.76	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1007	NEDUCTION WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Each	Adjustable power	\$7,035.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1008	REDUCTION WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REPLICTION	Each	seating Adjustable power seating	\$6,591.74	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST	Each	Legrest	\$2,090.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING	Pair	Legrest	\$862.44	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB

					by prior authorization						
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	Current Maximum Payment Amount	PAYMENT AMOUNT EFFECTIVE DATE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH	Each	Modification	\$180.00	07/01/2021	1 per year	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E1012	INITIAL CHAIR) WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG	Each	Legrest	\$2,200.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1014	REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	Each	Adjustable seating	\$319.44	01/01/2017	1 per 5 years	Never required	NA	NA NA		DMEB
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR	Each	Shock absorber	\$114.59	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR	Each	Shock absorber	\$131.18	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR	Each	Shock absorber	\$115.00	07/01/2021	2 per 5 years	Never required	NA	NA		DMEB
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR	Each	Shock absorber	\$185.00	07/01/2021	2 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	Each	Positioning aid	\$243.15	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
E1022	WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	Wheelchair securement	\$900.00	01/01/2026	1 per 3 years	Always required	9	Miscellaneous equipment		DMEB
E1023	WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	Wheelchair securement	\$250.00	01/01/2026	1 per 3 years	Always required	9	Miscellaneous equipment		DMEB
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Each	Mounting hardware	\$225.00	01/01/2024	Medical necessity	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	Each	Carrier	\$278.65	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Each	Carrier	\$878.64	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5" OR GREATER	Each	Transport chair	\$504.63	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1032	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE	Each	Mounting hardware	\$225.00	04/01/2025	Medical necessity	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1033	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR HEADREST, CUSHIONED, ANY TYPE	Each	Mounting hardware	\$225.00	04/01/2025	Medical necessity	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1034	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY TYPE	Each	Mounting hardware	\$225.00	04/01/2025	Medical necessity	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	Each	Transport chair	\$6,125.67	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	Each	Transport chair	\$8,587.53	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	Each	Transport chair	\$1,083.69	01/01/2017	1 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Transport chair	\$180.09	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS. SWING AWAY DETACHABLE ELEVATING LEG RESTS	Each	Transport chair Manual wheelchair	\$341.55 \$1.017.27	01/01/2017	1 per 5 years	Never required	NA 19. 12	NA Wheelchairs, Repairs		DMEB DMEB
				. ,.		1 per 5 years	Always required	.,			
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE	Each	Manual wheelchair Manual wheelchair	\$1,259.28 \$930.06	01/01/2017	1 per 5 years	Always required	19, 12 19, 12	Wheelchairs, Repairs Wheelchairs, Repairs		DMEB DMEB
E1070	FOLT FACULTING WINESELPAIR, DETACHABLE ARMS (DESK OR FOLL LENGTH) SWING AWAY DETACHABLE FOOTREST HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Each	Manual wheelchair	\$786.60	01/01/2017	1 per 5 years	Always required Never required	19, 12 NA	NA NA		DMEB
E1083	HEMI-WHEELCHAIR, FIXED FOLL LEIGHT ANNIS, SWING AWAY DE NORABLE ELEVATING LEG REST	Each	Manual wheelchair	\$980.01	01/01/2017	1 per 5 years 1 per 5 years	Never required	NA NA	NA NA		DMEB
E1085	RESTS HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Each	Manual wheelchair	\$715.32	01/01/2017	1 per 5 years	Never required	NA NA	NA NA		DMEB
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Each	Manual wheelchair	\$908.73	01/01/2017	1 per 5 years	Never required	NA NA	NA NA		DMEB
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	Each	Manual wheelchair	\$1,229.22	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1088	LEG RESTS HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY	Each	Manual wheelchair	\$1,346,31	01/01/2017	1 per 5 years	Always required	19. 12	Wheelchairs, Repairs		DMEB
E1089	DETACHABLE ELEVATING LEG RESTS HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	\$1,157.94	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY	Each	Manual wheelchair	\$1,275.03	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1092	DETACHABLE FOOT RESTS WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE	Each	Manual wheelchair	\$1,117.62	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1093	ELEVATING LEG RESTS WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE	Each	Manual wheelchair	\$994.59	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1100	FOOTRESTS SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Each	Manual wheelchair	\$881.37	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Each	Manual wheelchair	\$895.32	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	Each	Manual wheelchair	\$553.14	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Each	Manual wheelchair	\$743.58	01/01/2017	1 per 5 years	Never required	NA	NA NA		DMEB
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	\$814.86	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	\$624.42	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Each	Manual wheelchair	\$2,500.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	\$758.52	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	Each	Manual wheelchair	\$680.58	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	Each	Manual wheelchair	\$831.78	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB

					by prior authorization						
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	Current Maximum Payment Amount	PAYMENT AMOUNT EFFECTIVE DATE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	Each	Manual wheelchair	\$893.52	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING	Each	Manual wheelchair	\$1,027.62	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1195	LEGRESTS HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	\$1,066.68	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	\$738.81	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND	Each	Manual wheelchair	\$1,900.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	Each	Manual wheelchair	\$474.66	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	Each	Manual wheelchair	\$635.67	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	Each	Manual wheelchair	\$739.35	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Each	Manual wheelchair	\$810.63	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES)	Each	Adjustable seating	\$280.00	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES)	Each	Adjustable seating	\$463.32	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Each	Armrest	\$235.63	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Each	Frame configuration	\$245.12	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Each	Manual wheelchair	\$1,750.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	Each	Power operated vehicle not otherwise	\$2,212.79	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Each	Manual wheelchair	\$2,513.37	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Each	Manual wheelchair	\$2,300.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Each	Manual wheelchair	\$2,213.37	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Each	Manual wheelchair	\$2,000.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Each	Manual wheelchair	\$1,855.62	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Each	Manual wheelchair	\$1,875.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Each	Manual wheelchair	\$1,651.32	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Each	Manual wheelchair	\$1,637.01	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Each	Power wheelchair	\$2,200.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Each	Manual wheelchair	\$1,029.15	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	\$717.30	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	\$957.87	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	\$788.58	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Each	Manual wheelchair	\$1,199.79	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	\$1,051.02	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST.	Each	Manual wheelchair	\$1,128.51 \$1,122.30	01/01/2017	1 per 5 years	Never required	NA 19 12	NA		DMEB
				*11,122.00	01/01/2017	1 per 5 years	Always required	,	Wheelchairs, Repairs		
E1296 E1297	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR SPECIAL WHEELCHAIR SEAT DEPTH. BY UPHOLSTERY	Each	Frame configuration	\$417.47 \$88.82	01/01/2017	1 per 5 years	Never required Always required	NA 19. 12	NA Wheelchairs, Repairs		DMEB or DMESL DMEB or DMESL
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Each	Frame configuration	\$88.82	01/01/2017	1 per 5 years 1 per 5 years	Always required Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES	Each	Frame configuration	\$372.72	01/01/2017	1 per 5 years	Always required Always required	19, 12	Wheelchairs, Repairs		DMEB OF DIVIESE.
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Each	Frame configuration	\$473.47	01/01/2017	1 per 5 years	Always required Always required	19, 12	Wheelchairs, Repairs		DMEB
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	Each	Frame configuration	\$478.56	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	Each	Frame configuration	\$812.56	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED).	Each	Handrim	\$32.63	01/01/2017	2 per year	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2206	ANY TYPE, REPLACEMENT ONLY MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY	Each	Lock	\$40.64	01/01/2017	2 per 5 years	Never required	NA	NA NA	BEP item	DMEB
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER	Each	Carrier	\$43.30	01/01/2017	1 per 5 years	Never required	NA	NA NA		DMEB
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER	Each	Carrier	\$118.67	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT	Each	Positioning aid	\$107.06	01/01/2017	2 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY	Each	Accessory	\$10.00	01/01/2024	1 per 5 years	Never required	NA	NA		DMEB

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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	Current Maximum Payment Amount	PAYMENT AMOUNT EFFECTIVE DATE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE	Each	Wheel or tire	\$34.74	01/01/2017	4 per year	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	Each	Wheel or tire	\$5.87	01/01/2017	4 per year	Never required	NA	NA		DMEB
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE	Each	Wheel or tire	\$30.38	01/01/2017	4 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE	Each	Wheel or tire	\$30.57	01/01/2017	4 per year	Never required	NA	NA	BEP item	DMEB
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE	Each	Wheel or tire	\$9.59	01/01/2017	4 per year	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE	Each	Wheel or tire	\$35.00	07/01/2021	4 per year	Never required	NA	NA		DMEB
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE	Each	Wheel or tire	\$35.00	07/01/2021	4 per year	Never required	NA	NA		DMEB
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE	Each	Wheel or tire	\$40.00	07/01/2021	4 per year	Never required	NA	NA		DMEB
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE	Each	Wheel or tire	\$38.60	01/01/2017	4 per year	Never required	NA	NA NA	BEP item	DMEB
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$24.23	01/01/2017	4 per year	Never required	NA	NA		DMEB
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE,	Each	Wheel or tire	\$25.52	01/01/2017	4 per year	Never required	NA	NA		DMEB
E2222	REPLACEMENT ONLY MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE,	Each	Wheel or tire	\$21.04	01/01/2017	4 per year	Never required	NA	NA		DMEB
E2224	REPLACEMENT ONLY MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$83.26	01/01/2017	4 per year	Never required	NA	NA		DMEB
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$17.39	01/01/2017	4 per year	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$37.91	01/01/2017	4 per year	Never required	NA.	NA NA	BEP item	DMEB
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL	Each	Propulsion aid	\$1,636.50	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs	SE NOM	DMEB
E2227	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE	Each	Lock	\$935.29	01/01/2017	2 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
F2230		Each		\$3.000.00	07/01/2021			19, 12	Wheelchairs, Repairs		DMEB
	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM		Standing system	,		1 per 5 years	Always required	.,	, ,		
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	Each	Frame configuration	\$153.51	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Each	Back	\$350.00	07/01/2021	1 per 3 years	Never required	NA	NA		DMEB
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Each	Seat	\$350.00	07/01/2021	1 per 3 years	Never required	NA	NA		DMEB
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Each	Back	\$500.00	07/01/2021	1 per 5 years	Never required	NA	NA		DMEB
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Each	Seat	\$500.00	07/01/2021	1 per 5 years	Never required	NA	NA		DMEB
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MILLTIPLE POSITIONING FEATURES	Each	Adjustable seating	\$2,150.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Each	Adjustable seating	\$2,750.00	04/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs	Replaces E2300	DMEB
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	Each	Standing system	\$5,300.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Each	Power controller	\$1,023.77	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Each	Power controller	\$2,072.66	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL INCLUDING FIXED MOUNTING HARDWARE	Each	Power controller	\$2,250.77	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2313	FOWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS. CONNECTORS AND MOUNTING HARDWARE	Each	Power controller	\$307.35	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2321	PAS IE NERKS, CONNECTOR'S AND MOUNTING HARDWARE POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS. MECHANICAL STOP SWITCH. AND FIXED MOUNTING HARDWARE	Each	Power controller	\$1,198.22	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE HARDWARE.	Each	Power controller	\$1,063.45	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	Each	Power controller	\$69.08	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E2324	PREFABRICATED POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	Each	Power controller	\$43.77	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED	Each	Power controller	\$1,015.54	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2326	ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	Each	Power controller	\$330.00	07/01/2021	2 per 5 years	Never required	NA	NA		DMEB
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL	Each	Power controller	\$2,130.00	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2328	RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC,	Each	Power controller	\$3,600.00	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2329	PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM,	Each	Power controller	\$1,331.70	07/01/2020	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2330	NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM,	Each	Power controller	\$3,736.43	07/01/2020	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
	NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE					, 2,20	,		,		
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Each	Power controller	\$700.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	Each	Frame configuration	\$357.98	01/01/2017	1 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Each	Frame configuration	\$537.02	01/01/2017	1 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	Current Maximum Payment Amount	PAYMENT AMOUNT EFFECTIVE DATE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
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E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	Each	Frame configuration	\$447.52	01/01/2017	1 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	Each	Frame configuration	\$716.03	01/01/2017	1 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	Each	Power controller	\$526.78	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY	Each	Battery	\$150.00	07/01/2021	2 per year	Limit-based	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery	\$196.85	01/01/2024	2 per year	Never required	NA	NA		DMEB or DMESL
E2360	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY	Each	Battery	\$102.06	01/01/2017	2 per year	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery	\$155.00	01/01/2024	2 per year	Never required	NA	NA		DMEB
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY	Each	Battery	\$91.89	01/01/2017	2 per year	Never required	NA	NA		DMEB
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery	\$200.00	01/01/2024	2 per year	Never required	NA	NA		DMEB
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY	Each	Battery	\$102.06	01/01/2017	2 per year	Never required	NA	NA		DMEB
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery	\$132.04	01/01/2024	2 per year	Never required	NA	NA		DMEB
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED	Each	Charger	\$223.84	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB or DMESL
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED	Each	Charger	\$418.64	01/01/2017	2 per year	Never required	NA	NA NA		DMEB or DMESL
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	Each	Motor or drive system	\$516.02	01/01/2017	1 per 5 years	Never required	NA	NA NA		DMEB
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	Each	Motor or drive system	\$449.48	01/01/2017	1 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	Each	Motor or drive system	\$802.00	01/01/2017	1 per 5 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery	\$150.58	01/01/2017	2 per year	Never required	NA	NA		DMEB
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY	Each	Battery	\$150.00	07/01/2021	2 per year	Never required	NA	NA		DMEB or DMESL
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	Each	Power controller	\$614.99	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING	Each	Power controller	\$445.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
F2375	HARDWARE, REPLACEMENT ONLY	Fach		\$855.66				19 12			DMEB
	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		Power controller	************	01/01/2017	1 per 5 years	Always required	,	Wheelchairs, Repairs		
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Each	Power controller	Determined by PA	04/24/2015	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	Each	Power controller	\$401.48	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Each	Power controller	\$447.62	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$76.10	01/01/2017	4 per year	Never required	NA	NA	BEP item	DMEB or DMESL
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$20.75	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$151.71	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$80.85	01/01/2017	4 per year	Never required	NA	NA	BEP item	DMEB or DMESL
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$49.46	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$150.35	01/01/2017	4 per year	Never required	NA	NA	BEP item	DMEB or DMESL
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$64.86	01/01/2017	4 per year	Never required	NA	NA	BEP item	DMEB or DMESL
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$50.35	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$27.34	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$42.75	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$20.49	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$53.81	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$76.67	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$54.49	01/01/2017	4 per year	Never required	NA	NA		DMEB or DMESL
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	\$56.48	01/01/2017	4 per year	Never required	NA	NA	BEP item	DMEB or DMESL
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY	Each	Battery	\$413.70	01/01/2017	2 per year	Never required	NA	NA		DMEB or DMESL
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	Each	Seat	\$2,440.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion	\$61.10	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion	\$119.28	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion	\$151.43	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion	\$188.21	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB

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E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion	\$268.89	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion	\$419.50	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion	\$289.55	01/01/2017	1 per 2 years	Never required	NA	NA NA		DMEB
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion	\$347.72	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	Each	Seat cushion	Determined by PA	08/01/2006	1 per 2 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2610	WHEELCHAIR SEAT CUSHION, POWERED	Each	Seat cushion	\$55.00	07/01/2021	1 per 2 years	Never required	NA	NA		DMEB
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion	\$312.01	01/01/2017	1 per 2 years	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion	\$422.11	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion	\$392.63	01/01/2017	1 per 2 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion	\$543.36	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion	\$451.86	01/01/2017	1 per 2 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion	\$607.94	01/01/2017	1 per 2 years	Never required	NA	NA		DMEB
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion	Determined by PA	01/01/2005	1 per 2 years	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	Each	Seat cushion	\$51.27	01/01/2017	1 per 5 years	Never required	NA	NA NA		DMEB
E2620	POSITIONING WHEEL CHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR	Each	Back cushion Back cushion	\$547.13	01/01/2017	1 per 3 years	Always required	19, 12 NA	Wheelchairs, Repairs NA		DMEB DMEB
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion	\$574.16 \$331.12	01/01/2017	1 per 3 years 1 per 2 years	Never required Always required	NA 19. 12	Wheelchairs, Repairs		DMEB
F2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS TRAIN 22 INCHES, ANY DEPTH SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion	\$421.34	01/01/2017	1 per 2 years	Never required	19, 12 NA	NA NA		DMEB
F2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES.	Each	Seat cushion	\$333.84	01/01/2017	1 per 2 years	Always required	19. 12	Wheelchairs, Repairs		DMEB
F2625	ANY DEPTH SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER,	Each	Seat cushion	\$422.62	01/01/2017	1 per 2 years	Never required	NA NA	NA NA		DMEB
E2626	ANY DEPTH WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED,	Each	Positioning aid	\$611.87	01/01/2017	2 per 5 years	Never required	NA NA	NA NA		DMEB
E2627	ADJUSTABLE WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED,	Each	Positioning aid	\$841.57	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB or DMESL
E2628	ADJUSTABLE RANCHO TYPE WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED,	Each	Positioning aid	\$633.99	01/01/2017	2 per 5 years	Never required	NA	NA NA		DMEB or DMESL
E2629	RECLINING WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED,	Each	Positioning aid	\$943.88	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB or DMESL
E2630	FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS) WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND	Each	Positioning aid	\$561.04	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB or DMESL
E2631	SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	Each	Positioning aid	\$224.42	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB or DMESL
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	Each	Positioning aid	\$142.70	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	Each	Positioning aid	\$121.04	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0001	STANDARD WHEELCHAIR	Each	Manual wheelchair	\$532.08	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Each	Manual wheelchair	\$817.38	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0003	LIGHTWEIGHT WHEELCHAIR	Each	Manual wheelchair	\$895.05	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Each	Manual wheelchair	\$1,134.72	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Each	Manual wheelchair	\$2,250.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0006	HEAVY DUTY WHEELCHAIR	Each	Manual wheelchair	\$1,114.02	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Each	Manual wheelchair	\$1,783.08	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	Each	Manual wheelchair	Determined by PA	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0009	OTHER MANUAL WHEELCHAIR/BASE	Each	Manual wheelchair	\$742.77	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS	Each	Power wheelchair Power wheelchair	\$3,498.24 \$4,481.60	01/01/2017	1 per 5 years	Always required	19, 12 19, 12	Wheelchairs, Repairs		DMEB DMEB
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Each	Power wheelchair	\$4,481.60	01/01/2017	1 per 5 years 1 per 5 years	Always required Always required	19, 12	Wheelchairs, Repairs Wheelchairs, Repairs		DMEB
K0012	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Each	Power wheelchair	Determined by	01/01/2017	1 per 5 years	Always required Always required	19, 12	Wheelchairs, Repairs		DMEB
K0013	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Each	Power wheelchair	PA Determined by	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY	Each	Armrest	PA \$181.15	01/01/2017	2 per year	Never required	NA	NA NA		DMEB
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY	Each	Armrest	\$51.07	01/01/2017	2 per year	Never required	NA	NA		DMEB
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY	Each	Armrest	\$28.52	01/01/2017	2 per year	Never required	NA	NA NA		DMEB
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K0019	ARM PAD, REPLACEMENT ONLY	Each	Armrest	\$14.30	01/01/2017	2 per year	Never required	NA	NA NA		DMEB
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST	Pair	Armrest	\$46.40	01/01/2017	1 per 2 years	Never required	NA NA	NA NA		DMEB
K0037	HIGH MOUNT FLIP-UP FOOTREST	Each	Footrest	\$40.89	01/01/2017	2 per 5 years	Never required	NA NA	NA NA		DMEB
K0038	LEG STRAP	Each	Positioning aid	\$24.23	01/01/2017	2 per vear	Never required	NA	NA NA		DMEB
K0039	LEG STRAP, H STYLE	Each	Positioning aid	\$53.81	01/01/2017	2 per year	Never required	NA	NA NA		DMEB
K0040	ADJUSTABLE ANGLE FOOTPLATE	Each	Footrest	\$74.58	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0041	LARGE SIZE FOOTPLATE	Each	Footrest	\$52.86	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY	Each	Footrest	\$34.61	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY	Each	Footrest	\$19.51	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY	Each	Footrest	\$16.61	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY	Each	Footrest	\$56.57	01/01/2017	2 per 5 years	Never required	NA	NA	BEP item	DMEB
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY	Each	Legrest	\$19.51	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY	Each	Legrest	\$76.40	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	Each	Footrest or legrest	\$32.47	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY	Each	Footrest or legrest	\$52.54	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY	Each	Footrest	\$92.34	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING)	Each	Footrest	\$101.90	01/01/2017	per side 2 per 5 years	Never required	NA	NA		DMEB
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	Each	Frame configuration	\$95.00	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0065	SPOKE PROTECTORS	Each	Wheel-related item	\$44.41	01/01/2017	4 per year	Never required	NA	NA		DMEB
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY	Each	Wheel or tire	\$99.83	01/01/2017	4 per year	Never required	NA	NA		DMEB
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY	Each	Wheel or tire	\$182.96	01/01/2017	4 per year	Never required	NA	NA	BEP item	DMEB
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY	Each	Wheel or tire	\$109.13	01/01/2017	4 per year	Never required	NA	NA	BEP item	DMEB
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY	Each	Wheel or tire	\$65.70	01/01/2017	4 per year	Never required	NA	NA	BEP item	DMEB
K0073	CASTER PIN LOCK	Each	Lock	\$33.43	01/01/2017	2 per 5 years	Never required	NA	NA		DMEB
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY	Each	Wheel or tire	\$58.80	01/01/2017	4 per year	Never required	NA	NA		DMEB
K0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	Each	Motor or drive system	\$26.38	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0105	IV HANGER, EACH	Each	Carrier	\$99.32	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Each	Miscellaneous item	Determined by PA	01/01/2017	Medical necessity	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	Pair	Legrest	\$117.45	01/01/2024		Always required	19, 12	Wheelchairs, Repairs	Short-term rental only	DMEB or DMESL
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC	Each	Cushion	Determined by PA	01/01/2024	Medical necessity	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery	\$30.19	01/01/2017	2 per year	Limit-based	19, 12	Wheelchairs, Repairs		DMEB or DMESL
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Each	Labor	\$18.50	01/01/2024			NA	NA		DMEB
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power operated vehicle 1	\$974.78	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power operated vehicle 1	\$1,200.00	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power operated vehicle 1	\$1,528.40	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power operated vehicle 2	\$1,179.22	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power operated vehicle 2	\$1,789.34	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power operated vehicle 2	\$2,768.48	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	Each	Power operated vehicle not otherwise	\$1,100.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 1	\$1,818.98	01/01/2017	1 per 5 years	Never required	NA NA	NA NA		DMEB
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 1	\$2,328.48	01/01/2017	1 per 5 years	Never required	NA NA	NA NA		DMEB DMEB
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING	Each	Power wheelchair 1	\$2,651.26 \$2,539.14	01/01/2017	1 per 5 years	Never required	NA NA	NA NA		DMEB DMEB
K0816 K0820	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	Each	Power wheelchair 1 Power wheelchair 2	\$2,539.14		1 per 5 years	Never required	NA NA	NA NA		DMEB
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS FOWER WHEFT CHAIR GROUP 2 STANDARD PORTABLE CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND	Each	Power wheelchair 2 Power wheelchair 2	\$1,942.94 \$2 494 08	01/01/2017	1 per 5 years	Never required Never required	NA NA	NA NA		DMEB
NU021	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Eaul	r ower wheelchair 2	\$2,494.08	01/01/2017	1 per 5 years	rvever required	INA	INA		DWED

					y prior authorization						
HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	Current Maximum Payment Amount	PAYMENT AMOUNT EFFECTIVE DATE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
Konaa	DOWER WHITE CHAIR CROUD 2 STANDARD SUNCECOUR STATIRACY PATIENT WEIGHT CARACITY UR TO AND	Each	Devices wheelebeis 2	62.014.24	04/04/2017	1 nov E 110010	News required	NIA	NA		DMEB
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		Power wheelchair 2	\$3,014.24	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	\$3,034.08	01/01/2017	1 per 5 years	Never required	NA	NA		
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 2	\$3,384.64	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 2	\$3,342.94	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 2	\$4,727.36	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POLINDS	Each	Power wheelchair 2	\$4,019.58	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POLINDS OR MORE	Each	Power wheelchair 2	\$5,208.96	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	Each	Power wheelchair 2	\$4,783.42	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	Each	Power wheelchair 2	\$3,000.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0831	CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO	Each	Power wheelchair 2	\$3,800.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0835	AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	Each	Power wheelchair 2	\$3,627.83	01/01/2024	1 per 5 years	Never required	NA	NA NA		DMEB
K0836	CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	Each	Power wheelchair 2	\$3,172.74	01/01/2017	1 per 5 years	Never required	NA	NA		DMEB
K0837	UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	Each	Power wheelchair 2	\$3,651.46	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0838	CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT	Each	Power wheelchair 2	\$3,266.56	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0839	CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT	Each	Power wheelchair 2	\$3,545.52	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0840	WEIGHT CAPACITY 451 TO 600 POUNDS POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT	Each	Power wheelchair 2	\$7,161.82	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0841	WEIGHT CAPACITY 601 POUNDS OR MORE POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	Each	Power wheelchair 2	\$4.884.64	01/01/2017	1 per 5 years	Never required	NA NA	NA NA		DMEB
K0842	CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT	Each	Power wheelchair 2	\$3,256,42	01/01/2017	1 per 5 years	Never required	NA NA	NA NA		DMEB
K0842	CAPACITY UP TO AND INCLUDING 300 POUNDS COPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT	Each	Power wheelchair 2	,			· ·				DMEB
	WEIGHT CAPACITY 301 TO 450 POUNDS			\$3,920.64	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 3	\$3,984.54	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 3	\$3,830.98	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 3	\$4,621.98	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 3	\$4,444.00	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 3	\$5,340.38	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 3	\$5,485.92	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Each	Power wheelchair 3	\$7,267.62	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Each	Power wheelchair 3	\$6,865.38	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 3	\$5,795.62	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 3	\$4,283.52	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POLINDS	Each	Power wheelchair 3	\$5,306.56	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 3	\$5,060.80	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 45: TO 600 POLINDS	Each	Power wheelchair 3	\$7,581.02	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POLINDS	Each	Power wheelchair 3	\$6,250.00	01/01/2024	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT	Each	Power wheelchair 3	\$5,306.56	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0863	WEIGHT CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY (4.7 CAPACITY OF THE CAPA	Each	Power wheelchair 3	\$7,580.96	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0864	WEIGHT CAPACITY 451 TO 600 POUNDS POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT	Each	Power wheelchair 3	\$9,021.50	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0868	WEIGHT CAPACITY 601 POUNDS OR MORE POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	Each	Power wheelchair 4	\$4,382.99	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0869	INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING	Each	Power wheelchair 4	\$4,214.08	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0870	300 POUNDS POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450	Each	Power wheelchair 4	\$5,084.18	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0871	POUNDS POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO	Each	Power wheelchair 4	\$4,888.40	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0877	600 POUNDS POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	Each	Power wheelchair 4	\$4,704.72	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0878	CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	Each	Power wheelchair 4	\$4,711.87	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0879	UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	Each	Power wheelchair 4	\$5,837.22	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0880	CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT	Each	Power wheelchair 4	\$5.566.88	01/01/2017	1 per 5 years	Always required	19. 12	Wheelchairs, Repairs		DMEB
K0884	WEIGHT 451 TO 600 POUNDS POWER WHEEL CHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT.	Each	Power wheelchair 4	\$6,070.00	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMER
10004	CAPACITY UP TO AND INCLUDING 300 POUNDS	Laui	. Swei wileelcildii 4	90,070.00	31/01/2017	. per 3 years	, ways required	10, 12	****Solutions, (vepalls		DINIED

Frequency limits may be exceeded on the basis of medical necessity
Unit amounts, such as "each" are not a limit, they refer to the amount of litems required such as; "each side," "each foot," "each fastener." Please see 5160-10-01 regarding frequency limits.
E2009 or E2017 causes all components of a wheelchair to qualify for LTCFs
PA.—Payment by prior authorization

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	Current Maximum Payment Amount	PAYMENT AMOUNT EFFECTIVE DATE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 4	\$6,070.00	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 4	\$5,837.22	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Each	Power wheelchair 5	\$7,272.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Each	Power wheelchair 5	\$7,500.00	07/01/2021	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Each	Power wheelchair not otherwise classified	Determined by PA	01/01/2017	1 per 5 years	Always required	19, 12	Wheelchairs, Repairs		DMEB
97542	WHEELCHAIR MANAGEMENT, EACH 15 MINUTES	15 minutes	Evaluation and management	\$23.79	01/01/2017						

Key to CATEGORY indicator

DME: ambulation aids	
	5160-10-
DME: apnea monitors	5160-10-
DME: bathing seats	5160-10-
DME: commodes	5160-10-
DME: compression burn garments	5160-10-
DME: compression garments	5160-10-
DME: continuous glucose monitor	5160-10-
DME: continuous passive motion (CPM) devices	5160-10-
DME: equipment and supplies categorized with oxygen	5160-10-
DME: HFCWO devices	5160-10-
DME: home dialysis equipment and supplies	5160-10-
DME: hospital beds and bed accessories	5160-10-
DME: insulin pumps	5160-10-
DME: lactation pumps	5160-10-
DME: osteogenesis stimulators	5160-10-
DME: pneumatic compression devices and accessories	5160-10-
DME: positive airway pressure devices	5160-10-
DME: pressure-reducing support surfaces	5160-10-
DME: pulse oximeters	5160-10-
DME: speech generating devices	5160-10-
DME: transcutaneous electrical nerve stimulation (TENS) units	5160-10-
DME: ventilators	5160-10-
DME: wearable cardioverter-defibrillators	5160-10-
DME: other equipment items	5160-10-
Orthotic devices and prostheses: cranial remolding devices	5160-10-
Orthotic devices and prostheses: foot orthoses	5160-10-
Orthotic devices and prostheses: hearing aids	5160-10-
Orthotic devices and prostheses: orthopedic shoes	5160-10-
Orthotic devices and prostheses: other orthotic devices	5160-10-
	5160-10-
Orthotic devices and prostheses: other prostheses	5160-10-
Orthotic devices and prostheses: other prostheses Medical supplies: incontinence garments and related supplies	
Medical supplies: incontinence garments and related supplies	5160-10-
Medical supplies: inconfinence garments and related supplies Medical supplies: nutrition supplies Medical supplies: ostomy supplies	5160-10- 5160-10-
Medical supplies: incontinence garments and related supplies Medical supplies: nutrition supplies Medical supplies: ostomy supplies Medical supplies: ostomy supplies Medical supplies: urological supplies	5160-10-; 5160-10-; 5160-10-;
Medical supplies: inconfinence garments and related supplies Medical supplies: nutrition supplies Medical supplies: ostomy supplies	5160-10-3 5160-10-3 5160-10-3

By OAC rule nu	mber:
5160-10-01	DME: other equipment items
5160-10-01	Orthotic devices and prostheses: other prostheses
5160-10-01	Orthotic devices and prostheses: other orthotic devices
5160-10-01	Medical supplies: other supply items
5160-10-01	DMEPOS: labor
5160-10-06	DME: wearable cardioverter-defibrillators
5160-10-07	DME: bathing seats
5160-10-08	DME: HFCWO devices
5160-10-09	DME: apnea monitors
5160-10-10	DME: home dialysis equipment and supplies
5160-10-11	Orthotic devices and prostheses: hearing aids
5160-10-13	DME: equipment and supplies categorized with oxygen
5160-10-14	DME: compression garments
5160-10-14	DME: compression burn garments
5160-10-15	DME: transcutaneous electrical nerve stimulation (TENS) units
5160-10-17	DME: pneumatic compression devices and accessories
5160-10-18	DME: hospital beds and bed accessories
5160-10-18	DME: pressure-reducing support surfaces
5160-10-19	DME: positive airway pressure devices
5160-10-21	Medical supplies: incontinence garments and related supplies
5160-10-22	DME: ventilators
5160-10-23	DME: pulse oximeters
5160-10-24	DME: speech generating devices
5160-10-25	DME: lactation pumps
5160-10-26	Medical supplies: nutrition supplies
5160-10-27	DME: continuous passive motion (CPM) devices
5160-10-28	DME: osteogenesis stimulators
5160-10-29	DME: insulin pumps
5160-10-30	DME: ambulation aids
5160-10-31	Orthotic devices and prostheses: orthopedic shoes
5160-10-31	Orthotic devices and prostheses: foot orthoses
5160-10-32	Medical supplies: ostomy supplies
5160-10-32	Medical supplies: urological supplies
5160-10-33	DME: commodes
5160-10-34	Medical supplies: wound dressings and related supplies
5160-10-35	Orthotic devices and prostheses: cranial remolding devices
5160-10-36	DME: Continuous glucose monitors

Miscellaneous codes

HCPCS	Definition
code	
A4335	Incontinence supply; miscellaneous
A4421	Ostomy supply, miscellaneous
A4649	Surgical supply; miscellaneous
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
A9999	Miscellaneous DME supply or accessory, not otherwise specified
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
B9998	Not otherwise classified for enteral supplies
B9999	Not otherwise classified for parenteral supplies
E1399	Durable medical equipment, miscellaneous
E2599	Accessory for speech generating device, not otherwise classified
K0108	Wheelchair component or accessory, not otherwise specified
L0999	Addition to spinal orthotic, not otherwise specified
L1499	Spinal orthosis, not otherwise specified
L2999	Lower extremity orthotic, not otherwise specified
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
L3999	Upper limb orthosis, not otherwise specified
L5699	All lower extremity prostheses, shoulder harness
L5999	Lower extremity prosthesis, not otherwise specified
L7499	Upper extremity prosthesis, not otherwise specified, not otherwise specified
L8499	Unlisted procedure for miscellaneous prosthetic services
L8699	Prosthetic implant, not otherwise specified
L9900	Orthotic and prosthetic supply, accessory, anlor service component of another L code
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"
T5999	Supply, not otherwise specified
V2199	Not otherwise classified, single vision lens
V2299	Specialty bifocal (by report)
V2599	Contact lens, other type
V2629	Prosthetic eye, other type
V2799	Vision item or service, miscellaneous
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified
V5299	Hearing service, miscellaneous

Absocial liters — Items that do not access on a convent schedule, do not have a comment methodolor, see not readinely covered, or do not med CDM medical necessity criteria. Exceptional PR.— PM is required for all alpiqual times, as such them is reviseed on a case-by-date basis, there are no lated emousts or limits PM.—A suspensed transer provide allegace data for the category from an expensional form from them.

