**ACTION:** Revised

Durable medical equipment and supplies

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

## **AMENDED** Appendix 5160-10-01

DATE: 11/18/2025 12:35 PM

				PA Payment by p									
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
	OVERNOE WITH MEETINE OTERNIE OO			F100 10 01	***	05/04/4000			400		10		
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	Set	Infusion pump (non-	5160-10-29	\$20.55	01/01/1998	Non-institutional	Purchase only	4 per month	Limit-based	16	Supplies	
	CATHETER, PER WEEK (LIST DRUGS SEPARATELY)		nutrition) supplies				only					(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,	Set	Infusion pump (non-	5160-10-29	\$20.00	01/01/2017	Non-institutional	Purchase only	1 per week	Limit-based	16	Supplies	
	PER WEEK		nutrition) supplies				only	,				(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	5160-10-01	\$17.65	01/01/1999	Non-institutional	Purchase only	2 per year	Never required	NA	(miscellaneous) NA	
A4265	PARAFFIN, PER POUND	Pound	supplies Heat / cold	5160-10-01	\$3.37	12/15/2002	only Non-institutional	Purchase only	2 per month	Limit-based	16	Supplies	
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	Each	application Family planning	5160-10-01	\$25.46	04/01/2003	only Non-institutional	Purchase only	1 per year	Limit-based	16	(miscellaneous) Supplies	
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE	Each	supplies Family planning	5160-10-01	\$0.40	04/01/2003	only Non-institutional	Purchase only	36 per month	Limit-based	16	(miscellaneous) Supplies	
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE	Each	supplies Family planning	5160-10-01	\$2.10	04/01/2003	only Non-institutional	Purchase only	36 per month	Limit-based	16	(miscellaneous) Supplies	
			supplies				only					(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)	
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				PA Payment by p	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
													NOTES
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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CURRENT MAXIMIIM AMOUNT ALITHORIZATION ALITHORIZATIO HCPCS RELATED RULI EFFECTIVE RENTAL OR FREQUENCY PRIOR ASSIGNMENT ASSIGNMENT PAYMENT CODE DESCRIPTION UNIT CATEGORY 5160-10-.. AMOUNT DATE RESIDENCE PURCHASE LIMIT AUTHORIZATIO NUMBER NAME NOTES NTERMITTENT URINARY CATHETER: STRAIGHT TIP, WITH OF Each 5160-10-32 \$2.00 Limit-base VITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER only Supplies R HYDROPHILIC, ETC.) NTERMITTENT LIRINARY CATHETER: COLIDE (CLIRVED) TIP. WIT Fach Catheter 5160-10-32 \$6.45 01/01/2024 Purchase only 200 per month Limit-based Incontinence R WITHOUT COATING (TEFLON, SILICONE, SILICONE Supplies only LASTOMERIC OR HYDROPHILIC ETC.) A4353 NTERMITTENT LIRINARY CATHETER WITH INSERTION SUPPLIE Fach Catheter 5160-10-32 \$5.50 Purchase only 200 per month Limit-based avment for A4353 includes lubricant only A4354 NSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETE Fach Insertion tra 5160-10-32 \$7.40 05/01/1990 Purchase only 3 per month Limit-based Incontinence only Supplies GATION TUBING SET 3-WAY INDWELLING FOLEY CATH 5160-10-32 Limit-based Incontinence 3 per month only A4356 XTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT 5160-10-32 Each Clamp \$30.01 05/01/199 n-institution Purchase only 1 per year Limit-based Incontinence O RE LISED FOR CATHETER CLAMP) only Sunnlies BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT A4357 Fach Bag 5160-10-32 \$6.30 01/01/2024 on-institutional Purchase only 2 per month Limit-based 8 Incontinence only A4358 JRINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR Each Bag 5160-10-32 \$6.57 01/01/2024 Purchase only 4 per month Limit-based Incontinence ITHOUT TUBE, WITH STRAPS only Supplies ISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION A4360 Each Clamp 5160-10-32 \$0.40 NA EVICE, WITH PAD AND/OR POUCH only A4361 STOMY FACEPLATE 5160-10-32 Each Face plate \$17.52 on-institution Purchase only 1 per month Limit-based Incontinence SKIN BARRIER: SOLID 4 X 4 OR FOLJIVALENT 5160-10-32 A4362 Fach Barrier \$3.22 04/01/2001 on-institutional Purchase only 31 per month Limit-based Incontinence only ADHESIVE, LIQUID OR EQUAL, ANY TYPE. PER OZ A4364 Ounce Adhesive 5160-10-32 \$2.38 Purchase only 4 per 2 months Limit-based Incontinence only Supplies A4367 OSTOMY BELT Each 5160-10-32 \$6.96 04/01/200 2 per 6 months Limit-based only STOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ A4369 5160-10-32 \$2.30 01/01/2000 Purchase only Limit-based 4 per month Incontinence only Supplies OSTOMY SKIN BARRIER, POWDER, PER OZ A4371 5160-10-32 Ounce Barrier \$3.48 04/01/2001 on-institutional Purchase only 4 per month Limit-based 8 Incontinence A4372 STOMY SKIN BARRIER SOLID 4 X 4 OR FOLIVALENT STANDAR Fach Barrier 5160-10-32 \$3.78 01/01/2000 Purchase only 31 per mont Limit-based Incontinence VFAR WITH BUILT-IN CONVEXITY A4373 STOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR Fach Barrier 5160-10-32 \$5.99 04/01/2001 20 per month Limit-based CORDION), WITH BUILT-IN CONVEXITY, ANY SIZE only Supplies Each 5160-10-32 Limit-based Purchase only 20 per mont Incontinence ASTIC only Supplies STOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED 5160-10-32 5 per month Never require LIBBER only STOMY POUCH DRAINABLE FOR USE ON FACEPLATE PLAST A4377 Fach Pouch 5160-10-32 \$3.89 01/01/2000 Purchase only 20 per month Limit-based Incontinence A4378 OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBE 10 per month Each Pouch 5160-10-32 \$27.86 Purchase only Limit-based Supplies only A4379 STOMY POUCH, URINARY, WITH FACEPLATE ATTACHED Each 5160-10-32 Incontinence ASTIC only Supplies STOMY POUCH, URINARY, WITH FACEPLATE ATTACHED 5160-10-32 Each \$33.82 Purchase only 5 per month Never require IBBER STOMY POUCH URINARY FOR USE ON FACEPLATE PLASTIC 5160-10-32 A4381 Fach Pouch \$4 18 on-institution Purchase only 20 per mont Limit-based Incontinence Supplies STOMY POUCH URINARY FOR USE ON FACEPLATE HEAVY Fach Pouch 5160-10-32 \$22.31 Purchase only 10 per month Never required NA NA only A4383 STOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER Each Pouch 5160-10-32 \$25.55 07/26/2007 0 per mont NA STOMY FACEPLATE EQUIVALENT, SILICONE RING Face plate 5160-10-32 Limit-base Incontinence only Supplies STOMY SKIN BARRIER SOLID 4 X 4 OR FOLIVALENT EXTENDE A4385 5160-10-32 Fach Barrier \$4.20 on-institutional Purchase only 20 per month Limit-based Incontinence VEAR WITHOUT BUILT-IN CONVEXITY A4387 STOMY POUCH CLOSED WITH BARRIER ATTACHED WIT Fach Pouch 5160-10-32 \$2.00 Purchase only 45 per month Limit-based BUILT-IN CONVEXITY (1 PIECE) Supplies only A4388 STOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER TTACHED, (1 PIECE) Each Pouch 5160-10-32 \$3.87 04/01/2001 Limit-based 20 per mont only Supplies TOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WIT Each Pouch 5160-10-32 \$5.55 Limit-based 20 per mont IIII T-IN CONVEXITY (1 PIECE Supplies A4390 STOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER Each Pouch 5160-10-32 \$8.94 04/01/2001 on-institutiona Purchase only 20 per month Limit-based Incontinence TTACHED WITH BUILT-IN CONVEXITY (1 PIECE) STOMY POUCH URINARY WITH EXTENDED WEAR BARRIER Fach Pouch 5160-10-32 \$6.04 20 per mont Limit-based Incontinence TTACHED (1 PIECE), EACH only Supplies STOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER TTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) Purchase only A4392 Each Pouch 5160-10-32 \$6.34 04/01/2001 Limit-based Incontinence 20 per month only Supplies STOMY POUCH, URINARY, WITH EXTENDED WEAR 5160-10-32 TTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) only Supplies A4396 STOMY BELT WITH PERISTOMAL HERNIA SUPPORT Each Belt 5160-10-32 \$24.20 10/01/2004 on-institutional Purchase only 1 per 3 months Never required NA NA A4398 STOMY IRRIGATION SUPPLY: BAG 5160-10-32 Fach Irrigation \$13 17 04/01/200 Purchase only 4 per year Limit-based Incontinence Supplies only A4399 OSTOMY IRRIGATION SUPPLY: CONE/CATHETER, WITH OF Each Irrigation 5160-10-32 \$9.95 01/01/1998 Purchase only 1 per month Limit-based 8 Incontinence only STOMY IRRIGATION SET 5160-10-32 2 per year Supplies UBRICANT, PER OUNCE A4402 Ounce Lubricant 5160-10-01 01/01/2024 Limit-based \$0.98 Ion-institutiona Purchase only 8 per month Incontinence Supplies OSTOMY RING 5160-10-32 Fach Ring \$1.47 on-institution Purchase only 20 per mont Limit-based Incontinence

				PA Payment by p	rior authorization								
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	NOWIBER	NAME	NOTES
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE	Ounce	Barrier	5160-10-32	\$3.27	04/01/2003	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4406	OSTOMY SKIN BARRIER, PECTIN BASED PASTE	Ounce	Barrier	5160-10-32	\$3.27	04/01/2003	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER	Each	Barrier	5160-10-32	\$8.05	01/01/2024	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES	Each	Barrier	5160-10-32	\$7.67	04/01/2003	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 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	
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER 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	
A4411	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, 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	
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER 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.
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER 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.
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER	Each	Barrier	5160-10-32	\$4.24	04/01/2003	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES	Each	Barrier	5160-10-32	\$4.24	04/01/2003	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (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	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-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.
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (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.
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON- LOCKING 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.
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (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	OSTOMY 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	
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING 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.
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (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.
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON- LOCKING 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.
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING 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.
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING 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.
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING 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 Incontinence	This item and payment are crosswalked with A5073.
	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE)	Each	Pouch	5160-10-32	\$2.98	07/01/2021	Non-institutional only	Purchase only		Limit-based	6	Supplies	This item and payment are crosswalked with A5073.
A4450	TAPE, 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, 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	
A4453	RECTAL CATHETER WITH OR WITHOUT BALLOON, FOR USE WITH 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	
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER 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)	
A4458	ENEMA 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	
A4459	MANUAL TRANSANAL IRRIGATION SYSTEM, INCLUDES WATER, RESEVOIR, PUMP, TUBING, AND ACCESSORIES, WITHOUT CATHETER, ANY TYPE	Each	Pump	5160-10-01	\$232.00	01/01/2026	Non-institutional only	Purchase only	4 per year	Limit-based	8	Incontinence Supplies	
A4467	BELT, 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	
A4481	TRACHEOSTOMA 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	
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	Each	Tracheostomy supplies	5160-10-01	\$4.15	01/01/2005	Non-institutional only	Purchase only	100 per month	Limit-based	13	Respiratory	
A4490	SURGICAL 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	
A4495	SURGICAL 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	SURGICAL 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	

				PA Payment by p	orior 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
A4510	CURCION CTOOKINGS FULL FAIGTU	Fk	Oversiant stantiless	F400 40 44	675.00	04/04/0000	Non-in-stitutional	Db	0	Limit-based	4	0	
	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		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	PESSARY, DISPOSABLE, ANY TYPE	Each	Supply	5160-10-01	\$20.75	04/01/2024	Non-institutional only	Purchase only	3 boxes per 6 months	Limit-based	16	Supplies (miscellaneous)	
A4565	SLINGS	Each	Limb support	5160-10-01	\$6.30	07/01/2002	Non-institutional only	Purchase only	2 per year	Limit-based	16	Supplies (miscellaneous)	
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	Shoulder	5160-10-01	\$95.00	01/01/2011	All	Purchase only	1 per medical event	Limit-based	16	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	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	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED- VENTILATOR	Each	Ventilator battery	5160-10-22	\$100.00	05/01/1990	All	Purchase only	1 per year	Limit-based	13	Respiratory	
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	Ventilator battery	5160-10-22	\$60.00	05/01/1990	All	Purchase only	1 per 2 years	Limit-based	13	Respiratory	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	Ventilator battery	5160-10-22	\$60.00	05/01/1990	All	Purchase only	1 per 3 years	Limit-based	13	Respiratory	
A4615	CANNULA, NASAL	Each	Respiratory care supplies	5160-10-01	\$0.70	01/01/2024	Non-institutional only	Purchase only	4 per month	Never required	NA	NA	
A4616	TUBING (OXYGEN), PER FOOT	Foot	Respiratory care supplies	5160-10-01	\$0.05	01/01/2008	Non-institutional only	Purchase only	15 per month	Never required	NA	NA	
A4617	MOUTH PIECE	Each	Respiratory care supplies	5160-10-13	\$1.00	05/01/1990	Non-institutional only	Purchase only	1 per 2 months	Limit-based	13	Respiratory	
A4618	BREATHING CIRCUITS	Each	Breathing circuits	5160-10-19	\$2.60	05/01/1990	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	For consumer-owned IPB only
A4619	FACE TENT	Each	Respiratory care supplies	5160-10-13	\$1.21	01/01/2002	Non-institutional only	Purchase only	6 per month	Limit-based	13	Respiratory	
A4620	VARIABLE CONCENTRATION MASK	Each	Respiratory care supplies	5160-10-13	\$0.62	04/01/2009	Non-institutional only	Purchase only	6 per month	Never required	NA	NA	
A4623	TRACHEOSTOMY, INNER CANNULA	Each	Tracheostomy supplies	5160-10-01	\$4.60	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	13	Respiratory	Replacement only
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM	Each	Respiratory care supplies	5160-10-01	\$1.60	01/01/2024	Non-institutional only	Purchase only	150 per month	Limit-based	13	Respiratory	A claim may be submitted for only one type of tracheal suction catheter per month. (ADULT)
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Each	Tracheostomy supplies	5160-10-01	\$3.55	01/01/1996	Non-institutional only	Purchase only	30 per month	Limit-based	13	Respiratory	This item is covered only for the first two weeks following open surgical tracheostomy.
A4626	TRACHEOSTOMY CLEANING BRUSH	Each	Tracheostomy supplies	5160-10-01	\$1.38	01/01/1993	Non-institutional only	Purchase only	10 per month	Limit-based	13	Respiratory	
A4628	OROPHARYNGEAL SUCTION CATHETER	Each	Respiratory care supplies	5160-10-01	\$2.84	01/01/2024	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Each	Tracheostomy supplies	5160-10-01	\$3.83	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	13	Respiratory	
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY	Each	Batteries	5160-10-15	\$5.80	01/01/2024	Non-institutional only	Purchase only	1 per 3 months	Never required	NA	NA	
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM	Each	Bulb	5160-10-01	\$36.94	07/01/2019	Non-institutional only	Purchase only	1 per 5 years	Limit-based	9	Miscellaneous equipment	1 each = 1 bulb per each socket of the phototherapy unit.
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT	Each	Ambulation accessory	5160-10-30	\$1.50	05/25/1991	Non-institutional only	Purchase only	2 per year	Limit-based	16, 12	Supplies (miscellaneous), Repairs	
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER	Each	Ambulation accessory	5160-10-30	\$1.66	05/25/1991	Non-institutional only	Purchase only	4 per year	Limit-based	9	Miscellaneous equipment	
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER	Each	Ambulation accessory	5160-10-30	\$1.90	05/25/1991	Non-institutional only	Purchase only	4 per year	Limit-based	16	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
							Offity					(miscellaricous)	