		PA assignment names	ons determine the diffe may not always equal		em and accessor	es nomonernans							
		RELATED RULE	SECONDARY	MAXIMUM	PAYMENT AMOUNT							NOTES	CONTRACT
HCPCS	DESCRIPTION	5160-10	RELATED RULE	PAYMENT AMOUNT	DATE DATE	CATEGORY	SUBCATEGORY	RESIDENCE	PRIOR AUTHORIZATION	PA ASSIGNMENT	PA ASSIGNMENT NAME		
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Syringes / needles	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Injection device	Supply	Non-LTCF		16			DMEB
									Always required		Supplies (miscellaneous)		
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	5160-10-01	N/A	Determined by PA	01/01/2024	Injection supplies	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4215	NEEDLE, STERILE, ANY SIZE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Syringes / needles	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	5160-10-01	N/A	Determined by PA	01/01/2024	Distilled water / sterile saline	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4245	ALCOHOL WIPES, PER BOX	5160-10-01	N/A	Determined by PA	01/01/2024	Antiseptic solution	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	5160-10-01	N/A	\$6.65	01/01/2026	Glucose strips	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	5160-10-01	N/A	<u>\$4.37</u>	01/01/2026	Glucose platforms	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4259	LANCETS, PER BOX OF 100	5160-10-01	N/A	<u>\$1.13</u>	01/01/2026	Lancets	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	5160-10-01	N/A	\$5.95	01/01/2026	Adhesive	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	5160-10-01	N/A	Determined by PA	01/01/2024	Irrigation	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	5160-10-01	5160-10-32	\$2.64	01/01/2026	Clamp	Accessory	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4366	OSTOMY VENT, ANY TYPE, EACH	5160-10-01	5160-10-32	\$1.44	01/01/2026	Vent	Accessory	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
	DISTORY FILTER ANY TYPE FACH									8	Incorranence Supplies		
A4368		5160-10-01	5160-10-32	\$0.28	01/01/2026	Filter	Accessory	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE	5160-10-01	5160-10-32	\$2.89	01/01/2026	Deodorant	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	5160-10-01	5160-10-32	\$0.04	01/01/2026	Deodorant	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN	5160-10-01	5160-10-32	\$0.12	01/01/2026	Absorbent material	Supply	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4428	LIQUID STOMAL CUTPUT, EACH DISTOMY POLICH LIBINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH EALICET, TYPE TAP WITH	5160-10-01	5160-10-32	\$7.28	01/01/2026	Pouch	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4429	VALVE (1 PIECE), EACH	5160-10-01	5160-10-32			Pouch	NA.	Non-LTCF					DMEB
	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH			\$9.22	01/01/2026				Always required	8	Incontinence Supplies		
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	5160-10-01	5160-10-32	\$9.52	01/01/2026	Pouch	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4431	FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	5160-10-01	5160-10-32	\$6.93	01/01/2026	Pouch	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4432	OSTOMY POLICE LIBINARY: FOR LISE ON BARRIER WITH NONLI OCKING FLANGE, WITH FALICET, TYPE TAP	5160-10-01	5160-10-32	\$4.00	01/01/2026	Pouch	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4435	WITH VALVE (2 PIECE), EACH OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM).	5160-10-01	5160-10-32	\$6.44	01/01/2026	Pouch	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4436	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH IRRIGATION SUPPLY; SLEEVE, REUSABLE, PER MONTH	5160-10-01	5160-10-32	\$21.43	01/01/2026	Sleeve	Supply	Non-LTCF	Always required		Incontinence Supplies		DMEB
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A4437	IRRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH	5160-10-01	5160-10-32	\$21.43	01/01/2026	Sleeve	Supply	Non-LTCF	Always required	8	Incontinence Supplies	<u> </u>	DMEB
A4438	ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER, EACH	5160-10-01	N/A	\$1.54	01/01/2026	Clip	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	5160-10-01	5160-10-32	\$0.27	01/01/2026	Wipes	Supply	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4457	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Supplies and	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)	Formerly K1013	DMEB
A4468	EXSUFFLATION BELT, INCLUDES ALL SUPPLIES AND ACCESSORIES	5160-10-01	5160-10-19	Determined by PA	01/01/2024	accessories Belt	NA.	Non-LTCF	Always required	13	Respiratory	Formerly K1021	DMEB
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G., BRIEF, DIAPER), EACH	5160-10-01	5160-10-21	Determined by PA	01/01/2024	Incontinence garment	Supply	Non-LTCF	Always required	8	Incontinence Sumiles		DMEB
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A4540	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR, STIMULATES PERIPHERAL NERVES OF THE UPPER ARM	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1023	DMEB
A4541	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT E0733	5160-10-01	N/A	\$32.20	01/01/2026	Supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)	Formerly K1017	DMEB
A4542	REPLACEMENT SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	5160-10-01	N/A	\$413.21	01/01/2026	Supplies and accessories	Supplies and/or annessories	Non-LTCF	Always required	16	Supplies (miscellaneous)	Formerly K1019	DMEB
A4543	SUPPLIES FOR TRANSCUTANEOUS ELECTRICAL STIMULATOR, FOR NERVES IN THE AURICULAR REGION,	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A4544	PER MONTH ELECTRODE FOR EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEG SYNDROME	5160-10-01	N/A	\$4.97	01/01/2026	Supply or accessory	Supplies and/or	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4545	SUPPLIES AND ACCESSORIES FOR EXTERNAL TIBIAL NERVE STIMULATOR (E.G., SOCKS, GEL PADS,	5160-10-01	N/A	\$30.22	01/01/2026	Supply or accessory	accessories Supplies and/or	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
	ELECTRODES, ETC.), NEEDED FOR ONE MONTH		NA	230.22		Supply or accessory	accessories		Assays required	10	ouppies (maceiariecus)		
A4553	NON-DISPOSABLE UNDERPADS, ALL SIZES	5160-10-01	5160-10-21	Determined by PA	01/01/2024	Underpad	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4554	DISPOSABLE UNDERPADS, ALL SIZES	5160-10-01	5160-10-21	Determined by PA	01/01/2024	Underpad	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE EACH	5160-10-01	5160-10-32	\$1.318.10	01/01/2026	Control system	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	5160-10-01	N/A	Determined by PA	01/01/2024	Chamber	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4593	NEUROMODULATION STIMULATOR SYSTEM, ADJUNCT TO REHABILITATION THERAPY REGIME	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		SL
A4594	NEI IDOMOGI E ATION STIMILE ATOD SYSTEM: AD II INCT TO DELIADII ITATION THERADY DEGIME	5160-10-01	N/A	Determined by RA	01/01/2024	Stimulator mouthologo	NA.	No. LTCE	Always required	9	Miscellaneous equipment		SL SL
	MOUTHPIECE EACH CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM SUPPLIES AND ACCESSORIES, PER MONTH	5160-10-01	N/A	DESCRIPTION OF THE	0110112024	Supply or accessory	Supplies and/or	Non-LTCF					
A4596				\$32.20	01/01/2026				Always required	9	Miscellaneous equipment		DMEB
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Sleeve	NA NA	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4601	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE, REPLACEMENT	5160-10-01	N/A	Determined by PA	01/01/2024	Battery	Accessory	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VOLT, EACH	5160-10-01	N/A	\$4.16	01/01/2026	Battery	Accessory	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4608	TRANSTRACHEAL OXYGEN CATHETER: EACH	5160-10-01	N/A	\$56.03	01/01/2026	Respiratory care	NA.	Non-LTCF	Always required	13	Respiratory		DMEB
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	5160-10-01	N/A	\$26.58	01/01/2026	Respiratory care	NA.	Non-LTCF	Always required	13	Respiratory		DMEB
										13	1 1		
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	5160-10-01	N/A	Determined by PA	01/01/2024	Respiratory care supplies	Supply	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	5160-10-01	N/A	Determined by PA	01/01/2024	Bulb	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Battery	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	5160-10-01	N/A	\$32.11	01/01/2026	Pad	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE: BELT, EACH	5160-10-01	5160-10-32		01/01/2024	Bet	NA.	Non-LTCF					DMEB
				Determined by PA		Bet	NA.		Always required	8	Incontinence Supplies		
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Syringes / needles	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4928	SURGICAL MASK, PER 20	5160-10-01	N/A	Determined by PA	01/01/2024	Mask	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	5160-10-01	5160-10-32	\$0.72	01/01/2026	Cover	Supply	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	5160-10-01	5160-10-32	\$12.62	01/01/2026	Anchoring device	Supply	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARMING	5160-10-01	N/A	Determined by PA	01/01/2024	Warming device	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A6025	DEVICE AND WARMING CARD GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Gel sheet	NA.	Non-LTCF		16			DMEB
									Always required		Supplies (miscellaneous)		
A6228	GALIZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	5160-10-01	5160-10-34	\$4.02	01/01/2026	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAO SIZE MORE THAN 48 SQ. IN, WITHOUT ADHESINE BORDER, EACH DRESSING	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Dressings / tape /	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	5160-10-01	N/A	Determined by PA	01/01/2024	gauze / bandages Lotions	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	5160-10-01	N/A	Determined by PA	01/01/2024	Cleanser	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	5160-10-01	5160-10-34	\$2.08	01/01/2026	Dressings / tape /	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6410	EYE PAD, STERILE, EACH	5160-10-01	5160-10-34	\$0.41	01/01/2026	gauze / bandages	Supply	Non-LTCF	Always required Always required	-	Dressings, surgical		DMEB
						Dressings / tape / gauze / bandages				,			
A6411	EYE PAD, NON-STERILE, EACH	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical	<u> </u>	DMEB
A6412	EYE PATCH, OCCLUSIVE, EACH	5160-10-01	5160-10-34	\$0.12	01/01/2026	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	5160-10-01	5160-10-34	\$1.27	01/01/2026	Dressings / tape /	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	5160-10-01	5160-10-14	Determined by PA	01/01/2024	gauze / bandages Burn mask	NA.	Non-LTCF	Always required	1	Compression garments		DMEB
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	5160-10-01	5160-10-14	Determined by PA	01/01/2024	Belt	NA.	Non-LTCF	Always required	1	Compression garments		DMEB
A6545	GRADIENT COMPRESSION WRAP, NOVEL ASTIC RELOW KNEE 30.50 MM H3, EACH	5160-10-01	5160-10-14	\$95.22	01/01/2026	Wrap	NA.	Non-LTCF	Always required Always required				DMEB
										1	Compression garments		
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	5160-10-01	N/A	\$24.86	01/01/2026	Wound care set	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	5160-10-01	N/A	\$36.96	01/01/2026	Canister	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)	1.36 payment methodology for combined supplies and accessories.	DMEB
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	5160-10-01	N/A	\$12.28	01/01/2026	Respiratory care	NA.	Non-LTCF	Always required	13	Respiratory		DMEB
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	5160-10-01	N/A	\$47.00	01/01/2026	Respiratory care	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	5160-10-01	N/A	\$15.64	01/01/2026	Respiratory care	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	5160-10-01	N/A	\$0.56	01/01/2026	supplies Respiratory care	Supply	Non-LTCF	Always required	16	Sunnies (miscellaneous)		DMEB
						supplies							
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	5160-10-01	N/A	\$3.29	01/01/2026	Respiratory care supplies	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	5160-10-01	N/A	\$8.11	01/01/2026	Respiratory care supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	5160-10-01	N/A	\$120.57	01/01/2026	Respiratory care	NA.	Non-LTCF	Always required	13	Respiratory		DMEB
A7023	MECHANICAL ALLERGEN PARTICLE BARRIERINHALATION FILTER, CREAM, NASAL, TOPICAL	5160-10-01	N/A	Determined by PA	01/01/2024	Allergen barrier	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1026	DMEB
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	5160-10-01	N/A	\$85.00	01/01/2026	Respiratory care	Accessory	Non-LTCF	Always required	13	Respiratory		DMEB
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Tracheostomy item	Accessory	Non-LTCF		13			DMEB
									Always required		Respiratory		
A7524	TRACHEOSTOMA STENTISTUD/BUTTON, EACH	5160-10-01	N/A	\$86.53	01/01/2026	Tracheostomy item	Accessory	Non-LTCF	Always required	13	Respiratory		DMEB
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	5160-10-01	N/A	\$4.00	01/01/2026	Tracheostomy item	Supply	Non-LTCF	Always required	13	Respiratory		DMEB
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	5160-10-01	N/A	Determined by PA	01/01/2024	Helmet interface	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9270	NON-COVERED ITEM OR SERVICE	5160-10-01	N/A	Determined by PA	01/01/2024	Non-covered	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9272	WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, ANY TYPE,	5160-10-01	N/A	Determined by PA	01/01/2024	Wound suction	Supplies and/or	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9275	EACH HOME GLUCOSE DISPOSABLE MONTOR, INCLUDES TEST STRIPS	5160-10-01	N/A	Determined by PA	01/01/2024	Test strips	accessories Supply	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9279		5160-10-01	N/A	Determined by PA	01/01/2024	Monitor	NA NA	Non-LTCF	Always required Always required	-	Miscellaneous equipment		DMEB
	MONTORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHERWISE CLASSIFIED									,			
	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Supportive device	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9283			N/A	Determined by PA	01/01/2024	Respiratory care	NA.	Non-LTCF	Always required	13	Respiratory	1	DMEB
A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	5160-10-01	NA	Describing by 1 A		,,							

The content of the	10005	NATIONAL PRODUCTION OF THE PROPERTY OF THE PRO	F400 40 04	NUA	Data-selved by DA	04/04/0004	Commellion devices		No. 1705	Alexander de la constant		Manufacture of Council		DUED
March Marc	A9285 A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH	5160-10-01 5160-10-01	N/A N/A	Determined by PA	01/01/2024	Hygenic item	NA NA	Non-LTCF Non-LTCF	Always required Always required	9	Miscellaneous equipment Miscellaneous equipment		DMEB DMEB
The content of the	A9900	MISCELLANEOUS DIME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous supply	Supply, accessory,	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Mathematical Control Mathematical Mathematica					Determined by PA					, ,	5			DMEB
The content of the		HOME MIX			Determined by PA		Nutrition solution							DMEB
Mathematical Content of the Conten			5160-10-01		Determined by PA	01/01/2024	Nutrition solution	NA.						DMEB DMEB
Column		PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOME MIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA.	Non-LTCF					DMEB
Mathematical Content	B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOME MIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA.	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
The content of the		JNT) - HOME MIX			Determined by PA		Nutrition solution			Always required	5			DMEB
March Marc							Nutrition solution				5			DMEB
March Marc		PARENTERAL INITITION SOLUTION COMPOUNDED AMINO ACID AND CARROHYDRATES WITH			Determined by PA		Nutrition solution	NA NA			5			DMEB
March Marc											_			
The content of the		ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA.	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
Manual M	B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA.	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
The column		ADENTED ALL MUTDITION COLUMNON COMPOLINGED AMINO ACID AND CARROLLVODATES WITH	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA.	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
March Marc	B4216	GRAMS OF PROTEIN - PREMIX PARENTERAL INITIATION: ADDITIVES (VITAMINS TRACE FLEMENTS, HEPARIN ELECTROLYTES), HOME	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition additives	NA.	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
1. 1. 1. 1. 1. 1. 1. 1.	B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA.	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
Mathematical Content of the Conten	B5100	AMINOSYN-RF, NEPHRAMINE, RENAMINE-PREMIX PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA.	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
100 100	B5200	ELECTRICLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC, PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH FLETTRICLYTES TRACE OF FEMENTS, AND VITAMINS, INCLUDING PREPARATION, MAY STRENGTH STRESS.	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA.	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
Mathematical Content of the Conten	E0117		5160-10-01	5160-10-30	\$21.52	01/01/2026	Crutch	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
March Marc	E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	5160-10-01	5160-10-30		01/01/2024	Leg platform	NA.	Non-LTCF		9			DMEB
Marie		HEIGHT	5160-10-01	5160-10-30	Determined by PA	10/01/2025	Walker	NA.		Always required	9			DMEB
Marie														DMEB
Column C														DMEB
Column		SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET									9			DMEB
Marie Mari	E0162		5160-10-01	5160-10-07		01/01/2026	Sitz bath	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Marie										, ,	9			DMEB
Marie													-	DMEB
The content of the			5160-10-01 5160-10-01	N/A 5160-10-33	,	01/01/2024 01/01/2026	Seat lift Foot rest	NA NA	Non-LTCF Non-LTCF	, ,				DMEB
March Marc			5160-10-01	N/A		01/01/2026	Heat lamp	NA.	Non-LTCF					DMEB
Column	E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LLX, TABLE TOP MODEL	5160-10-01	N/A	Determined by PA	01/01/2024	Lightbox	NA.	Non-LTCF		9	Miscellaneous equipment		DMEB
March Marc										, ,				DMEB
March Marc														DMEB DMEB
March Marc														DMEB
The control of the	E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	5160-10-01	N/A	\$369.25	01/01/2026	Hydrocollator	NA.	Non-LTCF		9			DMEB
The control of the	E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND POWER CORD) FOR USE WITH WARMING CARD AND WOUND COVER	5160-10-01	N/A	Determined by PA	01/01/2024	Warming device	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
March Marc		WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE AND NON CONTACT WOUND WARMING WOUND COVER												DMEB
March Marc														DMEB DMEB
The color of the						01/01/2024	Pad Pad			Always required Always required	16			DMEB
Total Control Contro			5160-10-01	5160-10-18		01/01/2024	Hospital bed		Non-LTCF	Always required	7			DMEB
Texas	E0273		5160-10-01	N/A	Determined by PA	01/01/2024	Bed board	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
The Company Control of the Company		OVER-BED TABLE	5160-10-01	N/A	Determined by PA	01/01/2024	Bed table	NA NA	Non-LTCF		9			DMEB
The Control											,	· ·		DMEB
Column C	±0315							NA.						DMEB
Column C														DMEB DMEB
Decompose	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	5160-10-01	5160-10-18	\$1,912.16	01/01/2026	Enclosure	NA.	Non-LTCF	Always required		Miscellaneous equipment		
Column C	E0316 E0350 E0352	SAFETY ENCLOSURE FRAME/CANDPY FOR USE WITH HOSPITAL BED, ANY TYPE CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATIONEVACUATION SYSTEM DISPOSABLE PINCY, WATER RESERVOIR BID, SPECULLIN, VILVINO LIFECHMEN AND COLLECTION AGRICULT FOR USE WITH THE ELECTRONIC BOWEL BRIGHTAND PROJUCTION SYSTEM THE STATE OF THE STAT	5160-10-01 5160-10-01 5160-10-01	5160-10-18 N/A N/A	\$1,912.16 Determined by PA Determined by PA	01/01/2026 01/01/2024 01/01/2024	Enclosure Control unit Bowel infigation supplies	NA NA NA	Non-LTCF Non-LTCF	Always required Always required Always required	9	Miscellaneous equipment Miscellaneous equipment Supplies (miscellaneous)		DMEB DMEB DMEB
10 10 10 10 10 10 10 10	E0316 E0350 E0352 E0370	MARTY BIAL OBUSE PRAME/OWOPY FOR USE WITH HOSPITAL BID, ANY TYPE CONTROL USET FOR ELECTRONIC BODDE, RIPRIGATIONS WAS AUTHOR BY STEM DESTROY OF THE STATE RESERVOR BID, STEELALM, VALVING MICHARD AND COLLECTION AUGBOOL, FOR USE WITH THE ELECTRONIC BOWEL, RIPRIGATION PLACEATION STYSTEM OF RESERVED ALL ELECTRON FOR HERE.	5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-18 N/A N/A N/A	\$1,912.16 Determined by PA Determined by PA Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024	Enclosure Control unit Bowel irrigation supplies Elevator	NA NA NA	Non-LTCF Non-LTCF Non-LTCF	Always required Always required Always required Always required	9 9 16	Miscellaneous equipment Miscellaneous equipment Supplies (miscellaneous) Miscellaneous equipment		DMEB DMEB DMEB DMEB
Total Control Security Control Secur	E0316 E0350 E0352 E0370 E0425	SAFETY BIOLOGIUSE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE CORRICL, USI FOR ELECTRONIC BODGL, RIPEGATIONES WIGHTH STEM CORRICL AND FOR ELECTRONIC BODGL, RIPEGATIONES WIGHTH STEM CORRICL AND FOR WATER RESERVOR BAD, SPECULAM, VALVINS MICHANISM AND COLLECTION DISCIPLINES WITH THE ELECTRONIC GODGL, RIPEGATIONES COLLECTION STEM WITH PRESERVE ELECTRONIC GODGL, RIPEGATIONES COLLING VALVETS WITH THE ELECTRONIC GODGL, RIPEGATIONES COLLING VALVETS WITH THE ELECTRONIC GODGL, RIPEGATIONES COLLINGS REGULATION, FOR WATER HANGIFER, AND AND THE CONTROL OF THE PRESERVE RICLIOES REGULATION, FOR WATER HANGIFER, WITH THE PROPERTY OF THE PRESERVE RICLIOES REGULATION, FOR WATER HANGIFER, WITH THE PROPERTY OF THE PROPERTY O	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-18 N/A N/A N/A S160-10-13	\$1,912.16 Determined by PA Determined by PA Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control unit Bowel infigation supplies Elevator Gaseous oxygen	NA NA NA NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required Always required Always required Always required Always required	9 9 16 9	Miscolaneous equipment Miscolaneous equipment Supplies (miscolaneous) Miscolaneous equipment Respiratory		DMEB DMEB DMEB
Page	E0316 E0350 E0352 E0370 E0425 E0425	SAFETY BIOLOGISHE FRAME-CWOOTY FOR LISE WITH HOSPITAL BED, ANY TYPE CONTROL SHY FOR ELECTRONIC BODGE, RIPIGATONEWS/LUXION SYSTEM CONTROL SHY FOR CHIEF RESERVED AND SECREDAL YALVING SHOUGHARD AND COLLECTION SAGDBOLF, FOR CHIEF WITH THE ELECTRONIC BOWGE. INFRIGATION SHOUGHAND AND COLLECTION SAGDBOLF, FOR CHIEF WITH THE ELECTRONIC BOWGE. INFRIGATION SHOUGHAND AND COLLECTION SAGDBOLF, FOR LISE WITH THE ELECTRONIC BOWGE. INFRIGATION SAGDLATOR, FOR THE THE AMBOTRES. STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, HAMDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED CASE SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED, AND SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED, AND SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED, AND SYSTEM, PROCHES, INCLUDES REGULATOR, FLOWER TER, MANDIFER, STATIONARY COMPRESSED, AND SYSTEM, PROCHES, MANDIFER, MANDIFER, MANDIFER, MANDIFER, STATIONARY COMPRESSED, AND SYSTEM, PROCHES, MANDIFER, MANDIFER	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-18 N/A N/A N/A N/A 5160-10-13	\$1,912.16 Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control unit Bowel intigation supplies Elevator Gaseous oxygen Gaseous oxygen	NA NA NA NA NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF LTCF LTCF	Always required Always required Always required Always required Always required Always required	9 9 16 9 13	Miscelaneous equipment Miscelaneous equipment Supplies (miscelaneous) Miscelaneous equipment Raspitatory Raspitatory		DMEB DMEB DMEB DMEB SL
	E0316 E0350 E0352 E0370 E0425 E0425 E0430	LIVETY BIAC DISURE FRANCISCHOPY FOR LISE WITH HOSPITAL BED. ANY TYPE CORTION LINE TFOR ELECTRONIC BODDE, RIPEGATONEWALGANDON SYSTEM CORTION LINE TO THE CENTER CENTER OF THE CENTER AND THE CENTER AND COLLECTION SHOUGHES, PROF, PROFITAIR SERENCH AND CENTERAL WAS INCOMEDIATED AND COLLECTION SHOUGHES AND COLLECTRONIC BODDE. RIPEGATONEWALGANTON SYSTEM FRESSURE LELEVANT FOR FEEL TATADHAMY COMPRESSED OAS SYSTEM, PROFINES, INCLUDES REQULATION, FLOWER TR. HAMDFER, REGULATE, CAMPALO, DAME, AND TIBEMY TATADHAMY COMPRESSED OAS SYSTEM, PROFINES, INCLUDES REQULATOR, FLOWER TR. HAMDFER, FRESSURE LELEVANT, COMPRESSED OAS SYSTEM, PROFINES, INCLUDES REQULATOR, FLOWER TR. HAMDFER, FRESSURE LELEVANT, COMPRESSED OAS SYSTEM, PROFINES, INCLUDES TROUBLES, FLOWER TR. HAMDFER, FRANKLICK MINE, AND TIBEMY TO THE STATEMY OF THE SYSTEM, PROFINES, INCLUDES TROUBLAND, FLOWER TR. HAMDFER, FRANKLICK MINE, AND TIBEMY THE STATEMY OF THE SYSTEM, PROFINES, INCLUDES TROUBLAND, FLOWER TR. HAMDFER, FRANKLICK MINE, AND TIBEMY THE STATEMY OF THE SYSTEM, PROFINES, INCLUDES TROUBLAND, FLOWER TR. HAMDFER, FRANKLICK MINE, AND TIBEMY THE SYSTEM OF THE SYSTEM APROFILES.	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-18 N/A N/A N/A 5160-10-13 5160-10-13	\$1,912.16 Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control unit Bowel irrigation supplies Elevator Gaseous oxygen Gaseous oxygen	NA NA NA NA NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF LTCF Non-LTCF Non-LTCF	Always required	9 9 16 9 13 13	Miscelanous equipment Miscelanous equipment Supplies (miscelanous) Miscelanous (applied from the first from the		DMEB DMEB DMEB DMEB SL SL
Column C	E0316 E0350 E0352 E0370 E0425 E0425 E0430	SWETT BIGG OBJEE FRAME CWOTT FOR USE WITH HOSPITAL BED, ANY TYPE CORROL WIT FOR ELECTRONIC BOOKE, RINGHATONE WAS UNDO IN STEET STEED STATE PARKET AND ELECTRONIC BOOKE, RINGHATONE WAS UNDO IN STEET BIGGODISTIC PARKET AND ELECTRONIC BOOKE, RINGHATONE WAS UNDO IN STEED AND ELECTRONIC BOOKED. BIGGODISTIC PARKET AND ELECTRONIC BOOKED, RINGHATONE WAS UNDO IN STEED AND ELECTRONIC BOOKED. BIGGODISTIC PARKET AND ELECTRONIC BOOKED STEED AND ELECTRONIC PARKET AND ELECTRONIC CONTROL PARKET AND ELECTRONIC BOOKED. CONTROL CONTROL BOOKED CONTROL PARKET AND ELECTRONIC BOOKED AND ELECTRONIC BOOKED. CONTROL CONTROL BOOKED CONTROL PARKET AND ELECTRONIC BOOKED. CONTROL CONTROL BOOKED CONTROL PARKET AND ELECTRONIC BOOKED. CONTROL CONTROL BOOKED. CONTROL BOOKED. CONTROL B	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 N/A N/A N/A 5160-10-13 5160-10-13 5160-10-13	\$1,912.16 Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control unit Bowel intgation supplies Elevator Gaseous oxygen Gaseous oxygen Gaseous oxygen Gaseous oxygen	NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF LTCF Non-LTCF LTCF LTCF LTCF LTCF	Always required	9 9 16 9 13 13 13	Miscelanous equipment Miscelanous equipment Supplies (miscelaneous) Miscelanous equipment Resipiatory Resipiatory Resipiatory Resipiatory	Refer to copper the schedule for payment amount.	DMEB DMEB DMEB DMEB SIL SIL
Properties (Properties Properties Properti	E0316 E0350 E0352 E0370 E0425 E0425 E0430 E0430 E0433	LIVETY BIAL CISULE FRAMECINOPY FOR USE WITH HOSPITAL BED, ANY TYPE CORROL UNIT FOR ELECTRONIC BONDE, RIPIGATIONS WALGED IN STREET STREET STREET, AND THE STREET OR BED, CISCALLAN VALVING MICHAELING AND COLLECTION AGRICULTURE WITH THE ELECTRON BEDWEL RIPIGATIONS WALCHEN AND COLLECTION AGRICULTURE LIVETY THE ELECTRONIC SOWIE INFORMATIONS WALCHEN AND COLLECTION FOR USE WITH THE ELECTRONIC SOWIE INFORMATION PROCESSOR AND COLLECTION FOR THE STREET STREET, AND THE PLANTING AND COLLECTION FOR THE STREET AND THE PLANTING AND COLLECTION FOR THE PLANTING AND CONTROL STREET AND COLLECTION FOR THE PLANTING AND CONTROL STREET AND COLLECTION FOR THE PLANTING AND CONTROL STREET AND COLLECTION FOR THE PLANTING AND COLLECTION FOR THE PLANTING AND CONTROL STREET AND COLLECTION FOR THE PLANTING FO	5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01	5160-10-18 N/A N/A N/A N/A 5160-10-13 5160-10-13 5160-10-13	\$1,912.18 Determined by PA \$38.68	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control unit Bowel irrigation supplies Elevator Gaseous oxygen Gaseous oxygen Gaseous oxygen Liquid oxygen	NA	NON-LTCF NON-LTCF NON-LTCF NON-LTCF LTCF NON-LTCF LTCF LTCF NON-LTCF LTCF NON-LTCF	Always required	9 16 9 13 13 13 13	Macellamous equipment Macellamous equipment Macellamous equipment Desprises (inscellamous) Macellamous equipment Respondery Respondery Respondery Respondery Respondery		DMEB DMEB DMEB SL SL SL
Management Man	E0316 E0350 E0352 E0370 E0425 E0425 E0430 E0430 E0433	SWETT BIAL CISUTE FRAME/CWOPT FOR USE WITH HOSPITAL BED, ANY TYPE CORROL USET FOR ELECTRONIC BONDE, RIPIGATIONS WAS AUTOMOTOR SYSTEM STREET OF THE STREET OF THE STREET OF THE STREET, AND STREET OF THE STREET OF	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-18 N/A N/A N/A S160-10-13 5160-10-13 5160-10-13 5160-10-13	\$1,912.18 Determined by PA \$38.68	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control unit Bowel irrigation supplies Elevator Gaseous oxygen Gaseous oxygen Gaseous oxygen Liquid oxygen Liquid oxygen	NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF LTCF LTCF LTCF LTCF LTCF LTCF LTCF	Always required	9 9 16 9 13 13 13 13 13	Macellamous equipment Macellamous equipment Macellamous equipment Supplies (inscolaroous) Macellamous equipment Responsive Responsive Responsive Responsive Responsive Responsive Responsive Responsive Responsive		DMEB DMEB DMEB DMEB SL SL SL SL
RECORD FOLICION FOLICION FLANCING ALGORITH AND FOLIC AND ADDRESS	E0316 E0350 E0352 E0370 E0425 E0425 E0430 E0433 E0433	SWETT BIGLOSSURE FRANCONOPY FOR USE WITH HOSPITAL BED. ANY TYPE CORRIGO. LIST FOR ELECTRONIC BODDE, RIPEGATORIS WAS LISTED AND TO THE TOP TO THE CORRESPONDING WAS LISTED AND THE ELECTRONIC BOWER INFRODORIS CHARGE WAS LISTED AND THE RESENSER ELECTRONIC FOR FORE ELECTRONIC BOWER AND THE RESENSER ELECTRONIC FOR FORE ELECTRONIC BOWER AND THE RESENSER ELECTRONIC FOR THE RESENSER E	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-18 NIA NIA NIA 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13	\$1,912.16 Determined by PA S38.68 A19.34 Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control unit Bowel irrigation supplies Elevator Glaseous oxygen Claseous oxygen Claseous oxygen Liquid oxygen Liquid oxygen Liquid oxygen	NA N	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF LTCF LTCF LTCF LTCF LTCF LTCF LTCF	Always required	9 9 16 9 13 13 13 13 13 13 13	Macellamous equipment Macellamous equipment Macellamous equipment Supplies (inscalanous) Macellamous equipment Respectory		DMEB DMEB DMEB DMEB SL SL SL SL SL SL SL
See Process Control Local Laboration Services See Se	E0316 E0350 E0352 E0370 E0425 E0425 E0430 E0433 E0433 E0433 E0433	SAFETY BIGLOSSUE FRAME/OWOPY FOR USE WITH HOSPITAL BED. ANY TYPE CORTICL USE FOR ELECTRONIC BODGE. RINGGATCOME WAS UNDO IN SYSTEM SEPTIME FAR OF MATERIA BEBLOOK BIG. SECTIONAL WAVEN ON MICHARD AND COLLECTION AGRICULTO OF USE WITH THE ELECTRONIC BOWEL. RINGGATCH PROCLATOR HYSTEM RINGGATE FANDAM FOR FREE. INTERMENT COMPANIES ON THE STEEL PRICE PROCLATOR ROLLECTRON SYSTEM STATIONARY COMPRESSED ON SYSTEM. PRICE PRICE RECLATOR, ROUNTER, HAMDIFER, RINGGATE, CAMBALO SHOW, AND THEMPOONED ROLLECTRONIC FROM TO THE HAMDIFER, WIRELUTER, CAMBALO SHOW, AND THEMPOONED ROLLECTRONIC FROM THE HAMDIFER, WIRELUTER, CAMBALO SHOW, AND THEMPOONED ROLLECTRONIC FROM THE HAMDIFER, WIRELUTER, CAMBALO SHOW, AND THEMPOONED ROLLECTRONIC FROM THE HAMDIFER, WIRELUTER, CAMBALO SHOW, AND THEMPOONED ROLLECTRONIC FROM THE HAMDIFER, WIRELUTER, CAMBALO SHOW, AND THEMPOONED ROLLECTRONIC FROM THE HAMDIFER, WIRELING SHOW AND THE STATE SHOW, AND THE STORAGE FROM THE HAMDIFER, WIRELING SHOW AND THE STATE SHOW, AND THE STATE SHOW THE HAMDIFER, WIRELING SHOW AND THE STATE SHOW, AND THE STATE SHOW THE HAMDIFER, WIRELING SHOW AND THE STATE SHOW THE STATE SHOW THE HAMDIFER, WIRELING SHOW AND THE STATE SHOW THE STATE SHOW THE SHOW THE HAMDIFER, WIRELING SHOW THE STATE SHOW THE STATE SHOW THE SHOW THE HAMDIFER, WIRELING SHOW THE STATE SHOW THE STATE SHOW THE SHO	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 N/A N/A N/A N/A 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13	\$1.912.16 Determined by PA \$306.68 \$19.14 Determined by PA Determined by PA Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026	Enclosure Control unit Bowel ingation supplies Elevator Casecus oxygen Casecus oxygen Casecus oxygen Liquid oxygen Liquid oxygen Liquid oxygen Liquid oxygen Liquid oxygen	NA N	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF LTCF LTCF Non-LTCF LTCF LTCF Non-LTCF LTCF LTCF LTCF LTCF LTCF LTCF LTCF	Always required	9 9 16 9 13 13 13 13 13 13 13 13	Macellamous equipment Macellamous equipment Macellamous equipment Supplies (inscalanous) Macellamous equipment Respectory		DMEB DMEB DMEB DMEB SL SL SL SL SL
Page	E0316 E0350 E0352 E0370 E0425 E0425 E0430 E0433 E0433 E0433 E0433	JUNETY BIAL CIBLIE FRAME. CWOTY FOR LISE WITH HOSPITAL BED. ANY TYPE CORROL UNIT FOR ELECTRONIC BONDE, BRIGHATONE WALGED ON STETE BETT STATEMENT OF THE TOP THE STATEMENT OF T	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 N/A N/A N/A N/A 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13	\$1.912.16 Determined by PA \$306.68 \$19.14 Determined by PA Determined by PA Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026	Enclosure Control unit Bowel ingation supplies Elevator Casecus oxygen Casecus oxygen Casecus oxygen Liquid oxygen Liquid oxygen Liquid oxygen Liquid oxygen Liquid oxygen	NA N	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF LTCF LTCF Non-LTCF LTCF LTCF Non-LTCF LTCF LTCF LTCF LTCF LTCF LTCF LTCF	Always required	9 9 16 9 13 13 13 13 13 13 13 13	Macellamous equipment Macellamous equipment Macellamous equipment Supplies (inscribanous) Macellamous equipment Responsivy		DMEB DMEB DMEB DMEB SL SL SL SL SL SL SL
	E0316 E0350 E0352 E0352 E0370 E0425 E0425 E0430 E0433 E0433 E0433 E0435	SWETT BIGLOSSUE FRANCONOPY FOR USE WITH HOSPITAL BED. ANY TYPE CORTICL USE TO RESERVE AND CONTROL SPRINGARDONE VALUATION IN STEELE STEPPING AND CONTROL SPRINGARD AND CONTROL SPRINGARD ADDROCK PARK OF THE SELECTION OR A CONTROL SPRINGARD AND COLLECTION ADDROCK PARK OF THE SELECTION OR SWETT INFORMATION OF THE SELECTION OF TH	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-18 NIA NIA NIA \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13	\$1.012.16 Determined by PA 336.68 \$133.14 Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2024 01/01/2024	Enclosure Control unit Boxel registron supplies Elevator Caseous organ Caseous organ Caseous organ Caseous organ Liquid organ Liquid organ Liquid organ Liquid organ Liquid organ	NA N	NBOAITOF NBOAITOF NBOAITOF NBOAITOF NBOAITOF NBOAITOF LITOF NBOAITOF LITOF NBOAITOF LITOF NBOAITOF LITOF NBOAITOF NBOAITOF NBOAITOF NBOAITOF	Always required	9 9 16 9 13 13 13 13 13 13 13 13 13 13	Macellamous equipment Macellamous equipment Macellamous equipment Supplies (inscribtmous) Macellamous equipment Responsivy	1.2 of non-institutional amount	DMEB DMEB DMEB DMEB SL SL SL SL SL SL SL SL SL S
SEASO CONCORNES CONTINUE METER COLLEGE PRINT AND COLLEGE P	E0316 E0350 E0352 E0352 E0370 E0425 E0425 E0430 E0433 E0433 E0433 E0435 E0436	SAFETY BRILL OSSURE FRAMECHAOPY FOR LISE WITH HOSPITAL BED. ANY TYPE CORTICL LIST FOR ELECTRONIC BODDE. RIPIGATIONS WAS AND TO THE TOP THE CENTER OF THE TOP THE CENTER OF THE CENTER O	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-18 NA NA NA S160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13	\$1.012.16 Determined by PA \$36.68 \$19.14 Determined by PA	01/01/2028 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control set Bosel regolder Bosel regolder Enventor Clasecous orggen Clasecous orggen Clasecous orggen Clasecous orggen Ligate orggen Ligate orggen Ligate orggen Ligate orggen Ligate orggen Ligate orggen Clasecous orggen	1945. 1946.	NooATCF NooATCF NooATCF NooATCF NooATCF LTCF LTCF NooATCF LTCF NooATCF LTCF LTCF NooATCF LTCF LTCF NooATCF LTCF LTCF LTCF LTCF LTCF LTCF LTCF L	Altanya required	9 9 16 9 13 13 13 13 13 13 13 13 13 13	Macellamous equipment Macellamous equipment Macellamous equipment Supplies (inscolaroosa) Macellamous equipment Responsive	12 of non-inellibritional amount 10 of non-inellibritional amount 10 of non-inellibritional amount	OMEB CMEB DMEB DMEB SL SL SL SL SL SL SL SL SL S
Contract	E0316 E0350 E0352 E0370 E0425 E0425 E0430 E0430 E0433 E0433 E0433 E0443 E0444 E0444	SWETT BIOLOSIZE FRANECIMON'S POTR LES WITH HOSPITAL BED. ANY TYPE CORTROL LIFT FOR ELECTRONIC BODGE. RIPRIGATIONS WAS AUTOMOTOR SYSTEM SEPTIME PARK AND THE RESERVOR BIOLOGICA SYSTEM WAS CONTROLLED TO A STATE OF THE STATE OF	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-18 NA NA NA \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13	\$1.912.16 Determined by PA Annual An	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control wit Bowel progator Elevator Claseous onygen Claseous onygen Claseous onygen Layat onygen Ligat onygen Ligat onygen Ligat onygen Ligat onygen Ligat onygen Claseous onygen	1945. 1946.	Non-ITCF Non-ITCF Non-ITCF Non-ITCF Non-ITCF LTCF Non-ITCF LTCF Non-ITCF LTCF LTCF LTCF LTCF LTCF LTCF LTCF L	Altanys required	9 9 16 9 13 13 13 13 13 13 13 13 13 13 13 13 13	Macelaneous equipment Macelaneous equipment Macelaneous equipment Degriphe (incontenses) Macelaneous equipment Respectory	12 of non-inellibritional amount 10 of non-inellibritional amount 10 of non-inellibritional amount	DMEB DMEB DMEB DMEB DMEB SL
Column C	E0316 E0350 E0352 E0370 E0425 E0425 E0430 E0433 E0433 E0433 E0435 E0440 E0444 E0444 E0444 E0446	SAFETY BIAL OSSURE FRAME/OWOTY FOR LISE WITH HOSPITAL BED, ANY TYPE CORTROL LIST FOR ELECTRONIC BODGE. SPRIGATIONS WAS AUTOMOTOR SYSTEM SERVICE AND ANY THE FERENCE REAL PROCESS. SERVICE AND SERVI	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-18 NA NA NA NA NA NO \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13	\$1.912.16 Determined by PA Determined by	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclasure Construction Construction Construction Elevator Elevator Caseosco orgyptin Caseosco orgyptin Caseosco orgyptin Caseosco orgyptin Lipad orgyptin Lipad orgyptin Lipad orgyptin Lipad orgyptin Lipad orgyptin Caseosco orgyp	NA. NA. NA. NA. NA. NA. NA. NA.	Non-ITCF Non-ITCF Non-ITCF Non-ITCF Non-ITCF LTCF Non-ITCF LTCF Non-ITCF LTCF LTCF Non-ITCF	Always required	9 9 16 9 13 13 13 13 13 13 13 13 13 13 13 13 13	Macellamous equipment Macellamous equipment Macellamous equipment Supples (instructurous) Macellamous equipment Respiratory	12 of non-inellibritional amount 10 of non-inellibritional amount 10 of non-inellibritional amount	DMEB DMEB DMEB DMEB SL
MINISTRATION OF THE PROJECT STRUCK MINISTRATION OF THE PROJECT MINISTR	E0350 E0352 E0352 E0352 E0425 E0425 E0436 E0430 E0430 E0430 E0440 E0440 E0446 E0446 E0446 E0446	SWETT BIAL OBJUE FRANK-CHOOTY FOR USE WITH HOSPITAL BID, ANY TYPE COMPACI UNIT FOR ELECTROUS BODGE, BRIGHANDEWSCULDTON STETEM FOR STEPPING AND STEEL	\$160-10-01 \$160-10-01	9160-10-18 NA NA NA S160-10-13	\$1.012.16 Determined by PA 3.10.68 \$10.34 Determined by PA Determined by PA Determined by PA \$10.54 Determined by PA Determined by PA Bell Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclosure Control util Control util Control util Envalor Elevator Elevator Gasecos orygen Gasecos orygen Gasecos orygen Casecos orygen Casecos orygen Ligat orygen Ligat orygen Ligat orygen Ligat orygen Ligat orygen Ligat orygen Casecos orygen Casecos orygen Gasecos orygen	NA. NA. NA. NA. NA. NA. NA. NA.	NEWLICE NEWLICE NEWLICE NEWLICE NEWLICE NEWLICE LICE NEWLICE LICE NEWLICE LICE NEWLICE LICE LICE NEWLICE LICE LICE NEWLICE NEWLICE LICE NEWLICE LICE NEWLICE LICE NEWLICE LICE NEWLICE LICE NEWLICE	Always required	9 9 16 9 13 13 13 13 13 13 13 13 13 13 13 13 13	Macolamous equipment Macolamous equipment Macolamous equipment Begingle (incondenses) Macolamous equipment Respiratory	12 of non-inellibritional amount 10 of non-inellibritional amount 10 of non-inellibritional amount	DMEB DMEB DMEB DMEB SL SL SL SL SL SL SL SL SL S
Procedure Proc	E0350 E0350 E0350 E0352 E0370 E0425 E0425 E0430 E0435 E0436 E0436 E0440 E0446 E0440 E0446 E0446 E0446 E0446	SWETT BIAL OBJUE FRANK-CHOOPY FOR USE WITH HOSPITAL BED, ANY TYPE COMPACI UNIT FOR ELECTROKE BONDE, BRIGHANDEWSCULDTON STETEM FOR STEED AND STEED AND STEEL STEED AND STEED AN	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-18 NIA NIA NIA NIA NIA NIA NIA 160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13	\$1.912.16 Determined by PA \$38.68 \$133.34 Determined by PA Determined by Dete	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclasure Control until Control until Develor implication supplies Bevelor Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Lugat organ Lugat organ Lugat organ Lugat organ Lugat organ Lugat organ Caseous organ Gaseous organ	NA N	NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF	Always required	9 9 9 16 9 9 17 13 13 13 13 13 13 13 13 13 13 13 13 13	Macolamous equipment Macolamous equipment Macolamous equipment Supplies (includences) Macolamous equipment Respectory	12 of non-inellibritional amount 10 of non-inellibritional amount 10 of non-inellibritional amount	DMEB DMEB DMEB DMEB SL
Procedure Proc	E0350 E0350 E0350 E0352 E0370 E0425 E0425 E0430 E0430 E0430 E0430 E0431 E0435 E0440 E0440 E0440 E0446 E0446 E0446	LIVETY BIAL CISSUE FRANCISCHOPY FOR USE WITH HOSPITAL BED, ANY TYPE CORTICULAR TO RELECTRONCE BONDE, RIPIGATIONE VALUATION SYSTEM STEPPING AND PARK AND PA	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 NIA NIA NIA NIA NIA 160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13	\$1.012.16 Determined by PA Determined by	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Endouve Control unit Control unit Bowal engolero experies Bowal engolero Executo experies Bowal engolero Caseoox onygen Caseoox onygen Caseoox onygen Caseoox onygen Caseoox onygen Lingid onygen Caseoox onygen Caseoo	NA N	NenATCF NenATCF NenATCF NenATCF NenATCF NenATCF NenATCF LTCF NenATCF LTCF LTCF LTCF LTCF LTCF LTCF LTCF NenATCF LTCF NenATCF LTCF NenATCF	Alleways required	9 9 9 16 9 17 17 17 17 17 17 17 17 17 17 17 17 17	Macolamous equipment Macolamous equipment Macolamous equipment Supplies (includences) Macolamous equipment Respectory	12 of non-inellibritional amount 10 of non-inellibritional amount 10 of non-inellibritional amount	DMEB DMEB DMEB SL
SECON CONTINUED REPORTS COURSE, CAR COUNTING LEVET CONTINUED BY	E0350 E0350 E0350 E0352 E0370 E0425 E0425 E0430 E0430 E0430 E0430 E0431 E0435 E0440 E0440 E0440 E0446 E0446 E0446	SWETT BIAL COSUME FRAME/CWOPT FOR USE WITH HOSPITAL BED, ANY TYPE CORTION LIFT FOR ELECTRONIC BONDE, RIPIGATIONS WAS AND ANY TYPE CORTION LIFT FOR ELECTRONIC BONDE, RIPIGATIONS WAS AND ANY TYPE RIPIGATE AND ANY THE PERCENT RIPIGATION OF STEAM WAS AND ANY TYPE RIPIGATION OF THE WITH THE ELECTRONIC BOWER, RIPIGATIONS WAS AND ANY TYPE RIPIGATION OF COMPRESSED CHAIR SYSTEM, PROPAULE INCLINED REQULATION, ROUND WAS THE HAMBOFIER, THAT AND ANY TYPE RIPIGATION OF COMPRESSED CHAIR SYSTEM, PROPAGE, INCLINED REQULATION, ROUND RIPIGATION, ROUND RIPIGAT	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 NIA NIA NIA NIA NIA 160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13	\$1.012.16 Determined by PA Determined by	01/01/2006 01/01/2004	Endouve Control util Bosel register Elevator Caseous organ Lagid organ Lagid organ Lagid organ Lagid organ Lagid organ Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Gaseous orga	NA N	NenATCF NenATCF NenATCF NenATCF NenATCF NenATCF NenATCF LTCF NenATCF LTCF LTCF LTCF LTCF LTCF NenATCF LTCF NenATCF LTCF NenATCF	Alleways required	9 9 9 16 9 17 17 17 17 17 17 17 17 17 17 17 17 17	Macolamous equipment Macolamous equipment Macolamous equipment Supplies (includences) Macolamous equipment Respectory	12 of non-inellibritional amount 10 of non-inellibritional amount 10 of non-inellibritional amount	DMEB DMEB DMEB SL
Profile Part Lichton, 2007 SIPPR** State P	E0316 E0360 E0352 E0352 E0370 E0370 E0455 E0425 E0425 E0430 E0430 E0433 E0433 E0433 E0440 E0440 E0440 E0440 E0440	SWETT BIAL OBJUE FRANKCHOOPT FOR USE WITH HOSPITAL BID, ANY TYPE CORRIGO LIFT FOR ELECTROUS BODGE, BRIGHANDEWSCULDTON STETEM STEPPINGER, PARK AND THE RESERVOR AND ELECTROLISM VALVES MAN INCHMENTARY AND COLLECTION AND STEPPINGER FOR THE RESERVOR AND ELECTROLISM VALVES MAN INCHMENTARY AND COLLECTION AND STEPPINGER FOR THE STEPPINGER AND ELECTROLISM VALVES MAN INCHMENTARY AND COLLECTION THE RESERVE COMPRISED ONE SYSTEM PROPOSE INCLINES REGILATION ROWSETTER HAMBURER. THE RESERVE COMPRISED ONE SYSTEM PROPOSE INCLINES REGILATION ROWSETTER HAMBURER. THE RESERVE COMMAND ON MAN AND THE SYSTEM PROPOSE INCLINES REGILATION ROWSETTER HAMBURER. THE RESERVE COMMAND ON MAN AND THE SYSTEM PROPOSE INCLINES REGILATION ROWSETTER HAMBURER. THE RESERVE COMMAND ON MAN AND THE SYSTEM PROPOSE INCLINES REGILATION ROWSETTER HAMBURER. THE SYSTEM PROPOSE INCLINES TO THE SYSTEM PROPOSE INCLINES REGILATION ROWSETTER HAMBURER. THE SYSTEM PROPOSE INCLINES TO THE SYSTEM PROPOSE INCLINES REGILATION ROWSETTER HAMBURER. THE SYSTEM PROPOSE INCLINES TO THE SYSTEM PROPOSE INCLINES REGILATION ROWSETTER HAMBURER. THE SYSTEM PROPOSE INCLINES TO THE SYSTEM PRO	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA 160-10-18 S160-10-13	\$1.012.16 Determined by PA Determined by	01/01/2006 01/01/2004	Endouve Control util Bosel register Elevator Caseous organ Lagid organ Lagid organ Lagid organ Lagid organ Lagid organ Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Gaseous orga	NA N	NenATCF NenATCF NenATCF NenATCF NenATCF NenATCF NenATCF LTCF NenATCF LTCF LTCF LTCF LTCF LTCF NenATCF LTCF NenATCF LTCF NenATCF	Always required	9 9 10 9 113 13 13 13 13 13 13 13 13 13 13 13 13	Macolamous equipment Macolamous equipment Macolamous equipment Supplies Incondenseus) Macolamous equipment Respectory	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount	DMEB DMEB DMEB SL
Controlled Bill Application Cont	E0316 E0360 E0352 E0352 E0352 E0370 E0450 E0456 E0456 E0456 E0430 E0433 E0433 E0433 E0440	SWETT BIGG. OBJUE FRANCE/MONTY FOR USE WITH HOSPITAL BED, ANY TYPE CORRIGO, USET FOR ELECTRONIC BOOKE, RINGGATCHOSE MODIFICATION OF STEMS STEMSONS FOR ANY THE RESERVOR AND CONTROLLAND WAY WAS INCUMENTAL AND COLLECTION LONG HOSPITAL AND CONTROLLAND WAY WAS INCUMENTAL AND COLLECTION LONG HOSPITAL SHAPE AND CONTROLLAND WAY WAS INCUMENTAL AND COLLECTION LONG HOSPITAL SHAPE AND CONTROLLAND WAY WAS INCUMENTAL REALISES. REQULATOR, PLOYMETER, HAMOFIER, RESELLAND, CONTROLLAND AND STEMS FROM THE RECLUSES REQULATOR, PLOYMETER, HAMOFIER, RESELLAND CONTROLLAND WAS AND THE RECLUSED REQULATOR, PLOYMETER, HAMOFIER, PROMISED AND CONTROLLAND WAS AND CONTROLLED BY REQULATOR. PLOYMETER, HAMOFIER, PROMISED AND CONTROLLAND WAS AND CONTROLLED BY RECLUSION FROM THE PLOYMETER, HAMOFIER, CONTROLLAND MANY, AND TEMBER STEMS, AND CONTROLLED STRUCKATION PLOYMETER, HAMOFIER, CONTROLLAND MANY, AND TEMBER STATE, AND CONTROLLED STRUCKATION PLOYMETER, HAMOFIER, CONTROLLED AND CONTROLLED BY THE RESERVOR AND CONTROLLED BY THE RESERV	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA 10A 10A 10A 10A	\$1.012.16 Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclasure Control unit Bosel registric Envalue Caseous organ Layad organ Layad organ Layad organ Layad organ Layad organ Caseous or	NA N	Non-ICF Non-ICF Non-ICF Non-ICF Non-ICF Non-ICF Non-ICF ICF Non-ICF ICF Non-ICF ICF Non-ICF ICF Non-ICF ICF Non-ICF	Always required	9 9 9 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	Macolamous equipment Macolamous equipment Macolamous equipment Supplies Incontentences) Macolamous equipment Respectory	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formerly K1028	DMEB DMEB DMEB SL
EGOS MACROPER COUNTER CASE OR ANTOCLAMBEE E PARTS BOTTLE TYPE FOR USE WITH REGULATION \$100-1001 N.A. \$122.2 \$2,000.0001 N.A. No.1.17	E0316 E0350 E0352 E0350 E0352 E0455 E0425 E0425 E0430 E0433 E0436 E0436 E0440 E0440 E0440 E0440	SWETT BIALOSUE FRANCONOTY FOR USE WITH HOSPITAL BID, ANY TYPE COMPACI UNIT FOR ELECTROUS BONDE, RIPIGATIONE VALUATION IS STEED STEPPING AND	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA NA 160-10-18 S160-10-13	\$1.012.16 Determined by PA Determined by	01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Enclasure Control until Control until Develor inguistra Bevelor Gaseous organ Gaseous organ Gaseous organ Gaseous organ Gaseous organ Caseous organ Lugat organ Lugat organ Lugat organ Lugat organ Lugat organ Lugat organ Ragalosson Gaseous organ Ragalosson Bed Respiratory care Respiratory care Respiratory care Respiratory care Bed Respirato	NA N	NenATCF	Always required	9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Macolamous equipment Macolamous equipment Macolamous equipment Supplies Incenterances) Macolamous equipment Respectory	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB DMEB SL SL SL SL SL SL SL SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
	E0316 E0360 E0362 E0362 E0362 E0425 E0425 E0425 E0430 E0436 E0430 E0436 E0436 E0446	JUNETY BIAL COBUSE FRAME/CMOPY FOR USE WITH HOSPITAL BID. ANY TYPE CORRIGO LIST FOR ELECTRONIC BONDE, RIPIGATIONE WAS AUTOMOTORY STEMS AND STATE OF THE CHARGE OF THE STATE	\$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA S160-10-13 S160-10-13 S160-10-13 S160-10-13 S160-10-13 S160-10-13 S160-10-13 NA NA NA NA NA NA NA NA NA N	81.012.16 Determined by PA Outermined by	01012026 01012026 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024 01012024	Enclosure Control unit Description Exercise Casecous corporn Liquid corporn Liquid corporn Liquid corporn Liquid corporn Casecous	NA. NA. NA. NA. NA. NA. NA. NA.	NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF NewAT	Always required	9 9 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Macelaneous equipment Macelaneous equipment Macelaneous equipment Bapqine (contembous) Macelaneous equipment Respectory	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB DMEB SL SL SL SL SL SL SL SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ESSIVE LITROSONCELECTRONC ARROSC, GENERALOR WITH SIGNAL VOLUME NEBLACER \$180-10-01 NA \$443.92 \$10,00000 NA No.1-107 Assign regard 13 Requisitory 15 Requisitor	E016 E0390 E	JUNETY BIAL CIBLIE FRANCISCHOPY FOR USE WITH HOSPITAL BID. ANY TYPE CORRIGO LIFT FOR ELECTRONIC BONDE, RIPIGATIONE VALUATION SYSTEM AND STATE OF THE CENTER OF THE CHARLES AND STATE OF THE CHARLE	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA NA NA 160-10-13 5160-10-13	\$1.012.16 Determined by PA \$1.00.00 Determined by PA \$1.0	01/01/2026 0/101/2026 0/101/2026 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024 0/101/2024	Endouve Control unit Control unit Bouest inspire Envalue Caseous organ Layad organ Layad organ Layad organ Layad organ Layad organ Caseous organ	NA N	Non-ITCF Non-ITCF Non-ITCF Non-ITCF Non-ITCF Non-ITCF Non-ITCF ITCF Non-ITCF ITCF Non-ITCF ITCF Non-ITCF Non-IT	Always required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macolamous equipment Macolamous equipment Macolamous equipment Supplies Internationally Supplies Internationally Supplies Internationally Supplies International	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
	E016 E030 E030 E030 E030 E030 E030 E030 E03	SWETT BIGG OBJEC FRANCONOTY FOR USE WITH HOSPITAL BED, ANY TYPE COMING USET FOR ELECTRONIC BOOKE, BRIGHANDOWN MACHINE STEEMS AND COMMISSION OF ST	\$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA NA NA S160-10-13	B1.012.16 Datesmined by PA Obdermined by PA SEC 24 Obdermined by PA	01012026 01012026 01012024	Enclasure Control until Control until Develor implaction Equation Casecou organi Casecou organi Casecou organi Casecou organi Liquid organi Casecou organi	NA. NA. NA. NA. NA. NA. NA. NA.	NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF ANNAATCF NewATCF NewA	Always required	9 9 9 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	Macelaneous equipment Macelaneous equipment Macelaneous equipment Bapqine (contembous) Macelaneous equipment Respectory	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB CMEB GMEB GL SL SL SL SL SL SL SL CMEB CMEB CMEB CMEB CMEB CMEB CMEB CMEB
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Portangent Nation No. 822 CONTINUED, (1960) BATTERY DEPLETOR, INCLIDES ALDRILLE NO. 918-10-10 \$160-10-10	E016 E036 E0370 E0430 E0430 E0440 E0440 E0440 E0465 E0466 E0560 E0566 E05607 E0567 E0560 E0566 E0560 E	JUNETY BIAL CIBLIE FRANCISCHOPY FOR LISE WITH HOSPITAL BID. ANY TYPE CORRIGO LIST FOR ELECTRONIC BONDE, RIPIGATIONE VALUATION SYSTEM AND STATE OF THE CENTER OF THE CHARLES AND STATE OF THE CONTROL OF SYSTEM DESTRUCTION OF THE CHARLES AND STATE	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 NA S160-10-13 S16	\$1.012.16 Determined by PA \$1.000.66 De	01/01/2026 01/01/2026 01/01/2024	Enclasure Control until Control until Devel inspiration supplies Envelor Gaseous onygen Gaseous onygen Gaseous onygen Gaseous onygen Gaseous onygen Gaseous onygen Lingat onygen Lingat onygen Lingat onygen Lingat onygen Lingat onygen Lingat onygen Gaseous Ga	NA N	NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF LTCF NewATCF LTCF NewATCF LTCF LTCF NewATCF LTCF NewATCF LTCF NewATCF	Always required	9 9 9 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	Macolamous equipment Macolamous equipment Macolamous equipment Supplies (includences) Macolamous equipment Respectory	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB DMEB SL
Miles Conference Conferen	E016 E0360 E0362 E0370 E0425 E0430 E0430 E0430 E0430 E0430 E0430 E0440 E0440 E0440 E0440 E0440 E0460 E0460 E0460 E0460 E0460 E0460 E0460 E0460 E0460 E0460 E0460 E0460 E0660 E	SWETT BIGG OBJER FRANCINGTY FOR USE WITH HOSPITAL BED, ANY TYPE COMING USE TO RELECTIONS ON DOUGH, RINGGLOCKEWAGUISTO STREETING STREETING AND THE RELECTION OF STREETING AND STREETING AND CONTROL S	\$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA NA NA S160-10-13	B1.012.16 Determined by PA Determined by	01/01/2026 01/01/2026 01/01/2024	Enclasure Control of	NA	NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF	Always required	9 9 9 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	Macelaneous equipment Macelaneous equipment Macelaneous equipment Desprise (contemberacy) Macelaneous equipment Respectory	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
COMPONENTS RELIZIES DOTAL VISIBLE CHECK VISITABLE COMPONENTS ACCURATE NAME OF THE CONTROL OF T	E016 E0360 E	SWETT BIGG OBJECT PRIME CWOTT FOR USE WITH HOSPITAL BED, ANY TYPE CORRIGOR LAND FOR ELECTRONIC BOOKER REPOLATIONE WAS AND THE CORRECT OF THE PRIME CHARGE OF THE CORRESPONDED FOR THE CORRESPONDE FOR THE CORRESPONDED FOR	5160-10-01 5160-10-01	5160-10-18 NA NA NA NA NA S160-10-13 S160-10	\$1.012.16 Determined by PA \$1.000.66 De	01/01/2026 01/01/2026 01/01/2024	Enclosure Control until Ligat crygen Control until Co	NA N	NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF LTCF NewATCF LTCF LTCF NewATCF LTCF NewATCF LTCF NewATCF	Allanys required	9 9 9 13 13 13 13 13 13 13 13 13 13 13 13 13	Macelaneous equipment Macelaneous equipment Macelaneous equipment Bugsifes (incontenses) Macelaneous equipment Respiratory	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB TOMES SL
ESSIT	E0316 E0350	SWETT BIGG OBJEC FRANK-CHOOTY FOR USE WITH HOSPITAL BED, ANY TYPE CORTICULAR TO RELECTIONS BONDEL RIPRIGATIONS WAS AND	\$160-10-01 \$160-10-01	6160-10-18 NA NA NA NA NA NA 16160-10-13 5160-10-13	B1.012 to Determined by PA Determined by	01/01/2026 01/01/2026	Enclasure Control until Devel enginer Bayeline Bayeline Caseoux onygen Caseoux onygen Caseoux onygen Caseoux onygen Caseoux onygen Caseoux onygen Liquid onygen Caseoux	NA	NewATCF NewATC	Always required	9 9 9 13 13 13 13 13 13 13 13 13 13 13 13 13	Misochanous equipment Misochanous equipment Misochanous equipment Degrife (contemberate) Misochanous equipment Responsivy	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB DMEB SL
EXIST PATENT LIFT, ELECTRIC WITH SEAT OR SLAND. 516-1601 NA. 31,02.77 01010000 LIR NA. No-LTCF Assign regulated 9 Miscolarooce equipment C.C. EXEMPT MAILTON STORMAN PROMISSION OF THE PROMISS	E0316 E0350 E0350 E0370 E0455 E0450 E0430 E0430 E0430 E0430 E0430 E0440 E0460 E0660 E0660 E0660	SWETT BIGG OBJECT PRIME CHROTY FOR USE WITH HOSPITAL BED, ANY TYPE CORRIGOR LENGT FOR ELECTRONIC BODGE. RIRIGATIONE WAS USED. ANY TYPE CORRIGOR LENGT AND THE RESERVOR AND GENERAL MAY VERY BUT WAS USED. AND COLLECTION SANGEROUS AND COLLECTION. SANGEROUS AND COL	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA 160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 NA	\$1,012.16 Determined by PA SI 2000.68 Determined by PA SI 2000.68 Determined by PA SI 2001.68 Determined by PA SI 2001.68	01/01/2026 01/01/2026 01/01/2024	Enclasure Constal unit Constal unit Devel inspiration supplies Envelor Gaseous organ Gaseous organ Gaseous organ Gaseous organ Caseous organ Liquit organ Caseous organ Liquit organ Caseous organ Caseous organ Caseous organ Gaseous organ Respiratory care Gaseous Gaseou	NA. NA. NA. NA. NA. NA. NA. NA.	Non-ITCF Non	Always required	9 9 9 9 9	Miscolamous equipment Miscolamous equipment Begins (includences) Begins (includences) Begins (includences) Miscolamous equipment Responsivy Res	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB DMEB SL
EXECUTE OF THE TRADES OF THE	E0316 E0350 E0350 E0425 E0426 E0430 E0430 E0431 E0440 E0451 E0451 E0450 E0451 E0450	SWETT BIGG OBJEC FRANC CHOCKY FOR USE WITH HOSPITAL BED, ANY TYPE CORTION LIFE TO RELECTRONS BOOKE RINGUISTONE WAS AND THE CONTROL BY THE AND THE CONTROL BY THE CONTROL B	\$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA NA S160-10-13 NA	81.912.16 Determined by PA Outermined by PA A 183.48 Determined by PA Outermined by PA Outermined by PA A 183.48 Determined by PA Outermined by PA SA 200.00 Oute	01012026 01012026 01012024	Enclasure Constal unit Constal unit Devel inspiration supplies Envelor Gaseous organ Gaseous organ Gaseous organ Gaseous organ Caseous organ Liquit organ Caseous organ Liquit organ Caseous organ Caseous organ Caseous organ Gaseous organ Respiratory care Gaseous Gaseou	NA. NA. NA. NA. NA. NA. NA. NA.	NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF	Allanys required	9 9 9 9 9 9 9	Macelaneous equipment Macelaneous equipment Macelaneous equipment Bapquite (incombouse) Macelaneous equipment Pasquistory Pasq	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB DMEB SL
COMPONENTIAL/CESSORES	E0316 E0350	SWETT BIGGOSUPE FRANCONOTY FOR USE WITH HOSPITAL BIGG. ANY TYPE CORTION LIFT FOR ELECTROKIC BONDE, RIPEGATORISENSULATION STREET MATERIAL PROPERTY AND ANY AND	\$160-10-01 \$160-10-01	6160-10-18 NA NA NA NA NA NA 16160-10-13 5160-10-13	B1.012.16 Determined by PA Determined by	01/01/2026 01/01/2026	Enclasure Control until Control until Consolid registration supples Borelat registration supples Caseous organ Caseous organ Caseous organ Caseous organ Ligat organ Ligat organ Ligat organ Ligat organ Ligat organ Ligat organ Caseous organ Ligat organ Caseous organ Sac Caseous organ Caseous organ Sac Caseous organ Bac Respiratory case equipment Supply or accessor Supply or accessor Control unit Control Control unit Control	NA	NewATCF	Always required	9 9 9 9 9 9	Miscolamous equipment Miscolamous equipment Miscolamous equipment Degrife (incolamous) Miscolamous equipment Respiratory Respi	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB SL
EGISS SEGMENTAL PREJANTIC APPLIANCE FOR IDE WITH PREJANTIC COMPRESSOR, TRANK 5180-10-11 5180-10-15 586-10-17 FOR IDEA SEGMENTAL PREJANTIC PREJANTIC PREJANTIC PREJANTIC PREJANTIC PREJANTIC PREJANTIC COMPRESSOR, RESERVATOR 5180-10-10 5180-10-15 580-10-16 FOR IDEA SEGMENTAL PREJANTIC PREJ	E0316 E0350 E0350 E0426 E0430 E0440 E0460 E0460 E0460 E0460 E0460 E0460 E0660 E0660 E0660 E0660	SWETTY BIGLOSUPE PRABE/DWOPT FOR USE WITH HOSPITAL BED, ANY TYPE CORRIGOR LETTY FOR ELECTRONIC BOOKER RIPIGATIONE WAS ARROWS AND COLLECTION SWETTY AND COLLECTION OF THE COLLECTRONIC BOOKER RIPIGATIONS WAS ARROWS AND COLLECTION SWETTY AND COLLECTRONIC BOOKER RIPIGATIONS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLLECTRONIC BOOKERS WAS ARROWS AND COLLECTRONIC BOOKERS. SWETTY AND COLL	\$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA NA S160-10-13	81.912.16 Determined by PA Outermined by PA A 183.48 Determined by PA A 183.48 Determined by PA A 183.48 Determined by PA Outermined by PA A 183.48 Determined by PA A 183.48 Determined by PA Outermined by PA Outermined by PA A 183.20 Outermined by PA A 1	01012026 01012026 01012024	Enclasure Control until Ligat drygen Caseous orgyen Caseous	NA. NA. NA. NA. NA. NA. NA. NA.	NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF LTCF NewATCF	Allanys required	9 9 9 9 9 9 9 9	Macelaneous equipment Macelaneous equipment Macelaneous equipment Buggints (incombroate) Macelaneous equipment Pasquatery	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB SL
EGS2 SCOMENTIA PREMATIC APPLIANCE FOR LIKE WITH PREMATIC COMPRESSOR, CHEST 5180-10-15 51	E0316 E0350 E0350 E0350 E0450	SWETT BIGGORUP FRANCONOPY FOR USE WITH HOSPITAL BIG, ANY TYPE CORRIGO LUTT FOR ELECTROUS BOYER, BRIGADONE WIGHTH HOSPITAL BIG, ANY TYPE CORRIGO LUTT FOR ELECTROUS BOYER, BRIGADONE WIGHTH HOSPITAL BIG, ANY TYPE BIGGORUP STATE AND STATE RESERVOR AND ELECTROUS WAY BY BIGGORUP STATE AND ELECTROUS BOYER. BRIGADONE PROCESSOR AND ELECTROUS WAY BY BIGGORUP STATE AND ELECTROUS BOYER. BRIGADONE PROCESSOR AND ELECTROUS BOYER. BRIGADONE PROCESSOR AND ELECTROUS WAY BY BIGGORUP STATE AND ELECTROUS BOYER. BRIGADONE PROCESSOR AND ELECTROUS WAY BY BIGGORUP STATE AND ELECTROUS BOYER. BRIGADONE PROCESSOR BRI	5160-10-01 5160-10-01	6160-10-18 NA NA NA NA NA NA S160-10-13 S160	B1.012 to Determined by PA Determined by	01/01/2026 01/01/2026 01/01/2024	Enclasure Construct until Construct until Bound engines Bound or graphs Bound or graphs Bound or graphs Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Lugat organ Caseous organ Lugat organ Caseous organ Lugat organ Caseous organ Caseous organ Caseous organ Bagatery Control Bagatery Bagatery Control Bagatery Bagatery Control Bagatery Bagatery Bagatery Bagatery Bagatery Bagatery	NA	NewATCF	Always required	9 9 9 9 9 9 9 9	Macolamous equipment Micolamous equipment Micolamous equipment Beginte (incolamous) Micolamous equipment Respiratory Respirato	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB DMEB SL
ENSIS SECRETAL PREMATIC APPLIANCE FOR USE WITH PREMATIC COMPRESSOR, INTEGRATED, 2 FULL 5 160-10-15 516-10-15 51 440-05 100/10/205 Prematic equipment NA No-LTCF Always required 9 Miscellaneous equipment PARIS AND CHEST PRINTS AND CHEST PRINTS APPLIANCE FOR USE WITH PREMATIC COMPRESSOR, INTEGRATED HEAD 5 160-10-15 516-10-15 51	E0316 E0350 E0370 E0425 E0430 E0440 E0440 E0440 E0440 E0440 E0440 E0460	JUNESTY BIAL COBURE FRAME/CHOPY FOR USE WITH HOSPITAL BID. ANY TYPE CORRIGO LUTT FOR ELECTRICAL SOURCE, RIPIGATIONES VALUED OF STEEM JUNESTY STATES OF THE CORRESPONDED OF THE CORRESPON	\$160-10-01 \$160-10-01	5160-10-18 NA NA NA NA 160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 NA	\$1,012.16 Determined by PA SE 2020.06 Determined by PA SE 20	01/01/2026 01/01/2026	Enclasure Constal unit Constal unit Devel inspiration supples Envalue Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Liquit organ Caseous organ Liquit organ Caseous organ Respiratory care Respiratory care Respiratory care Respiratory or Respiratory or Respiratory or Respiratory or Respiratory or Respiratory or Respiratory or Respiratory or Respiratory or Respiratory or Respiratory or	NA	Non-ITCF Non	Always required	9 9 9 9 9 9 9 9 9 9 9	Macolamous equipment Macolamous equipment Macolamous equipment Regulatory Repetatory Respectory Res	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB SL
F0559 SEGMENTAL PASIMATIC APPLIANCE FOR USE WITH PASIMATIC COMPRESSOR INTEGRATED HEAD 5160-10.15 \$1.40.66 10/01/205 Prevents environed NA No. 1 TCF Always required 9 Microlineous environed	E0316 E0350	SWETTY BIGLOSUPE PRABE/DWOPT FOR USE WITH HOSPITAL BED, ANY TYPE CORTION LIFT FOR ELECTRONIC BOOKER RIPIGATIONS WAS AND AND CONTROL BY THE AND CO	5160-10-01 5160-10-01	5160-10-18 NA NA NA NA NA S160-10-13	\$1,912.16 Determined by PA Outermined by	01/01/2026 01/01/2024	Enclasure Constal unit Constal unit Devel inspiration supples Envalue Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Caseous organ Liquit organ Caseous organ Liquit organ Caseous organ Respiratory care Respiratory care Respiratory care Respiratory or Respiratory organ Respiratory organ Respiratory organ Respiratory organ Respiratory organ Respiratory care Respiratory organ Respiratory care Respiratory	NA	NewATCF	Always required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Miscolamous equipment Miscolamous equipment Miscolamous equipment Beguite (incolamous) Miscolamous equipment Respiratory Respi	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB SL
NECK AND CHEST	E0316 E0317 E0315 E0316 E0316 E0316 E0317 E0318	SWETTY BIGLOSUPE PRABE/DWOPY FOR USE WITH HOSPITAL BED, ANY TYPE CORTION LIFT FOR ELECTRONIC BOOKER RIPIGATIONS WAS AND THE CONTROL OF STEMM STEMMAN TO THE ELECTRONIC BOOKER RIPIGATIONS WAS AND MICHAELS AND COLLECTION DATE OF THE COLLECTRONIC BOOKER RIPIGATIONS WAS AND MICHAELS AND COLLECTION DATE OF THE COLLECTRONIC BOOKER RIPIGATIONS WAS AND MICHAELS AND COLLECTRON DATE OF THE COLLECTRONIC BOOKER RIPIGATIONS WAS AND MICHAELS AND COLLECTRON DATE OF THE COLLECTRONIC BOOKER RIPIGATION RIPIGATION REQUIRED TO THE COLLECTRON RIPIGATION RIPIGA	5160-10-01 5160-10-01	5160-10-18 NA NA NA NA NA NA S160-10-13 5160-10-15 5160-10-20 5160-10-20 5160-10-20 5160-10-20 5160-10-15	B1.012 to Determined by PA Determined by	01/01/2026 01/01/2026 01/01/2024	Enclasure Construction Construction Consequence Exercise Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Ligat copyon Ligat copyon Ligat copyon Ligat copyon Ligat copyon Ligat copyon Consequence Ligat copyon Consequence C	NA	NewATCF	Always required	9 9 9 9 9 9 9 9 9	Macolamous equipment Macolamous equipment Macolamous equipment Begins (incontented) Microlamous equipment Respiratory Respirat	12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount 12 of non-institutional amount Formula K1029	DMEB DMEB SL