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	<u>Limit-based</u>	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 PIECE)	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 (2 PIECE)	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	Cap	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	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 Incontinence	
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	5160-10-32	\$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	Ali	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	

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
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	
7,0000	OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR. PER SHOE	Luon	Diabotio Siloco	0100 10 01	ψου.σο	0110112021	741	1 dionaso omy	year	7 awayo roquirou		Citiosop	
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 vear	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 vear	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	Always required	10	Orthotics	
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 20 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 50 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATE.	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 FLIER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED	Each	Diabetic shoes	5160-10-31	\$28.04	01/01/2010	Ali	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 3'16 INCH MATERIAL OF SHORE A 3S DIRECT OF SHORE A 3S OF THE PATIENT OF THE 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	
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		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 p	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	

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	CATEGORY	5160-10	AMOUNT	DATE	RESIDENCE	PURCHASE	LIMIT	AUTHORIZATION	NUMBER	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, KNITTEDWOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 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, KNITTEDWOVEN, LOAD RESISTANCE GREATER THAN OR FOLIAL TO 135 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	10/01/2004	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	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
16 8	NTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH RESSING	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 SYM MO WIT	'NTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE DRE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., ITHOUT 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	
	OMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), JSTOM 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	
	OMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM BRICATED	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	
FAE	DMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM BRICATED	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 CO FAE	DMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM BRICATED	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	
	OMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM BRICATED	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	
	OMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM BRICATED	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	
CU	DMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, JSTOM 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	
CU	DMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, JSTOM 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	
INC	OMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST CLUDING 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	
DO	OMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS OWN 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	
OPI	DMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG PENINGS (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	
	OMPRESSION 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	
FUL	RADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, JLL 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	
FO	RADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, DOT, 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	
BEL	RADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ELOW KNEE, 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	
ARI	RADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, RM, 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	
SPE	RADIENT COMPRESSION GARMENT, NOT OTHERWISE PECIFIED, FOR NIGHTTIME USE, EACH	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	
NIG	RADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR GHTTIME 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
NIG	RADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR GHTTIME 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
NIG	RADIENT COMPRESSION GARMENT, ARM, PADDED, FOR GHTTIME 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
NIG	RADIENT COMPRESSION GARMENT, ARM, PADDED, FOR GHTTIME 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
PAI	RADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, NDDED, 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
PAI	RADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, ADDED, 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
PAI	RADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, ADDED, FOR NIGHTTIME USE, EACH	Each	Elastic supports	5160-10-14 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
PAI	RADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, ADDED, FOR NIGHTTIME USE, CUSTOM, EACH		Elastic supports		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
NIG	RADIENT COMPRESSION GARMENT, BRA, PADDED, FOR GHTTIME 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
NIG	RADIENT COMPRESSION GARMENT, BRA, PADDED, FOR GHTTIME 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	Once every 2 years for 2 nighttime garments per each affected extremity or part of the body
	RADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG RADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG	Each	Elastic supports	5160-10-14	\$21.64 \$26.06	07/26/2007	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression garments	For use as surgical descript only
		Each	Elastic supports	5160-10-14	• • • • • • • • • • • • • • • • • • • •		only	Purchase only	6 per year	Limit-based	1	Compression	For use as surgical dressing only
	RADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG	Each	Elastic supports	5160-10-14 5160-10-14	\$30.48 \$24.64	07/26/2007	Non-institutional only Non-institutional	Purchase only	6 per year	Limit-based Limit-based	1	Compression garments	For use as surgical dressing only
MM	RADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MHG RADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40	Each	Elastic supports	5160-10-14	•	07/26/2007	only	Purchase only	6 per year		1	Compression	
MM	MHG	Each	Elastic supports		\$29.06	07/26/2007	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression garments	
	RADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MHG	Each	Elastic supports	5160-10-14	\$33.48	07/26/2007	Non-institutional only	Purchase only	6 per year	Limit-based	1	Compression garments	

				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
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	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	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	
A6554	MMHG, CUSTOM EACH GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG	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	For lymphedema treatment only
A6555	OR GREATER, EACH GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG	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	
A6556	OR GREATER, CUSTOM, EACH GRADIENT COMPRESSION STOCKING, THIGH 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	
A6557	MMHG, CUSTOM, EACH GRADIENT COMPRESSION STOCKING, THIGH 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	
A6558	MMHG, CUSTOM, EACH GRADIENT COMPRESSION STOCKING, THIGH 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	1	garments Compression	
A6559	OR GREATER, CUSTOM, EACH GRADIENT COMPRESSION STOCKING, FINISH LENGTH, 40 MINING OR GREATER, 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  Always required	,	garments	
	STYLE, 18-30 MMHG, CUSTOM, EACH						only				1	Compression garments	
A6560	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 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	
A6561	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 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	
A6562	GRADIENT COMPRESSION STOCKING, WAIST 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	
A6563	GRADIENT COMPRESSION STOCKING, WAIST 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	
A6564	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 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	For use as surgical dressing only
A6565	GRADIENT COMPRESSION GAUNTLET, 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	
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, 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	
A6568	GRADIENT COMPRESSION GARMENT, TORSO AND SHOULDER,	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	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	only 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	Elastic supports	5160-10-14	Determined by PA	01/01/2024	only Non-institutional	Purchase only	6 per year	Always required	1	garments Compression	
A6577	WEIGHT, EACH GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY	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	
A6578	WEIGHT, EACH GRADIENT COMPRESSION ARM SLEEVE, 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	
A6579	GRADIENT COMPRESSION GLOVE, CUSTOM, MEDIUM WEIGHT.	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	
A6580	EACH GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT,	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	
A6581	EACH GRADIENT COMPRESSION GLOVE FACH	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	
A6582	GRADIENT COMPRESSION GLOVE, EACH  GRADIENT COMPRESSION GAUNTLET, 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	
A6583	GRADIENT COMPRESSION GAUNTLET, EACH  GRADIENT COMPESSION WRAP WITH ADJUSTABLE STRAPS.	Each		5160-10-14			only Non-institutional	Purchase only			,	garments	For hyphodomo tractment only
	BELOW KNEE, 30-50 MMHG, EACH		Elastic supports		Determined by PA	01/01/2024	only		6 per year	Always required	1	Compression garments	For lymphedema treatment only
A6584	GRADIENT COMPESSION 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 garments	
A6585	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, 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	
A6586	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, 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	
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				PA Payment by p	orior authorization						20100	20100	
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	Fach	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	EdCII	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	
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.	Fach	Face mask	5160-10-19	\$31.55	01/01/2024	only Non-institutional	Purchase only	2 per month	Limit-based	13	Respiratory	
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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE	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
CODE	DESCRIPTION	UNIT	CATEGORT	5160-10	AWOUNT	DATE	RESIDENCE	FUNCHASE	LIMIT	AUTHORIZATION	NOMBER	NAME	NOTES
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	Pair	Face mask	5160-10-19	\$14.00	01/01/2024	Non-institutional only	Purchase only	2 pairs per month	Limit-based	13	Respiratory	
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	Face mask	5160-10-19	\$113.18	04/20/2006	Non-institutional only	Purchase only	4 per year	Limit-based	13	Respiratory	
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK	Each	Replacement supply	5160-10-19	\$51.12	02/01/2016	Non-institutional only	Purchase only	1 per year	Never required	NA	NA	
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY	Each	Replacement supply	5160-10-19	\$21.36	10/01/2004	Non-institutional only	Purchase only	2 per year	Limit-based	13	Respiratory	
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY	Pair	Replacement supply	5160-10-19	\$21.36	10/01/2004	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-ADULT*	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, POLYYINYLCHLORIDE (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.
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HCPCS				RELATED RULE	CURRENT MAXIMUM PAYMENT	PAYMENT AMOUNT EFFECTIVE	RESIDENCE	RENTAL OR	FREQUENCY	PRIOR	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	
CODE	DESCRIPTION	UNIT	CATEGORY	5160-10	AMOUNT	DATE	RESIDENCE	PURCHASE	LIMIT	AUTHORIZATION	NUMBER	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	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	HELMET, PROTECTIVE, SOFT, 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	
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 only	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	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	\$1,000.00	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 NUTRIENTS, INCLIDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLIDE FIBER, ADMINISTERED 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	Symbol returned that he by leading table is differentiated by modifier BO.
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICS = 1 UNIT DENSE, (EQUIAL TO OR GREATER THAN 1.5 KCALIML) 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), INCLUDES FAST, 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.

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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
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBONYPORATES, VITAMINS AND/OR 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 DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	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), POTEINS/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, DAMINISTERED 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.
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 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.
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCALMM, 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, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	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 DISCASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTRAED 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				-	supplies	B4222, and B4224. The supplier must have on file a current order
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	Each	Pump	5160-10-26	\$679.00	01/01/2010	Non-institutional only	Purchase only	1 per 8 years	Limit-based	5	Enteral nutrition and supplies	With alarm
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Each	Pump	5160-10-26	\$2,170.86	01/01/2010	Non-institutional only	Purchase only	1 per 8 years	Limit-based	5	Enteral nutrition and supplies	
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Each	Pump	5160-10-26	\$2,170.86	01/01/2010	Non-institutional only	Purchase only	1 per 8 years	Limit-based	5	Enteral nutrition and supplies	
B9998	NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES		Supply	5160-10-26	Determined by PA	05/01/1990	Non-institutional only	Purchase only		Always required	5	Enteral nutrition and supplies	
B9998 U1	NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES (EXTENSION SETS, ANY SIZE)	Each	Supply	5160-10-26	\$17.50	01/01/2024	Non-institutional only	Purchase only	4 per month	Limit-based	5	Enteral nutrition and supplies	Modifier U1 is used to request extension tubes, any length, for use with feeding kits B4034, B4035, or B4036
B9998 U2 B9999	NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES  NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES	Each	Supply	5160-10-26 5160-10-26	\$10.00	07/01/2021	Non-institutional only	Purchase only	1 per day	Limit-based	5	Enteral nutrition and supplies Enteral nutrition and	Modifier U2 is used to request Farrell bags for use with feeding kits B4034, B4035, or B4036
E0100		Each	Supply	5160-10-26	Determined by PA \$10.19	05/01/1990	Non-institutional only Non-institutional	Purchase only  Purchase only	1 per 2 mara	Always required	5 NA	supplies  NA	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR	Each	Cane	5160-10-30	\$10.19 \$10.19	05/01/1990	Non-institutional only Non-institutional	Purchase only  Purchase only	1 per 3 years 1 per year	Never required  Never required	NA NA	NA NA	Modifier U1 is used to differentiate this item as a white cane for blind
U1 E0105	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP  CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL	Each	Cane	5160-10-30	\$10.19	04/01/2019	only Non-institutional	Purchase only	1 per year 1 per 3 years	Never required	NA NA	NA NA	or otherwise visually impaired individuals.
E0105	MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS	Pair	Crutches	5160-10-30	\$59.26	01/01/1992	only Non-institutional	Purchase only	1 per 3 years 1 per 2 years	Never required	NA NA	NA NA	
	MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS		0.2		******		only						
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)	

				PA Payment by p	rior authorization								
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	
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	Each	Detachable arms	5160-10-01	\$104.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	Each	Pail	5160-10-01	\$5.25	05/01/1990	Non-institutional only	Purchase only	1 per year	Limit-based	16	Supplies (miscellaneous)	
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE	Each	Heavy duty	5160-10-01	\$129.56	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	NA .	NA	
E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	Each	Commode lift	5160-10-01	\$304.80	01/01/2026	Non-institutional only	Purchase only	1 per 3 years	<u>Limit-based</u>	9	Miscellaneous equipment	
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY PLIMP FOR ALTERNATING PRESSURE PAD FOR REPLACEMENT	Each Each	Pad	5160-10-18 5160-10-18	\$148.00 \$105.00	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Never required	NA 2	NA Decubitus care	
E0183	ONLY POWERED PRESSURE REDUCING MATTRESS UNDERLAY/PAD,	Each	Pump Pad	5160-10-18	\$105.00	11/01/1992	only  Non-institutional	Purchase only  Purchase only	1 per 4 years 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  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 4 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 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	Rental only	180 per year	Never required	NA	equipment NA	
E0194	AIR FLUIDIZED BED	Day	Bed	5160-10-18	\$95.00	01/01/2024	only Non-institutional	Rental only	180 per year	Always required	2	Decubitus care	Bead bed
E0196	GEL PRESSURE MATTRESS	Each	Mattress	5160-10-18	\$351.69	04/01/2006	only Non-institutional	Purchase only	1 per 4 years	Never required	NA	equipment NA	
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS	Each	Mattress	5160-10-18	\$199.42	04/01/2006	only Non-institutional	Purchase only	1 per 4 years	Never required	NA	NA	
<u> </u>	LENGTH AND WIDTH	<u> </u>	I .				only			L	l	l	