Manual Content	E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL	5160-10-01	5160-10-15	\$1,405.07	01/01/2026	Pneumatic equipment	NA.	Non-LTCF	Always required	0	Miscellaneous equipment	I	DMEB
Mathematical Control of Control	E0671	EGS AND TRUNK				01/01/2026	Pneumatic equipment	NA.			9			DMEB
Mathematical part of the property of the pro	E0672		5160-10-01	5160-10-15	\$360.72	01/01/2026	Pneumatic equipment	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Mathematical State Mathema							Pneumatic equipment			, ,				DMEB
100 100		ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)					Pneumatic equipment							DMEB DMEB
1. 1. 1. 1. 1. 1. 1. 1.							Compression	NA.						DMEB
100	E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Personal part	E0715	NTRAVAGINAL DEVICE INTENDED TO STRENGTHEN PELVIC FLOOR MUSCLES DURING KEGEL EXERCISES	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA.	Both	Always required	9	Miscellaneous equipment		DMEB
1. 1. 1. 1. 1. 1. 1. 1.		MUSCLES DURING KEGEL EXERCISES				01/01/2024	Supplies and accessories				16			DMEB DMESL
100						01/01/2024	Garment				1			DMESL
Mathematical Continue		SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)									9		Formerly K1002	DMEB
Mathematical material and ma	E0733	NAY TYPE TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL HERVE	5160-10-01	N/A	\$410.64	01/01/2026	Stimulator	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1016	DMEB
Mathematical ma		EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST					Stimulator			Always required	9		Formerly K1018	DMEB
Manual													Formerly K1020	DMEB
Mathematical Content of the Content of Con			5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA.	Non-LTCF					DMEB
100 100	E0738	JPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE MUSCLE RE-	5160-10-01	N/A	\$15,997.20	01/01/2026	Stimulator	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Mathematical Processor Mathematical Proces	E0739	REHABILITATION THERAPY, INCLUDES ALL COMPONENTS AND ACCESSORIES, MOTORS.	5160-10-01	N/A	\$12,530.60	01/01/2026	Stimulator	NA.	Non-LTCF	Always required	9			DMEB
1. 1. 1. 1. 1. 1. 1. 1.		NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR, COMPLETE SYSTEM												DMEB
100 100														DMEB DMEB
Mathematical Content										, ,				DMEB
Mathematical state Mathema	E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORALINON-INVASIVE)	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Mathematical state Mathema		ENERGY TREATMENT DEVICE					Radiowaves device				9			DMEB
No. Proceed										, ,				DMEB
Mathematical content of the property of the		"UNIVER INTEREST MELECTION STATEMENT AND AN ARMSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE SPROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, "DO APPROVED NERVIE STIMULATOR, FOR TREATMENT OF NAUSEA AND VOMITING."												DMEB DMEB
Mathematical Continues Mathematical Contin							Stimulation device							DMEB
No. Proceed Procee	E0767	I FFE NTRABUCCAL, SYSTEMIC DELIVERY OF AMPLITUDE-MODULATED, RADIOFREQUENCY ELECTROMAGNETIC FIELD DEVICE, FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES		N/A	Determined by PA	01/01/2024	Stimulation device	NA.		Always required	9	Miscellaneous equipment		DMEB
No. Proceed Procee		ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED		N/A	Determined by PA	01/01/2024	Stimulation device	NA.						DMEB
Page		MBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER					nutrition) equipment			, ,				DMEB DMEB
Column							nutrition) equipment	***						
Mathematical		CATHETER, CONNECTORS, ETC.) NEI IGITAL DI MID GATTADI E DECORDAMMADI E (INCLUDES ALL COMPONENTS E C. DUMB					nutrition) equipment	NA NA	Both Both					DMEB DMEB
Mathematical part		CATHETER, CONNECTORS, ETC.) MPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION					nutrition) equipment Infusion pump (non-	NA.	Both					DMEB
Page		PUMP, REPLACEMENT MPLANTARLE PROGRAMMARLE INFLISION PLIMP, REPLACEMENT (EXCLLINES IMPLANTARLE INTRASPINAL												DMEB
Mathematical Control of Math		AMBULATORY TRACTION DEVICE, ALL TYPES, EACH					Hospital bed accessories				9			DMEB
Manufact											9			DMEB
Manufact							accessories							DMEB
Mathematical Control of the contro		TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO					accessories Hospital bed							DMEB
Column	E0936		5160-10-01	5160-10-27	Determined by PA	01/01/2024	accessories CPM device	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Mathematical Content													Formerly K1003	DMEB
March Marc			5160-10-01	N/A	\$2,040.24	01/01/2026	Whirlpool	NA .	Non-LTCF					DMEB DMEB
Column			5160-10-01	5160-10-13	\$31.65	01/01/2026	Regulator	NA NA	Non-LTCF		9			DMEB
Column		DXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY DYPE REPLACEMENT ONLY FACH.	5160-10-01	5160-10-13			Accessory	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Part		STANDIRACK		5160-10-13	\$23.85	01/01/2026	Accessory	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Column								,						
14 March		REPLACEMENT ONLY, EACH								Always required				DMEB DMEB
1.	E1357	REPLACEMENT ONLY, EACH	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Accessory	Accessory	Non-LTCF	Always required Always required	9	Miscellaneous equipment		DMEB DMEB
The Control of Contr	E1357 E1358	REPLACEMENT ONLY, EACH XYYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT XNLY, EACH XXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT XNLY, EACH XNLY,	5160-10-01 5160-10-01	5160-10-13 5160-10-13	Determined by PA Determined by PA	01/01/2024	Accessory Accessory	Accessory Accessory	Non-LTCF Non-LTCF	Always required Always required Always required	9	Miscellaneous equipment Miscellaneous equipment		DMEB
100 100	E1357 E1358 E1372 E1405	REPLICATION DAY EACH REPLICATION OF THE THE THREE PROPERTY OF THE THREE CONCENTRATION, ANY TYPE, REPLICABLENT NAME FOR THE THREE PROPERTY OF THE THREE CONCENTRATION, ANY TYPE, REPLICABLENT NAME FOR CONCENTRATION OF THE THREE PROPERTY OF THREE	5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13	Determined by PA Determined by PA \$131.64 \$1.073.44	01/01/2024 01/01/2024 01/01/2026 01/01/2026	Accessory Accessory Heater Vapor enriching	Accessory Accessory NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required Always required Always required Always required Always required	9 9 9	Miscellaneous equipment Miscellaneous equipment Miscellaneous equipment Miscellaneous equipment		DMEB DMEB DMEB DMEB
The content of the	E1357 E1358 E1372 E1406	REMICHIEM DILLY EACH TO STEEL	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13	Determined by PA Determined by PA \$131.64 \$1.073.44 \$833.68	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026	Accessory Accessory Heater Vapor erriching system Vapor erriching system	Accessory Accessory Accessory NA NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required Always required Always required Always required Always required Always required	9 9 9	Miscelaneous equipment Miscelaneous equipment Miscelaneous equipment Miscelaneous equipment Miscelaneous equipment Miscelaneous equipment		DMEB DMEB DMEB DMEB DMEB
1.50 1.50	E1357 E1358 E1372 E1406 E1406	RENJACIONE DI GAVE JACH RENJACIONE DI GAVE JACH NON EDIGI. SIN	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 N/A	Determined by PA Determined by PA \$131.64 \$1.073.44 \$833.68 Determined by PA	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Accessory Accessory Heater Vapor enriching system Vapor enriching system Centrifuge	Accessory Accessory Accessory NA NA NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required	9 9 9 9	Miscelaneous equipment		DMEB DMEB DMEB DMEB
100 100	E1357 E1358 E1372 E1405 E1406 E1500 E1510	SENJOURNET DAY FEET MAY PEOF M	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 N/A	Determined by PA Determined by PA \$131.64 \$1.073.44 \$833.68 Determined by PA Determined by PA	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2024	Accessory Accessory Heater Vapor enriching system Vapor enriching system Centrifuge Kidney machine	Accessory Accessory Accessory NA NA NA NA NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required	9 9 9 9 9	Miscelanous equipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB
Total	E1357 E1358 E1372 E1405 E1406 E1500 E1510 E1520	CENTIONATE ONLY BASE MAY FOOT MAY	5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 N/A N/A	Determined by PA Determined by PA \$131.64 \$1.073.44 \$833.68 Determined by PA Determined by PA Determined by PA	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024	Accessory Accessory Heater Vapor enriching system Vapor enriching system Centrifuge Kidney machine Pump	Accessory Accessory Accessory NA NA NA NA NA NA NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required	9 9 9 9 9	Macelaneous equipment Miscelaneous equipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB SL
1905 Confunction of Management of Manage	E1357 E1358 E1372 E1405 E1406 E1500 E1510 E1520 E1530 E1540	REPLICIONE DE L'ANTERIO DE L'AN	5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 NIA NIA NIA NIA NIA	Determined by PA Determined by PA \$131.64 \$1.073.44 \$5.33.68 Determined by PA	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Accessory Heater Vapor enriching system Vapor enriching system Certritige Kidney machine Pump Bubble detector Alarm	Accessory Accessory Accessory NA	Non-LTCF	Always required	9 9 9 9 9 9	Macelaneous egipment		DMEB
The Control	E1357 E1358 E1372 E1405 E1406 E1500 E1510 E1520 E1530 E1540 E1550	REPLICEMENT DALY EACH REPLICEMENT DALY EACH NOT SERVICE SERVICE SERVICE SERVICE SERVICES SERVICES SERVICES NOT SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES NOT SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES NOTES SERVICES SERVICES SERVICES SERVICES SERVICES NOTES SERVICES SERVICES SERVICES SERVICES SERVICES NOTES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES NOTES SERVICES SERVICES SERVICES SERVICES SERVICES NOTES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES NOTES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES NOTES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES NOTES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES NOTES SERVICES	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 NIA NIA NIA NIA NIA NIA NIA	Determined by PA Determined by PA \$131.64 \$1.073.44 \$5.33.68 Determined by PA	01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Accessory Heater Vapor enriching system Vapor enriching system Centritige Kidney machine Pump Bubble detector Asam Meter	Accessory Accessory Accessory NA	Non-LTCF	Always required	9 9 9 9 9 9 9 9	Macelaneous equipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB
1000 1000	E1357 E1358 E1372 E1405 E1406 E1500 E1510 E1520 E1530 E1540 E1550 E1560	CENTIONATE OF ALL SECTION OF A STATE OF A ST	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 NIA	Determined by PA Determined by PA S131.E4 S1.073.44 S133.68 Determined by PA	01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Accessory Accessory Heater Vapor enriching system Vapor enriching system Centrifuge Centrifuge Bubble detector Alamn Mater Blood leak detector	Accessory Accessory Accessory NA	Non-LTCF	Always required	9 9 9 9 9 9	Macelamous equipment		DMEB
1.00 1.00	E1357 E1358 E1372 E1405 E1406 E1500 E1510 E1520 E1530 E1540 E1550 E1560 E1570	SENJOURNET DAY EACH MAY E	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 N/A	Determined by PA Determined by PA S131.E4 S1.073.44 S133.68 Determined by PA	01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Accessory Accessory Heater Vapor enriching system Vapor enriching system Centrifuge Centrifuge Bubble detector Alamn Mater Blood leak detector	Accessory Accessory Accessory NA	Non-LTCF	Always required	9 9 9 9 9 9	Масовиносы едурнет		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
Column C	E1357 E1358 E1372 E1405 E1406 E1500 E1510 E1520 E1530 E1540 E1550 E1550 E1560 E1570 E1575 E1580	SENDOLENT ONLY EACH MAY FOOT SENDON INSTITUTY CHANGER FOR PORTRAIL CONCENTRATOR, MY TYPE, REFLACEMENT MAY FOOT SENDON INSTITUTY CHANGER FOR PORTRAIL CONCENTRATOR, MY TYPE, REFLACEMENT MAY FOOT SENDON INSTITUTY CHANGER FOR PORTRAIL CONCENTRATOR, MY TYPE, REFLACEMENT MARKESON DETERMINE AREATER FOR RESEAULTS. DEFENDED AND WATER WAYCR EMICHING SYSTEM WITH HASTD DELIVERY DERRIFICATION OF MATERIAL PROPERTY OF THE PORTRAIN OF T	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 NVA	Determined by PA B131.64 S131.64 S13	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Accessory Heater Heater Haper enriching system Vapor enriching system Cermitug Kidney machine Pump Bubble desector Alamn Matter Blood leak detector Chart Blood leak detector Chart Ch	Accessory Accessory Accessory NA	Non-LTCF	Allanys required	9 9 9 9 9 9 9 9 9	Массиански едурнен Моссински едурнен Моссински едурнен Моссински едурнен Массински едурнен Массински едурнен Массински едурнен Моссински едурнен		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
AUGUST AND ADMINISTRATION OF MERCAL TYPE SCHOOLS TO STEAK FOR MERCAL TYPE 150 -	E1357 E1358 E1372 E1406 E1406 E1500 E1510 E1520 E1530 E1540 E1550 E1560 E1570 E1575 E1580 E1590	REPLICEMENT DAY PECH MAY	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13	Determined by PA Determined by PA \$131.64 \$1.073.44 \$6.0073.44 Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Reader Pelater Vapor enriching system System Centribug System Centribug System Rodrey mactine Pump Budde delactor Alam Malter Blood leak delector Chair Barrier Control unit Hemcalyris Hemcalyris Hemcalyris Hemcalyris Hemcalyris Hemcalyris Hemcalyris	Accessory Accessory Accessory NA	Non-ITCF Non	Allarys required Allarys recurred	9 9 9 9 9 9 9 9 9 9	Macelaneous egipment		OMEB OMEB OMEB OMEB OMEB OMEB OMEB OMEB
	E1357 E1358 E1372 E1406 E1406 E1500 E1510 E1520 E1530 E1550 E1560 E1570 E1575 E1580 E1590 E1590	REPLICATION DAY SALE REPLICATION OF ANY TO CHARGE FOR PORTAGE CONCENTRATOR, ANY TYPE, REPLICATION NOT SHAPE CONTROL SHAPE OF CHARGE CONCENTRATOR, ANY TYPE, REPLICATION NOT SHAPE CONTROL SHAPE FOR RESEASE OF CHARGE CONCENTRATOR, ANY TYPE, REPLICATION NOT SHAPE CONTROL SHAPE FOR CHARGE CONCENTRATOR, ANY TYPE, REPLICATION NOT SHAPE AND WAITER WAVER SHAPE OF CHARGE CONTROL WITH HARD DELIVERY NOT SHAPE AND WAITER WAVER SHAPE SHAPE WITHOUT HARD DELIVERY NOT SHAPE AND WAITER WAVER SHAPE SHAPE WITHOUT HARD DELIVERY NOT SHAPE SHA	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13	Determined by PA Satermined by PA S131.64 S107.64 S107.64 S107.64 Determined by PA	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory - Neutron - Values enriching - System - Values - State - Values -	Accessory Accessory Accessory NA	NBOALTOF	Allanys required	9 9 9 9 9 9 9 9 9 9	Macelaneous equipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
Section Sect	E1357 E1358 E1372 E1405 E1406 E1500 E1510 E1520 E1530 E1540 E1550 E1560 E1570 E1570 E1580 E1590 E1590 E1590 E1590	SENDOLEM TO ALL PERSONAL TO ALL PROPERTIES OF PORTRAILE CONCONTRAIOR, ANY TYPE, REPLACEMENT MAY EAST. MAY EACH SENDER TO PROVE A PAPERT FOR PORTRAILE CONCONTRAINOR, ANY TYPE, REPLACEMENT MAY EAST. MAY EACH SENDER TO PROVE A PAPERT FOR PORTRAILE CONCONTRAINOR. ANY TYPE, REPLACEMENT MARKETON LITTERS A THAT FOR THE BELLEVE AND THE PROVINCE AND ANY TYPE, REPLACEMENT MARKETON LITTERS AND THE PAPERT FOR PORTRAINED ANY THE PAPERT FOR PORTRAINED AND THE PAPERT FOR ANY THE PAPERT FOR ANY THE PAPERT FOR ANY THE PAPERT FOR THE PAPERT FOR PAPE	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13 \$160-10-13	Determined by PA State of the PA Determined by PA	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Accessory Accessory Interest of the Accessory Interest of the Accessory Interest of the Accessory Accessor	Accessory Accessory Accessory NA	NBSATCF	Allanys required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Массивански едурния Моссивноски едурния Мосси		DMEB DMEB
MAIN SECTION OF PURSUA PURSUAN POPULATION (1997) MAIN SECTION	E1367 E1388 E1372 E1405 E1406 E1500 E1510 E1520 E1540 E1550 E1550 E1560	REPLICATION DAY JOAN TO THE PROPERTY OF THE PR	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-13 \$160-10-13	Determined by PA. Determined by PA. \$1164 \$110746 BEST-68 Determined by PA.	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Accessory Accessory Napar enriching Vapor enriching Syptem Vapor enriching Syptem Vapor enriching Syptem Purp Budden defector Alaem Mater Blood basic defector Communication C	Accessory Accessory NA	No.LTCF	Allanys required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macelamous egipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
Section Company Comp	E1357 E1358 E1372 E1405 E1406 E1500	SENDOLEM TO ALL PLANT OF HEAD AND AND AND AND AND AND AND AND AND A	\$160-10-01 \$160-10-01	\$160-10-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13 \$160-13-13	Determined by PA. Determined by PA. \$13144 \$10744	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Access	Accessory Accessory NA	No.LTCF	Allarys required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Массивности едіринет Моссивности едіринет		OMES OMES OMES OMES OMES OMES OMES OMES
RESIDE PRESTRUCKE ADDRESS CAMPS EACH 1960-1001 N.A. December by PA 01/01/024 Comp N.A. No.1177 Along registed 9 Macatemora approved 1 Macatemora	E1357 E1358 E1372 E1465 E1405 E1406 E1500	SENJOCHEM TO ALV EACH MAY	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-13 \$160-10-13	Determined by PA Satal 64 Satal 65 Satal 64 Satal 65 Satal 65 Satal 66 Satal 66 Satal 67 Satal 68	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Accessory Accessory Healer Vapor erroring years Vapor erroring years Generally Again Market Barrier Blood lask detector Hernold Barrier Barr	Accessory Accessory Accessory NA	NewLTCF	Allargys required		Масилиноси едірингі		DMEB DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ESSE COMERCE CHANGES FOR MACE CHANGES AND STREET AN	E1357 E1358 E1372 E1405 E1405 E1405 E1500	SENDOLEM TO ALL THE TO CHEEDER FOR PORTRAIL CONCONTRAIOR, ANY TYPE, REPLACEMENT MAY EACH TO THE THE TOTAL THAT CHEEDER FOR PORTRAIL CONCONTRAINED, THE THE THE THAT CHEEDER FOR THE THE THAT CHEEDER FOR THE THE THAT CHEEDER FOR THE THAT CHEED	\$160-10-07 \$160-10-07	\$160-10-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160-13 \$160	Determined by PA Determined by PA Satisfactory Determined by PA Satisfactory Satisf	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Accessory Accessory Heater Vapor enriching system Vapor enriching system Centrifuga Eddary suctions Assor Eddary suctions Cutting Eddary suctions Cutting Eddary suctions Cutting Eddary Eddary	Accessory Accessory NA	No.LTCF	Always required		Macelamous egipment		DMEB DMEB DMEB DMEB DMEB DMEB GMEB GMEB GMEB GMEB GMEB GMEB GMEB G
ESSS DORIGNEY CANTIFRODES, FOR FebbOCKA YEB, PER 10 Seption	E1357 E1358 E1372 E1405 E1405 E1405 E1500	SENDOLEMENT DAVI SACH SENDOLEMENT DAVI SACH NEW YORKS SENDOLEMENT SEND	\$160-10-01 \$160-10-07	9160-10-13 5160-10-13	Determined by PA Determined by PA STATE ST	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Accessory Access	Accessory Accessory NA	NewATCP	Allarys required		Массиваности едіринет Моссивности едіринет		DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ESTS PRINCENTS, EACH	E1357 E1358 E1372 E1405 E1405 E1406 E1500	SENDOLEM TO ALL	\$160-10-01 \$180-10-01	9160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160 5160 5160 5160 5160 5160 5160 5160	Determined by PA Determined by PA Determined by PA SEA SEA SEA SEA SEA SEA SEA SEA SEA SE	01/01/2024 01/01/2024 01/01/2024 20/01/2024 20/01/2024 01/01/2024	Accessory Accessory Accessory Header Vapor enriching Support enriching Furp Buddee dentation Alaim Maler Blood least defeator Chair Baster Control unit Baster Control unit Support enriching Chair Support enriching Support enriching Chair Support enriching Support	Accessory Accessory Accessory NA	No.ATCF	Always required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macelaneous equipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ESSIST DAYS SECURITY CONTRIBUTES SECURITY CONTR	E1357 E1358 E1358 E1372 E1458 E1459 E1450 E1500 E1510 E1520 E1520 E1520 E1530	SENDOLEMBRY DAVY BACH NEW YORK STATEMENT CHANGER FOR PORTABLE CONCENTRATION, ANY TYPE, REPLACEMENT MAY VECTOR TO THE STATEMENT CHANGES FOR PORTABLE CONCENTRATION, ANY TYPE, REPLACEMENT MAY VECTOR BACK STATEMENT CHANGES FOR THE STATEMENT CHANGES FOR TH	\$160-10-01 \$160-10-07	9160-10-13 5160-10-13	Determined by PA Determined by PA Single Sin	01/01/2024 01/01/2024	Accessory Access	Accessory Accessory Accessory NA	NewATCF	Allarys required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Массиваноси едіринет Миссиваноси едіринет		DMEB DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
Part	E1367 E1358 E1368 E1372 E1406 E1500	SENDOLENT DAY PACH SENDOL	\$180-10-07 \$180-10-07	\$160-10-13 \$160-10-13	Determined by PA Determined by PA ESTAGE STAGE S	710170004 710170	Accessory Access	Accessory Accessory Accessory NA	No.LTCF	Allarys required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macelaneous egipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
All MINISTRANCE PROFESSION All MINISTRANC	E1357 E1358 E1358 E1372 E1405 E1500	SENDOLENT GAV PACE MEN Y EXCESSION, OF PAWER ANTERY OWNERS FOR PORTAGE CONCENTRATOR, ANY TYPE, REPLACEMENT MAY PLOCISED THE PART OF THE MELLION OF PORTAGE CONCENTRATOR, ANY TYPE, REPLACEMENT MANUFACTURE OF THE MELLION OF PAWER ANTERY OR PORTAGE CONCENTRATOR, ANY TYPE, REPLACEMENT MEMBERGOUND CENTRAL HARDER FOR RESEARCH SETTEM WITH HARD DELINERY DOWNERS AND WARTER WAPPOR ENGINERS SYSTEM WITH HARD DELINERY DOWNERS AND WARTER WAPPOR ENGINERS SYSTEM WITH HARD DELINERY DOWNERS AND WARTER WAPPOR ENGINERY OF SYSTEM DOWNERS AND WARTER WAPPOR SHIP OF SYSTEM WITH HARD DELINERY DOWNERS AND WARTER WAPPOR SHIP OF SYSTEM WITH HARD DELINERY DOWNERS AND WARTER WARTER OF SYSTEM OF SYSTEM DOWNERS AND WARTER WAS AND THE SYSTEM WITH HARD DELINERY PRESENTED AN ADMINISTRATION OF WARTER OF SYSTEM WAS AND THE WAS AND THE SYSTEM OF SYSTEM OF SYSTEM BEGINER DESIDENCE FOR HEADOURLY SISS. EACH REPLACEMENT AND ASSESSMENT OF SYSTEM FOR HEADOURLY SISS. EACH REPLACEMENT MANUFACTURE CONTROL SYSTEM FOR HEADOURLY SISS. EACH REPLACEMENT AND ASSESSMENT OF SYSTEM FOR HEADOURLY SISS. MEDICAL SYSTEM MACHINE FOR PRINTINGS. AND ASSISTEM CHARGES CONTROL SYSTEM FOR HEADOURLY SISS SYSTEM AND STATE FURITHERS FOR HEADOURLY SISS SYSTEM MACHINE FOR HEADOURLY SYSTEM FOR HEADOURLY SISS SOUTHWASTER FOR FOR HEADOURLY SYSTEM FOR HEADOURLY SISS SYSTEM MACHINE FOR HEADOURLY SYSTEM FOR HEADOURLY SISS SYSTEM MACHINE FOR HEADOURLY SYSTEM FOR HEADOURLY SISS SYSTEM MACHINE FOR HEADOURLY SYSTEM FOR HEADOURLY SIS SYSTEM MACHINE FOR HEADO	\$160-10-07 \$160-10-07	9160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 NAA NAA NAA NAA NAA NAA NAA NAA NAA NA	Determined by PA Balance by PA Balance by PA Balance by PA Balance by PA Columnated by PA Determined by PA	3101/3024 3101/3	Accessory Accessory Accessory Heater Vapor excellent Vapor excellent Vapor excellent System Controlling Editor Edito	Accessory Accessory Accessory NA	NewATCF	Always required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Массивански едурния Миссивански едурния		DMEB DMEB DMEB DMEB DMEB GMEB GMEB GMEB GMEB GMEB GMEB GMEB G
E100 PEPLACEMENT MEASURED SCALES FOR JAW MOTION REPRESENTATION SYSTEM, PGG 07 20 150-10-10 NA 11-10-24 11-10-	E1367 E1368 E1372 E1466 E1466 E1500	SENDOLENT DAY EACH SENDOL	\$160-10-07 \$160-10-07	\$160-10-13 \$160-10-13	Determined by PA Determined by PA B33164 S1079A4 B33166 S1079A4 B33166 S1079A4 B33166 S1079A4 B33166 Determined by PA Determin	3101/3024 3101/3024	Accessory Access	Accessory Accessory Accessory NA	No.LTCF No.LTC	Always required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macelaneous egipment		DMEB DMEB DMEB DMEB DMEB DMEB GMEB DMEB GMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB D
END TOWNAM CAUSTRIE ELSOW EXTENSION AND FLEXON CENTRE STATE PROPERTY AND MINISTRATE	E1307 E1368 E1372 E1368 E1372 E1406 E1406 E1406 E1500	SENDOLEM TO ALL TEACH OF SENDOLEM TO ALL TO	\$160-10-07 \$160-10-07	9160-10-13 9160-13 9160-	Determined by PA Ball Distance by PA Ball Distance by PA Ball Distance by PA Columnated by PA Determined by PA Det	01010004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 010100004 01010004 0101004 010100	Accessory Accessory Accessory Heater Vapor enriching system Controllage Foldery martines Foldery martines Barrier Controllage Controllage Controllage Controllage Resident Controllage Controllage Barrier Controllage Controllage Controllage Controllage Controllage Controllage Controllage Folder Controllage Folder Controllage Folder Controllage Folder Controllage Folder Controllage Folder Fo	Accessory Accessory Accessory NA	No.ATCF NO.ATC	Always required		Массиванские едурнент Миссиванские едурнент		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
STICE PROCESSION STRUCTLES AND SEVERE EXTENSION MODIFIES AND SEVERE EXTENSION MODIFIES AND SEVERE	E1367 E1368 E1372 E1368 E1372 E1406 E1406 E1500	SENDOLEMENT DAVI SACH SENDOLEMENT SACH SENDOLEMENT DAVI SACH SENDOLEMENT DAVI SACH SENDOLEMENT SACH SENDOLEMENT DAVI SACH SENDOLEMENT SACH SENDOLEM	\$160-10-01 \$160-10-07	5160-10-13 5160-10-13	Determined by PA Determined by PA \$1.072.44 \$1.072.4	310100004 3101004 3101004 31	Accessory Access	Accessory Accessory Accessory NA	No.LTCF NO.LTC	Allarys required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macelaneous equipment		DMEB DMEB DMEB DMEB DMEB DMEB GMEB DMEB GMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB D
STOCK Control Contro	E1367 E1368 E1372 E1368 E1406 E1406 E1406 E1406 E1500	SENJOURNET ONLY EACH TO SENJOURNET ONLY EACH	\$160-10-07 \$160-10-07	5160-10-13 5160-10-13	Determined by PA. Determined by PA. B33164 B1072A4 B1	3101/3024 3101/3	Accessory Access	Accessory Accessory Accessory NA	No.LTCF No.LTC	Always required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macelaneous egipment Macelaneous		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
E1500 OTHANAC ADJUSTINE, EI BJOW F EXCELLAGE SOFT INTERVACE MATERIAL. 5160-1001 NA. 1.1.90/28 011/10008 F Booth whole NA. 8 th Name of the	E1367 E1368 E1372 E1368 E1405 E1405 E1405 E1405 E1500	SENDOLENT ONLY EACH TO SEND CONTROL OF THE THE TOWN OF THE PROPERTY OF POTTAGE CONCENTRATION, ANY TYPE, REPLACEMENT MAY EXCELL SHOW THE CONCENTRATION OF THE REPLACEMENT WITH CONCENTRATION OF THE REPLACEMENT MAY EXCELL SHOW THE CONCENTRATION OF THE REPLACEMENT MAY EXCELL SHOW THE REPLACEMENT MAY BE CONCENTRATION OF THE REPLACEMENT MAY EXCELL SHOW THE REPLACEMENT MAY BE CONCENTRATION OF THE REPLACEMENT MAY BE CONCENTRA	\$160-10-01 \$160-10-01	9160-10-13 5160-10-13	Determined by PA B13164 B107244 B1072	710110024 310110024	Accessory Accessory Accessory Accessory Healer Vapor enriching Supor enriching Matter Allem Matter Bandes Bandes dedictor Chair Bandes dedictor Chair Supor enriching Supor en	Accessory Accessory Accessory NA	No.A.TCF No.	Always required	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Массиваноси едіринет		DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ESSS STANCE PROCESSING STREETCH WRIST EXTENDIOL AND FLAXON GENTER, RELIGIOUS SOT INTERFACE MINERAL	E1367 E1368 E1405 E1405 E1405 E1405 E1500	SENDOLENT DAY DAY SENDOLENT DAY TO A VERTICAL TO A VERTIC	\$160-10-07 \$160-10-07	5160-10-13 5160-10-13	Determined by PA Determined by PA Bassage SI OTP-Ad Bassage SI OTP	3101/2024 3101/2024	Accessory Access	Accessory Accessory Accessory NA	No.LTCF No.LTC	Always required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macelaneous egipment		DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
### STACE PROCESSING ESPECIAL PROCESSING ESPEC	E1367 E1368 E1406 E1406 E1406 E1406 E1406 E1500	SENDOLENT DAY DAY SENDOLENT DAY TO A VERTICAL TO A VERTIC	\$160-10-07 \$160-10-07	9160-10-13 9160-13 9160-	Determined by PA Bassale B13168 B13168 B13169 B13169 B1307244 B130724 B1307244	01010004 0101004 010	Accessory Accessory Accessory Accessory Accessory Accessory Accessory Accessory Editor Accessory Acc	Accessory Accessory Accessory NA	Non-LTCF Non	Always required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macelamone eqipment Mocelamone eqipment		DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
Description Product Application Production Produc	E1367 E1368 E1372 E1466 E1406 E1406 E1406 E1406 E1500	SENDOLEMENT DAVI SACH SENDOLEMENT DAVI SENDOLEMENT SACH SENDOLEMENT DAVI SENDOLEMENT SENDOLEMENT SACH SCHOOLEMENT SENDOLEMENT SENDOLEMENT SACH SCHOOLEMENT SENDOLEMENT SENDOLEMENT SACH SCHOOLEMENT SENDOLEMENT SENDOLEMENT SACH SCHOOLEMENT SENDOLEMENT SENDOLEMENT SENDOLEM	\$160-10-01 \$160-10-07	5160-10-13 5160-10-13	Determined by PA B13164 B1.072-84 B	3101/3024 3101/3024	Accessory	Accessory Accessory Accessory NA	No.ALTCF NO.	Always required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Массиваноси едіринет		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
E1913 OFWARD ADJUSTABLE ROBE EXTENSION AND FLEXON DEVICE, INCLUDES SOFT INTERFACE MATERIAL. 516-10-01 NA. 1.1.202.61 6101.00300 E310 Extension/flexon NA. Buth Aways required 9 Miscolamona engineer 10 Miscolamona engineer 11 Miscolamona engineer 11 Miscolamona engineer 12 Miscolamona engineer 13 Miscolamona engineer 14 Estina Districtura engineer 15 Miscolamona engineer 15 Miscolam	E1357 E1358 E1357 E1358 E1405 E1405 E1405 E1405 E1500	SENDOLEMENT DAY DEATH SENDOLEMENT DAY DEATH NEW YORKS NOW SENDOLEMENT DAY DEATH NEW YORKS NOW	\$160-10-07 \$160-10-07	9160-10-13 5160-10-13	Determined by PA Bassack Bas	3101/3024 3101/3024	Accessory	Accessory Accessory Accessory NA	No.ATCF NO.ATC	Always required	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macelamone eqipment		DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
EST 3 TROCH PROVIDED BY EST CHAPTER SPECE STREET SPECE SP	E1367 E1368 E1369 E1466 E1466 E1466 E1466 E1466 E1466 E1560	SENDOLEMENT DAY DEATH SENDOLEMENT DAY DEATH MAY PLOCE WHEN YOU'RE DEATH MAY PLOCE WHEN YOU'RE DAY DEATH MAY PLOCE WHEN YOU'RE DEATH MAY PLOCE WHEN YOU'RE DAY DEATH MAY PLOCE WHEN YOU'RE DEATH MAY PORT HENDOLY MAY POR HENDOLY MAY BE HENDOLY TO WHEN YOU'RE DAY DEATH MAY PORT HENDOLY MAY POR HENDOLY WISE HENDOLY MAY PORT HENDOLY MAY BE WHEN YOU'RE DAY DEATH MAY PORT HENDOLY MAY POR HENDOLY WISE HENDOLY MAY PORT HENDOLY WISE MAY PORT HENDOLY MAY PORT HENDOLY WISE	\$160-10-01 \$160-10-07	9160-10-13 9160-10-13	Determined by PA Bassale B13164 B107244 B10724 B107244 B1072	3101/3024 3101/3	Accessory	Accessory Accessory Accessory NA	Non-LTCF Non	Allarys required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Массиваноси едіринет		OMES OMES OMES OMES OMES OMES OMES OMES
### 1910 OPMARC FORE EXTENSION/H EXOTIC DEVICE WITH ACTIVE RESISTANCE CONTROL. ### 5100 OPMARC FORE EXTENSION/H EXOTIC RESISTANCE CONTROL. ### 5100 OPMARC FORE EXTENSION ON Y PECURE, RESISTANCE CONTROL. ### 5100 OPMARC FORE EXTENSION ON Y EXCEPT, RESISTANCE CONTROL. ### 5100 OPMARC FORE EXTENSION ON Y EXCEPT, RESISTANCE CONTROL. ### 5100 OPMARC FORE FLEXON ON Y EXCEPT, RESISTANCE CONTROL. ### 5100 OPMARC FORE FLEXON ON Y EXCEPT INTERFACE MATERIAL. ### 5100 OPMARC FORE FLEXON ON Y EXCEPT INTERFACE MATERIAL. ### 5100 OPMARC FORE EXTENSION ON Y EXCEPT INTERFACE M	E1367 E1368 E1369 E1466 E1466 E1466 E1466 E1466 E1560	SENDOLEMENT DAVIS DAVIS SENDOLEMENT DAVIS OWNERS POR PORTRAILE CONCENTRATION, ANY TYPE, REPLACEMENT MAY EXCEL SENDING AND SENDING. SETTING OWNERS POR PORTRAILE CONCENTRATION, ANY TYPE, REPLACEMENT MAY EXCEL MANUSCRIPTOR OWNERS AND SENDING AND SETTING OWNERS AND SETTING OWNERS AND SENDING AND SETTING OWNERS AND SE	\$160-10-07 \$160-10-07	9160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 5160-10-13 NAA NAA NAA NAA NAA NAA NAA N	Determined by PA BASILAGE BAS	3101/3024 3101/3024	Accessory Accessory Accessory Accessory Pealer Vapor enriching System Controllage Fodew precining Budde deloctor Aller Blood lead delector Chare Budde deloctor Chare Chare Budde deloctor Chare Chare Chare Chare Parto Chare Person Chare Person Chare Person Chare Chare Chare Person Chare Chare	Accessory Accessory Accessory NA	No.A.TCF No.	Allarys required	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macelamone eqipment		OMES OMES OMES OMES OMES OMES OMES OMES
E1913 OFWAMC ADJUSTABLE PARE EXTENSION OF A VIEW CE, INCLUDES DOT INTERFACE MATERIAL. \$160-1001 NA. \$1,100.64 OUR OF THE PARE MATERIAL. \$160-1001 NA. \$1,000.64 OUR OF THE PARE MATERIAL. \$160-1001 NA. \$1,000.64 OUR OF THE PARE MATERIAL. \$160-1001 NA. \$1,000.64 OUR OUR OF THE PARE MATERIAL. \$160-1001 NA. \$1,000.64 OUR	E1367 E1368 E1367 E1368 E1466 E1466 E1466 E1466 E1560 E1660	SENDICIPATION ON A PACH SENDICIPATION ON A PACH NEW YORK YORK ON THE WATCH THAT CHARGER FOR PORTAGE CONCENTRATION, ANY TYPE, REPLACEMENT NEW YORK YORK YORK ON THE WATCH THAT CHARGE FOR PORTAGE CONCENTRATION, ANY TYPE, REPLACEMENT NEW YORK YORK YORK YORK YORK YORK YORK YORK	\$160-10-01 \$160-10-07	9160-10-13 9160-10-13	Determined by PA 15.116.4 11.072.44 11.07	01010004 01010004	Accessory Accessory Accessory Accessory Newton Ne	Accessory Accessory Accessory NA	Non-LTCF Non	Always required		Macelamone equipment Mocelamone equipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ESIS DOMANC ADJUSTABLE AND EXTENSION/FLXXXX EXPENSION/FLXXXX EXPENSION/FLXXXX EXPENSION AND SERVICE MATERIAL SIGN-10-01 NA \$1.97.27 (0.01/10/2005 Extension/fluxxxx Advice decice decice) ESIS STATIC PROGRESSIVE SIRE TOH ANDLE DEVICE REXION AND OR EXTENSION, WITHOR WITHOUT RANGE \$160-10-01 NA \$1.97.28 (0.01/10/2005 Extension/fluxxxx Advice) ESIS STATIC PROGRESSIVE SIRE TOH ANDLE DEVICE REXION AND OR EXTENSION, WITHOR WITHOUT RANGE \$160-10-01 NA \$1.97.28 (0.01/10/2005 Extension/fluxxx Advice) ESIS STATIC PROGRESSIVE SIRE TOH ANDLE DEVICE REXION AND OR EXTENSION, WITHOR WITHOUT RANGE \$160-10-01 NA \$1.97.28 (0.01/10/2005 Extension/fluxxx Advice) ESIS STATIC PROGRESSIVE SIRE TOH ANDLE DEVICE REXION AND OR EXTENSION, WITHOR WITHOUT RANGE \$160-10-01 NA \$1.97.28 (0.01/10/2005 Extension/fluxxx Advice) ESIS STATIC PROGRESSIVE SIRE TOH ANDLE DEVICE REXION AND OR EXTENSION, WITHOR WITHOUT RANGE \$160-10-01 NA \$1.97.28 (0.01/10/2005 Extension/fluxxx Advice) ESIS STATIC PROGRESSIVE SIRE TOH ANDLE DEVICE REXION AND OR EXTENSION, WITHOR WITHOUT RANGE \$160-10-01 NA \$1.97.28 (0.01/10/2005 Extension/fluxxx Advice) ESIS STATIC PROGRESSIVE SIRE TOH ANDLE DEVICE REXION AND OR EXTENSION SIRE TOH AND OR EXTENSION	E1367 E1368 E1367 E1468 E1468 E1468 E1468 E1468 E1560	SENDOLEMENT DAY DEATH SENDOLEMENT DAY DEATH NEW YORKS	\$160-10-01 \$160-10-07	9160-10-13 5160-10-13	Determined by PA 11.072.44 11.0	3101/3024 3101/3	Accessory	Accessory Accessory Accessory NA	No.ALTCF NO.	Allarys required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macalamous equipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
E1916 ESTATIC PROCRESSIVE STRETCH ANKLE DEWICE, FLEXON ANDOR EXTENSION, WITH OR WITHOUT PANGE 5160-10-01 NA \$152288 10:01/0056 Enteroinfloxion NA Both Always required 9 Miscellanous expirement	E1367 E1368 E1372 E1368 E1406 E1406 E1406 E1406 E1406 E1500 E1501 E1502 E1503	SENDOLEMBRY DAY SEAT MY LECHIO	\$160-10-07 \$160-10-07	9160-10-13 5160-1	Determined by PA Bashada Bas	3101/3024 3101/3	Accessory Accessory Accessory Accessory Heater Vapor enriching system Controlluga Editory Edit	Accessory Accessory Accessory NA	No.A.TCF No.	Allarys required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macelamona eqipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
10 IO O O FAND MODEL DEVILOR, ELECTRIC MEDITAL MODIFICATION (IN INFINITE MEDITAL MODIFICATION MADE LEGISLATION MODIFICATION MADE LEGISLATION MODIFICATION MADE LEGISLATION MADE	E1367 E1368 E1367 E1468 E1468 E1468 E1468 E1468 E1560 E1660	SENDOLEMBER ONLY BOOK STATES OF MEMORIA POR PORTRAIL CONCIONATION, ANY TYPE, REPLACEMENT MAY EASI. MAY EACH STATES OF MEMORIA SHAPER OR PORTRAIL CONCIONATION, ANY TYPE, REPLACEMENT MAY EASI. MAY EACH STATES OF MEMORIA SHAPER OR PORTRAIL CONCIONATION, ANY TYPE, REPLACEMENT MAY EASI. MARGING LECTION ACTION OF A SHAPE OR PORTRAIL CONCIONATION, AND TYPE, REPLACEMENT MAY EASI. MARGING LECTION OR AND THE SHAPE OR PORTRAIL CONCIONATION OF THE SHAPE OR THE SHA	\$180-10-01 \$180-10-07	9160-10-13 5160-10-13	Determined by PA 13.116.4 13.107.44	3101/3024 3101/3	Accessory	Accessory Accessory Accessory Accessory NA	No.ALTCF NO.	Allarys required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Массиваноси едіринет		DMEB DMEB DMEB DMEB DMEB DMEB SL DMEB SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
	E1367 E1368 E1369 E1466 E1466 E1466 E1466 E1466 E1560	SENDOLEMENT DAY DE SENDON SETTEM CONTERNE POR PORTABLE CONCENTRATIOR, ANY TYPE, REPLACEMENT MAY EVEN. MAY LECHIO	\$160-10-07 \$160-10-07	9160-10-13 9160-1	Determined by PA Bashada Bas	3101/3024 3101/3	Accessory Accessory Accessory Accessory Newton Ne	Accessory Accessory Accessory NA	No.A.TCF No.	Allarys required		Macelamona eqipment		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB

E1818 E1821	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR B-ORRECTIONS, STATIC PROGRESSIVE STRETCH.	5160-10-01 5160-10-01	N/A N/A	\$1.554.56 \$117.63	01/01/2026	Pronation/supination device	NA.	Both Both	Always required Always required	9	Miscellaneous equipment Miscellaneous equipment	DMEB DMEB
E1822	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	\$1,412.32	01/01/2026	Extension device	NA.	Both	Always required Always required	9	Miscellaneous equipment	DMEB
E1823	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	\$1,412.32	01/01/2026	Flexion device	NA.	Both	Always required	9	Miscellaneous equipment	DMEB
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	\$1,412.32	01/01/2026	Extension/flexion device	NA.	Both	Always required	9	Miscellaneous equipment	DMEB
E1826	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	\$1,412.32	01/01/2026	Extension device	NA.	Both	Always required	9	Miscellaneous equipment	DMEB
E1827 E1828	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE. INCLUDES SOFT INTERFACE MATERIAL	5160-10-01 5160-10-01	N/A N/A	\$1,412.32	01/01/2026	Flexion device Extension device	NA.	Both Both	Always required Always required	9	Miscellaneous equipment Miscellaneous equipment	DMEB
E1829	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	\$1,412.32	01/01/2026	Flexion device	NA NA	Both	Always required Always required	9	Miscellaneous equipment	DMEB
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	\$1,412.32	01/01/2026	Extension/flexion device	NA.	Both	Always required	9	Miscellaneous equipment	DMEB
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	\$738.40	01/01/2026	Extension/flexion device	NA.	Both	Always required	9	Miscellaneous equipment	DMEB
E1832	STATIC PROGRESSIVE STRETCH FINGER DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	Determined by PA	04/01/2025	Extension/flexion device	NA.	Both	Always required	9	Miscellaneous equipment	DMEB
E1840 E1841	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT. INTERFACE MATERIAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE. WITH OR WITHOUT RANGE OF MOTION	5160-10-01 5160-10-01	N/A N/A	\$4.277.84 \$5.063.28	01/01/2026	Flexion/abduction/ rotaion device Stretch device	NA NA	Both Both	Always required Always required	9	Miscellaneous equipment Miscellaneous equipment	DMEB DMEB
E2000	ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	5160-10-01	N/A	\$579.36	01/01/2026	Suction pump	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
E2100	BLOOD GLUCOSE MONTOR WITH INTEGRATED VOICE SYNTHESIZER	5160-10-01	N/A	\$611.07	01/01/2026	Monitor	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	5160-10-01	N/A	\$210.75	01/01/2026	Monitor	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	5160-10-01	N/A	\$3,169.04	01/01/2026	Pulse generator	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
E2402 E2513	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE ACCESSORY FOR SPEECH GENERATING DEVICE: ELECTROMYOGRAPHIC SENSOR	5160-10-01 5160-10-01	N/A 5160-10-24	\$6,170.24 \$3,522.35	01/01/2026	Pump Sgd sensor	NA.	Non-LTCF Non-LTCF	Always required Always required	9	Miscellaneous equipment Miscellaneous equipment	DMEDP
E3200	GAIT MODULATION SYSTEM, RHYTHMIC AUDITORY STIMULATION, INCLUDING RESTRICTED THERAPY SOFTWARE, ALL COMPONENTS AND ACCESSORIES, PRESCRIPTION ONLY	5160-10-01	N/A	Determined by PA	01/01/2024	Auditory stimulation	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEOP
K0455	SOFTWARE, ALL COMPONENTS AND ACCESSORIES, PRESCRIPTION ONLY INFUSION PLMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	5160-10-01	N/A	\$2,960.48	01/01/2026	Pump	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	5160-10-01	N/A	<u>\$1.22</u>	01/01/2026	Battery	Accessory	Both	Always required	16	Supplies (miscellaneous)	DMEB
K0602 K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	5160-10-01 5160-10-01	N/A N/A	\$6.91	01/01/2026	Battery Battery	Accessory	Both	Always required	16	Supplies (miscellaneous)	DMEB
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	5160-10-01	N/A N/A	\$0.62 \$6.66	01/01/2026	Battery	Accessory	Both	Always required Always required	16	Supplies (miscellaneous) Supplies (miscellaneous)	DMEB
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	5160-10-01	N/A	\$15.92	01/01/2026	Battery	Accessory	Both	Always required	16	Supplies (miscellaneous)	DMEB
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	5160-10-01	N/A	\$82.87	01/01/2026	Addition to lower limb	NA.	Both	Always required	10	Orthotics	DMEB
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	5160-10-01	N/A	Determined by PA	01/01/2024	Pump	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
K0744 K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL PORTABLE. PAD SIZE	5160-10-01 5160-10-01	5160-10-34 5160-10-34	Determined by PA Determined by PA	01/01/2024	Wound dressing Wound dressing	Supply	Non-LTCF Non-LTCF	Always required	4	Dressings, surgical	DMEB
K0745 K0746	ABSCRETIVE WOUND DRESSING FOR USE WITH SUCTION PUMP. HOME MODEL, PORTABLE, PAD SIZE MORE THAN 15 SQUARE INCHES BY LIFLESS THAN OR FOULK. TO AS SQUARE INCHES ASSCRETIVE WOUND DRESSING FOR USE WITH SUCTION PUMP. HOME MODEL, PORTABLE, PAD SIZE GREATER THAN 45 SQUARE INCHES.	5160-10-01 5160-10-01	5160-10-34 5160-10-34	Determined by PA Determined by PA	01/01/2024	Wound dressing Wound dressing	Supply	Non-LTCF Non-LTCF	Always required Always required	4	Dressings, surgical Dressings, surgical	DMEB DMEB
K0899	GREATER THAN 48 SQUARE INCHES POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	10/16/5160	N/A	Determined by PA	01/01/2024	Power mobility device not coded	NA.	Non-LTCF	Always required	9, 12	Wheelchairs, Repairs	DMEB
K1004	LOW FREQUENCY ULTRASONC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	Determined by PA	01/01/2024	not coded Diathermy device	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
K1007	BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED, INCLUDES PELVIC COMPONENT, SINGLE OR DOUBLE UPRIGHT(S), KNEE JOINTS ANY TYPE, WITH OR WITHOUT ANKLE JOINTS ANY TYPE, INCLUDES	5160-10-01	N/A	\$74,573.40	01/01/2026	Powered mobility device	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
K1010 K1011	INDIVIDUALING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, PATIENT INSERTED, REPLACEMENT ONLY, EACH ACTIVATION DEVICE FOR INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, REPLACEMENT ONLY, EACH	5160-10-01 5160-10-01	5160-10-32 5160-10-32	Determined by PA Determined by PA	01/01/2024	Drainage device	NA.	Non-LTCF Non-LTCF	Always required Always required	16	Supplies (miscellaneous) Supplies (miscellaneous)	DMEB DMEB
K1011	ACTIVATION DEVICE FOR INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, REPLACEMENT ONLY, EACH CHARGER AND BASE STATION FOR INTRAURETHRAL ACTIVATION DEVICE, REPLACEMENT ONLY	5160-10-01 5160-10-01	5160-10-32 5160-10-32	Determined by PA Determined by PA	01/01/2024	Drainage device Charger	NA Accessory	Non-LTCF Non-LTCF	Always required Always required	16	Supplies (miscellaneous) Miscellaneous equipment	DMEB
K1036	SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE. PER MONTH	5160-10-01	N/A	Determined by PA	01/01/2024	Supplies and	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
K1037	DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY	5160-10-01	N/A	Determined by PA	01/01/2024	Supplies and accessories	NA.	Non-LTCF	Always required	9	Miscellaneous equipment	DMEB
L0112	COLLAPSIBILITY CRANAL CERVICAL ORTHOSIS, CONGENTAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FARRICATED	5160-10-01	N/A	\$1,316.75	01/01/2026	Cranial cervical	NA.	Both	Always required	10	Orthotics	DMEOP
L0113	MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED CRANAL CERVICA, DRITHOSIS, TORTICOLLIST BYE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT, INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT CERVICAL, SEMRAGIO, ADJUSTABLE MOLDED OF HOLD IP-PLASTIC DOCULAR WITH MANDIBULAR/DOCIPITAL.	5160-10-01 5160-10-01	N/A N/A	\$278.71 \$102.43	01/01/2026	Cranial cervical Cervical	NA NA	Both Both	Always required Always required	10	Orthotics Orthotics	DMEOP
L0458	PIECE) TI SO TRIPI ANAR CONTROL MODILIAR SEGMENTED SPINAL SYSTEM TWO RIGID PLASTIC SHELLS	5160-10-01	N/A	\$839.01	01/01/2026	Thoracic spine	NA.	Both	Always required	10	Orthotics	DMEOP
	POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPILLAR SPILE, ANTERIOR STEEDED FROM THE SYMPHYSIS PUBLIS TO THE XIPHOLD, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL.											
	STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT											
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCYCIPE JUNCTION AND TERMINITES JUST INFERIOR TO THE SCAPULAR SPINE. ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTICH SOFT	5160-10-01	N/A	\$1,174.66	01/01/2026	Thoracic spine	NA.	Both	Always required	10	Orthotics	DMEOP
	THE SCAPULAR SPIRE, ANTENIOR STEINAR MOTION IN THE SAGITHAL CORONAL, AND TRANSPERS FLANES, INCLUDES, SETTING THE STEINAR, MOTION IN THE SAGITHAL CORONAL, AND TRANSPERS FLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PROFERENCATED, INCLUDES STRAPS AND CASURES.											
L0490	THE CARLETT CORDUNA CONTROL ONE DESCRIPTION OF ACTORISM MICHIGANIA	5160-10-01	N/A	\$266.14	01/01/2026	Thoracic spine	NA.	Both	Always required	10	Orthotics	DMEOP
	TIESD, 380T INA-COURSE CONTINCE, ONE PIECE WILLIP PORTIS STREET, WITH CVERTAPTING MEMORY REPORT AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYCEAL JUKCTION AND TERMINATES AT OR BEFORE THE TS VERTERIA, AMERICAR EXTENDS FROM SYMPHOTIS PUBLIS TO AMERICAR EXTENDS CREMING, RESTRICTS GROSS TRUNK MOTION IN											
L0491	TLSO, SAGITTAL-CORONAL PLANES, PREPABRICATED, INCLUDES FITTING AND ADJUSTMENT TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC	5160-10-01	N/A	\$722.51	01/01/2026	Thoracic spine	NA.	Both	Always required	10	Orthotics	DMEOP
	SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL											
	STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT											
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST	5160-10-01	N/A	\$475.23	01/01/2026	Thoracic spine	NA.	Both	Always required	10	Orthotics	DMEOP
L0492 L0622	SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPILLAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XYPHOLD, SACROLLAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE	5160-10-01 5160-10-01	N/A N/A	\$475.23 \$289.05	01/01/2026 01/01/2026	Thoracic spine Sacrolliac joints	NA NA	Both Both	Always required Always required	10	Orthotics Orthotics	DMEOP
	SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPILLAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHSIS PUBS TO THE XIPHOD, SACROLUAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROLUAC JOINT, INCLIDES STRAPS, CLOSURES, MAY INCLIDE PERDULOUS ABDOMEN DESIGN, VISTOM LEARING ATTO.					,						
L0622	SHELLS, POSTERIOR EXTENDS FROM THE SUCROCOCCYCEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPLUAR SPIRE, ANTERIOR EXTENDIS FROM THE SYMPHYSIS PUBLIS TO THE XIPPODIS. SACROLLAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SUCRAL SUPPORT, REDUCES MOTION ABOUT THE SACROLLAC JOINT, INCLUDES STARPS, CLOSINESS, MAY INCLUDE PERSOLLOS ABOOMEN DESIGN.	5160-10-01	N/A	\$289.05	01/01/2026	Sacrolliac joints	NA.		Always required	10	Orthotics	DMEOP
L0622	SHELLS POTERIOR DETENDS FROM THE SURPOCCOCYCING AUXTON AND TERMINETS JUST TO MERIOR TO THE SURPOLA TIMES AUXTON THOSE RESIDENCE TO THOSE THOSE THE SURPOLA THE SURPOLA THOSE T	5160-10-01	N/A	\$289.05	01/01/2026	Sacrolliac joints	NA.		Always required	10	Orthotics	DMEOP
L0622 L0623	SHELLS POSTERIOR DETENDS FROM THE SUCROCOCCIONES, AUCTION AND TERMINATES JUST HERRORI TO THE SUCH ASSISS. ARTHROUGH FALL NO. SOUTH AND THE SUCRO- SCHOOLAND ORNINGS, FLOSIEL FRONCES FRANCIS DEPORT, REDUCES BROTON ABOUT THE SUCRO-LIVE ORNINGS, SUCRO-LIVE ORNINGS, MAY PAULLET FERDALLA ABOUTINES FROM SUCRO-LIVE ORNINGS, FROM SUCRO-LIVE ORNINGS, MAY PAULLET FERDALLA ABOUTINES FROM SUCRO-LIVE ORNINGS, FROM SUCRO-LIVE ORNINGS, MAY PROVIDED OR SEAR ABOUT PROSECULA SUCRO-LIVE ORNINGS, FROM SUCRO-LIVE ORNINGS, MAY PROVIDED OR SELECTION FROM SUCRO- COUNTY ORNINGS AND SUCRO-LIVE ORNINGS ORNINGS ORNINGS OR SELECTION FROM	5160-10-01 5160-10-01	N/A	\$289.05	01/01/2026	Sacrolliac joints	NA.		Always required Always required	10	Orthotics Orthotics	DMEOP
L0622	SHELLS POSTERIOR DETENDS FROM THE SUCROCOCYCINGS, AUCTION AND TERMINATES JUST WERRORT OT THE SUCH AS SINK ARTHROST CRITICAL FROM THE WINNESS BAIRS TO THE SEMPLO. SHERRORT CRITICAL SHERRORS ARTHROST CRITICAL SHERRORS AND THE SEMPLO. SHERRORS CONT. PRILLIDES STRIVES, COSSINES, MAY INCLUDE FEDERALOIS ARDIORNOSISSION. SHERRORS CONTROLLED STRIVES, COSSINES, MAY INCLUDE FEDERALOIS ARDIORNOSISSION. CHICADATES, MAY INCLUDE STRIVES, COSSINES, MAY INCLUDE FEDERALOIS ARDIORNOSISSION. CHICADATES, MAY INCLUDE FROM THE SUCROLIS CONTROLLED AND THE SUCROLIS CONTROLLED ARTHROST CONTROLLED AND THE SUCROLIS CONTROLLED ARTHROST CONTROLLED AND THE SUCROLIS CONTROLLED ARTHROST CONTROLLED AND THE SUCROLIS CONT	5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	\$289.05 \$47.06 Determined by PA	01/01/2026 01/01/2026 01/01/2024	Sacrollac joints Sacrollac joints Sacrollac joints	NA NA NA	Both Both Both	Always required Always required Always required	10	Ortholics Ortholics Ortholics	DMEOP DMEOP DMEOP
L0622 L0623 L0624 L0638 L0830	SHELLS POSTERIOR DETROS FROM THE SCHOOLOCYCEAL JACTION AND TERMINATES JUST 1000-000-000-000-000-000-000-000-000-00	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA NIA	\$289.05 \$47.06 Determined by PA \$1,240.80	01/01/2026 01/01/2026 01/01/2024 01/01/2026 01/01/2026 01/01/2026	Sacrollac joints Sacrollac joints Sacrollac joints Sacrollac joints Lumbar spine Halo procedure Halo procedure	NA NA NA NA NA	Both Both Both Both Both Both	Always required	10 10 10 10 10 10	Orthodics Orthodics Orthodics Orthodics Orthodics Orthodics Orthodics	DMEOP DMEOP DMEOP DMEOP DMEOP DMEOP
L0622 L0623 L0624 L0638 L0820	SHELLS POSTERIOR DETENDS FROM THE SUCROCOCYCINGS, AUCTION AND TERMINATES JUST WERRORT OT THE SUCH AS SINK ARTHROST CRITICAL FROM THE WINNESS BAIRS TO THE SEMPLO. SHERRORT CRITICAL SHERRORS ARTHROST CRITICAL SHERRORS AND THE SEMPLO. SHERRORS CONT. PRILLIDES STRIVES, COSSINES, MAY INCLUDE FEDERALOIS ARDIORNOSISSION. SHERRORS CONTROLLED STRIVES, COSSINES, MAY INCLUDE FEDERALOIS ARDIORNOSISSION. CHICADATES, MAY INCLUDE STRIVES, COSSINES, MAY INCLUDE FEDERALOIS ARDIORNOSISSION. CHICADATES, MAY INCLUDE FROM THE SUCROLIS CONTROLLED AND THE SUCROLIS CONTROLLED ARTHROST CONTROLLED AND THE SUCROLIS CONTROLLED ARTHROST CONTROLLED AND THE SUCROLIS CONTROLLED ARTHROST CONTROLLED AND THE SUCROLIS CONT	5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A N/A	\$289.05 \$47.06 Determined by PA \$1,240.80 \$2,433.61	01/01/2026 01/01/2026 01/01/2024 01/01/2026 01/01/2026	Sacrolliac joints Sacrolliac joints Sacrolliac joints Lumbar spine Halo procedure	NA NA NA NA	Both Both Both Both Both	Always required Always required Always required Always required Always required	10 10 10 10	Orthodos Orthodos Orthodos Orthodos Orthodos Orthodos	DMEOP DMEOP DMEOP DMEOP DMEOP
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L0622 L0623 L0624 L0624 L0638 L0820 L1001 L1005 L1610 L1653 L1700 L1710	SHELLS POSTERIOR DETROIS FROM THE SCIENCE COCCUPIES, AUXILION AND TERMINATES JUST JUST AND CONTROL OF THE ANTICOLOGY AND THE SCIENCE AND THE ANTICOLOGY AND	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NA	\$289.05 \$47.06 \$47.06 Determined by PA \$52.40.80 \$52.40.81 \$52.40.80 \$52.40.84 \$53.41.84 \$53.01.14 \$53.01.14 \$53.01.85 \$53.01.00 \$53.01.00 \$53	01/01/2026 01/01/2026 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Sacrollae ports Sacrollae ports Sacrollae ports Sacrollae ports Lumbur spine Halo procedure Ha	NA N	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ordinates	DMECP
L0622 L0623 L0624 L0638 L0620 L0630 L1001 L1005 L1610 L1653 L1700 L1710 L1831	SHELLS POSTERIOR DETROS FROM THE SCIENCOCCYCLES, JACTICON AND TERMANTES JUST THE STRENGT TO THE SUPPLIANCE AND THE STRENGT THE SUPPLIANCE AND	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NA	\$289.05 \$47.06 Determined by PA \$1,240.80 \$24.33.61 \$3.413.47 Determined by PA \$3.011.16 \$39.66 \$355.34 \$1,400.98 \$1,700.94	01/01/2026 01/01/2026 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Eacroliae ports Sacroliae ports Sacroliae ports Sacroliae ports Sacroliae ports Lumber spine Halo procedure Halo procedure Halo procedure Spine, socialos, conscial decisionis conscial decisionis accessory Hip Hip Hip Lago-Califor- Perime disease No. Lago-Califor- Perime disease No. Lago-Califor- No.	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certotics Ortotics Certotics	DMECP
L0622 L0623 L0624 L0624 L0638 L0820 L0830 L1001 L1005 L1610 L1653 L1700 L1710	SHELLS POTERIOR DETROES FROM THE SCHOOLOCOPERS, JAKETION AND TERMANTES JUST PROVINCE TO THE STREET STATE OF THE STREET STATE JUST PROVINCE TO THE STREET STATE OF THE STREET STATE S	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NA	\$289.05 \$47.06 \$47.06 Determined by PA \$52.40.80 \$52.40.81 \$52.40.80 \$52.40.84 \$53.41.84 \$53.01.14 \$53.01.14 \$53.01.85 \$53.01.00 \$53.01.00 \$53	01/01/2026 01/01/2026 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Sacrollae ports Sacrollae ports Sacrollae ports Sacrollae ports Lumbur spine Halo procedure Ha	NA N	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ordinates	DMECP
L0622 L0623 L0624 L0638 L0630 L1001 L1005 L1610 L1653 L1700 L1710 L1831 L1904	SHELLS POSTERIOR DETROS FROM THE SCIENCE COCCUPIES, AUXILION AND TERMINATES JUST 1992. CONTROLL OF THE SCIENCE AND THE SCIENCE OF THE SCIENC	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	N/A	\$289.05 \$47.06 Determined by PA \$1.240.80 \$2.433.61 \$3.413.47 Determined by PA \$3.011.54 \$3.011.54 \$3.01.56 \$1.240.80 \$1.240.80 \$1.240.80 \$1.240.80 \$1.240.80 \$1.240.80 \$1.240.80 \$1.240.80	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Bacrolise perts Bacrolise perts Bacrolise perts Bacrolise perts Lumbur spine Halp procedure Halp procedure Halp procedure Hap halp percedure Hap hap control Hap hap c	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ortotals	DMECP
L0622 L0623 L0624 L0624 L0638 L0820 L0830 L1001 L1005 L1610 L1653 L1700 L1710 L1831 L1904 L1910	SHELLS POPERIOR ENTRIES REND IT IS GEOGGOCYCHEA, JACTHON AND TERMANETS JUST JUST ALL CONTROL OF THE SHEET SH	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NGA	\$289.05 \$47.00 Determined by PA \$1,240.80 \$2,243.61 \$2,433.61 \$3,011.14 \$30,66 \$1,700.94 \$1,700.94 \$1,700.94 \$1,700.94 \$1,700.94 \$1,700.94 \$1,700.94	01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Bacrolise perts Bacrolise perts Bacrolise perts Bacrolise perts Lumbur spine Halp procedure Halp procedure Halp procedure Hap halp percedure Hap hap control Hap hap c	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ortotals	DMECP
L0622 L0623 L0624 L0624 L0624 L0638 L0630 L1001 L1005 L1610 L1610 L1710 L1710 L1831 L1904 L1910 L1910 L2005	SELLE POSTERIOR DETEROR FIRM IT E SCROCCOCCEGA, ANCHON AND TERMINATES JUST 1990. SERVICIA DETERMINE PROPRIET PROPRIET PUR ASSOCIAL SPETPOR TREADES NOT AND ANCHOR SERVICIA SE	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NUA. NUA. NUA. NUA. NUA. NUA. NUA. NUA.	\$289.05 \$47.00 Determined by PA \$1,240.80 \$2,433.61 \$2,433.61 \$3,431.62 \$3,431.63 \$3,4	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Baronibae ports Baronibae ports Baronibae ports Baronibae ports Lumbar spine Halo procedure Halo procedu	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Abasys required Alasys required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certation	DMECP
L0622 L0623 L0624 L0624 L0638 L0820 L0830 L1001 L1005 L1610 L1653 L1700 L1710 L1910 L1910 L1904 L1904 L1905 L2006	SELLE POPERIOR ENTROES FROM THE SECRECOCCOPERA, JACTHON AND TERMINATES JUST 1997. SECRETARY OF THE SECRETARY OF THE SECRECOCCOPERA, JACTHON AND TERMINATES JUST 1997. SECRETARY OF THE SECRETAR	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NUA. NUA. NUA. NUA. NUA. NUA. NUA. NUA.	\$47.09 \$47.09 \$47.09 Strammod by FA \$1,240.00 \$2,433.41 \$3,413.47 Obtammod by FA \$3,011.14 \$30.56 \$1,100.94 \$1,100.94 \$1,100.94 \$276.89 \$423.60 \$3,043.41 \$3,055.60 \$3,043.43 \$4,043.41	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Baronible ports Baronible ports Baronible ports Baronible ports Lumber spire Halp procedure Halp procedure Spires, sortical Processor Spires, sortical Processor Hap Hap, Lagg Califor Rose Anni Sout Knee Knee Anni Sout Knee Knee Anni Sout Knee	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Ahanya requined	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certation	OMEOP DMEOP
L0622 L0623 L0624 L0628 L0620 L0630 L1001 L1005 L1001 L1005 L1700 L1710 L1710 L1811 L1904 L2005 L2006 L2006 L2006 L2007	SELLE POPERSON ENTRES REND THE SECRECOCCOVER, AND TON AND TERMINETS JUST 1997. SECRETARY OF THE SECRETARY O	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	160A 160A 160A 160A 160A 160A 160A 160A	\$220.05 \$47.05 \$47.05 \$47.05 \$1.240.05 \$1.240.05 \$2.433.41 \$3.433.41 \$3.433.41 \$3.613.47 \$3.613.	01/01/2008 01/01/2008 01/01/2004	Barrotike pireta Barrotike pireta Barrotike pireta Barrotike pireta Lunthar spike Lunthar spike Halip procedure Halip lang-Canden- Pertune Gaussian Halip lang-Canden-	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certotics Certot	OMECP DMECP DM
L0822 L0823 L0824 L0838 L0820 L1001 L1006 L1653 L1700 L1831 L1904 L1910 L2005 L2006 L2080 L2080	SELLE POPIERROR ENTRES FROM THE SECRECOCCOPERA, JACTION AND TERMINATES JUST 100.000 (1997) AND TERMINATES JUST 100.000 (1	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	160A 160A 160A 160A 160A 160A 160A 160A	\$220.06 \$47.08 \$47.08 \$17.40.00 \$17.40.00 \$17.40.00 \$24.03.61 \$3.413.47 \$3.4	01/01/2002 01/01/2002	Barrotte preta Barrot	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ordentes	OMECP DMECP
L0622 L0623 L0624 L0628 L0620 L0630 L1001 L1005 L1001 L1005 L1700 L1710 L1710 L1811 L1904 L2005 L2006 L2006 L2006 L2007	SELLE POPIERORIE DETROS FIRMO IN ESCOCOCOPERA, JACTION AND TERMANETS JUST JUST SELLE PROPERTY AND THE SECONDARY CONTROL FOR THE SECONDARY CONTROL FOR THE SECONDARY CONTROL FOR THE SECONDARY CONTROL FIRM THE SEC	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	160A 160A 160A 160A 160A 160A 160A 160A	\$220.05 \$47.05 \$47.05 \$47.05 \$1.240.05 \$1.240.05 \$2.433.41 \$3.433.41 \$3.433.41 \$3.613.47 \$3.613.	01/01/2008 01/01/2008 01/01/2004	Baronike ports Baronike ports Baronike ports Baronike ports Lurinar spine Halo procedure	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certotics Certot	OMECP DMECP DM
L0822 L0823 L0824 L0824 L0838 L0820 L1001 L1005 L1005 L1700 L1831 L1700 L1831 L2005 L2006 L2000 L2070	SHELLS POTERIOR DETROIS FROM THE SECROCOCYCLES, ANCHOL NO TERMANETS JUST JUST AND CONTROL OF THE SECRETARY DESIGNATION OF THE SECRET	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	160A 160A 160A 160A 160A 160A 160A 160A	\$290.05 \$47.05 \$47.05 \$1240.05 \$1240.05 \$1240.05 \$3,413.47 \$3,413.47 \$3,513.43 \$3,513.43 \$1,750.95 \$1,750.	01/01/2008 01/01/2008	Baronible ports Baronible ports Baronible ports Baronible ports Baronible ports Lumber spine Hallo procedure Artification Artification Artification Holes artificatio	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Ahanya requined	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certotics	OMECP
L0822 L0823 L0824 L0828 L0820 L0830 L0830 L1001 L1005 L1801 L1700 L1700 L1700 L1811 L2005 L2006 L2006 L2006 L2000	SHELLS POTERROR DETROIS FROM THE SECROCOCYCLES, ANDTON AND TERMINATES JUST JUST ADDRESS AND THE SECRETARY DESIGN FROM THE	\$160-10-01 \$160-10-01	1940. 1940.	\$20.05 \$47.05 \$47.05 \$12.00.05 \$12.00.05 \$20.0114 \$20.05 \$20.0114 \$20.05 \$1.00.05 \$1.700.06 \$20.05 \$	0.01/00000 0.01/0000000 0.01/0000000 0.01/0000000 0.01/0000000 0.01/0000000000	Baronible ports Baroni	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Ahanya requined	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certotics	OMECP OM
L0622 L0623 L0624 L0624 L0638 L0630 L0630 L1001 L1001 L1005 L1000 L1001 L1000	SELLE POPIESROR ENTRES FIRM IT E SCROCCOCYCES, ANCHON AND TERMINETS JUST 1997. SECRETARY OF THE STREET PROPERTY OF THE SCROCCOCYCES, ANCHON AND TERMINETS JUST 1997. SECRETARY OF THE SCROCK PROPERTY OF THE SCROCK PROPERTY OF THE SCROCK AND THE S	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	No.	\$220.05 \$47.05 \$47.05 \$547.05 \$1.240.05 \$1.240.05 \$24.03.61 \$3.01.14 \$30.05 \$3.01.14 \$30.05 \$1.460.26 \$1.700.04 \$1.260.05 \$1.700.04 \$1.260.05 \$1.700.04 \$1.260.05 \$1.700.04 \$1.260.05 \$1.2	2012/2020 2012/2020	Barrotise ports Barrotise ports Barrotise ports Barrotise ports Lumbs sports Lumbs sports Hale procedure Hale procedure	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certotics	OMECP OM
L0622 L0623 L0624 L0624 L0628 L0628 L0629 L0639 L1001 L1005 L1005 L1006	SELLE PORTERIOR DETROS FROM THE SECROCOCOPIES, AND TOOK AND TERMINETS JUST 1997. SECROLARY CORRESPONDED FEMALE PROVIDE SECRETARY CONTROL THE SECRETARY CO	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	Non.	\$220.05 \$47.05 \$47.05 \$12.40.05 \$12.40.05 \$12.40.05 \$24.33.61 \$3.413.47 \$24.33.61 \$3.413.47 \$24.33.61 \$3.413.47 \$24.33.61 \$3.413.47 \$24.36.00 \$3.413.47 \$3.413.47 \$3.413.48 \$3.4	2011/2004 2011/2	Barrotike ports Barrotike ports Barrotike ports Barrotike ports Luriflar sport Luriflar sport Halo procedure Halo proce	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ordentes Ordent	OMECP DMICP DM
L0622 L0623 L0624 L0624 L0638 L0820 L0830 L1001 L1005 L1005 L1005 L1005 L1006	SELLE POPIESROR ENTRES FIRM IT E SCROCCOCYCES, ANCHON AND TERMINETS JUST 1997. SECRETARY OF THE STREET PROPERTY OF THE SCROCCOCYCES, ANCHON AND TERMINETS JUST 1997. SECRETARY OF THE SCROCK PROPERTY OF THE SCROCK PROPERTY OF THE SCROCK AND THE S	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	No.	\$220.05 \$47.05 \$47.05 \$547.05 \$1.240.05 \$1.240.05 \$24.03.61 \$3.01.14 \$30.05 \$3.01.14 \$30.05 \$1.460.26 \$1.700.04 \$1.260.05 \$1.700.04 \$1.260.05 \$1.700.04 \$1.260.05 \$1.700.04 \$1.260.05 \$1.2	2012/2020 2012/2020	Barrotise ports Barrotise ports Barrotise ports Barrotise ports Lumbs sports Lumbs sports Hale procedure Hale procedure	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certotics	OMECP OM
L0822 L0823 L0824 L0824 L0824 L0825 L0820 L1821 L1821 L1822	SHELLS POTERROR DETROIS FROM THE SCIENCE COCCUSION, AND TERMANTES LIST. SECRETARY CONTROLLED STRIPES AND THE SCIENCE PROPERTY FOR THE SCHOOL PROPERTY OF THE SC	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	1940. 1940.	\$200.05 PA \$1,240.05 PA \$1,250.05 PA \$1,250.05 PA \$1,250.05 PA \$1,250.05 PA \$1,050.05 PA \$1,050.0	2010/2004 2010/2	Barrotike ports Barrotike ports Barrotike ports Barrotike ports Barrotike ports Barrotike ports Lumber spine Halo procedure Halo proce	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Ahasya required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certorics Ordinates	OMECP OM
L0922 L0923 L0924 L0924 L0926 L0926 L10926 L10926 L10926 L10927 L10926 L10927 L2092	SELLE POPERSONE DETROSE FROM THE SECROCOCOPIESA, JACTION AND TERMINATES JAST JOHN AND THE SECROLAR CONTROL PROGRAM CONTROL PROGRA	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	No.	\$220.05 \$47.05 \$47.05 \$1.240.05 \$1.240.05 \$2.233.61 \$3.1347 \$3.011.61 \$3.01	21012000 2101200 210120 210120 210120 2101	Barrotise ports Barrotise ports Barrotise ports Barrotise ports Luritar spine Luritar spine Hale procedure Hale procedu	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ortotolos	OMECP
L0922 L0924 L0924 L0926 L0926 L0926 L10926 L20926 L209	SELLE POPERSON ENTRESS RIGHT IN ESCRECOCCOPERA, JACTION AND TERMINATES JUST JUST SECRETARY CONTROL OF THE SECRETARY CONTROL OF THE SECRETARY CONTROL OF THE JUST AND THE J	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	No.	\$220.05 \$47.05 \$47.05 \$47.05 \$1.240.05 \$1.240.05 \$2.433.61 \$3.413.47 \$3.413.47 \$3.413.47 \$3.413.47 \$3.413.47 \$3.413.47 \$3.413.47 \$3.413.47 \$3.413.47 \$3.413.47 \$3.413.48 \$3.413.	2101/2008 2101/2	Barrotike ports Barrotike ports Barrotike ports Barrotike ports Lumbar spine Halo procedure Hap Hap Legg Cather- Partice disease Force Home- Habitaria Home-	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ordentes Ordent	OMECP
L0924 L0924 L0924 L0924 L0939 L1093 L2093 L2094 L2095 L2	SELLE POPIESONE DETROIS FROM THE SECROCOCOPIES, AND TOOK AND TERMANETS JUST 1997. SECROLAL OPPRESSONE PUBLISHE PROVIDES THE VICTORIS SECRET THE DUE SECRETARY CONTROL OF THE SECRETARY CONTROL OF T	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	Non.	\$220.05 \$42.05 \$42.05 \$12.40.05 \$12.40.05 \$12.40.05 \$24.33.61 \$3.413.47 \$24.33.61 \$3.413.47 \$24.33.61 \$3.413.47 \$3.4	2011/2008 2011/2	Barrotike ports Barrotike ports Barrotike ports Barrotike ports Lumbur spine Hallo procedure Hallo pro	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ordentes Ordent	OMECP OM
L0922 L0923 L0923 L0923 L0923 L0923 L0923 L1001 L1002	SELLE POPERSON ENTEROR FROM THE SUCCESSORY PAGE. NELLE PROFESSIONE SHAPE	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	150A 150A 150A 150A 150A 150A 150A 150A	\$220.05 \$47.06 \$47.06 \$1.240.06 \$1.240.06 \$1.240.06 \$2.433.61 \$3.433.61 \$3.433.61 \$3.011.36 \$3.011.36 \$3.01.36 \$3.01.36 \$3.01.36 \$3.00.36	210120000 210120000 210120000 210120000 210120000 210120000 210120000 210120000 210120000 210120000 210120000 210120000 210120000 2101200000 2101200000 21012000000 2101200000000	Barrotike pireta Barrotike pireta Barrotike pireta Barrotike pireta Lundar spireta Lundar spireta Habe procedure Habe procedur	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Certotics Certot	OMECP
L0924 L0924 L0924 L0924 L0939 L1093 L2093 L2094 L2095 L2	SELLE POPIESONE DETROIS FROM THE SECROCOCOPIES, AND TOOK AND TERMANETS JUST 1997. SECROLAL OPPRESSONE PUBLISHE PROVIDES THE VICTORIS SECRET THE DUE SECRETARY CONTROL OF THE SECRETARY CONTROL OF T	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	Non.	\$220.05 \$42.05 \$42.05 \$12.40.05 \$12.40.05 \$12.40.05 \$24.33.61 \$3.413.47 \$24.33.61 \$3.413.47 \$24.33.61 \$3.413.47 \$3.4	2011/2008 2011/2	Barrotike ports Barrotike ports Barrotike ports Barrotike ports Lumbur spine Hallo procedure Hallo pro	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ordentes Ordent	OMECP OM
L0922 L0924 L0924 L0924 L0926 L0926 L0920 L0920 L1920 L1920 L1920 L1920 L2920	SELLE POPERSON ENTRESS RIGHT IN ESCRETORY AND TO SENSET SITES AND TO SENSE AND TO S	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	No.	\$47.00 \$47.00 \$47.00 \$1.240.00 \$1.240.00 \$2.233.61 \$2.433.61 \$2.433.61 \$3.413.62 \$3.013.63 \$3.	2101/2008 2101/2008	Barrotike ports Barrotike ports Barrotike ports Barrotike ports Barrotike ports Luritar spine Halp procedure Spine, solitorik Spin	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ordentics	OMECP
L0022 L0023 L0023 L0023 L0023 L0023 L0023 L1001 L1000	SELLE POPIESROPI ENTRESS FROM THE SECRECOCCOPERE, JACKDON AND TERMINATES JUST JUST ACCOUNTS AND THE SECRECA SE	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	No.	\$220.05 \$427.05 \$427.05 \$12.40.05 \$1	212120000 212120000 212120000 212120000 212120000 212120000 212120000 212120000 2121200000 2121200000 2121200000 2121200000 2121200000 2121200000 2121200000 2121200000000	Barrotike ports Barrotike ports Barrotike ports Barrotike ports Lumbur special Hallo procedure Hallo p	NA N	Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ortotolos	OMECP DMECP DM
L0922 L0923 L0924 L0923 L0923 L0923 L0923 L1001 L1002	SELLE POTERBOR ENTERES RIGHT IN ESCRECOCCOPERA, JACTHON AND TERMINATES JAST JOHN AND TERMINATES JAST JAST JAST JAST JAST JAST JAST JAS	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	1600 1600	\$220.05 \$427.05 \$427.05 \$12.40.05 \$12.40.05 \$12.40.05 \$24.03.01 \$24.03.07 \$2	2011/2002 2011/2002	Barrotike ports Barrotike ports Barrotike ports Barrotike ports Lumbar spine Hall procedure Hall procedu	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ordentics	OMECP OM
L0922 L0923 L0924 L0923 L0920 L0920 L0920 L1901 L2900	SELLE POPIESROPI ENTRESS FROM THE SECRECOCCOPERE, JACKDON AND TERMINATES JUST JUST ACCOUNTS AND THE SECRECA SE	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	No.	\$220.05 \$47.05 \$47.05 \$1.240.80 \$1.240.80 \$2.433.61 \$2.433.61 \$3.01.13 \$3.0	212120000 212120000 212120000 212120000 212120000 212120000 212120000 212120000 2121200000 2121200000 2121200000 2121200000 2121200000 2121200000 2121200000 2121200000000	Barrotike pireta Barrotike pireta Barrotike pireta Barrotike pireta Barrotike pireta Luntan spila Barrotike pireta Luntan spila Barrotike pireta Annia-host Annia-host None-arelia-host None-arelia-host None-arelia-host None-arelia-host Barrotike pireta Barrotike	NA N	Buth Buth Buth Buth Buth Buth Buth Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ortotolos	OMECP DMECP DM