No.   Packer   Pack					PA Payment by p									
March   Marc						PAYMENT	EFFECTIVE					AUTHORIZATION ASSIGNMENT	AUTHORIZATION ASSIGNMENT	
Control   Cont	CODE	DESCRIPTION	UNIT	CATEGORY	5160-10	AMOUNT	DATE	RESIDENCE	PURCHASE	LIMIT	AUTHORIZATION	NUMBER	NAME	NOTES
Manual Professional Control of	E0198		Each	Mattress	5160-10-18	\$177.26	07/26/2007		Purchase only	1 per 4 years	Limit-based	2		
1985   Sept   Company   1985   Sept   Company   1985   1	E0199		Each	Pad	5160-10-18	\$20.00	05/25/1991		Purchase only	1 per year	Never required	NA	NA	(e.g. egg crate)
Column   C	E0201	PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS	Each	Constracture device	5160-10-01	\$120.00	04/01/2025		Purchase only	1 per 3 years	Never required	NA	NA	
Column   C	E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Each	Therapy light	5160-10-01	\$68.50	01/01/2026		Rental only	1 per lifetime	Limit-based	16		
Second   S	E0210	ELECTRIC HEAT PAD, STANDARD	Each		5160-10-01	\$15.09	05/01/1990		Purchase only	1 per 5 years	Limit-based	16		
Section   Control   Cont	E0215	ELECTRIC HEAT PAD, MOIST	Each	Heat / cold	5160-10-01	\$25.00	05/01/1990	Non-institutional	Purchase only	1 per 5 years	Limit-based	16	Supplies	
Section   Sect	E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE	Each		5160-10-01	\$133.00	04/01/2006		Purchase only	1 per 5 years	Limit-based	16		Complete with wax
Column   C	E0240		Each		5160-10-01	\$35.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Never required	NA		
Column   C		BATHING CHAIR, BASIC SHOWER-COMMODE CHAIR	Each	Bathing seats	5160-10-07	\$53.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	Modifier U1 differentiates this item. Description is located in the rule.
Second Control   Processing Control   Control   Second	E0240	BATHING CHAIR, INTERMEDIATE NON-ASSISTED SHOWER CHAIR	Each	Bathing seats	5160-10-07	\$755.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Always required	9		Modifier U2 differentiates this item. Description is located in the rule.
Column   C	E0240	BATHING CHAIR, INTERMEDIATE ASSISTED SINGLE POSITION SHOWER CHAIR	Each	Bathing seats	5160-10-07	\$500.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Always required	9	Miscellaneous	Modifier U3 differentiates this item. Description is located in the rule.
Second Control Contr	E0240	BATHING CHAIR, INTERMEDIATE ASSISTED MULTI-POSITION	Each	Bathing seats	5160-10-07	\$1,250.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Always required	9	Miscellaneous	Modifier U4 differentiates this item. Description is located in the rule.
Part	E0240		Each	Bathing seats	5160-10-07	\$2,420.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Always required	9	Miscellaneous	Modifier U5 differentiates this item. Description is located in the rule.
Second Control Contr	E0240	BATHING CHAIR, INTERMEDIATE ASSISTED MULTI-POSITION	Each	Bathing seats	5160-10-07	\$275.00	01/01/2024	Non-institutional	Purchase only	1 per 5 years	Always required	9	Miscellaneous	Modifier U6 differentiates this item. Description is located in the rule.
Column   C			Each	Bath and toilet aids	5160-10-01	\$24.00	01/01/1997	Non-institutional	Purchase only	1 per 5 years	Never required	NA		
Modern   Section   Secti	E0243	TOILET RAIL	Each	Bath and toilet aids	5160-10-01	\$40.00	04/01/1999	Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	
USE FOOL OF BENCH   USE FOOL OF BENCH   USE FOOL OF SEARCH   USE FOOL	E0244	RAISED TOILET SEAT	Each	Bath and toilet aids	5160-10-01	\$49.25	04/01/1999	Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	
Marked File No. ART ADMINISTRY	E0245	TUB STOOL OR BENCH	Each	Bathing seats	5160-10-07	\$30.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	
Park	E0246	TRANSFER TUB RAIL ATTACHMENT	Each	Bath and toilet aids	5160-10-01	\$57.90	04/01/2006	Non-institutional	Purchase only	1 per 5 years	Limit-based	16		
APA HANG CHARP, ESSIZE, SELDING TRANSFER BATH OR SHOWER CHARP ESSIZE SELDING TRANSFER BATH OR SHOWER CHARPES SELDING TRANSFER BAT	E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	Each	Bathing seats	5160-10-07	\$60.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Never required	NA		
E0247   ATHINGS CHAIR COMPACE YEAR PERCH (PAY OF THE WEST FOR THE OF TO SHOWER CHAIR   Each   Bathing seets   5160-10-10   53,000.0   0701/2021   Nov-restitutions   Purchase only   1 per 5 years   Nover required   NA   NA   NA   NA   NA   NA   NA   N		BATHING CHAIR, BASIC SLIDING TRANSFER BATH BENCH	Each	Bathing seats	5160-10-07	\$100.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Never required	NA	NA	Modifier U1 differentiates this item. Description is located in the rule.
FRANSFER BROAD FRANT PLAY DUTY, FOR TUDE OF TOLES WITH ANY TYPE SIDE RALS, WITH CASH Hospital bed S160-10-18   \$100.00   \$101/2024   Non-institutional Purchase Tape 8 years   Nover required   N.A.   N.A.		BATHING CHAIR, COMPLEX TRANSFER BATH OR SHOWER CHAIR	Each	Bathing seats	5160-10-07	\$3,300.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Always required	9		Modifier U2 differentiates this item. Description is located in the rule.
MATTRESS 2529 HOSPITAL BED, PIXED HEGORT, WITH ANY TYPE SIDE RALLS, WITH RED, VARPABLE HEGORT, HLQ, WITH ANY TYPE SIDE RALLS, WITH ANY TYPE SIDE RAL			Each	Bathing seats	5160-10-07	\$100.00	07/01/2021	Non-institutional	Purchase only	1 per 5 years	Never required	NA		
WITHOUT MATTERS	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	\$540.00	01/01/2024		Rental / purchase	1 per 8 years	Limit-based	7, 12		
HOSPITAL BED, VARABLE HEIGHT, HLLD, WITH ANY TYPE SIDE   Each   Hospital beds   5160-10-18   \$507.00   05/25/1991   Non-institutional Rental purchase   1 per 8 years   New required   NA   NA   NA   NA   NA   NA   NA   N	E0251		Each	Hospital bed	5160-10-18	\$460.00	01/01/2024		Rental / purchase	1 per 8 years	Limit-based	7, 12		
RALLS, WITHOUT MATTRESS E2029 HOSPITAL BED, SEMBLE-ECTRIC (HEAD AND FOOT ADJUSTMENT). E2029 HOSPITAL BED, SEMBLE-ECTRIC (HEAD AND FOOT ADJUSTMENT). E2021 HOSPITAL BED, SEMBLE-ECTRIC (HEAD FOOT ADJUSTMENT). E2021 HOSPITAL BED, SEMBLE-ECTRIC (HEAD FOOT ADJUSTMENT). E2022 HOSPITAL BED, SEMBLE-ECTRIC (HEAD FOOT ADJUSTMENT). E2023 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2024 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2024 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2025 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2026 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2027 MATTRESS, FOAM RUBBER E2026 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2027 MATTRESS, FOAM RUBBER E2027 MATTRESS, FOAM RUBBER E2028 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2027 MATTRESS, FOAM RUBBER E2028 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2027 MATTRESS, FOAM RUBBER E2028 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2027 MATTRESS, FOAM RUBBER E2028 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2027 MATTRESS, FOAM RUBBER E2028 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2027 MATTRESS, FOAM RUBBER E2028 HOSPITAL BED, TOTAL ELECTRIC (HEAD FOOT ADJUSTMENT). E2027 MATTRESS, FOAM RUBBER E2028 HOSPITAL BED, FORD FOOT ADJUSTMENT ADJUSTMEN	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE	Each	Hospital bed	5160-10-18	\$677.00	05/25/1991		Rental / purchase	1 per 8 years	Limit-based	7, 12		
Hospital BetD SetMicECTRIC (HEAD AND FOOT ADJUSTNENT)   Each   Hospital bed   5160-10-18   \$880.00   07/16/2018   Non-institutional only the process of th	E0256		Each	Hospital bed	5160-10-18	\$580.00	05/25/1991		Rental / purchase	1 per 8 years	Never required	NA	NA	
HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH HOUT MATTRESS   Each   Hospital bed   5160-10-18   \$892.00   05/25/1991   Non-institutional confly   Non-institutional co	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),	Each	Hospital bed	5160-10-18	\$989.00	07/16/2018	Non-institutional	Rental / purchase	1 per 8 years	Limit-based	7, 12		
ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS  E0268 HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT  E0271 MATTRESS, INNERSPRING  E0272 MATTRESS, INNERSPRING  E0273 MATTRESS, FOAM RUBBER  E0274 Each Mattress  E0276 BED PAN, STANDARD, METAL OR PLASTIC  E0276 BED PAN, FRACTURE, METAL OR PLASTIC  E0276 BED PAN, FRACTURE, METAL OR PLASTIC  E0276 BED PAN, FRACTURE, METAL OR PLASTIC  E0277 POWERED PRESSURE-REDUCING AIR MATTRESS  E0276 BED PAN, FRACTURE, METAL OR PLASTIC  E0277 POWERED PRESSURE-REDUCING AIR MATTRESS  E0276 BED PAN, FRACTURE, METAL OR PLASTIC  E0277 POWERED PRESSURE-REDUCING AIR MATTRESS  E0276 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0278 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0279 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0279 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0279 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0279 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0279 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0279 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0279 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0279 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  E0279 HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, Repairs  E0279 HOSPITAL BED, SARIBLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, Repairs  E0279 HOSPITAL BED, SARIBLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, Repairs  E0279 HOSPITAL BED, SARIBLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, Repairs  E0279 HOSPITAL BED, SARIBLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, Repairs  E0279 HOSPITAL BED, SARIBLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, Repairs  E0279 HOSPITAL BED, SARIBLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, Re	E0261		Each	Hospital bed	5160-10-18	\$892.00	05/25/1991		Rental / purchase	1 per 8 years	Always required	7, 12		
ADJUSTMENTS], WITH ANY TYPE SIDE RAILS, WITHOUT   Each   Mattress   5160-10-18   \$97.00   05/01/1990   Non-institutional Purchase only   1 per 4 years   Never required   NA   NA   NA	E0265	ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	\$1,285.00	01/01/2024		Rental / purchase	1 per 8 years	Always required	7, 12		
E0271   MATTRESS, INNERSPRING   Each   Mattress   5160-10-18   \$97.00   05/01/1990   Non-institutional purchase only only   1 per 4 years   Never required   NA   NA   NA	E0266		Each	Hospital bed	5160-10-18	\$1,110.00	01/01/2024		Rental / purchase	1 per 8 years	Always required	7, 12		
E0272   MATTRESS, FOAM RUBBER   Each   Mattress   5160-10-18   \$92.00   05/01/1990   Non-institutional purchase only only   1 per 4 years	E0271		Each	Mattress	5160-10-18	\$97.00	05/01/1990	Non-institutional	Purchase only	1 per 4 years	Never required	NA		
E0275   BED PAN, STANDARD, METAL OR PLASTIC   Each   Bed pan   5160-10-01   \$4.00   05/01/1990   Non-institutional only only   per 4 years   Limit-based   9   Miscellaneous equipment	E0272	MATTRESS, FOAM RUBBER	Each	Mattress	5160-10-18	\$92.00	05/01/1990	Non-institutional	Purchase only	1 per 4 years	Never required	NA	NA	
E0277   POWERED PRESSURE-REDUCING AIR MATTRESS   Each   Mattress   5160-10-18   \$3,046.08   07/16/2018   Non-institutional Rental / purchase   1 per 4 years   Always required   2, 12   Deculhus care equipment, Repairs	E0275	BED PAN, STANDARD, METAL OR PLASTIC	Each	Bed pan	5160-10-01	\$4.00	05/01/1990	Non-institutional	Purchase only	1 per 4 years	Limit-based	9		
E0277   POWERED PRESSURE-REDUCING AIR MATTRESS   Each   Mattress   5160-10-18   \$3,046.08   07/16/2018   Non-institutional   Rental / purchase only   Power   Always required   2,12   Decublius care equipment, Repairs	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Each	Bed pan	5160-10-01	\$3.00	05/01/1990		Purchase only	1 per 4 years	Limit-based	9		
MATTRESS	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Each	Mattress	5160-10-18	\$3,046.08	07/16/2018	Non-institutional	Rental / purchase	1 per 4 years	Always required	2, 12	Decubitus care	
Hospital bed   Hosp	E0290		Each	Hospital bed	5160-10-18	\$445.00	01/01/2024		Rental / purchase	1 per 8 years	Limit-based	7, 12		
E0292   HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS,   Each   Hospital bed   5160-10-18   \$567.00   05/25/1991   Non-institutional   Rental / purchase   1 per 8 years   Limit-based   7, 12   Hospital beds, requires   Hospital beds, requi	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT	Each	Hospital bed	5160-10-18	\$540.00	01/01/2024	Non-institutional	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds,	
E0293 HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, Each Hospital bed 5160-10-18 \$470.00 05/25/1991 Non-institutional Rental / purchase 1 per 8 years Limit-based 7, 12 Hospital beds, Repairs  E0294 HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), Each Hospital bed 5160-10-18 \$703.20 07/16/2018 Non-institutional Rental / purchase 1 per 8 years Limit-based 7, 12 Hospital beds, Repairs	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS,	Each	Hospital bed	5160-10-18	\$567.00	05/25/1991	Non-institutional	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds,	
E0294 HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), Each Hospital bed 5160-10-18 \$703.20 07/16/2018 Non-institutional Rental / purchase 1 per 8 years Limit-based 7, 12 Hospital beds, Repairs	E0293		Each	Hospital bed	5160-10-18	\$470.00	05/25/1991	Non-institutional	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds,	
	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		Rental / purchase	1 per 8 years	Limit-based	7, 12		