L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	5160-10-01	N/A	\$1.162.54	01/01/2026	Elbow	NA.	Both	Always required	10	Orthotics		DMEOP
L3806 L3904	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	5160-10-01 5160-10-01	N/A N/A	\$388.93 \$2.582.71	01/01/2026	Elbow	NA.	Both	Always required	10	Orthotics		DMEOP
L3904		5160-10-01	N/A	82.582.71	01/01/2026	Wrist-hand-finger	NA.	Both	Always required	10	Orthotics		DMEOP
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN	5160-10-01	N/A	\$455.12	01/01/2026	Wrist-hand	NA.	Both	Always required	10	Orthotics		DMEOP
L3917	TURBUDKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MICLIGED, ASSEMBLED, OR OTHERWINSE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN	5160-10-01	N/A	\$90.48	01/01/2026	Hand	NA.	Both	Always required	10	Orthotics		DMEOP
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	\$231.88	01/01/2026	Hand	NA.	Both	Always required	10	Orthotics		DMEOP
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND	5160-10-01	N/A	\$275.02	01/01/2026	Finger	NA.	Both	Always required	10	Orthotics		DMEOP
L3927	ADJUSTMENT FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT	5160-10-01	N/A	\$29.93	01/01/2026	Finger	NA.	Both	Always required	10	Orthotics		DMEOP
L3935	JOINTSPRING, EXTENSIONFLEXION IS G. STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE FINGER OR THOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	\$189.13	01/01/2026	Finger	NA.	Both	Always required	10	Orthotics		DMEOP
L3961	INCLUDES PITTING AND ADJUSTIMENT. SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERPACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT.	5160-10-01	N/A	\$1,438.50	01/01/2026	Shoulder-elbow-wrist- hand	NA.	Both	Always required	10	Orthotics		DMEOP
L3962	SHOULDER FLROW WRIST HAND ORTHOSIS ARDUCTION POSITIONING FRR'S PALSEY DESIGN	5160-10-01	N/A	\$787.58	01/01/2026	Shoulder-elbow-wrist-	NA.	Both	Always required	10	Orthotics		DMEOP
L3967	PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC	5160-10-01	N/A	\$1,698.40	01/01/2026	hand Shoulder-elbow-wrist-	NA.	Both	Always required	10	Orthotics		DMEOP
L3975	COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	\$1.438.50	01/01/2026	hand Shoulder-elbow-wrist- hand-finger	NA.	Both	Always required	10	Orthotics		DMEOP
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),	5160-10-01	N/A	\$1,438.50	01/01/2026	Shoulder-elbow-wrist-	NA.	Both	Always required	10	Orthotics		DMEOP
	THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CLISTOM FARRICATED, INCLUDES FITTING AND ADJUSTMENT.					hand-finger							
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS,	5160-10-01	N/A	\$1.612.18	01/01/2026	Shoulder-elbow-wrist- hand-finger	NA.	Both	Always required	10	Orthotics		DMEOP
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORAGIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	5160-10-01	N/A	\$1.698.40	01/01/2026	Shoulder-elbow-wrist- hand-finger	NA.	Both	Always required	10	Orthotics		DMEOP
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	5160-10-01	N/A	\$15.85	01/01/2026	Splint	NA.	Both	Always required	10	Orthotics		DMEOP
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	5160-10-01	N/A	\$6,584.49	01/01/2026	Lower limb	NA.	Both	Always required	10	Orthotics		DMEOP
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID	5160-10-01 5160-10-01	N/A N/A	\$423.64	01/01/2026	Immediate post- surgery or early fitting	NA.	Both	Always required	10	Orthotics		DMEOP
L5460 L5500	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE INITIAL BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT.	5160-10-01	N/A N/A	\$423.64 \$1,233.20	01/01/2026	Immediate post- surgery or early fitting Initial socket	NA.	Both Both	Always required Always required	10	Orthotics		DMEOP
L5500	PLASTER SOCKET, DIRECT FORMED	5160-10-01	N/A	91,233.20	0110112026	intial socket	No.	Bouri	Aways required	10	Ottholics		DMEOP
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	5160-10-01	N/A	\$1,670.08	01/01/2026	Initial socket	NA.	Both	Always required	10	Orthotics		DMEOP
L5520	PREPARATORY, BELOW KINEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH	5160-10-01	N/A	\$1,380.81	01/01/2026	Preparatory	NA.	Both	Always required	10	Orthotics		DMEOP
L5530	FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED PREPARATION, BELOW KNEE PTE TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	5160-10-01	N/A	\$1,926.94	01/01/2026	prosthesis Preparatory prosthesis	NA.	Both	Always required	10	Orthotics		DMEOP
L5570		5160-10-01	N/A	\$2.183.04	01/01/2026	Preparatory prosthesis	NA.	Both	Always required	10	Orthotics		DMEOP
L5615	SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MILITAXIAL, FLUID SWING AND STANCE PHASE CONTROL	5160-10-01	N/A	\$5.179.53	01/01/2026	Addition to lower limb	NA.	Both	Always required	9	Miscellaneous equipment	Formerly K1014	DMEOP
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	5160-10-01	N/A	\$1.866.40	01/01/2026	Addition to lower limb	NA.	Both	Always required	10	Orthotics		DMEOP
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATICHYDRA PNEUMATIC SWING PHASE CONTROL ADDITION TO LOWER LIMB PROSTHESIS. VACUUM PLIMP, RESIDIAL LIMB VOLUME MANAGEMENT AND	5160-10-01	N/A	\$1.099.33	01/01/2026	Addition to lower limb	NA.	Both	Always required	10	Orthotics		DMEOP
L5782	MOISTURE EVACUATION SYSTEM, HEAVY DUTY	5160-10-01	N/A N/A	\$3.976.10 Determined by PA	01/01/2026	Addition to lower I'mb	NA.	Both	Always required	10	Orthotics		DMEOP
L5827 L5856	ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING ADDITION TO LOWER EXTERMITY PROSTRESSIS. ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR.	5160-10-01	N/A N/A	S22.628.42	04/01/2025	Addition to lower limb	NA.	Both Both	Always required Always required	10	Orthotics		DMEOP
L5858	AUDITION TO LOWER EXTREMITY PROSTRESSS, ENDOSKELETAL KINE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SYMION AND STANCE PHASE, KILLDES ELECTRONIC SENSORIS), ANY TYPE ADDITION TO LOWER EXTREMITY PROSTRESSS, ENDOSKELETAL KINE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSORIS), ANY TYPE ADDITION TO LOWER EXTREMITY PROSTRESSS, ENDOSKELETAL KINE-SHIN SYSTEM, POWERED AND	5160-10-01	N/A N/A	\$22.628.42 \$17.518.80	01/01/2026	Addition to lower limb	NA.	Both	Always required Always required	10	Orthotics		DMEOP
L5859	CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND	5160-10-01	N/A	\$14,493.42	01/01/2026	Addition to lower limb	NA.	Both	Always required	10	Orthotics		DMEOP
L5969	PROGRAMMABLE FLEXIONIEXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S) ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	5160-10-01	N/A	Determined by PA	01/01/2024	Addition to lower limb	NA.	Both	Always required	10	Orthotics		DMEOP
L5971	MOTOR(S) ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	5160-10-01	N/A	\$235.52	01/01/2026	Addition to lower limb	NA.	Both	Always required	10	Orthotics		DMEOP
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL INCLUDES POWER SOLDING	5160-10-01	N/A	\$16,570.71	01/01/2026	Addition to lower limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6026	ANDIOR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE TRANSCARPALIMETACARPAL OR PARTIAL HAND INSARTICLARITION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES,	5160-10-01	N/A	\$4,193.22	01/01/2026	Upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	5160-10-01	N/A	\$2,290.22	01/01/2026	Upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	5160-10-01	N/A	\$2,879.89	01/01/2026	Upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	5160-10-01	N/A	\$3.314.22	01/01/2026	Elbow	NA.	Both	Always required	10	Orthotics		DMEOP
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST	5160-10-01	N/A	\$1,313.03	01/01/2026	Immediate post- surgery or early fitting	NA.	Both	Always required	10	Orthotics		DMEOP
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALICAMENT AND SURPENSION OF COMPONENTS, AND ONE CAST CHANGE FURDING.	5160-10-01	N/A	\$1,545.74	01/01/2026	Immediate post- surgery or early fitting	NA.	Both	Always required	10	Orthotics		DMEOP
L6384	DISARTICULATION OR ABOVE ELBOW IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING A LIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER	5160-10-01	N/A	\$1,956.92	01/01/2026	Immediate post- surgery or early fitting	NA.	Both	Always required	10	Orthotics		DMEOP
L6386	PITTING ALIGNMENT AND SOSPENSION OF CONFORMATION, AND ONE CAST CHANGE, SHUDLDER DISARTICULATION OR INTERSCAPULAR THORACIC IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	5160-10-01	N/A	<u>\$443.24</u>	01/01/2026		NA.	Both	Always required	10	Ortholics		DMEOP
						Immediate post- surgery or early fitting							
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	5160-10-01	N/A	\$487.16	01/01/2026	Immediate post- surgery or early fitting	NA.	Both	Always required	10	Orthotics		DMEOP
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FEXIBLE ELBOW HINDES, FIGURE OF BIGHT HARNESS, HIMERAL CUFF, BOWDEN CABLE CONTRICU, LISBO OR BIGUAL PLOTO, NO COVER, MOLDED TO PARTIENT MODEL.	5160-10-01	N/A	\$1,729.66	01/01/2026	Preparatory prosthesis	NA.	Both	Always required	10	Orthotics		DMEOP
L6582	WRIST, FLEXIBLE ELBOW HINSES, FIGURE OF EIGHT HARNESS, HUMENAL CUFF, BUWLEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST.	5160-10-01	N/Δ	\$1,374.50	01/01/2026	Preparatory	NA.	Both	Always required	40	Orthotics		DMEOP
L6582	PREPARATION, WAS IDEASTICULATION OF BELLW ELBOW, SINGLE WALL SCOKE, PRICTION WHOSE, FLORING OF BIGHT HANNESS, HUMBERAL CLEF, BOWDEN CABLE CONTROL, USING OR EGUAL PYLON, NO COVER, DIRECT PORINED, PREPARATION, LEBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION		N/A	\$1,374.50	0110112026	prosthesis	No.	Bouri	Aways required	10	Ottholics		DMEOP
L6584		5160-10-01	N/A	\$2,335.34	01/01/2026	Preparatory prosthesis	NA.	Both	Always required	10	Orthotics		DMEOP
L6586	PYLON, NO COVER, MOLDED TO PATIENT MODEL PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST,	5160-10-01	N/A	\$1,995.90	01/01/2026	Preparatory	NA.	Both	Always required	10	Orthotics		DMEOP
L6588	LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USING OR EQUAL PYLON, NO COVER, DIRECT FORMED PREPARATORY, PHOLICER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, LISING DEFINIL BY JOIN OR CHES MINIOR TO BATTER THE ATTER TO CONTROL LISING DEFINIL BY JOINT OR THE ATTER TO STREET HER.	5160-10-01	N/A	\$3,379.47	01/01/2026	prosthesis	NA.	Both	Always required	10	Orthotics		DMEOP
						Preparatory prosthesis							
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USINC	5160-10-01	N/A	\$3,113.91	01/01/2026	Preparatory prosthesis	NA.	Both	Always required	10	Orthotics		DMEOP
L6611	OR EQUAL PYLON, NO COVER, DIRECT FORMED ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	5160-10-01	N/A	\$388.12	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6621	LIDDED EYTDEMIY DONOTHESIS ANNIYANI ELEVIAMEYTEMSIANIMDIST WITH AD WITHAUT EDICTION	5160-10-01	N/A	\$2.156.06	01/01/2026	Addition to unper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6624	LUPER EXTREMITY PROSTHESIS ADDITION, FLEXIONEXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE UPPER EXTREMITY ADDITION, FLEXIONEXTENSION AND ROTATION WRIST UNIT	5160-10-01	N/A	\$3.550.02	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6638	LIDDED EVTDENITY ADDITION TO DESCRIPCION ELECTRIC LOCATION CEATURE ONLY END INC. WITH	5160-10-01	N/A	\$2,357.25	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6646	MANUALLY POWERED ELBOW UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE	5160-10-01	N/A	\$2,973.02	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6647	ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	5160-10-01	N/A	\$489.44	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	5160-10-01	N/A	\$3.066.24	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6677	UPPER EXTREMITY ADDITION; HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	5160-10-01	N/A	\$279.62	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWIABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW BE ROWIABILITY BROWN CATTOM FABRICATED.	5160-10-01 5160-10-01	N/A N/A	\$687.80	01/01/2026	Addition to upper limb	NA.	Both Both	Always required	10	Orthotics		DMEOP
L6695	FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL,	a reu-1u-01	N/A	\$573.15	01/01/2026	~aauun to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6696	NOT FUR USE WITH LUCKING MECHANISM. ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWIABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR	5160-10-01	N/A	\$1,239.92	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6697	EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANSM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE ADDITION TO LIBROR EXTREMITY REPORTS OF DELOW ELECTRIC PROPERTY.	5160-10-01	N/A	\$1,239.92	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6698	SOCKET INSERT FOR OTHER THAN CONDENTAL OR ATYPICAL TRAUMATIC AMPLITEE, SLICONE GEL, ELASTOMERIC OR EQUAL. FOR USE WITH OR WITHOUT COOKING MECHANISM, INITIAL COUNTY (FOR OTHER ADDITION TO UPPER EXTREMITY PROSTHESIS, SELOW ELBOWINBOVE ELBOW, LOCK MECHANISM,	5160-10-01	N/A	\$636.82	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6700	UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURE, MYGELECTRONIC CONTROL MODULE.	5160-10-01	N/A N/A	Determined by PA	04/01/2025	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
L6703	ADDITIONAL EMG INPUTES, PATTERN-RECOGNITION DECODING INTENT MOVEMENT TERMINAL DEVICE, PASSIVE HANDMITT, ANY MATERIAL, ANY SIZE	5160-10-01	N/A	\$317.01	01/01/2026	Addition to upper limb,	NA.	Both	Always required	10	Orthotics		DMEOP
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR	5160-10-01	N/A	\$633.74	01/01/2026	terminal device Addition to upper limb,	NA.	Both	Always required	10	Orthotics		DMEOP
L6712	UNLINED, PEDIATRIC TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	5160-10-01	N/A	\$1.166.82	01/01/2026	terminal device Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	5160-10-01	N/A	\$1.472.69	01/01/2026	Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	5160-10-01	N/A	\$1.247.35	01/01/2026	Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	5160-10-01	N/A	\$2.975.98	01/01/2026	Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
L6721 L6722	REPLACEMENT TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINEO OR UALINED TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL.	5160-10-01 5160-10-01	N/A N/A	\$2.216.99	01/01/2026	Addition to upper limb, terminal device Addition to upper limb.	NA.	Both Both	Always required Always required	10	Orthotics Orthotics	,	DMEOP
L6722 L6880	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED ELECTRIC HAND, SWITCH OR INYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY G	5160-10-01 5160-10-01	N/A N/A	\$1.911.22 \$22.521.57	01/01/2026	Addition to upper limb, terminal device Addition to upper limb,	NA.	Both Roth		10	Orthotics Orthotics		DMEOP
L6880 L6881	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY G AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	5160-10-01 5160-10-01	N/A N/A	\$22.521.57 \$3,853.67	01/01/2026	terminal device Addition to upper limb,	NA NA	Both	Always required Always required	10	Orthotics		DMEOP
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	5160-10-01	N/A	\$2,923.19	01/01/2026	terminal device Addition to upper limb,	NA.	Both	Always required	10	Orthotics		DMEOP
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION INTERSCAPULAR THORACIC, MOLDED TO PATIENT	5160-10-01	N/A	\$4,077.85	01/01/2026	terminal device Addition to upper limb,	NA.	Both	Always required	10	Orthotics		DMEOP
L6895	MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FARRICATED.	5160-10-01	N/A	\$595.30	01/01/2026	terminal device Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
L6920	FABRICATED WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH	5160-10-01	N/A	\$7,471.61	01/01/2026	Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
L6925	CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	\$8.171.26	01/01/2026	Addition to upper limb,	NA.	Both	Always required	10	Orthotics		DMEOP
	SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYGELECTRONIC CONTROL OF TERMINAL DEVICE					terminal device							
L6930	BELOW ELBOW, EXTERNAL POWER SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF BELOW ELBOW, EXTERNAL POWER SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL.	5160-10-01	N/A	\$8,106,58	01/01/2026	Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
L6935	OTTO BOCK OR EQUAL ELECTRODE'S, CABLES, TWO BATTERIES AND ONE CHARGER, MYGELECTRONIC CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	\$8.567.54	U1/01/2026	reduction to upper limb, terminal device	NA.	Both	Aways required	10	Orthotics		DMEOP
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND	5160-10-01	N/A	\$9.705.90	01/01/2026	Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
L6945	ONE CHARGER SWITCH CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	\$10.754.07	01/01/2026	Addition to upper limb,	NA.	Both	Always required	10	Orthotics		DMEOP
	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL OUTSIDE LOCKING HINDES, FOREARIN, OTTO BOCK OR FOLIAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYCRELECTRONIC CONTROL OF TERMINAL DEVICE	E160 10	8178	840 407	D4 m4 m	terminal device		Prote		40	Chine		PART T
1.00000		5160-10-01	N/A	\$10.137.50	01/01/2026	Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics	1	DMEOP
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE						1 1						
L6950 L6955	LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE	5160-10-01	N/A	\$11.468.09	01/01/2026	Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
	LOCKING LEOW, FOREARM, DTTO BODG OR EQUAL SWITCH CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTRIOL OF TERMAN, DEVICE ABOVE ELBOW, EXTERNAL POWER MICLED INNER SOCKET, FREMOVABLE HAMERA I SHELL, INTERNAL LOCKING LEOW, FOREARM, OTTO BODG OR EQUAL LE LECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYGLE COTRONIC CONTRICL OF TERMINAL DEVICE SPIGLORE OR SWITCHLIGHT ON EXTERNAL POWER MOLDED INNER SOCKET, REMOVABLE SHOULDER SPIGLORE OR SWITCHLIGHT ON THE MOLDEN INNER SOCKET, REMOVABLE SHOULDER AND CARRY OR SWITCH SW	5160-10-01 5160-10-01	N/A N/A	\$11.468.09 \$12.490.06	01/01/2026 01/01/2026	Addition to upper limb, terminal device Addition to upper limb,	NA NA	Both Both	Always required Always required	10	Orthotics Orthotics		DMEOP
L6955	LOCKING ELBOW, FOREARM, OTTO BOCK OR FOUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR FOUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYGLECTRONIC CONTROL OF TERMINAL DEVICE					Addition to upper limb, terminal device		Both Both		10	Ortholics Ortholics		