				PA Payment by p	nor 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
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,	
E0296	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	Each	Hospital bed	5160-10-18	\$890.00	01/01/2024	only Non-institutional	Rental / purchase	1 per 8 years	Always required	7, 12	Repairs Hospital beds,	
E0301	ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT	Each	Hospital bed	5160-10-18	\$1,677.44	07/16/2018	only Non-institutional	Rental / purchase	1 per 8 years	Always required	7, 12	Repairs 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.
E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE. ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF DXYGEN 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	
E0471	RESPIRATORY ASSIST DEVICE, BILEVEL PRESSURE CAPABILITY, WITH BACKLY PATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., MASAL 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	

E9472   RESPIRATORY ASSIST DEVICE, BILEVEL PRESSURE CAPABLITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERPACE, E. G., TRACHEGOTOM TANK ASSIST DEVICE, WITH CONTINUOUS POSITIVE ARWAY PRESSURE DEVICE)   S20.00   OB01/2006   Non-institutional only only   Devices only   1 per 3 years   New required   NA   NA   NA   NA   NA   NA   NA   N	
## PER COUNTY AND PERSONS STORY AND PERSONS STOR	NOTES
March   Control For	
ESHA   CONTROL   Production	
Manual Procession	
Coling   C	
MAIL   Control	
ELECTRIC AND YIVE   COLLAPSE (1987)	J for a failed trial period
COL APPRINT YALLING SEC (1984 COLTES)   Seguence   Se	
Purpose of the Purp	
COVICE   COUNTY   C	
Not Time LF CONTAINED DISCUSSION   Each   Respiratory care   5160-10-01   \$133.00   \$40-10200   Non-respirate   1 per 5 years   Nover required   NA	
ESOTO   NEENALEER ULTRASCONG, LARGE YOLLIME	
E0500   MINILEZER CURANES, GLASS OR AUTOCLAVANEE PLASTIC,	ed without prior authorization for individuals who ed, relevant respiratory system diagnosis. A covered only in association with a prescribed plicable diagnosis and specific medications must rescription.
BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWNETER   explainment   expla	pe covered only in association with a prescribed uplicable diagnosis and specific medications must rescription.
STATIONARY LECTRIC   Each   Nasal PAP device   160-10-19   5775.00   040/11/992   Non-institutional Rental purchase   1 per 4 years   Limit-based   13   Respiratory   1 per 1 per 1 per 2 per 2 per 2 per 3 per	e covered only in association with a prescribed plicable diagnosis and specific medications must rescription.
BREAST PLMP, MANUAL, ANY TYPE	
BREAST PLMP, ELECTRIC (AC ANDIOR DC), ANY TYPE  Each Breast pump 5160-10-25 \$202.50 07726/2007 Non-restitutional conty only only only only only only only onl	
ERRORD FOR PATENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE Each Portable Ints Each Chair Ints Eac	
ANY TYPE  Each Respiratory care 5160-10-01 \$20.00 \$501/1900 \$0.00 \$1 per 4 years \$1 per 5 years	1 pregnancy
supplies sup	
E0619 APNEA MONITOR, WITH RECORDING FEATURE  Each Monitor with recording feature  E0621 SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON  Each Portable lifts  5160-10-01 \$887.70 01/01/1999 Non-institutional nonly only  E0622 PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE  Each Portable lifts  5160-10-01 \$447.00 03/20/2009 Non-institutional purchase only only  E0623 SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE  Each Chair lifts  5160-10-01 \$263.48 01/01/2026 Non-institutional only  E0629 SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE  Each Chair lifts  5160-10-01 \$260.37 01/01/2026 Non-institutional only  E0629 SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE  Each Chair lifts  5160-10-01 \$260.37 01/01/2026 Non-institutional only  E0629 SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE  Each Chair lifts  5160-10-01 \$260.37 01/01/2026 Non-institutional only  E0630 PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY  Each Portable lifts  5160-10-01 \$761.60 07/16/2018 Non-institutional only  E0631 ONISHING AND PRAME/TABLE SYSTEM, ANY SIZE MY HYDRAULIC OR MECHANICAL LINCLUDES ANY  E0631 STANDING FRAME/TABLE SYSTEM, ANY SIZE MY HYDRAULIC STANDING FRAME/TABLE SYSTEM, ANY SIZE MY HYDRAULIC STANDING FRAME/TABLE SYSTEM, ANY SIZE MY HYDRAULIC STANDING FRAME/TABLE SYSTEM, ANY SIZE MY HYDRIGH STANDING FRAME/TABLE SYSTEM, ANY SIZE MY HYDRIGH STANDING FRAME/TABLE SYSTEM, ANY SIZE MY HYDRIGH STANDING FRAME/TABLE SYSTEM, MAY SIZE MY HYDRIGH STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WY HYDRIGH STANDING FRAME/T	
E0621 SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON   Each   Portable lifts   5160-10-01   \$89.70   01/01/1999   Non-institutional purchase only   1 per 2 years   Never required   NA   NA   NA   This item is covered only for a lift ow   NA   NA   This item is covered only for a lift ow   NA   NA   This item is covered only for a lift ow   NA   NA   NA   NA   NA   NA   NA   N	
E0625   PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE   Each   Portable lifts   5160-10-01   \$447.00   03/20/2009   Non-institutional only   1 per 6 years   Never required   NA   NA   NA   NA   NA   NA   NA   N	
CLASSIFIED  CLASSIFIED  CLASSIFIED  Chair lifts  Chair li	sa only for a life office by the manage.
E0629 SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE  Each Chair lifts 5160-10-01 \$260.37 01/01/2026 Non-institutional Purchase only 1 per 5 years Always required 9, 12 Miscellaneous equipment, Repairs  E0630 PATENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)  E0637 COMBINATION SIT TO STRAN FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PURCHASE AND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PURCHASE AND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PURCHASE AND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PURCHASE ONLY ANY SIZE INCLUDING PURCHASE ONLY AND SIZE INCLUDING PURCHASE ANY SIZE INCLUDING PURCHASE ONLY AND SIZE INC	
E0630 PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY Each Standing frames / galt trainers  E0637 COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS  E0638 STANDING FRAME/TABLE SYSTEM, MOLT-POSITION (E.G., THREE-WAY STANDER), ANY STANDER), ANY STANDER, ANY SIZE Each Standing frames / galt trainers	
SEAT, SLING, STRAP(S) OR PAD(S)  E0337 COMBINATION SITT O STAND FRAME/TABLE SYSTEM, ANY SIZE Each Standing frames / 5160-10-01 Determined by PA 06/01/2022 Non-institutional Purchase only 1 per 5 years Always required 9, 12 Miscellaneous equipment, Repairs with OTM WHELS  E0638 STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., STANDING FRAME/TABLE SYSTEM, ANY SIZE INCLUDING galt trainers galt trainers / 5160-10-01 Determined by PA 06/01/2022 Non-institutional only 1 per 5 years Always required 9, 12 Miscellaneous equipment, Repairs years only 1 per 5 years Always required 9, 12 Miscellaneous equipment, Repairs years only 1 per 5 years Always required 9, 12 Miscellaneous equipment, Repairs years only 3 years only 4 years only 4 per 5 years Always required 9, 12 Miscellaneous equipment, Repairs years only 3 years only 4 years only 4 years only 5 years only 6 years onl	· chair
INCLIDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS  E0638 STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., University of the pairs	
UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING  PEDIATRIC, WITH OR WITHOUT WHEELS  E0641 STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE- WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS  Each Standing frames /  gait trainers WITHOUT WHEELS  Each Standing frames /  gait trainers WITHOUT WHEELS  Each Standing frames /  gait trainers WITHOUT WHEELS  EACH Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames /  STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each STANDING FRAME/TABLE SYSTEM	
WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR gait trainers with HOLT WHEELS  E0642 STANDING FRAMETABLE SYSTEM, MOBILE (DYNAMIC STANDER), Each Standing frames / 5160-10-01 Determined by PA 06/01/2022 Non-institutional Purchase only 1 per 5 years Always required 9, 12 Miscellaneous	
E0842 STANDING FRAME/TABLE SYSTEM, MÖBILE (DYNAMIC STANDER), Each Standing frames / galt trainers galt trainers galt trainers (aptiment) profile (DYNAMIC STANDER), Each Standing frames / standing frames / galt trainers galt trainers (aptiment, Repairs)	
E0650 PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL Each Home model 5160-10-17 \$510.00 01/01/1994 Non-institutional Rental / purchase 1 per 5 years Never required NA NA	
E0651 PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT Each Home model 5160-10-17 \$790.72 01/01/2024 Non-institutional only 1 per 3 years Never required NA NA CALIBRATED GRADIENT PRESSURE	
E0652 PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH Each Home model 5160-10-17 \$5,046.00 01/01/2024 Non-institutional only Purchase only Never required NA NA CALIBRATED GRADIENT PRESSURE	
E055 NON-SEGMENTAL PNEUMATIC CAPPLIANCE FOR USE WITH Each Half arm 5160-10-17 \$77.50 01/01/1994 Non-institutional Purchase only 1 per 2 years Limit-based 1 Compression pheumatric CoMpression Limit-based 1 Compression garments	

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HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
CODE	DESCRIPTION	UNII	CATEGORT	3160-10	AWOONT	DATE	RESIDENCE	FUNCHASE	LIMIT	AUTHORIZATION	NOWIBER	NAME	NOTES
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	Full leg	5160-10-17	\$135.12	07/01/2002	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	
	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	Full arm	5160-10-17	\$101.50	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	Limit-based	1	Compression garments	
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	Half leg	5160-10-17	\$95.00	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	Full leg	5160-10-17	\$202.43	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
	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
	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG	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
\$	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
0	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
,	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
1	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.
	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.
	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.
	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.
	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)	
	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
	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	
	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.
	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,

				PA Payment by p	CURRENT	PAYMENT				1	PRIOR	PRIOR	1
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
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, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER)	Each	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 only	Purchase only	Medical necessity	Never required	NA	NA	
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	Each	Receiver/monitor	5160-10-36	\$210.00	01/01/2024	Non-institutional only	Purchase only	Medical necessity	Never required	NA	NA	Replaced K0554
E2104	HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING CARTRIDGE	Each	Monitor	5160-10-36	\$42.00	04/01/2024	Non-institutional only	Purchase only	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				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
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, INCLUDES ALL ACCESSORIES AND COMPONENTS	Each	Standing frames / gait trainers	5160-10-01	Determined by PA	06/01/2022	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Each	Standing frames / gait trainers	5160-10-01	Determined by PA	06/01/2022	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Each	Standing frames / gait trainers	5160-10-01	Determined by PA	06/01/2022	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE	Each	Infusion pump (non- nutrition) supplies	5160-10-29	\$2.65	10/15/2006	Non-institutional only	Purchase only	30 per month	Never required	NA	NA	
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 MODULATION	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	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 only	Purchase only	Medical necessity	Always required	16	Supplies (miscellaneous)	
S1040	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	All	Purchase only	Medical necessity	Never required	NA	NA	
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITH MASK	Each	Respiratory care supplies	5160-10-01	\$8.00	04/01/2006	Non-institutional only	Purchase only	1 per year	Limit-based	13	Respiratory	
S8420	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE	Each	Elastic supports	5160-10-14	Determined by PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
S8421	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY MADE	Each	Elastic supports	5160-10-14	\$95.00	07/01/2021	Non-institutional only	Purchase only	4 per year	Never required	NA	NA	
S8422	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	Each	Elastic supports	5160-10-14	Determined by PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
S8423	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT	Each	Elastic supports	5160-10-14	Determined by PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
S8424	GRADIENT PRESSURE AID (SLEEVE), READY MADE	Each	Elastic supports	5160-10-14	\$50.00	07/01/2021	Non-institutional only	Purchase only	4 per year	Never required	NA	NA	
S8425	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	Each	Elastic supports	5160-10-14	Determined by PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
S8426	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT	Each	Elastic supports	5160-10-14	Determined by PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	1	Compression garments	
S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE	Each	Elastic supports	5160-10-14	\$70.00	07/01/2021	Non-institutional only	Purchase only	4 per year	Never required	NA	NA	
S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	Each	Elastic supports	5160-10-14	\$35.00	07/01/2021	Non-institutional only	Purchase only	4 per year	Never required	NA	NA	
S9432	MEDICAL FOODS FOR NON-INBORN ERRORS OF METABOLISM		Medical food	5160-10-26	Determined by PA	10/01/2021	Non-institutional only	Purchase only	Medical necessity	Always required	NA	NA	
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM		Medical food	5160-10-26	Determined by PA	12/31/2014	Non-institutional only	Purchase only	Medical necessity	Always required	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 UNDERWEAR/PULL-ON, MEDIUM 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 garment	5160-10-21	\$0.85	01/01/2024	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM 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	
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, 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	
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE	Each	Incontinence garment	5160-10-21	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	

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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
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	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	<u>5</u>	(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	NEL AIRONGOI NOTION OF ATLEAGUE AID	Laui	Trepail of fleating aid	3100-10-01	customary charge (provider- performed); 125% of invoice (subcontracted)	0110112000	Ži.		3 per year	Limitodased	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 EAR (BTE)	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	