The content of the	1 6965	SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE SHOULDER	5160-10-01	N/A	\$14.104.80	01/01/2026	Addition to unper limb	NA.	Both	Always required	10	Ortholics		DMEDP
Second Control Contr	L0905	SHOLL SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYGELECTRONIC CONTROL OF	5160-10-01	NOA	\$14,104.00	01/01/2028	Addition to upper limb, terminal device	No.	Boar	Aways required	10	Ottobics		DMEOF
March Marc	L6970		5160-10-01	N/A	\$14,004.35	01/01/2026	Addition to upper limb, terminal device	NA.	Both	Always required	10	Orthotics		DMEOP
Column		EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE												DMEOP
Marie Mari	L6975	EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYDELECTRONIC CONTROL OF	5160-10-01	N/A	\$15,344.33	01/01/2026	Addition to upper timb, terminal device	NA.	Both	Aways required	10	Ottholes		DMEOP
The control of the	L7007		5160-10-01	N/A	\$3,349.95	01/01/2026		NA.	Both	Always required	10	Orthotics		DMEOP
Mathematical Math							Addition to upper limb, terminal device							DMEOP
The content of the							terminal device Addition to upper limb.							DMEOP
Mathematical Continues of the Continues of	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	5160-10-01	N/A	\$1.551.99	01/01/2026		NA.	Both	Always required	10	Orthotics		DMEOP
Column							terminal device							DMEOP
Manual Control Contr							terminal device							DMEOP
March Marc	L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	5160-10-01	N/A	\$6.158.37	01/01/2026		NA.	Both	Always required	10	Orthotics		DMEOP
Column						01/01/2026	Addition to upper limb, terminal device		Both					DMEOP
March Marc							terminal device Addition to upper limb.							DMEOP
The Control of Contr							terminal device Addition to upper limb,	NA.	Both	7 '				DMEOP
Teal							Battery			Always required				DMEOP
March Marc														DMEOP
Mathematical Content of the Conten								Accessory	Both		10	Orthotics		DMEOP
1. 1. 1. 1. 1. 1. 1. 1.														DMEOP
March Marc		(TITANIUM, CARBON FIBER OR EQUAL)												DMEOP
March Marc		ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)					Addition to upper limb	NA.	Both	Always required	10	Ortholics		DMEOP
March Marc	L7405	ACRYLIC MATERIAL	5160-10-01	N/A	\$685.21	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
Mathematical												***************************************		DMEOP
The content of the					Determined by PA		Vacuum		Both		10			DMEOP
Column	L7902			N/A		01/01/2024	-	NA.	Both	Always required				DMEOP
March Marc		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE DEGRAT BROWN LINES MASTECTOMY BRA, WITH INTEGRATED ANY ADMINISTRATION OF A STATE												DMEOP
The Control of Contr		ANY SIZE, ANY TYPE												DMEOP
The Control of Contr			5160-10-01	N/A			Breast prosthesis	NA.	Both					DMEOP
The Second Continue					, , , , , , , , , , , , , , , , , , ,		,							DMEOP
March Marc													KM modifier: \$2238.86. KN modifier: \$942.68	DMEOP
March Marc														DMEOP
March Marc										, ,				DMEOP
March Marc														DMEOP
Column														DMEOP
The Control							Facial prosthesis		Both					DMEOP
March Marc							Facial prosthesis		Both Both				KM modifier; \$1243.22, KN modifier, \$523.45	DMEOP
100 100		REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE			Determined by PA		Facial prosthesis	NA.	Both	7 '				DMEOP
The Company and the Property Annual Property		ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE												DMEOP
100 100												***************************************		DMEOP
Column		TYPE							Both			Orthotics		DMEOP
March Control Contro		REPLACEMENT ONLY, EACH												DMEOP
The Control of Contr							Voice prosthesis gelatin capsules							DMEOP
The Control of Control of Control of Control		REPLACEMENT ONLY, EACH		N/A			cleaining device Puncture dilator	NA.	Both	Always required	10	Orthotics		DMEOP
1985 1985		EACH					application device							DMEOP
Description Company												***************************************		DMEOP
1450		SHIPPING AND NECESSARY SUPPLIES INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT.												DMEOP
March Marc		INJECTABLE BULKING AGENT, DEXTRANOMERIHYALURONIC ACID COPOLYMER IMPLANT, ANAL CANAL, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES								Always required				DMEOP
The control of the		INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES NI INJECTABLE BULKING AGENT FOR VICON CORD MEDIALIZATION O 1 ML INCLUDES SHIPPING AND NECESSARY SUPPLIES.												DMEOP
1,500 1,50		NECESSARY SUPPLIES MISCELLANDOUS EXTERNAL COMPONENT SUPPLY OR ACCESSORY FOR USE WITH THE AROUS II					Miscellaneous supply	Supplies and/or						DMEOP
ACCOUNT OF THE PROPERTY OF T		ARTIFICIAL CORNEA	5160-10-01	N/A	\$6,141.60	01/01/2026			Both	Always required	10	Orthotics		DMEOP
1867 1865							· ·						-	DMEOP
MATERIAL PROPERTY AND ADDRESS OF STREET AN														DMEOP
Test														DMEOP
The Control of Contr							· ·							DMEOP
LINES MALE MAPPLAND 10 CONTINUES CASES CAS		STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON), FOR SURGICAL												DMEOP
1.500 COTOMOR CONTROL CONT		HALLUX IMPLANT	5160-10-01	N/A		01/01/2026		NA.	Both					DMEOP
Common														DMEOP
LISTO IMPLATIONAL RELICIOSTRALATION PLASE GENERATION, ANY TYPE		OR COBALT CHROME), CERANIC-LIKE MATERIAL (E.G., PYROCARBON) FOR SURGICAL IMPLANTATION, ANY												DMEOP DMEOP
LIBSS APPLICATION OF STREET AND ADDRESS STREE										7 '				DMEOP
Part														DMEOP
Description Control (Control Control		PULSE GENERATOR, REPLACEMENT ONLY										***************************************		DMEOP
							Implantable generator					Orthotics		DMEOP
Line Mark Annual N. Report Park Ederator Co. Sect.		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT, REPLACEMENT												DMEOP
RETAINDING		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION												DMEOP
Section Sect		EXTENSION INDI ANTARI E NEI IDOSTINI II ATOR DI II SE GENERATOR PI IAI ARRAY RECUARDISEARI E INCI I INCO					Implantable generator		Both		10			DMEOP
LIBSIDED SECTION RECOVERED SETTING PRISES AND PRISE		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION												DMEOP
LIBRIS ALDITIONY COSE CINTERGATED DEVICE ARUTHERY, REPLACEMENT ONLY EACH 596-10-01 NA 12-62-32 010100000 Control Contr	L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR REPLACEMENT ONLY	5160-10-01 5160-10-01	N/A N/A				Accessory NA	Both Roth				-	DMEOP
ABOTOMY COSE CONFECUNATIO DEVICE, TRANSDUCERNIC TURNING, REPLAZEMENT CARY, EACH \$160-1001 NA \$15.05 \$10.0000 NA \$15.05 \$10.0000 NA \$15.0000 NA \$15.000			5160-10-01	N/A			ossenintenrated	NA.	Both					DMEOP
Description	L8694	AUDITORY OSSEQINTEGRATED DEVICE, TRANSDUCERIACTUATOR, REPLACEMENT ONLY, EACH	5160-10-01	N/A		01/01/2026	osseointegrated	NA.	Both		10	Orthotics		DMEOP
Laboral And Part No. Control Contr	L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR. REPLACEMENT ON Y	5160-10-01	N/A	\$15.68	01/01/2026	device	NA.	Both	Always required	10	Orthotics		DMEOP
SYSTEM S		ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULATION DEVICE, REPLACEMENT, EACH							Both		10	Orthotics		DMEOP
LEFTIX PROPERTIES PEPTER STREAMS FOR MATCH ASSISTERACE, ELERON, WHITE STREAM, WHITE STREAMS WHIT		SYSTEM					Miscellaneous supply or accessory Implant	Supplies and/or accessories NA	Both Both		10	Orthotics Orthotics		DMEOP
LETTOR EPOCHERED UPPER EXTENSIVE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. STATE OF MOTION ASSISTEMENT SWARE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. STATE OF MOTION ASSISTEMENT SWARE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. STATE OF MOTION ASSISTEMENT MACE PROCESS. STATE OF MOTION ASSISTEMENT MACE PROCESS. NA. Both Assign required 10 Orderics Demonstrated by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrated by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrated by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrated by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrated by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrated by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrated by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrated by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PROCESS. Demonstrate by PA. STATE OF MOTION ASSISTEMENT. ELECTOR VINETAL MACE PR														DMEOP
MECHANGREEFTORS ROOMAN, TO THE ANNUE PREFETOR MECHANGREEFTORS ROOMAN, TO THE ANNUE PREFETOR		POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND					Range of motion assist device				10	Orthotics		DMEOP
LISSIO SERVICIO AND PROSTRETIC SUPPLY, ACCESSIONY, ANDIORI SERVICE COMPONENT OF AND THER HOPES \$166-10-1 NIA Determined by PA \$10101024 Septy, accessory, or Supply, accessory,		MECHANORECEPTORS PROXIMAL TO THE ANKLE, PER LEG									10	Orthotics		DMEOP
1 "CODE service and or service and o	L8721	RECEPTOR SOLE FOR USE WITH L8720, REPLACEMENT, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Receptor	NA.	Both	Always required	10	Orthotics		DMEOP
LIGHTY LEARNIN PREADMINING LIGHT LIGHTY LIGH							service							DMEOP
	Q0477	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	<u>\$731.28</u>	01/01/2026	Miscellaneous supply	Supplies and/or	Both	Always required	9	Miscellaneous equipment		DMEB

1898	Q0478	DOWNED ADAPTED FOR INSERVITUSE ECTRIC OR SECTIONORIES MATTER VENTRICUL AD ASSIST DEVACE	5160-10-01	N/A	\$173.23	01/01/2026	Miscellaneous supply	Supplier andler	Both	Always required		Miscellaneous equipment	T	DMEB
The content of the		POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PINEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PINEUMATIC VENTRICULAR ASSIST DEVICE,				01/01/2026	or accessory Miscellaneous supply	Supplies and/or accessories Supplies and/or			9			
Page	Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	\$79.999.92	01/01/2026	Miscellaneous supply	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment		DMEB
1985		DEBLACEMENT ONLY								, ,				
Mathematical Property of the property of th		ASSIST DEVICE, REPLACEMENT ONLY					Miscellaneous supply	accessories Supplies and/or						
Mathematical		ONLY MONITORIDISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRICIPNEUMATIC VENTRICULAR ASSIST		N/A			or accessory Miscellaneous supply	Supplies and/or	Both					
Page		MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY					Miscellaneous supply or accessory	Supplies and/or accessories						
Per		REPLACEMENT ONLY					Miscellaneous supply or accessory	Supplies and/or accessories						
Mathematical Content		DEVICE, REPLACEMENT ONLY			\$321.76 Determined by PA		or accessory				9			
The content of the	Q0489	POWER PACK BASE FOR USE WITH ELECTRICIPNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	5160-10-01	N/A	\$15,322.09	01/01/2026		accessories Supplies and/or	Both		9			DMEB
The content of the property of the content of the	Q0490			N/A	\$662.76	01/01/2026	Miscellaneous supply	Sunnies and/or	Both	Always required	9	Miscellaneous equipment		
Manufactors		REPLACEMENT ONLY					or accessory	Supplies and/or	Both	Always required	9			
1985							or accessory	accessories Supplies and/or	Both	Always required Always required	9			
1985	Q0494		5160-10-01	N/A	\$202.27	01/01/2026	Miscellaneous sunniv	accessories Supplies and/or	Both	Always required	9	Miscellaneous equipment		DMEB
Mathematical part		BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A			Miscellaneous supply		Both		9			
Mathematical part		ASSIST DEVICE. REPLACEMENT ONLY					Miscellaneous supply or accessory	accessories			9			
Manufact		REPLACEMENT ONLY HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,					or accessory Miscellaneous supply	accessories						
Manufact	Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRICULAR	5160-10-01	N/A		01/01/2026	Miscellaneous supply	Supplies and/or	Both	Always required	9	Miscellaneous equipment		DMEB
Manufact		FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,					Miscellaneous supply or accessory	Supplies and/or accessories			9			
Mathematical Continues Mathematical Contin		SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PREUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY MOBILITY CAPTEON BREIMATIC VENTRICULAR ASSIST DEVICE BERLACEMENT ONLY.					or accessory	accessories Supplier andlor						
Manufacture							or accessory Miscellaneous supply	accessories Supplies and/or						
Mathematical process of the Company of the Compan	Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	5160-10-01	N/A	\$646.80	01/01/2026	Miscellaneous supply	Supplies and/or	Both	Always required	9	Miscellaneous equipment		DMEB
Mathematical		DEVICE, REPLACEMENT ONLY					Miscellaneous supply or accessory	Supplies and/or accessories						
100 100					Determined by PA		or accessory	accessories						
March Marc		MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE			Determined by PA		or accessory Miscellaneous supply	accessories Supplies and/or			9			
100 100		CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER		N/A		01/01/2026	Supplies	NA.						
1985										, ,		. , ,		
Mathematical Math														
Mathematical												. , ,		
100 100					_									
100 100														
1982 1982											16			
Mathematical Section (1985) Mathematical			5160-10-01	N/A				NA.	Non-LTCF		16			DMEB
Mathematical Continues Mathematical Contin	Q4011			N/A	\$4.31	01/01/2026	Supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		
Marie										Always required				
Column		PLASTER								Always required Always required				
Manual	Q4015	FIBERGLASS CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), IN ACTED	5160-10-01	N/A	\$7.88	01/01/2026	Supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
Manufact		FIGST IER CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A				NA.	Non-LTCF		16			
Column											16			
Manufact														
Manufact	Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A		01/01/2026	Supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
Manual						01/01/2026								
Manual														
Marie Mari														
Manual Properties Manu			5160-10-01	N/A	\$37.74	01/01/2026	Supplies	NA.		Always required	16	Supplies (miscellaneous)		DMEB
Mathematical Control (1998)														
1908 1909					_									
Market M								NA.						
Marked Statistical Profession of Higher 1 (1964) 1964 1965 1966	Q4030		5160-10-01	N/A	\$76.01	01/01/2026	Supplies	NA.	Non-LTCF	Always required	16			DMEB
Marie Mari					_									
Second														
Market M	Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	\$66.97	01/01/2026	Supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
Mathematical Control					_						16			
Page											16			
Page											16			
18 18 18 18 18 18 18 18		CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01						Non-LTCF		16	Supplies (miscellaneous)		
Column														
10 1 1 1 1 1 1 1 1 1														
Column C				N/A										
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Column C														
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SINCEN NAMES CO. SECURITY COUNTY CO. S														
STATES TRANSPERTEX EXTERNAL FOR IDE WITH ARTIFICIAL PARCERS DEVICE SYSTEM 516-16-1 NA Deministral by FA 01610204 Transmitter NA No.1-TC Aways required 9 Macalemous appliment DAES		SENSOR: INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH ARTIFICIAL PANCREAS DEVICE												
Second Confession Separate For Confession Separate F	S1036	SYSTEM TRANSMITTER; EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Transmitter	NA.	Non-LTCF		9	Miscellaneous equipment		DMEB
Second Second Liver Education Collection Second Second Liver Education Collection Second Second Liver Education Collection Second Second Second Second Second Second Second Second Second Second Seco														
STATE STAT							supplies							
BST OVGRE CONTENTS, LIXXXX LIXXX					Determined by PA									
SASS ONCORD FOR DESIGNAR EXTENCE WINDOW S160-104												1 1		
PACIONAL FOR COMPRESSION BANDAGE, ROLL														
Sept COMPRESION BAPCAGE, ROLL S160-10-11 S160-10-														
Section Sect														
SEASO SPLINT, PREFABRICATED, RELDOW S160-10-01 N/A Determined by Fix O101/2024 Sights N/A Non-LTCF Always required 9 Mosclarecus application Mosclar											9			
													-	
RESIDENTIATION BIGG FOR USE BY PATENT ON ARTHFOLM, RESPIRATION CURRING FOWER FAILURE OR 5160-10-01 NA Determined by FA 0.101/2024 Respiratory care NA No.1-TCF Always required 9 Miscalineous epigment DIEB														
SMS MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES SMS MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES SMS MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES SMS MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES SMS MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES SMS MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES SMS MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAILY, PROVIDING 159% OF METRICOLES DESIGN MEDIC ## COMPLETE ADMINISTRED CHAIL											9			
		INTAKE									5			
URES											5			
	14040	TOWNS AND SOME STREET WAS CAUSED	3100-10-01	3100-10-21	eoemining by PA	0110112024		Supply	MARLIUP	Amaya required	۰	mountained outputs		DWED.