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	
	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	All	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		Determined by PA		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	Purchase only	1 per 2 months	Limit-based	16	Supplies (missellenesus)	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L1006	SCOLIOSIS, ORTHOSIS, SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME, EXTENDS FROM AXILLA TO TROCHANTER, INCLUDES ALL ACCESSORY PADS, STRAPS AND INTERFACE, PERFABRICATED ITEM THAT HAS BEEN TRIMBED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	NA	NA	
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	Never required	NA	NA	
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	Limit-based	10	Orthotics	
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	Never required	NA	NA	
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHFI F	Limit-based	10, 12	Orthotics, Repairs	
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-THE-	Limit-based	10, 12	Orthotics, Repairs	
L0174	SHELF CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION,	Limit-based	10, 12	Orthotics, Repairs	
L0180	PREFABRICATED, OFF-THE-SHELF CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	Limit-based	10, 12	Orthotics, Repairs	
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL	Limit-based	10, 12	Orthotics, Repairs	
L0200	BARS (SOMI, GUILFORD, TAYLOR TYPES)  CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL	Limit-based	10, 12	Orthotics, Repairs	
L0220	BARS, AND THORACIC EXTENSION THORACIC, RIB BELT, CUSTOM FABRICATED	Limit-based	10. 12	Orthotics, Repairs	
1.0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES	Limit-based	10, 12		
L0450	TISO, LEADELS, PROVIDES HOURS SUPPLYET, OPPER HOURSE, SESSION, PRODUCED AN INTERCENTARY PRESSURE TO REDUCE LODG ON THE INTERVERTIERAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INVITRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PAMEL(B), INCLUDES SHOULDER STRAPS AND CLOSUMES, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL 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 ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L0455	TI.SO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL 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	Limit-based	10, 12	Orthotics, Repairs	
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAUTARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES 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	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBLIS TO THE STERMAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGHT IS PROVIDED BY OVERLAPPINS PLASTIC AND STABILIZING CLOSURES, INCLUDES 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	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L0464	I.SO, TRIPLANAR CONTROL, MODULAR SECMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL MOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH SIR POVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L0466	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 INTERVERTERSAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.	Limit-based	10, 12	Orthotics, Repairs	

			PRIOR AUTHORIZATION	PRIOR AUTHORIZATION	
HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	ASSIGNMENT NUMBER	ASSIGNMENT NAME	NOTES
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	Limit-based	10, 12	Orthotics, Repairs	
L0468	TISO, SAGITTAL-CORONAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCYGEAL JUNCTION OVER SCAPULAE. LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRUMBED, BENT, MOLDED. ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L0469	TI.SO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF- THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0470	TI.SO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXBILE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SAGROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELIVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICLUAR EXTENSIONS, RESTRICTS GROSS TRUME MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PROVIDES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L0472	TI.SO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L0480	TLSO, TRIPLAMAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L0482	TI.SO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L0484	TI.SO, TRIPLAMAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPILAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L0486	TI.SO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPILAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L0488	TI.SO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRA, DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM 1-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BERT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM 1-1 O BELOW 1-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
CODE	DESCRIPTION	ACTHORIZATION	NUMBER	NAME	NOTES
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO 1-9 VERTEBRA PRODUCES INTRACAWITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO 1-9 VERTEBRA PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Never required	NA	NA	
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMBED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Never required	NA	NA	
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMBED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Never required	NA	NA	
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNICTION TO T-V PETERBAR, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Never required	NA	NA	
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PARIL(S), POSTERIOR EXTENDS FROM SAGROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTERAL DISCS, NICLIDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, CLOSURES, MAY SHOULDER PADDING, STAYS, SHOULDER STRAPS, CLOSURES, MAY SHOULDER PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED AT STATEMENT OF THE MAY AND SEEN TRIMMED, DENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L0634	LUMBAR-SACRAL, ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-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	Limit-based	10, 12	Orthotics, Repairs	
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PARLE), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-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, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAMEIPANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR SETENDS FROM SAGROCOCCYGEAL JUNICTION TO T-9 YERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAMEIPANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PARLES, POSTERIOR REXTENDS FROM SACROCCOCYGEAL JUNCTION TO 1-9 VERTERBRA LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVENTERBAL DISCS, INCLIDIES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L0639	LUMBAR-SACRAL ORTHOSIS. SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR  EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM  SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE  INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND  STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE,  PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED,  ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH  EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING COSURES, INCLUDES STRAPS, CLOSURESS, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L0641	LUMBAR ORTHOSIS, SAGITTAL CONIROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM 1-1 TO BELOW L5-VERTERAR PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTERAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM 1-1 TO BELOW 1-5 VERTEBRA, 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	Limit-based	10, 12	Orthotics, Repairs	
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO 1-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION TO T-9 VERTEBRA, 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	Limit-based	10, 12	Orthotics, Repairs	
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAMEIPANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAMEIPANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELIS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL 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, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE- SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SAGROCOCCYGEAL JUNCTION TO 1-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPINE RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	Limit-based	10, 12	Orthotics, Repairs	
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	Limit-based	10, 12	Orthotics, Repairs	
<u>L0720</u>	CERVICAL THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Limit-based	10, 12	Orthotics, Repairs	
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	Limit-based	10, 12	Orthotics, Repairs	
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	Limit-based	10, 12	Orthotics, Repairs	
L0970	TLSO, CORSET FRONT	Limit-based	10, 12	Orthotics, Repairs	
L0972	LSO, CORSET FRONT	Limit-based	10, 12	Orthotics, Repairs	
L0974	TLSO, FULL CORSET	Limit-based	10, 12	Orthotics, Repairs	
L0976	LSO, FULL CORSET	Limit-based	10, 12	Orthotics, Repairs	
L0978	AXILLARY CRUTCH EXTENSION	Limit-based	10, 12	Orthotics, Repairs	
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	Never required	NA	NA	
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)	Never required	NA	NA	
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Always required	10, 12	Orthotics, Repairs	
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	Limit-based	10, 12	Orthotics, Repairs	
L1007	SCOLIOSIS ORTHOSIS, SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME, EXTENDS FROM AXILLA, TO TROCHANTER, INCLUDES ALL ACCESSORY PADS, STRAPS, AND INTERFACE, CUSTOM FABRICATED	Always required	10, 12	Orthotics, Repairs	
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
CODE	DESCRIPTION	AUTHORIZATION	NOMBER	IVAIIL	NOTES
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	Limit-based	10, 12	Orthotics, Repairs	
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	Limit-based	10, 12	Orthotics, Repairs	
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	Limit-based	10, 12	Orthotics, Repairs	
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	Limit-based	10, 12	Orthotics, Repairs	
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	Limit-based	10, 12	Orthotics, Repairs	
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	Limit-based	10, 12	Orthotics, Repairs	
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	Limit-based	10, 12	Orthotics, Repairs	
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	Limit-based	10, 12	Orthotics, Repairs	
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	Limit-based	10, 12	Orthotics, Repairs	
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	Limit-based	10, 12	Orthotics, Repairs	
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	Limit-based	10, 12	Orthotics, Repairs	
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT	Never required	NA	NA	
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Limit-based	10, 12	Orthotics, Repairs	
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	Limit-based	10, 12	Orthotics, Repairs	
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	Limit-based	10, 12	Orthotics, Repairs	
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	Limit-based	10, 12	Orthotics, Repairs	
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	Limit-based	10, 12	Orthotics, Repairs	
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	Limit-based	10, 12	Orthotics, Repairs	
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	Limit-based	10, 12	Orthotics, Repairs	

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0002	DECOMM HON	AUTHORIZATION	- HOMBER	TV-UIL	110125
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	Limit-based	10, 12	Orthotics, Repairs	
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC)	Limit-based	10, 12	Orthotics, Repairs	
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	Limit-based	10, 12	Orthotics, Repairs	
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
L1320	THORACIC, PECTUS CARINATUM ORTHOSIS, STERNAL COMPRESSION, RIGID CIRCUMFERENTIAL FRAME WITH ANTERIOR AND POSTERIOR RIGID PADS, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Limit-based	10, 12	Orthotics, Repairs	
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Always required	10, 12	Orthotics, Repairs	
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER. PRESENTATED INDITIONAL THAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Never required	NA	NA	
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	Never required	NA	NA	
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	Never required	NA	NA	
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	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 INDIVIDUAL WITH EXPERTISE	Never required	NA	NA	
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	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	Limit-based	10, 12	Orthotics, Repairs	
L1681	HIP ORTHOSIS, BILATERAL HIP JOINTS AND THIGH CUFFS, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	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	Limit-based	10, 12	Orthotics, Repairs	
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	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	Never required	NA	NA	
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Never required	NA	NA	
L1821	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, OFF THE SHELF	Never required	NA	NA	
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	Never required	NA	NA	
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	

HCPCS		PRIOR	PRIOR AUTHORIZATION ASSIGNMENT	PRIOR AUTHORIZATION ASSIGNMENT	
CODE	DESCRIPTION	AUTHORIZATION	NUMBER	NAME	NOTES
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT UNICENTRIC OR POLYCENTRIC), MEDIAL LATERAL AND ROTATION CONTROL. WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALE, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUSIVALOUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-JATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L1933	ANKLE FOOT ORTHOSIS, , RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L1952	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2034	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	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION	Limit-based	10, 12	Orthotics, Repairs	
L2036	ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION	Limit-based	10, 12	Orthotics, Repairs	
L2037	KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION	Limit-based	10, 12	Orthotics, Repairs	
L2038	KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED  KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS	Limit-based	10, 12	Orthotics, Repairs	
	ANKLE, CUSTOM FABRICATED			,	
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	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	Limit-based	10, 12	Orthotics, Repairs	
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	Never required	NA	NA	
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	Never required	NA	NA	
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	Limit-based	10, 12	Orthotics, Repairs	
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	Never required	NA	NA	
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	Limit-based	10, 12	Orthotics, Repairs	
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	Limit-based	10, 12	Orthotics, Repairs	
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	Limit-based	10, 12	Orthotics, Repairs	
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	Never required	NA	NA	
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	Never required	NA	NA	
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	Never required	NA	NA	
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	Never required	NA	NA	
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Never required	NA	NA	
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	Never required	NA	NA	
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	Limit-based	10, 12	Orthotics, Repairs	
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	Limit-based	10, 12	Orthotics, Repairs	

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L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	Never required	NA	NA	
L2205	ADDITION TO LOWER EXTREMITT, LONG TONGUE STIRROP	Never required	NA .	NA .	
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION (T') STRAP, PADDED/LINED OR MALLEOLUS PAD	Never required	NA	NA	
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	Never required	NA	NA	
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	Limit-based	10, 12	Orthotics, Repairs	
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	Limit-based	10, 12	Orthotics, Repairs	
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	Never required	NA	NA	
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Limit-based	10, 12	Orthotics, Repairs	
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Limit-based	10, 12	Orthotics, Repairs	
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	Limit-based	10, 12	Orthotics, Repairs	
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	Limit-based	10, 12	Orthotics, Repairs	
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	Never required	NA	NA	
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	Limit-based	10, 12	Orthotics, Repairs	
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	Limit-based	10, 12	Orthotics, Repairs	
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	Never required	NA	NA	
L2385	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	Never required	NA	NA	
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	Never required	NA	NA	
L2390	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	Never required	NA	NA	
L2395	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	Never required	NA	NA	
L2397	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	Never required	NA	NA	
L2405	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM  ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	Never required  Never required	NA NA	NA NA	
L2425	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	Limit-based	10, 12	Orthotics, Repairs	
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH	Never required	NA	NA	
L2492	JOINT ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	Never required	NA	NA	
L2500	ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING,	Never required	NA	NA	
L2510	RING ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	Never required	NA	NA	
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	Never required	NA	NA	
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	Never required	NA	NA	
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	Never required	NA	NA	

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L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	Never required	NA	NA	
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	Never required	NA	NA	
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	Never required	NA	NA	
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT	Never required	NA	NA	
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	Never required	NA	NA	
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE	Never required	NA	NA	
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK	Never required	NA	NA	
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY	Never required	NA	NA	
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION	Never required	NA	NA	
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL	Never required	NA	NA	
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	Limit-based	10, 12	Orthotics, Repairs	
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	Limit-based	10, 12	Orthotics, Repairs	
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	Never required	NA	NA	
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	Never required	NA	NA	
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	Never required	NA	NA	
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	Never required	NA	NA	
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	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	Never required	NA	NA	
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	Never required	NA	NA	
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	Limit-based	10, 12	Orthotics, Repairs	
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	Never required	NA	NA	
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER	Never required	NA	NA	
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	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	Never required	NA	NA	
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	Never required	NA	NA	
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	Never required	NA	NA	
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	Never required	NA	NA	
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL	Never required	NA	NA	
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL  ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION	Never required  Always required	NA 10, 12	NA Orthotics, Repairs	
L2861 L2999	ADDITION TO LOWER EXTREMITY JOINT, NIEE ON ANNEE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	Always required  Always required	10, 12	Orthotics, Repairs	
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL	Limit-based	10, 12	Orthotics, Repairs Orthotics, Repairs	
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, OCB 11PE, BERKELET SHELL  FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO	Never required	10, 12 NA	NA NA	
L3001	POOT, INSERT, REMOVABLE, MULDED TO PATIENT MODEL, SPENCO	ivever required	NA	NA	