T5001	BOSTONING SEAT ON DEEDS AND WITH SEETING OPTUNEETING NICES	5160-10-01	N/A	Determined by RA	01/01/2024	Seat	NA.	Non-LTCF	Alaman required	I a	Microllopour equipment	I	DMEB
V2100	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS SPHERE, SINGLE VISION, PLAND TO PLUS OR MINUS 4.00, PER LENS	5160-10-01	N/A N/A	\$43.00	01/01/2024	Sphere	NA NA	Non-LTCF Both	Always required Always required	18	Miscellaneous equipment Vision		DMEB
V2101	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	5160-10-01	N/A	\$44.23	01/01/2026	Sphere	NA.	Both	Always required	18	Vision		DMEB
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	5160-10-01	N/A	\$55.75	01/01/2026	Sphere	NA.	Both	Always required	18	Vision		DMEB
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	5160-10-01	N/A	\$40.84	01/01/2026	Spherocylinder	NA.	Both Both	Always required	18	Vision		DMEB
V2104 V2105	SPHERCCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS SPHERCCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER.	5160-10-01	N/A N/A	\$42.04 \$47.43	01/01/2026	Spherocylinder Spherocylinder	NA NA	Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2106	PER LENS. SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER,	5160-10-01	N/A	\$50.88	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2107	PER LENS SPHERCCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS	5160-10-01	N/A	\$44.09	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	\$43.03	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2109 V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.000 SPHERE, OVER 6.00D CYLINDER, PER LENS SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.000 SPHERE, OVER 6.00D CYLINDER, PER	5160-10-01 5160-10-01	N/A N/A	\$52.82 \$46.97	01/01/2026	Spherocylinder Spherocylinder	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2110	SPHERICO LINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.000 SPHERE, OVER 6.000 O'LINDER, PER LEMS SPHERICO LINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.000 SPHERE, .25 TO	5160-10-01	N/A	\$48.96	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2112	2.25D CYLINDER, PER LENS SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO	5160-10-01	N/A	\$54.25	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2113	4.000 CYLINDER, PER LENS SPHERCCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.000 SPHERE, 4.25 TO 6.000 CYLINDER, PER LENS	5160-10-01	N/A	\$64.08	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	5160-10-01	N/A	\$69.82	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2115 V2118	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION ANISEIKONIC LENS, SINGLE VISION	5160-10-01	N/A N/A	\$84.32 \$79.57	01/01/2026	Lenticular	NA.	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2116 V2121	LENTICULAR LENS, PER LENS, SINGLE	5160-10-01	N/A	\$89.07	01/01/2026	Lenticular	NA NA	Both	Always required	18	Vision		DMEB
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA.	Both	Always required	18	Vision		DMEB
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	5160-10-01	N/A	\$61.19	01/01/2026	Sphere	NA.	Both	Always required	18	Vision		DMEB
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	5160-10-01	N/A	\$61.44	01/01/2026	Sphere	NA.	Both	Always required	18	Vision		DMEB
V2202 V2203	SPHERE BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 2.000D, PER LENS SPHEREOCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.000 SPHERE, .12 TO 2.000 CYLINDER, PER LENS	5160-10-01 5160-10-01	N/A N/A	\$67.56 \$60.04	01/01/2026	Sphere Spherocylinder	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER	5160-10-01	N/A	\$60.34	01/01/2026	Spherocylinder	NA NA	Both	Always required	18	Valon		DMEB
V2205	LENS SPHEROCYLINDER, BIFOCAL, PLAND TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER	5160-10-01	N/A	\$62.44	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2206	SPHEROCYLINDER, BIFOCAL, PLAND TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	5160-10-01	N/A	\$62.92	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2207	LENS SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.000 SPHERE, 12 TO 2.00D CYLINDER, PER LENS	5160-10-01	N/A	\$58.69	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2208 V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.000 SPHERE, 2.12 TO 4.000 CYLINDER, PER LENS SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.000 SPHERE, 4.25 TO 6.000	5160-10-01 5160-10-01	N/A N/A	\$57.58 \$66.47	01/01/2026	Spherocylinder Spherocylinder	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2209 V2210	CYLINDER, PER LENS OBJEDNOVI INDED DISCOVAL DITTO OD MINITO A 25 TO DITTO OD MINITO 7 NOD SOUSDE CIVED & NOD	5160-10-01	N/A N/A	\$75.37	01/01/2026	Spherocylinder Spherocylinder	NA NA	Both	Aways required Always required	18	Vision		DMEB
V2211	CYLINDER, PER LENS SPHERCOYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.000 SPHERE, .25 TO 2.25D CYLINDER, PER LENS	5160-10-01	N/A	\$82.30	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	\$82.92	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	5160-10-01	N/A N/A	\$79.85	01/01/2026	Spherocylinder Spherocylinder	NA.	Both Both	Always required	18	Vision		DMEB
V2214 V2215	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS LENTICULAR (MYODISC), PER LENS, BIFOCAL	5160-10-01 5160-10-01	N/A N/A	\$83.84 \$100.72	01/01/2026	Spherocylinder Lenticular	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2215	ANISEIKONIC, PER LENS, BIFOCAL	5160-10-01	N/A	\$105.43	01/01/2026	Anisekonic	NA.	Both	Always required	18	Vision		DMEB
V2219	BIFOCAL SEG WIDTH OVER 28 MM	5160-10-01	N/A	\$42.75	01/01/2026	Bifocal width	NA.	Both	Always required	18	Vision		DMEB
V2220	BIFOCAL ADD OVER 3.25D	5160-10-01	N/A	\$34.67	01/01/2026	Bifocal addition	NA.	Both	Always required	18	Vision		DMEB
V2221 V2299	LENTICULAR LENS, PER LENS, BIFOCAL SPECIALTY BIFOCAL (BY REPORT)	5160-10-01 5160-10-01	N/A N/A	\$93.00 Determined by PA	01/01/2026	Lenticular Bifocal	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2299 V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	5160-10-01	N/A	\$72.48	01/01/2024	Sphere	NA.	Both	Always required	18	Valon		DMEB
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	5160-10-01	N/A	\$76.16	01/01/2026	Sphere	NA.	Both	Always required	18	Vision		DMEB
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	5160-10-01	N/A	\$78.73	01/01/2026	Sphere	NA.	Both	Always required	18	Vision		DMEB
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, :12-2.00D CYLINDER, PER LENS	5160-10-01	N/A	\$72.03	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2304 V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENIS SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE 4.25 TO 6.00 CYLINDER, PER	5160-10-01	N/A N/A	\$66.56 \$75.01	01/01/2026	Spherocylinder Spherocylinder	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2306	LENS SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER	5160-10-01	N/A	\$76.97	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2307	LENS SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	5160-10-01	N/A	\$78.27	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D	5160-10-01	N/A	\$86.80	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.000 SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.000 SPHERE. OVER 6.00D	5160-10-01 5160-10-01	N/A N/A	\$89.75	01/01/2026	Spherocylinder	NA NA	Both Both	Always required Always required	18	Vision		DMEB DMEB
V2310 V2311	SPHENCYTINGER, INFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.000 SPHENE, ONEN 8.000 CYLINGER, PER LENS SPHERDOYLINGER, TIRFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.000 SPHERE, 25 TO 2.250 CYLINGER, PER LENS	5160-10-01	N/A N/A	\$85.69 \$85.55	01/01/2026	Spherocylinder Spherocylinder	NA NA	Both	Always required Always required	18	Vision		DMEB
V2312		5160-10-01	N/A	\$88.10	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2313	CYLINDER, PER LENS SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	5160-10-01	N/A	\$98.82	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	5160-10-01	N/A	\$103.20	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
V2315 V2318	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL ANISEIKONIC LENS, TRIFOCAL	5160-10-01 5160-10-01	N/A N/A	\$116.80 \$140.84	01/01/2026	Lenticular Anisekonic	NA NA	Both Both	Always required Always required	18	Vision		DMEB DMEB
V2318 V2319	TRIFOCAL SEG WIDTH OVER 28 MM	5160-10-01	N/A N/A	\$140.84 \$47.68	01/01/2026	Anisexonic Trifocal width	NA NA	Both	Always required Always required	18	Vision		DMEB
V2320	TRIFOCAL ADD OVER 3.25D	5160-10-01	N/A	\$56.92	01/01/2026	Trifocal addition	NA.	Both	Always required	18	Vision		DMEB
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	5160-10-01	N/A	\$112.92	01/01/2026	Lens	NA.	Both	Always required	18	Vision		DMEB
V2399	SPECIALTY TRIFOCAL (BY REPORT)	5160-10-01	N/A	Determined by PA	01/01/2024	Trifocal	NA.	Both	Always required	18	Vision		DMEB
V2410 V2430	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	5160-10-01 5160-10-01	N/A N/A	\$101.86 \$106.37	01/01/2026	Lens Lens	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2430 V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA NA	Both	Always required Always required	18	Valon		DMEB
V2599	CONTACT LENS, OTHER TYPE	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA.	Both	Always required	18	Vision		DMEB
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	5160-10-01	N/A	Determined by PA	01/01/2024	Vision aid	NA.	Both	Always required	18	Valon		DMEB
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA.	Both	Always required	18	Vision	-	DMEB
V2615 V2623	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR- VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM PROSTHETIC EYE PLASTIC, CUSTOM	5160-10-01 5160-10-01	N/A N/A	Determined by PA \$1.033.04	01/01/2024	Lens system Prosthetic eye	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	5160-10-01	N/A	\$473.84	01/01/2026	Prosthetic eye	NA.	Both	Aways required Always required	18	Vision		DMEB
V2626	REDUCTION OF OCULAR PROSTHESIS	5160-10-01	N/A	\$255.42	01/01/2026	Prosthetic eye	NA.	Both	Always required	18	Vision		DMEB
V2627	SCLERAL COVER SHELL	5160-10-01	N/A	\$1.649.65	01/01/2026	Shell	NA.	Both	Always required	18	Vision		DMEB
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER PROSTHETIC EYE, OTHER TYPE	5160-10-01 5160-10-01	N/A N/A	\$389.52 Determined by PA	01/01/2026	Fabrication/fitting Prosthetic eye	NA NA	Both Both	Always required	18	Valon		DMEB DMEB
V2629 V2630	PROSTHETIC EYE, OTHER TYPE ANTERIOR CHAMBER INTRACCULAR LENS	5160-10-01 5160-10-01	N/A N/A	Determined by PA \$114.29	01/01/2024	Prosthetic eye Lens	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2630 V2631	IRIS SUPPORTED INTRAOCULAR LENS	5160-10-01	N/A	\$114.29	01/01/2026	Lens	NA.	Both	Aways required Always required	18	Vision		DMEB
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	5160-10-01	N/A	\$114.29	01/01/2026	Lens	NA.	Both	Always required	18	Vision		DMEB
V2700	BALANCE LENS, PER LENS	5160-10-01	N/A	\$42.06	01/01/2026	Lens modification	NA.	Both	Always required	18	Vision		DMEB
V2702 V2710	DELUXE LENS FEATURE SI AB OFF PRISM: GLASS OR PLASTIC. PER LENS	5160-10-01 5160-10-01	N/A N/A	Determined by PA \$61.56	01/01/2024	Lens modification	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2710 V2715	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS PRISM, PER LENS	5160-10-01 5160-10-01	N/A N/A	\$61.56 \$13.72	01/01/2026	Slab Lens modification	NA NA	Both Both	Always required Always required	18	Vision		DMEB
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	5160-10-01	N/A	\$27.42	01/01/2026	Lens modification	NA.	Both	Always required	18	Vision		DMEB
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	5160-10-01	N/A	\$20.24	01/01/2026	Lens modification	NA.	Both	Always required	18	Vision		DMEB
V2744	TINT, PHOTOCHROMATIC, PER LENS	5160-10-01	N/A	<u>\$17.44</u>	01/01/2026	Tint	NA.	Both	Always required	18	Vision		DMEB
V2745 V2750	ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER LENS ANTI-REFLECTIVE COATING, PER LENS	5160-10-01 5160-10-01	N/A N/A	\$11.79 \$18.32	01/01/2026	Tint Coating	NA NA	Both Both	Always required	18	Vision Vision		DMEB DMEB
V2750 V2755	ANTI-REFLECTIVE COATING, PER LENS U-V LENS, PER LENS	5160-10-01 5160-10-01	N/A N/A	\$18.32 \$17.08	01/01/2026	Lens modification	NA NA	Both .	Always required Always required	18	Vision		DMEB
V2756	EYE GLASS CASE	5160-10-01	N/A	Determined by PA	01/01/2024	Case	NA.	Both	Always required	18	Vision		DMEB
V2760	SCRATCH RESISTANT COATING, PER LENS	5160-10-01	N/A	\$15.37	01/01/2026	Coating	NA.	Both	Always required	18	Vision		DMEB
V2761	MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS	5160-10-01	N/A	Determined by PA	01/01/2024	Coating	NA.	Both	Always required	18	Vision		DMEB
	POLARIZATION, ANY LENS MATERIAL, PER LENS OCCLUDER LENS, PER LENS	5160-10-01 5160-10-01	N/A N/A	\$56.18 \$18.91	01/01/2026	Polarization Lens	NA NA	Both Both	Always required Always required	18	Vision Vision		DMEB DMEB
V2762 V2770			N/A N/A	\$18.91 \$12.03	01/01/2026	Lens	NA NA	Both	Aways required Always required	18	Vision		DMEB
V2762 V2770 V2780	OVERSIZE LENS, PER LENS	5160-10-01	N/A			0	1			1		 	DMEB
V2770		5160-10-01 5160-10-01	N/A N/A	Determined by PA	01/01/2024	Lens	NA.	Both	Always required	18	Vision		
V2770 V2780 V2781 V2782	OVERSIZE LENS, PER LENS PROGRESSIVE LENS, PER LENS LENS, NOEX 154 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARSONATE, PER LENS	5160-10-01 5160-10-01	N/A N/A	Determined by PA \$60.68	01/01/2026	Lens	NA.	Both	Always required	18	Vision		DMEB
V2770 V2780 V2781 V2782 V2783	ORERAZE LENR, PER LENR PROCRESSIONE LENR PER LENR LENR RECK 145 TO 91 FAIRT COR 165 TO 1.79 CLASS. EXCLUSES PCLYCARROWNT. PER LENS LENR, RECK 145 TO 91 FAIRT COR 165 TO 1.79 CLASS. EXCLUSES PCLYCARROWNT. PER LENS LENR, RECK CHECKER PLANT CORPORATE PER LENS LENR, RECK CHECKER PLANT CORPORATE PER LENS	5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	Determined by PA \$60.68 \$68.40	01/01/2026 01/01/2026	Lens Lens	NA NA	Both Both	Always required Always required		Vision Vision		DMEB DMEB
V2770 V2780 V2781 V2782	OVERSIZE LENS, PER LENS PROCRESSING LENS, PER LENS LENS, ROCK 154 TO 165 PALSTIC OR 160 TO 1.75 QLASS, EXCLIDES POLYCARSONATE, PER LENS LENS, ROCK DELETET THIN OR EQUAL TO 166 PAUSTIC OR GREATER THIN OR EQUAL TO 160 QLASS.	5160-10-01 5160-10-01	N/A N/A	Determined by PA \$60.68	01/01/2026	Lens	NA.	Both	Always required	18	Vision		DMEB
V2770 V2780 V2781 V2782 V2783 V2784	OMERSIZE LENG, PER LENG PROGRESSIONE LENG, PER LENG LENG, RICKE LENG, PER LENG LENG, RICKE 134 TO 165 PASTIC OR 165 TO 1.79 GLASS, EXCLUDES POLYCARSONATE, PER LENG LENG, RICKE GREATER THAN OR EGUAL TO 165 PASTIC OR ORBATER THAN OR EGUAL TO 160 GLASS, EXCLUDES FOLYCARROWNET, PER LENG LENG, RICKE GREATER THAN OR FIGURAL TO 165 PASTIC OR ORBATER THAN OR EGUAL TO 160 GLASS, EXCLUDES FOLYCARROWNET, PER LENG	5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	Determined by PA \$60.68 \$68.40 \$44.48	01/01/2026 01/01/2026 01/01/2026	Lens Lens Lens	NA NA NA	Both Both Both	Always required Always required Always required	18 18 18	Vision Vision Vision		DMEB DMEB
V2770 V2780 V2781 V2782 V2783 V2784 V2786	OVERSIZE LENG, PER LENG PROQUESSIVE LENG, PER LENG PROQUESSIVE LENG, PER LENG LENG, RICKET LIA TO 16 PLASTIC OR 160 TO 170 GLASS, EXCLUDES POLYCARBONATE, PER LENG LENG, RICKET LIA TO 16 PLASTIC OR OPERATER THAN OR EQUAL TO 160 PLASTIC OR OPERATER THAN OR EQUAL TO 160 PLASTIC OR OPERATER THAN OR EQUAL TO 160 GLASS, EXCLUDES PROVINGIANCE OR EQUAL, ANY DESCRIPTIONS SECULDED PROVINGIANCE OR EQUAL, ANY DESCRIPTIONS SECULDED PROVINGIANCE OR EQUAL, ANY DESCRIPTIONS SECULDED PROVINGIANCE AND ADMINISTRATIONS OF THE TOP OF THE PROVINGIANCE OF THE TOP OF THE PROVINCIAN OF TH	5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A N/A	Determined by PA \$60.68 \$68.40 \$44.48 Determined by PA	01/01/2026 01/01/2026 01/01/2026 01/01/2024	Lens Lens Lens	NA NA NA	Both Both Both Both	Always required Always required Always required Always required	18 18 18 18	Vision Vision Vision Vision		DMEB DMEB DMEB

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WOOTO ASSESSMENT FOR HEARING AND WOOTO CONFORMATION FOR HEARING AND WOOTO CONFORMATION FOR LINEAR FOR THE CONFORMATION FOR LINEAR WOOD CONFORMATION FOR LINEAR WO	THE OFFICE AND CONTROL OF THE CANAL OFFICE AND CONTROL OF THE CANAL OFFICE AND CONTROL OFFI	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Assessment Fitting Evaluation Dispensing Hearing aid Hearing aid Hearing aid Hearing aid Hearing aid Hearing aid	NA NA NA NA NA	Both Both Both Both Both Both Both	Always required Always required Always required Always required Always required Always required	6 6 6 6	Hearing Alds Hearing Alds Hearing Alds Hearing Alds Hearing Alds Hearing Alds	DMEB DMEB DMEB DMEB DMEB
V9011 FITTING ORBITATION CHECKIN V9020 CONFORMITY EVALUATION V9020 GERENBAN FEE, LARPIC MATCH V9020 GERENBAN AD GUOVE FEE, LARPIC MATCH V9021 HEARNIN AD GUOVAL GUOVALE V9020 HEARNIN AD GUOTALLY PROOF V9020 HEARNIN AD GUOTALLY SINGHAN V9020 HEARNIN AD GUOTALLY SINGHAN V9020 HEARNIN AD GUOTALLY GUOTAL V9020 HEARNIN AD GUOTA	ING OF FEARING AID ED HEARING AID ARE REARING PROCEDESIS OY WORN LIRAL, OG (COMPLETELY IN THE EAR CANAL) JERGAL TIC (IN THE CANAL) REGRAMMER, ENALOG, MONALPAL, ITC RIVAL, OG RIVAL	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Fitting Evaluation Dispensing Hearing aid Hearing aid Hearing aid Hearing aid Hearing aid	NA NA NA NA NA	Both Both Both Both Both Both	Always required Always required Always required Always required Always required	6 6 6	Hearing Aids Hearing Aids Hearing Aids Hearing Aids	DMEB DMEB DMEB DMEB
V9500	ED HEARING AD ARE FEARING PROTEINESS DY WORN LURAL, OG (COMPLETELY IN THE EAR CANAL) LURAL, TO (IN THE CANAL) LURAL, TO (IN THE CANAL) GRAMMABLE AND CO. MONAURAL, TIC RIAL, CIC RIAL, CIC GRAMMABLE AND CO. BINNAURAL, CIC	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	\$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11 \$160-10-11	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Evaluation Dispensing Hearing aid Hearing aid Hearing aid Hearing aid Hearing aid	NA NA NA NA	Both Both Both Both Both	Always required Always required Always required Always required	6	Hearing Aids Hearing Aids Hearing Aids	DMEB DMEB
V9500 DISPENSING FEE, UNSPECIFIED 19500 BIRMANYANIAL BUDGE FAR 19510 RAMANYANIAL BUDGE FAR 19510 RAMANYANIAL BUDGE FAR 19510 RAMANYAL BUDGE FAR 19510 RAMANYA	LAR FEARNON PROCTIFESIS OY WORN LIPAL, OG (COMPLETELY IN THE EAR CANAL) JERGAL TIC (IN THE CANAL) JERGAL TIC (IN THE CANAL) GRAMMANIEL FANGOS MONALPAL, IDC GRAMMANIEL FANGOS MONALPAL, IDC GRAMMANIEL FANGOS MONALPAL, IDC GRAMMANIEL FANGOS BRALINGL, IDC GRAMMANIEL FANGOS BRALINGL, IDC GRAMMANIEL FANGOS BRALINGL, IDC GRAMMANIEL FANGOS BRALINGL, IDC	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Dispensing Hearing aid Hearing aid Hearing aid Hearing aid Hearing aid	NA NA NA	Both Both Both	Always required Always required Always required	6	Hearing Aids Hearing Aids	DMEB DMEB
19500 SEMARPLANTABLE MIDDLE EAR 19500 MEARNICA DAS BASTERAS, BODY 19510 BRAUBAUL BODY 19520 MEARNICA DAS BASTER 19520 MEARNICA DAS BASTER 19520 MEARNICA DAS BASTER 19520 MEARNICA DAS CONTINUES 19521 MEARNICA DAS CONTINUES 19521 MEARNICA DAS CONTINUES 19525 MEARNICA DAS CONTINUES 19526 MEARNICA DAS CONTINU	LAR FEARNON PROCTIFESIS OY WORN LIPAL, OG (COMPLETELY IN THE EAR CANAL) JERGAL TIC (IN THE CANAL) JERGAL TIC (IN THE CANAL) GRAMMANIEL FANGOS MONALPAL, IDC GRAMMANIEL FANGOS MONALPAL, IDC GRAMMANIEL FANGOS MONALPAL, IDC GRAMMANIEL FANGOS BRALINGL, IDC GRAMMANIEL FANGOS BRALINGL, IDC GRAMMANIEL FANGOS BRALINGL, IDC GRAMMANIEL FANGOS BRALINGL, IDC	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Hearing aid Hearing aid Hearing aid Hearing aid Hearing aid	NA NA NA	Both Both Both	Always required Always required	6	Hearing Aids	DMEB
VISIO MEARING AD, BLATERAL, BODY VISIO SINURARI, BODY VISIO SINURARI, BODY VISIO SINURARI, BODY VISIO SINURARI, BODY VISIO SINURARI AD, ANALOG, MONALOG VISIO SINURARI AD, ANALOG, MONALOG VISIO SINURARI AD, ANALOG, BINURARI VISIO SINURARI AD, CONTINUE, MONALOG VISIO SINURARI AD, CONTINUE, BINURARI VISIO SINURARI AD, CONTINUE SINURARI VISIO SINURARI CONTINUE SINURARI CONTINUE SINURARI VISIO SINURARI CONTINUE SINURARI CONTINUE SINURARI VISIO SINURARI CONTINUE SINURARI CONTINU	DOY WORN LINAL, OF COMPATER YIN THE ENR CANKS) LINAL, TO (IN THE CANKS) RIPAL, CIC RIPAL, CIC RIPAL, CIC LINAL, CIC RIPAL, CIC LINAL, CI	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Hearing aid Hearing aid Hearing aid Hearing aid	NA NA	Both Both	Always required	6		
V5130 BRAUFAL, BODY V5262 HEARING AD, ANALOG, MONAUM V5263 HEARING AD, ANALOG, MONAUM V5264 HEARING AD, GOTTALLY PROOF V5264 HEARING AD, GOTTALLY PROOF V5265 HEARING AD, GOTTALLY PROOF V5260 HEARING AD, ANALOG, BINUFAL V5260 HEARING AD, ANALOG, BINUFAL V5261 HEARING AD, COUTALLY PROOF V5265 HEARING AD, COUTALL PROOF V5265 HEARING AD, COUTAL, BINUFAL V5266 EARING AD, COUTAL BINUFAL EARING	LURAL, OG (COMPLETELY IN THE EAR CANAL) LURAL, TO (IN THE CANAL) LURAL, TO (IN THE CANAL) GRAMMARIE, ANALOG, MONWARAL, CIC GRAMMARIE, ANALOG, MONWARAL, TIC RIAL, TIC GRAMMARIE, ANALOG, BINALINAL, CIC GRAMMARIE, ANALOG, BINALINAL, CIC GRAMMARIE, ANALOG, BINALINAL, CIC GRAMMARIE, ANALOG, BINALINAL, TIC	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024	Hearing aid Hearing aid Hearing aid	NA.	Both			Hearing Aids	DMEB
VS242 HEARING AD, ANALOG, MONALOG, MONA	LEPAL, TIC (IN THE CAPAL) GRAMMABELE, PARA COS, MONAUPAL, TIC PRAL, TIC PRAL, TIC FRAL, TIC GRAMMABELE, PARA COS, BINNAUPAL, TIC GRAMMABELE, PARA COS, BINNAUPAL, TIC GRAMMABELE PARA COS, BINNAUPAL, TIC GRAMMABELE PARA COS, BINNAUPAL, TIC	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11	Determined by PA Determined by PA Determined by PA Determined by PA	01/01/2024 01/01/2024 01/01/2024	Hearing aid Hearing aid			Always required	9		
VICES MEANING AID, NANCOS MONACE VICES MEANING AID, NANCOS MONACE VICES MEANING AID, DISTALLY PRODUCT VICES MEANING AID, DISTALLY PRODUCT VICES MEANING AID, NANCOS BINUER VICES MEANING AID, NANCOS BINUER VICES MEANING AID, DISTALLY PRODUCT VICES MEANING AID, DISTALLY PRODUCT VICES MEANING AID, DISTALLY PRODUCT VICES MEANING AID, DISTALL, BINUER VICES MEANING AID, DISTALLY BINUER VICES MEANING AID,	LEPAL, TIC (IN THE CAPAL) GRAMMABELE, PARA COS, MONAUPAL, TIC PRAL, TIC PRAL, TIC FRAL, TIC GRAMMABELE, PARA COS, BINNAUPAL, TIC GRAMMABELE, PARA COS, BINNAUPAL, TIC GRAMMABELE PARA COS, BINNAUPAL, TIC GRAMMABELE PARA COS, BINNAUPAL, TIC	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11 5160-10-11 5160-10-11 5160-10-11	Determined by PA Determined by PA Determined by PA	01/01/2024	Hearing aid	NA.				Hearing Aids	DMEB
VISIAN BEARRIS AD, DISTALLY PROCES VISIAN BEARRIS AD, DISTALLY PROCES VISIAN BEARRIS AD, DISTALLY PROCES VISIAN BEARRIS AD, ANALOS, BINULAY VISIAN BEARRIS AD, ANALOS, BINULAY VISIAN BEARRIS AD, DISTAL, BONULE VISIAN BEARRIS AD, DISTAL, BINULAY VISIAN BEARRIS AD, DISTOLAR BINULAY VISIAN BINULA	GRAMMEE ANLOS, MONARA, CIC GRAMMEE ANLOS, MONARA, TIC RAL, CIC GRAMMEE ANLOS, BONARA, TIC GRAMMEE ANLOS, BRAINA, CIC GRAMMEE ANLOS, BRAINA, CIC GRAMMEE ANLOS, BRAINA, TIC	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11 5160-10-11 5160-10-11	Determined by PA Determined by PA	01/01/2024	, v		Both	Always required	6	Hearing Aids	DMEB
VISAS HEARING AD, DIGITALLY PROCES VISAS HEARING AD, DIGITAL, BINADA VISAS HEARING AD, DIGITALLY BINADA VISAS HEARING AD, DIGITAL BINADA VISAS HEARI	GRAMMASE, ANALOS, MONAURAL, ITC RRAL, ITC RRAL, ITC GRAMMASE, RANALOS, BINNIPAL, CIC GRAMMASE, RANALOS, BINNIPAL, ITC	5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11 5160-10-11	Determined by PA			NA.	Both	Always required	6	Hearing Aids	DMEB
VISUAL MEANING AD, ANALOG, BINAERY VISUAL MEANING AD, ANALOG, BINAERY VISUS CHARACTOR, AD, GUITALLY PROCES VISUS MEANING AD, GUITALLY PROCES VISUS MEANING AD, CHITTALLY PROCES VISUS MEANING AD, CHITTALLY PROCES VISUS MEANING AD, CHITTALL SHOWAR VISUS MEANING AD, CHITTAL SHOWAR VISUS ASSETTIVE LISTENAN CHICK AND SHOWAR VISUS ASSETTIVE LISTENAN CHICK AND SHOWAR VISUS ASSETTIVE LISTENAN CHICK AND SHOWAR VISUS ASSETTIVE LISTENAN CHITTAL	RAL, CIC RAL, ITC GRAMMAELE ANNLOG, BINNURAL, CIC GRAMMAELE ANNLOG, BINNURAL, ITC	5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11	,		Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
VS249 HEARING AD, NALOG, BINALEY, VS259 HEARING AD, DIGTALL PROCE VS251 HEARING AD, DIGTALL PROCE VS252 HEARING AD, DIGTALL PROCE VS253 HEARING AD, DIGTAL, NOWLE VS255 HEARING AD, DIGTAL, BINALEY, VS250 HEARING AD, DIGTAL, BINALEY, VS250 HEARING AD, DIGTAL, BINALEY, VS250 HEARING AD, DISPOSABLE, AN VS260 HEARING AD, DISPOSABLE HEARING AD,	RAL, ITC GRAMMABLE ANALOG, BINAURAL, CIC GRAMMABLE ANALOG, BINAURAL, ITC	5160-10-01 5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
VSSSO MENENDA AD, CIGITALLY PROCES MERANDA AD, CIGITALLY PROCES MERANDA AD, CIGITAL, MONULEY VSSSS HEARING AD, CIGITAL, MONULEY VSSSS HEARING AD, CIGITAL, MONULEY VSSSS HEARING AD, CIGITAL, SINUARIA VSSSS HEARING AD, CIGITAL, SINUARIA VSSSS EARING AD, CIGITAL SINUARIA VSSS EARING AD, CIGITAL SINUARIA VSS	GRAMMABLE ANALOG, BINAURAL, CIC GRAMMABLE ANALOG, BINAURAL, ITC	5160-10-01			01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
VISST HEARING AD, DIGITALLY PROCES VISSES HEARING AD, DIGITALLY PROCES VISSES HEARING AD, DIGITAL, MORNER VISSES HEARING AD, DIGITAL, SINUARA VISSES HEARING AD, DIGITAL, SINUARA VISSES HEARING AD, DIGITAL, SINUARA VISSES HEARING AD, DIFFORMELE, ANY VISSES HEARING AD, DIFFORMELE, ANY VISSES LEER LUCE LUCE PROCESSES VISSES LUCE LUCE TRANSPORTER VISSES ASSESTIVE TRANSPORTER VISSES ASSESTIVE TRANSPORTER VISSES ASSE	GRAMMABLE ANALOG, BINAURAL, ITC		5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Alds	DMEB
VSS54 HEARRIG AID, DIGITAL, MONULE VSS58 HEARRIG AID, DIGITAL, MONULE VSS58 HEARRIG AID, DIGITAL, BINULEA VSS59 HEARRIG AID, DIGITAL, BINULEA VSS50 HEARRIG AID, DIGITAL, BINULEA VSS50 HEARRIG AID, DISPOSABLE, AN VSS50 HEARRIG AID, DISPOSABLE, AN VSS50 ASSISTIVE LISTENMO GENCE, I VSS50 ASSISTIVE LISTENMO GENCE, I VSS50 ASSISTIVE LISTENMO GENCE, I		5160-10-01		Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
V9255 HEARING AID, DIGITAL, MONULE V9258 HEARING AID, DIGITAL, SINUARA V9259 HEARING AID, DIGITAL, SINUARA V9262 HEARING AID, DISPOSABLE, AN V9262 HEARING AID, DISPOSABLE, AN V9265 FAR MUCLOIMERTE, GISPOSABLE, AN V9266 FAR MUCLOIMERT, DISPOSABLE, AN V9266 FAR MUCLOIMERT, DISPOSABLE, AN V9266 ASSISTIVE LISTENING DEVICE, A V9268 ASSISTIVE LISTENING DEVICE, A	URAL, CIC		5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
V5259 HEARING AID, DIGITAL, BINAURA V5259 HEARING AID, DIGITAL, BINAURA V5262 HEARING AID, DISPOSABLE, ANV V5269 HEARING AID, DISPOSABLE, ANV V5269 EAR NICLUMSERT, DISPOSABLE, ANV V5269 ASSISTIVE LISTENING DEVICE, A V5269 ASSISTIVE LISTENING DEVICE, A		5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
VSS59 HEARING AID, DIGITAL, BINAURA VSS82 HEARING AID, DISPOSABLE, ANY VSS83 HEARING AID, DISPOSABLE, ANY VSS65 EAR MOLDINSERT, DISPOSABLE VSS66 ASSISTIVE LISTENING DEVICE, A VSS269 ASSISTIVE LISTENING DEVICE, A	URAL, ITC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
VS282 HEARING AID, DISPOSABLE, ANY VS283 HEARING AID, DISPOSABLE, ANY VS285 EAR MOLDINSERT, DISPOSABLE VS286 ASSISTIVE LISTENING DEVICE, I VS289 ASSISTIVE LISTENING DEVICE, A	RAL, CIC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
V5263 HEARING AID, DISPOSABLE, ANY V5265 EAR MOLD/INSERT, DISPOSABLE V5268 ASSISTIVE LISTENING DEVICE, T V5269 ASSISTIVE LISTENING DEVICE, A	RAL, ITC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
V5265 EAR MCLD/INSERT, DISPOSABLE V5268 ASSISTIVE LISTENING DEVICE, T V5269 ASSISTIVE LISTENING DEVICE, A	NY TYPE, MONAURAL	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
V5268 ASSISTIVE LISTENING DEVICE, T V5269 ASSISTIVE LISTENING DEVICE, A	NY TYPE, BINALRAL	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
V5268 ASSISTIVE LISTENING DEVICE, T V5269 ASSISTIVE LISTENING DEVICE, A	BLE. ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Mold/instert	NA.	Both	Always required	6	Hearing Aids	DMEB
V5269 ASSISTIVE LISTENING DEVICE, A	, TELEPHONE AMPLIFIER, ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening	NA.	Both	Always required	6	Hearing Aids	DMEB
		5160-10-01	5160-10-11	Determined by PA	01/01/2024	device Assistive listening	NA.	Both	Always required	6	Hearing Aids	DMER
VOLTZ PRODUCTIVE EIGHENEN DEVICE, 1		5160-10-01	5160-10-11	Determined by PA	01/01/2024	device Assistive Estening	NA	Both	Always required	6	Hearing Aids	DMER
V5273 ASSISTIVE LISTENING DEVICE. F	FOR USE WITH COCHLEAR IMPLANT	5160-10-01	5160-10-11	Determined by PA	01/01/2024	device Assistive listening	NA NA	Both	Always required	6	Hearing Aids	DMEB
V5274 ASSISTIVE LISTENING DEVICE, P		5160-10-01	5160-10-11	,		device	NA NA	Both		6		DMEB
	, NOT OTHERWISE SPECIFIED			Determined by PA	01/01/2024	Assistive listening device			Always required	ь	Hearing Aids	
V5275 EAR IMPRESSION, EACH		5160-10-01	5160-10-11	Determined by PA	01/01/2024	Ear impression	NA.	Both	Always required	ь	Hearing Aids	DMEB
MICROPHONE), ANY TYPE	E, PERSONAL FMIDM SYSTEM, MONAURAL, (1 RECEIVER, TRANSMITTER,	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids	DMEB
MICROPHONE), ANY TYPE	E, PERSONAL FM/DM SYSTEM, BINALRAL, (2 RECEIVERS, TRANSMITTER,	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids	DMEB
	E, PERSONAL FMIDM NECK, LOOP INDUCTION RECEIVER	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive Estening device	NA.	Both	Always required	6	Hearing Aids	DMEB
	, PERSONAL FM/DM, EAR LEVEL RECEIVER	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids	DMEB
	E, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids	DMEB
13200	, PERSONAL BLUE TOOTH FM/DM RECEIVER	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids	DMEB
V5287 ASSISTIVE LISTENING DEVICE, F	, PERSONAL FM/DM RECEIVER, NOT OTHERWISE SPECIFIED	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids	DMEB
V5288 ASSISTIVE LISTENING DEVICE, F		5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids	DMEB
V5289 ASSISTIVE LISTENING DEVICE, P TYPE	E, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids	DMEB
	E, PERSONAL FMIDM TRANSMITTER ASSISTIVE LISTENING DEVICE E, PERSONAL FMIDM ADAPTER/BOOT COLIPLING DEVICE FOR RECEIVER, ANY	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids	DMEB
V5298 HEARING AID, NOT OTHERWISE			5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids	DMEB
V5299 HEARING SERVICE, MISCELLANE	, PERSONAL FMIDM ADAPTER-BOOT COUPLING DEVICE FOR RECEIVER, ANY TRANSMITTER MICROPHONE, ANY TYPE	5160-10-01		Determined by PA	01/01/2024	Hearing service	NA.	Roth				
V5336 REPAIR/MODIFICATION OF AUGN	, PERSONAL FIMOM ADAPTERIBOOT COUPLING DEVICE FOR RECEIVER, ANY , TRANSMITTER MICROPHONE, ANY TYPE SE CLASSIFIED		5160-10-11		0110112024	raining service	THA	Dogs	Always required	6	Hearing Aids	DMEB