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L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL	Never required	NA	NA	
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT	Limit-based	10, 12	Orthotics, Repairs	
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT	Limit-based	10, 12	Orthotics, Repairs	
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT	Never required	NA	NA	
13031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH,	Never required	NA	NA	
L3031	LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL	Never required	NA	NA	
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL	Never required	NA	NA	
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL	Never required	NA	NA	
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	Limit-based	10, 12	Orthotics, Repairs	
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	Never required	NA	NA	
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	Limit-based	10, 12	Orthotics, Repairs	
L3161	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	Always required	10, 12	Orthotics, Repairs	Formerly K1015
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	Limit-based	10, 12	Orthotics, Repairs	
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	Limit-based	10, 12	Orthotics, Repairs	
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	Limit-based	10, 12	Orthotics, Repairs	
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	Limit-based	10, 12	Orthotics, Repairs	
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	Limit-based	10, 12	Orthotics, Repairs	
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	Limit-based	10, 12	Orthotics, Repairs	
L3208	SURGICAL BOOT, EACH, INFANT	Never required	NA	NA	
L3209	SURGICAL BOOT, EACH, CHILD	Never required	NA	NA	
L3211	SURGICAL BOOT, EACH, JUNIOR	Never required	NA	NA	
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD	Limit-based	10, 12	Orthotics, Repairs	
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY	Limit-based	10, 12	Orthotics, Repairs	
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY	Limit-based	10, 12	Orthotics, Repairs	
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD	Limit-based	10, 12	Orthotics, Repairs	
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY	Limit-based	10, 12	Orthotics, Repairs	
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY	Limit-based	10, 12	Orthotics, Repairs	
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Limit-based	10, 12	Orthotics, Repairs	
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Limit-based	10, 12	Orthotics, Repairs	
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY	Limit-based	10, 12	Orthotics, Repairs	
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE	Limit-based	10, 12	Orthotics, Repairs	
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED	Limit-based	10, 12	Orthotics, Repairs	
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	Limit-based	10, 12	Orthotics, Repairs	
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	Never required	NA	NA	
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	Never required	NA	NA	
L3320	ELEVAT, HEEL & SOLE, CORK, PER INCH	Never required	NA	NA	
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	Never required	NA	NA	

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L3334	LIFT, ELEVATION, HEEL, PER INCH	Never required	NA	NA	
L3340	HEEL WEDGE, SACH	Never required	NA	NA	
L3350	HEEL WEDGE	Never required	NA	NA	
L3360	SOLE WEDGE, OUTSIDE SOLE	Never required	NA	NA	
L3370	SOLE WEDGE, BETWEEN SOLE	Never required	NA	NA	
L3380	CLUBFOOT WEDGE	Never required	NA	NA	
L3390	OUTFLARE WEDGE	Never required	NA	NA	
L3400	METATARSAL BAR WEDGE, ROCKER	Never required	NA	NA	
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	Never required	NA	NA	
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	Never required	NA	NA	
L3430	HEEL, COUNTER, PLASTIC REINFORCED	Never required	NA	NA	
L3440	HEEL, COUNTER, LEATHER REINFORCED	Never required	NA	NA	
L3450	HEEL, SACH CUSHION TYPE	Never required	NA	NA	
L3455	HEEL, NEW LEATHER, STANDARD	Limit-based	10, 12	Orthotics, Repairs	
L3460	HEEL, NEW RUBBER, STANDARD	Limit-based	10, 12	Orthotics, Repairs	
L3465	HEEL, THOMAS WITH WEDGE	Never required	NA	NA	
L3470	HEEL, THOMAS EXTENDED TO BALL	Never required	NA	NA	
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	Never required	NA	NA	
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	Never required	NA	NA	
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	Never required	NA	NA	
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	Never required	NA	NA	
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	Limit-based	10, 12	Orthotics, Repairs	
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	Never required	NA	NA	
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	Never required	NA	NA	
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	Never required	NA	NA	
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	Never required	NA	NA	
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	Never required	NA	NA	
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	Never required	NA	NA	
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	Never required	NA	NA	
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	Never required	NA	NA	
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	Never required	NA	NA	
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	Always required	10, 12	Orthotics, Repairs	
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
OODL		Action	Nomber		110125
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF- THE-SHELF	Never required	NA	NA	
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Never required	NA	NA	
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/JURNBUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Never required	NA	NA	
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L3760	ELBOW ORTHOSIS (EO), 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	Limit-based	10, 12	Orthotics, Repairs	
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	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	Limit-based	10, 12	Orthotics, Repairs	
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE MONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLIDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	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	Never required	NA	NA	
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	Never required	NA	NA	
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	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	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	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	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Never required	NA	NA	
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	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	Limit-based	10, 12	Orthotics, Repairs	
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Never required	NA	NA	
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINTISPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED. OFF-THE SHELF	Never required	NA	NA	
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Never required	NA	NA	
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE MONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Never required	NA	NA	
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Never required	NA	NA	
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE 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	Always required	10, 12	Orthotics, Repairs	
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	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	Always required	10, 12	Orthotics, Repairs	
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Never required	NA	NA	
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Never required	NA	NA	
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL	Limit-based	10, 12	Orthotics, Repairs	
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Always required	10, 12	Orthotics, Repairs	
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	Limit-based	10, 12	Orthotics, Repairs	
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	Limit-based	10, 12	Orthotics, Repairs	
L4010	REPLACE TRILATERAL SOCKET BRIM	Limit-based	10, 12	Orthotics, Repairs	
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL		10, 12	Orthotics, Repairs	
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	Limit-based	10, 12	Orthotics, Repairs	
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Limit-based	10, 12	Orthotics, Repairs	
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Limit-based	10, 12	Orthotics, Repairs	
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Limit-based	10, 12	Orthotics, Repairs	
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Limit-based	10, 12	Orthotics, Repairs	
L4060	REPLACE HIGH ROLL CUFF	Limit-based	10, 12	Orthotics, Repairs	
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	Limit-based	10, 12	Orthotics, Repairs	
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	Never required	NA	NA	
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	Never required	NA	NA	
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	Never required	NA	NA	
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	Never required	NA	NA	

Limit	HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
Limit Service   Limit Servic						
LEST   REPART OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE PER IS SANDTES IN ACCITON TO PARTS   None required   NA.   NA.   PA not regard occurring that 120 days						
AND   AND   CONTROL CONTROL CENTERS   CONTROL CONTROL CENTER   CONTROL C	L4205	REPAIR OF ORTHOTIC DEVICE, LABOR, PER 15 MINUTES	Limit-based	10, 12	Orthotics, Repairs	
AND ADULT CONTINUE CRITICALS. STREAM THE TITLE ADD. INCLUDES ANY TYPE INTERVACE (E.G., New York Transport Continues). The Continues of the Con	L4210	REPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE, PER 15 MINUTES (IN ADDITION TO PARTS)	Always required	10, 12	Orthotics, Repairs	PA for minor repairs occurring prior to 120 days
PREJUNTO, CELL PREFAMINATED, OFF THE SHEEP  ASSEMBLED, OR OTHERWISE CUSTOMAZED TO PET A SPECEP PATIENT OF WITHOUT SAME WITH OR WITHOUT SAME WITH OWN WITHOUT SAME	L4210	REPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE, PER 15 MINUTES (IN ADDITION TO PARTS)	Never required	NA	NA	PA not required for minor repairs occurring after 120 days
MAJAGNES GOOT   PRESENTED AND CONTROL   TO PRESENT   TO	L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
NTERRACE MATERIAL, PREFABRICATED OFF-THE-SHELF	L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH	Limit-based	10, 12	Orthotics, Repairs	
MAX   MAX.	L4361		Limit-based	10, 12	Orthotics, Repairs	
MATERIAL, PREFAREACTED ITEM THAT HAS BEEN TEMMED, BERT, MOLDED, ASSEMBLED, OR OTHERWISTON, TO SERVICE AND THAT EXPRENDED IN THE DEVERTIBLE OR OTHERWISTON, TO SERVICE AND THAT EXPRENDED IN THE DEVERTIBLE OR OTHERWISTON, TO SERVICE AND THAT EXPRENDED IN THE DEVERTIBLE OR OTHERWISTON, TO SERVICE AND THAT EXPRENDED IN THE DEVERTIBLE OR OTHERWISTON, THE DEVERTIBLE OR OTHERWI	L4370		Limit-based	10, 12	Orthotics, Repairs	
MATERIAL, PREPAREDATED, OFF-THE-SHEEP  14398 REPLACEMENT, SOFT INSERS, CAR MATERIAL, STATC AFO  Never required  NA  NA  NA  NA  NA  NA  NA  NA  NA  N	L4386	MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR	Never required	NA	NA	
STATIC OR DYNAMIC ANULE POOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL ADJUSTABLE IN SERVING DEAT MUCKED SASKMERS OF ON THERWISE CUSTOMED TO THE THAT HAS BEEN YRBAND BRYN MUCKED SASKMERS OF ON THERWISE CUSTOMED TO THE THAT HAS BEEN YRBAND BRYN MUCKED SASKMERS OF ON THERWISE CUSTOMED TO THE THAT HAS BEEN YRBAND BRYN MUNICIPAL MULT BE PETERS OF THE THAT HAS BEEN YRBAND BRYN MUNICIPAL MULT BE PETERS OF THE THAT HAS BEEN YRBAND BRYN MUNICIPAL MULT BE PETERS OF THE THAT HAS BEEN YRBAND BRYN MUNICIPAL MULT BE PETERS OF THE THAT HAS BEEN THAT HAS	L4387		Never required	NA	NA	
FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBILLATION, PREFABRICATED ITEM THAT HAS BEER TRAINED, BERN LANCED, ASSEMBLE OR OF THERWISE STRONGER TO FIT A PRODUCTION OF THE AND	L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	Never required	NA	NA	
FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF SHELF FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF AND PARTIAL FOOT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF ANTERIOR TERLAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, NCLIDES STRAPS AND COSCIPRES, OLD ARCH SERVICE AND COLORS TRADE AND COSCIPRES, OLD AND ARRIVANCE OF THE PROFILE AND COLORS TRADE AND COSCIPRES, OLD AND ARRIVANCE OF THE PROFILE AND COLORS TRADE A	L4396	FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC	Limit-based	10, 12	Orthotics, Repairs	
ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBILS, SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, WICLIDES STRAPS AND COLOURISES, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, WICLIDES STRAPS AND COLOURISES, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, WICLIDES STRAPS AND COLOURISES, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, WICLIDES STRAPS AND COLOURISES, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL. WITH FOOT, MOLDED SOCKET, TANKLE HEIGHT, WITH TOE FILLER Limit-based 10, 12 Ortholics, Repairs 10, 12	L4397	FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-	Limit-based	10, 12	Orthotics, Repairs	
ANTERIOR TIBILA SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL. NOLIDES STRAPS AND CLOSURES, CUSTOM ARCH STOP FILLER LIMI-based 10, 12 Orthodics, Repairs L5010 PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER LIMI-based 10, 12 Orthodics, Repairs L5020 PARTIAL FOOT, MOLDED SOCKET, SANCH FOOT LIMI-based 10, 12 Orthodics, Repairs L5030 ANKLE, SYMES, MCLDED SOCKET, SACH FOOT LIMI-based 10, 12 Orthodics, Repairs L5040 ANKLE, SYMES, MCLDED SOCKET, SACH FOOT LIMI-based 10, 12 Orthodics, Repairs L5040 ANKLE, SYMES, MCLDED SOCKET, SACH FOOT LIMI-based 10, 12 Orthodics, Repairs L5050 ANKLE, SYMES, MCLDED SOCKET, SACH FOOT LIMI-based 10, 12 Orthodics, Repairs L5060 ANKLE, SYMES, MCLDED SOCKET, SACH FOOT LIMI-based 10, 12 Orthodics, Repairs L5100 BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT LIMI-based 10, 12 Orthodics, Repairs L5100 ANGLE, SYMES, MCLDED SOCKET, SHIN, SACH FOOT Always required 10, 12 Orthodics, Repairs L5100 ANGLE, SYMES, MCLDED SOCKET, SHIN, SACH FOOT Always required 10, 12 Orthodics, Repairs L5100 ANGLE, SYMES, MCLDED SOCKET, SHIN, SACH FOOT Always required 10, 12 Orthodics, Repairs L5100 ANGLE, SYMES, MCLDED SOCKET, SHIN, SACH FOOT Always required 10, 12 Orthodics, Repairs L5100 ANGLE, SYMES, MCLDED SOCKET, SHIN, SACH FOOT L5100 ANGLE BISARTICULATION (OR THROUGH KNIEE), MOLDED SOCKET, ENT KNIEE CONFIGURATION, EXTERNAL KNIEE JOINTS, SHIN, SACH FOOT L5100 ANGLE KNIEE, SHIN, SHIN, SACH FOOT ANGLE KNIEE, MOLDED SOCKET, SHORE CONFIGURATION, ANGLE KNIEE, SHIN, SHIN, SACH FOOT L5100 ANGLE KNIEE, SHIN, SHIN, SACH FOOT LIMI-based 10, 12 Orthodics, Repairs DYNAMICALLY ALLOND, EACH LIMI-based 10, 12 Orthodics, Repairs COTHODICS, Repairs L5200 ANGLE KNIEE, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM, SHIN, SACH D1, 12 Orthodics, Repairs L5201 ANGLE KNIEE, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM LIMI-based 10, 12 Orthodics, Repairs L5201 ANGLE KNIEE, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM, SHIN, SACH D1, 12 Orthodics, Repairs L5301 BELOW KNIEE, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM, SHIP JOINT, SING	L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L5020 PARTIAL FOOT, MOLDED SOCKET, ANNLE HEIGHT, WITH TOE FILLER LIMIT-based 10, 12 Orthotics, Repairs L5020 PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER LIMIT-based 10, 12 Orthotics, Repairs L5050 ANNLE, SYMES, MOLDED SOCKET, SACH FOOT LIMIT-based 10, 12 Orthotics, Repairs L5060 ANNLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT Always required 10, 12 Orthotics, Repairs L5100 BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT LIMIT-based 10, 12 Orthotics, Repairs L5105 BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT Always required 10, 12 Orthotics, Repairs SCHOOL FOOT Always required 10, 12 Orthotics, Repairs AND SCHOOL FOOT Always required 10, 12 Orthotics, Repairs SCHOOL FOOT Always required 10, 12 Orthotics, Repairs ADD SCHOOL FOOT AND SCHOOL FOOT Always required 10, 12 Orthotics, Repairs ADD SCHOOL FOOT AND SCHOOL FOOT Always required 10, 12 Orthotics, Repairs ADD SCHOOL FOOT AND SCHOOL FOOT AND SCHOOL FOOT AND SCHOOL FOOT Always required 10, 12 Orthotics, Repairs ADD SCHOOL FOOT ADD SCHOOL FOOT AND SCHOOL FO	L4631	ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL,	Always required	10, 12	Orthotics, Repairs	
ANNUE, SYMES, MOLDED SOCKET, SACH FOOT Limit-based L5950 ANNUE, SYMES, MOLDED SOCKET, SACH FOOT Limit-based L5960 ANNUE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT Always required L5960 ANNUE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT Always required L5960 ANNUE, SYMES, METAL FRAME, MOLDED SOCKET, SHIN, SACH FOOT Limit-based L5960 BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT Limit-based L5960 ANNUE, SYMES, METAL FRAME, MOLDED SOCKET, SHIN, SACH FOOT Limit-based L5960 BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT Always required L5960 ANNUE, SYMES, MOLDED SOCKET, JOINTS AND THIGH LACER, SACH FOOT Always required L5960 ANNUE, SYMES, MOLDED SOCKET, MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, Always required SCHOOL SYMES, AND ALWAYS REQUIRED L5960 ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT L5960 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE L5970 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE L5970 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE L5970 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH L5970 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH L5970 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE/FOOT, L5970 HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION Always required ABOVE KNEE, SHIN, SACH FOOT HEMPELY-ECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION Always required HEMPELY-ECTOMY, CANADIAN TYPE; MOLDED SOCKET, SNOELE AXIS KNEE, PYLON, SACH HOT BLOCK KNEE, SHIN, SACH FOOT HEMPELY-ECTOMY, CANADIAN TYPE; MOLDED SOCKET, SNOELE AXIS KNEE, PYLON, SACH HOT BLOCK KNEE, SHIN, SACH FOOT HEMPELY-ECTOMY, CANADIAN TYPE, MOLDED SOCKET, SNOELE AXIS KNEE, PYLON, SACH HOT BLOOK KNEE, SHIN, SA	L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Limit-based	10, 12	Orthotics, Repairs	
LISSOB ANKLE, SYMES, MOLDED SOCKET, SACH FOOT  LISSOB ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT  Always required  10, 12  Orthodics, Repairs  LISSOB BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT  LISSOB BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT  LISSOB BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT  LISSOB BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT  Always required  10, 12  Orthodics, Repairs  LISSOB BELOW KNEE, PLASTIC SOCKET, MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT  LISSOB RELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT  LISSOB RELOW KNEE, SHORT PROSTHESIS, NO KNEE, MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT  LISSOB REVENUE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIEST), WITH FOOT BLOCKS, NO ANKLE  LISSOB REVENUE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIEST), WITH FOOT BLOCKS, NO ANKLE  LISSOB REVENUE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIEST), WITH ARTICULATED ANKLEFOOT, LIMIN-based  DYNAMICALLY ALIGNED, EACH  LISSOB REMPRIVED REVENUE, AND ALIGN ALIG	L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Limit-based	10, 12	Orthotics, Repairs	
ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT  Always required  10, 12  Orthotics, Repairs  Limit-based  10, 12  Orthotics, Repairs  10, 12  Orthotics, Repairs  Limit-based  10, 12  Orthotics, Repairs  DYNAMICALLY ALIGNED, EACH  DYNAMI	L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Limit-based	10, 12	Orthotics, Repairs	
L5100 BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT  Limit-based  10, 12 Orthotics, Repairs  L5150 SELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT  Always required  10, 12 Orthotics, Repairs  CTANCE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, ENT KNEE CONFIGURATION, EXPORTING THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXPORTING THROUGH KNEE, MOLDED SOCKET, BENT KNEE CONFIGURATION, EXPORTING THROUGH KNEE, MOLDED SOCKET, BENT KNEE CONFIGURATION, EXPORTING THROUGH KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT  L5200 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE JOINTS  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE FOOT, DYNAMICALLY ALIGNED, EACH  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE FOOT, DYNAMICALLY ALIGNED, EACH  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE FOOT, DYNAMICALLY ALIGNED, EACH  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE FOOT, DYNAMICALLY ALIGNED, EACH  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE FOOT, DYNAMICALLY ALIGNED, EACH  L5210 ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH  FOOT  L5250 HE DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT  LImit-based  10, 12 Orthotics, Repairs  L5210 HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION  L5211 AND KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM, HIP JOINT,  L5211 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,  SINGLE AXIS KNEE, SACH FOOT  L5311 HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,  SINGLE AXIS KNEE, SACH FOOT  L5311 HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LIMIT-BASED  L5311 HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SO	L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	Limit-based	10, 12	Orthotics, Repairs	
L5105 SELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT  Always required  L5106 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT  L5106 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, SACH FOOT  L5107 ABOVE KNEE, JOINTS, SHIN, SACH FOOT  L5200 ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT  L5201 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH FOOT BLOCKS, NO ANKLE. JOINTS  L5202 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE, FOOT, LImit-based  L5203 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE, FOOT, DAVING LIMIT-based  L5204 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE, FOOT, DAVING LIMIT-based  L5205 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE, FOOT, DAVING LIMIT-based  L5206 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE, FOOT, DAVING LIMIT-based  L5206 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE, FOOT, LIMIT-based  L5206 ABOVE KNEE, FOR PROXIMAL FEMORAL, FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT  L5206 HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT  L5207 FRICTION KNEE, SHIN, SACH FOOT  L5208 HEMIPELYCETOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION  KNEE, SHIN, SACH FOOT  L5216 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH  FOOT, ENDOSKELETAL SYSTEM  L5217 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH  FOOT, ENDOSKELETAL SYSTEM  L5218 HIP BOLARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS  KNEE  L5231 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE  L5231 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JO	L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	Always required	10, 12	Orthotics, Repairs	
L5150 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT  L5160 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT  L5200 ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS  L5220 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, Limit-based  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, Limit-based  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, Limit-based  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, Limit-based  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, Limit-based  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, Limit-based  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, Limit-based  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, LIMIT-based  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, LIMIT-based  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE JFOOT, LIMIT-based  L5210 ABOVE KNEE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION ANKES, SHIN, SACH FOOT  L5210 ABOVE KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM Limit-based  L5211 ABOVE KNEE, MOLDED SOCKET, OPEN RND, SACH FOOT, ENDOSKELETAL SYSTEM, HIP JOINT, LIMIT-based  L5211 ABOVE KNEE, MOLDED SOCKET, SNOLE SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LIMIT-based  L5211 HIP JORATICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LIMIT-based  L5211 HIP JORATICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SI	L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Limit-based	10, 12	Orthotics, Repairs	
SACH FOOT  L5160 RED EDISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT  L5200 ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT  L5210 L5210 ABOVE KNEE, HORDED SOCKET, SINGLE JOINT (STUBBIES'), WITH FOOT BLOCKS, NO ANKLE  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH FOOT BLOCKS, NO ANKLE  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE/FOOT,  DYNAMICALLY ALIGNED, EACH  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE/FOOT,  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE/FOOT,  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE/FOOT,  L5210 ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT  L5210 ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT  L5210 HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT  L5210 HEMIPELVECTOMY, CANADIAN TYPE: MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION  L5210 BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM  L5211 ABOVE KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS  L5211 ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS  L5211 ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, HIP JOINT,  L5311 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LImit-based  L5311 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LIMIT-based  L5311 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LIMIT-based  L5311 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LIMIT-based  L5311 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE	L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	Always required	10, 12	Orthotics, Repairs	
LESTON RIVER DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT  LISSUM ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT  LIMIT-based	L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN,	Always required	10, 12	Orthotics, Repairs	
L5200 ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT Limit-based 10, 12 Orthotics, Repairs  L5210 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE Limit-based 10, 12 Orthotics, Repairs  L5220 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, Limit-based 10, 12 Orthotics, Repairs  DYNAMICALLY ALIGNED, EACH 10, 12 Orthotics, Repairs  L5230 ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH Limit-based 10, 12 Orthotics, Repairs  FOOT L5250 HIPDISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT Limit-based 10, 12 Orthotics, Repairs  HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION Always required 10, 12 Orthotics, Repairs  KNEE, SHIN, SACH FOOT  L5301 BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM Limit-based 10, 12 Orthotics, Repairs  L5312 ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE, PYLON, SACH Limit-based 10, 12 Orthotics, Repairs  L5312 ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS Limit-based 10, 12 Orthotics, Repairs  L5313 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, Limit-based 10, 12 Orthotics, Repairs  SINGLE AXIS KNEE, SACH FOOT  L5341 HEMPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LImit-based 10, 12 Orthotics, Repairs  L5314 HEMPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LImit-based 10, 12 Orthotics, Repairs	L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION,	Always required	10, 12	Orthotics, Repairs	
JOINTS L5220 ADOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE/FOOT, Limit-based 10, 12 Orthotics, Repairs DYNAMICALLY ALIGNED, EACH L5230 ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH Limit-based 10, 12 Orthotics, Repairs FOOT L5250 HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT Limit-based 10, 12 Orthotics, Repairs FRICTION KNEE, SHIN, SACH FOOT L5280 HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION AMays required 10, 12 Orthotics, Repairs KNEE, SHIN, SACH FOOT L5301 BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM Limit-based 10, 12 Orthotics, Repairs L5312 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM Limit-based 10, 12 Orthotics, Repairs L5314 KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS Limit-based 10, 12 Orthotics, Repairs L5311 IN DISARTICULATION, (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH Limit-based 10, 12 Orthotics, Repairs L5311 IN DISARTICULATION, OR THROUGH KNEE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, SINGLE AXIS Limit-based 10, 12 Orthotics, Repairs SINGLE AXIS KNEE, SACH FOOT L5341 HEMPIPELYECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE Limit-based 10, 12 Orthotics, Repairs L5341 HEMPIPELYECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LImit-based 10, 12 Orthotics, Repairs	L5200		Limit-based	10, 12	Orthotics, Repairs	
LE320 ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES'), WITH ARTICULATED ANKLE/FOOT, Limit-based 10, 12 Orthotics, Repairs DYMANICALLY ALIGNED, EACH 10, 12 Orthotics, Repairs 10, 12 Orthotics,	L5210		Limit-based	10, 12	Orthotics, Repairs	
LE320 ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH   Limit-based   10, 12   Orthotics, Repairs	L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT,	Limit-based	10, 12	Orthotics, Repairs	
LES20 HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT Limit-based 10, 12 Orthotics, Repairs  LIS280 HEMIPELYECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION Always required (NNEE, SHIN, SACH FOOT (NNEE, SHIN), SACH FOOT, ENDOSKELETAL SYSTEM Limit-based 10, 12 Orthotics, Repairs  LIS312 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH Limit-based 10, 12 Orthotics, Repairs  LIS312 MOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS LIMIt-based 10, 12 Orthotics, Repairs  KNEE (NOED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS LIMIt-based 10, 12 Orthotics, Repairs  LIS3131 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT (NNEE), SACH FOOT (	L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH	Limit-based	10, 12	Orthotics, Repairs	
LE320 HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION Always required NREE, SHIN, SACH FOOT  L5301 SELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM Limit-based 10, 12 Orthotics, Repairs  L5312 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM LIMIT-based 10, 12 Orthotics, Repairs  L5321 ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS LIMIT-based 10, 12 Orthotics, Repairs  KNEE L5331 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT  L5341 HEMIPELVECTOMY, CANADIAN TYPE MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LAXIS KNEE, SACH FOOT  L5441 HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LIMIT-based 10, 12 Orthotics, Repairs	L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT	Limit-based	10, 12	Orthotics, Repairs	
L5301 SELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM Limit-based 10, 12 Orthotics, Repairs  L5312 KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM  L5321 ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS Limit-based 10, 12 Orthotics, Repairs  KNEE  L5321 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, Limit-based 10, 12 Orthotics, Repairs  SINGLE AXIS KNEE, SACH FOOT  L5341 HEMIPPLEVETORY CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE LIMIT-based 10, 12 Orthotics, Repairs	L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION	Always required	10, 12	Orthotics, Repairs	
FOOT, ENDOSKELETAL SYSTEM  L5321 ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE  L5331 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT  L5341 HEMIPELVECTORY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE L5341 HEMIPELVECTORY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE Limit-based  10, 12 Orthotics, Repairs	L5301		Limit-based	10, 12	Orthotics, Repairs	
L5321 ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS  Limit-based 10, 12 Orthotics, Repairs  L5331 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,  SINGLE AXIS KNEE, SACH FOOT  L5341 HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE  Limit-based 10, 12 Orthotics, Repairs	L5312		Limit-based	10, 12	Orthotics, Repairs	
L5331 HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, Limit-based 10, 12 Orthotics, Repairs SINGLE AXIS KNEE, SACH FOOT  L5341 HEMIPELYECTORY CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE Limit-based 10, 12 Orthotics, Repairs	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS	Limit-based	10, 12	Orthotics, Repairs	
L5341 HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE Limit-based 10, 12 Orthotics, Repairs	L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,	Limit-based	10, 12	Orthotics, Repairs	
	L5341		Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	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 REALIGNMENT	Limit-based	10, 12	Orthotics, Repairs	
L5420	MMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KINEE DISARTICULATION		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.	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	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	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	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	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	Limit-based	10, 12	Orthotics, Repairs	
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	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	Limit-based	10, 12	Orthotics, Repairs	
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL. MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM		10, 12	Orthotics, Repairs	
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	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	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	Limit-based	10, 12	Orthotics, Repairs	
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	Limit-based	10, 12	Orthotics, Repairs	
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE	Limit-based	10, 12	Orthotics, Repairs	
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	Limit-based	10, 12	Orthotics, Repairs	
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	Limit-based	10, 12	Orthotics, Repairs	
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	Limit-based	10, 12	Orthotics, Repairs	
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	Limit-based	10, 12	Orthotics, Repairs	
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	Limit-based	10, 12	Orthotics, Repairs	
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	Limit-based	10, 12	Orthotics, Repairs	
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE			PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Limit-based	10, 12	Orthotics, Repairs	
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Limit-based	10, 12	Orthotics, Repairs	
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Limit-based	10, 12	Orthotics, Repairs	
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Limit-based	10, 12	Orthotics, Repairs	
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5657	ADDITION TO LOWER EXTREMITY PROSTHESIS, MANUAL/AUTOMATED ADJUSTABLE AIR, FLUID, GEL OR EQUAL SOCKET INSERT FOR LIMB VOLUME MANAGEMENT, ANY MATERIALS	Always required	10, 12	Orthotics, Repairs	
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	Limit-based	10, 12	Orthotics, Repairs	
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	Limit-based	10, 12	Orthotics, Repairs	
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	Limit-based	10, 12	Orthotics, Repairs	
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	Limit-based	10, 12	Orthotics, Repairs	
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)	Limit-based	10, 12	Orthotics, Repairs	
L5671	ADD LOWER EXTREMITY, SUSPENS LOCKING MECH, EXCL SOCKET INSERT	Limit-based	10, 12	Orthotics, Repairs	
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	Limit-based	10, 12	Orthotics, Repairs	
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC, OR EQUAL, WITH OR WITHOUT PERFORATIONS, WITH OR WITHOUT BREATHABLE MATERIAL, FOR USE WITH LOCKING MECHANISM	Limit-based	10, 12	Orthotics, Repairs	
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	Limit-based	10, 12	Orthotics, Repairs	
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	Limit-based	10, 12	Orthotics, Repairs	
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	Limit-based	10, 12	Orthotics, Repairs	
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC, OR EQUAL, WITH OR WITHOUT PERFORATIONS, WITH OR WITHOUT BREATHABLE MATERIAL, NOT FOR USE WITH LOCKING MECHANISM	Limit-based	10, 12	Orthotics, Repairs	
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	Limit-based	10, 12	Orthotics, Repairs	
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENTAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	Limit-based	10, 12	Orthotics, Repairs	
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	Limit-based	10, 12	Orthotics, Repairs	

LISS ADDITION TO LOWER EXTREMENT ABOVE NAME, PLANT OR, MY PROPERTY AND	HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
SERT FOR OTHER THAN CONCERNED ON THE PLANT CONTROL BEAT MAIL ONLY O'R CONTROL WITH AND CONTROL ON THE PLANT CONTROL WITH CONTROL ON THE PLANT CONTROL WITH CONTROL ON THE PLANT CONTROL WITH CONTROL W						
Common To Counted Particularly Principles, BELOW NINE, SUSPENSIONSEALING SLEEVE, WITH Nover required   NA	L5683	INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE 1.5673 OR 1.5679)	Limit-based	10, 12		
ON WITHOUT YALVE ANY AMERIAN.  SERIOR ADDITION TO LOWER EXTREMENTY, BELOW NEEL, MICE BLY, WEBBORD  ADDITION TO LOWER EXTREMENTY, BELOW NEEL, WAST BELT, WEBBORD  ADDITION TO LOWER EXTREMENTY, BELOW NEEL, WAST BELT, WEBBORD  ADDITION TO LOWER EXTREMENTY, BELOW NEEL, WAST BELT, WEBBORD  ADDITION TO LOWER EXTREMENTY, ABOVE NEEL, FLAVE CONTROL BELT, LIGHT  Never required.  1AA  ADDITION TO LOWER EXTREMENTY, ABOVE NEEL, FLAVE CONTROL BELT, LIGHT  Never required.  1AA  ADDITION TO LOWER EXTREMENTY, ABOVE NEEL, FLAVE CONTROL BELT, LIGHT  Never required.  1AA  ADDITION TO LOWER EXTREMENTY, ABOVE NEEL, FLAVE CONTROL BELT, LIGHT  Never required.  1AA  ADDITION TO LOWER EXTREMENTY, ABOVE NEEL, FLAVE CONTROL, BELEVE BUSPENDON, Limit-board.  1B. 12. O'Horice, Repairs.  1.5690  ADDITION TO LOWER EXTREMENTY, ABOVE NEEL DEARNITICULATION, FLAVE, DANY.  1.5690  ADDITION TO LOWER EXTREMENTY, ABOVE NEEL DEARNITICULATION, FLAVE, DANY.  1.5690  ADDITION TO LOWER EXTREMENTY, ABOVE NEEL OR REVE DIBARTICULATION, FLAVE, DANY.  1.5690  ADDITION TO LOWER EXTREMENTY, ABOVE NEEL OR REVER DIBARTICULATION, BUSINESS NEED ABOVE NEEL NEED BUSINESS NEED ABOVE NEEL NEED BURNINGS NEED ABOVE NEED ABO	L5684		Limit-based	10, 12	Orthotics, Repairs	
AGOTTON TO LOWER EXTREMENT, BELOW KNEE, WAST BELT, FADDED AND LINED   New regard   NA   NA	L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE. ANY MATERIAL	Never required	NA	NA	
ADDITION TO LOWER EXTREMENT, BELOW KNEE, WAST BELT, PADDED AND LINED  ADDITION TO LOWER EXTREMENT, ABOVE RISE, PELVE CONTROL BELT, LIDIT  ADDITION TO LOWER EXTREMENT, ABOVE RISE, PELVE CONTROL BELT, PADDED AND LINED  ADDITION TO LOWER EXTREMENT, ABOVE RISE, PELVE CONTROL BELT, PADDED AND LINED  ADDITION TO LOWER EXTREMENT, ABOVE RISE, PELVE CONTROL BELT, PADDED AND LINED  ADDITION TO LOWER EXTREMENT, ABOVE RISE, PELVE CONTROL BELT, PADDED AND LINED  ADDITION TO LOWER EXTREMENT, ABOVE RISE OR RISE DISARRICULATION PELVE SUPPRISSION,  LISING ADDITION TO LOWER EXTREMENT, ABOVE RISE OR RISE DISARRICULATION PELVE SUPPRISSION,  LISING ADDITION TO LOWER EXTREMENT, ABOVE RISE OR RISE DISARRICULATION PELVE SWAP AND LIMITED AND	L5686		Never required	NA	NA	
ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, FADDED AND LINED   Never required   NA   NA   NA   NA   NA   NA   NA   N	L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	Never required	NA	NA	
ADDITION TO LOWER EXTREMITY, ABOVE KINEE, PELVIC CONTROL BELT, PADDED AND LINED   New required   New Progress   NA	L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	Never required	NA	NA	
ADDITION TO LOWER EXTREMITY ABOVE NIEE, PELVIC CONTROL, SLEEVE SUSPENSION,   Limit-based   10, 12   Orthotox, Repairs	L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	Never required	NA	NA	
NEOPRENCE OR EQUAL  1.6987 ADDITION TO LOWER EXTREMITY, ABOVE NINEE OR NINEE DISARTICULATION, PELYOLONIT  1.5998 ADDITION TO LOWER EXTREMITY, ABOVE NINEE OR NINEE DISARTICULATION, SLESIAN BANDAGE  1.5999 ADDITION TO LOWER EXTREMITY, ABOVE NINEE OR NINEE DISARTICULATION, SLESIAN BANDAGE  1.5990 ADDITION TO LOWER EXTREMITY, ABOVE NINEE OR NINEE DISARTICULATION, SLESIAN BANDAGE  1.5990 ADDITION TO LOWER EXTREMITY, ABOVE NINEE OR NINEE DISARTICULATION, SLESIAN BANDAGE  1.5990 ADDITION TO LOWER EXTREMITY, ABOVE NINEE OR NINEE DISARTICULATION, SLESIAN BANDAGE  1.5990 ADDITION TO LOWER EXTREMITY, ABOVE NINEE OR NINEE DISARTICULATION, SLESIAN BANDAGE  1.5990 ADDITION TO LOWER EXTREMITY, ABOVE NINEE MICROSCOPY THROUGH TO ADDITION TO ADDI	L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	Never required	NA	NA	
Limit-based   10.12 Orthodos, Repairs	L5695		Limit-based	10, 12	Orthotics, Repairs	
LINISHOR ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULATION, SLESIAN BANDAGE LINISHORD ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS LINISHORD ALL COWER AND ALL C	L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	Limit-based	10, 12	Orthotics, Repairs	
LIMB-based   10, 12	L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	Limit-based	10, 12	Orthotics, Repairs	
REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL  L5770 REPLACEMENT, SOCKET, ABOVE KNEEANEE DISARTICULATION, INCLUDING ATTACHMENT PLATE,  L5771 REPLACEMENT, SOCKET, ABOVE KNEEANEE DISARTICULATION, INCLUDING ATTACHMENT PLATE,  L5772 REPLACEMENT, SOCKET, HIP DISARTICULATION, NULDING HIP JOINT, MOLDED TO PATIENT MODEL  L5773 ROMAN CE, SYMES, MULDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANNUE CUSHION HEEL  SACHED FOOT REPLACEMENT (OLLY)  GINTOM SHAPED PROTECTIVE COVER, RECOVER RELOW KNEE  LIMIT-based  J0, 12  Orthodos, Repairs  CUSTOM SHAPED PROTECTIVE COVER, RECOVER RELOW KNEE  LIMIT-based  J0, 12  Orthodos, Repairs  CUSTOM SHAPED PROTECTIVE COVER, NEED SARTICULATION  LIMIT-based  J0, 12  Orthodos, Repairs  L5776  CUSTOM SHAPED PROTECTIVE COVER, NEED SARTICULATION  LIMIT-based  J0, 12  Orthodos, Repairs  L5777  CUSTOM SHAPED PROTECTIVE COVER, NEED SARTICULATION  LIMIT-based  J0, 12  Orthodos, Repairs  L5770  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK  ANNEYS REQUIRED  L5771 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL  L5771 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FINCION SWING AND STANCE PHASE  L5771 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING AND STANCE PHASE  L5771 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING AND STANCE PHASE  CONTROL.  L5772 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, RECTAIN SWING AND STANCE PHASE  CONTROL.  L5773 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PREJUMATIC SWING, FRICTION SWING AND STANCE PHASE  CONTROL.  L5774 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PREJUMATIC SWING, FRICTION SWING AND STANCE PHASE  CONTROL.  L5775 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL.  L5776 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL.  L5776 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL.	L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE	Limit-based	10, 12	Orthotics, Repairs	
REPLACEMENT, SOCKET, ABOVE KNEEKNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, Limit-based 10, 12 Ortholos, Repairs MODED TO PATENT MODEL Limit-based 10, 12 Ortholos, Repairs (SACH) FOOT, REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATENT MODEL Limit-based 10, 12 Ortholos, Repairs (SACH) FOOT, REPLACEMENT ONLY CONTROL	L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	Limit-based	10, 12	Orthotics, Repairs	
MOLDED TO PATIENT MODEL  LISTRO REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL  LISTRO REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL  LISTRO REPLACEMENT ONLY  LISTRO REPLACEMENT ONLY  LISTRO GUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE  LIMR-based  10, 12  Orthodos, Repairs  LISTRO GUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE  LIMR-based  10, 12  Orthodos, Repairs  LISTRO GUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE  LIMR-based  10, 12  Orthodos, Repairs  LISTRO GUSTOM SHAPED PROTECTIVE COVER, NEED ISSARTICULATION  LIMR-based  10, 12  Orthodos, Repairs  LISTRO GUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION  LIMR-based  10, 12  Orthodos, Repairs  LISTRO GUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION  LIMR-based  10, 12  Orthodos, Repairs  LISTRO GUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION  LIMR-based  10, 12  Orthodos, Repairs  LISTRO GUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION  LIMR-based  10, 12  Orthodos, Repairs  LISTRO GUSTOM, SHAPED PROTECTIVE COVER, HIP DISARTICULATION  LIMR-based  10, 12  Orthodos, Repairs  LISTRO GUSTOM, SHAPED PROTECTIVE COVER, HIP DISARTICULATION  LIMR-based  10, 12  Orthodos, Repairs  10, 12  Orthodos, Repairs  LISTRO GUSTOM, SHAPED PROTECTIVE COVER, HIP DISARTICULATION SHAPED PROTECTIVE COVER.  LISTRO GUSTOM, SHAPED PROTECTIVE COVER, HIP DISARTICULATION SHAPED PROTECTIVE COVER.  LISTRO GUSTOM, SHAPED PROTECTIVE COVER, HIP DISARTICULATION HIP DISARTICULATION SHAPED PROTECTIVE COVER.  LISTRO ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PROTECTIVE COVER.  LISTRO ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE	L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
LISTOR SPENJACEMENT, SOCKET, HIP DISARTICULATION, NCLUDING HIP JOINT, MOLDED TO PATIENT MODEL LISTOR SANALE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL LISTOR CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE LISTOR CUSTOM SHAPED PROTECTIVE COVER, NEED SHAPTICULATION LISTOR LUSTOM SHAPED PROTECTIVE COVER, NEED SHAPTICULATION LISTOR LUSTOM SHAPED PROTECTIVE COVER, NIEE DISARTICULATION LISTOR LUSTOM SHAPED PROTECTIVE COVER, NIED SHA	L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
ISACH  FOOT, REPLACEMENT ONLY   Limit-based   10,12   Orthodos, Repairs	L5702		Limit-based	10, 12	Orthotics, Repairs	
LIMIN-based 10,12 Orthodos, Repairs  LIMIN-based	L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL		10, 12	Orthotics, Repairs	
LISTOR CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION  LIMIT-based  10,12  Orthotics, Repairs  LISTOR  LIMIT-based  10,12  Orthotics, Repairs  LISTOR  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL  LISTOR  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE  CONTROL (SARETY KNEE)  LISTOR  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING AND STANCE PHASE  CONTROL  LISTOR  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE  CONTROL  LISTOR  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE  LOTHOTION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE  LOTHOTION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE  LOTHOTION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE  LOTHOTION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE  LOTHOTION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE  PHASE CONTROL  LISTOR  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  LISTOR  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  LISTOR  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  LISTOR  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  LISTOR  ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  LISTOR  ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  LIMIT-based  10,12  Orthotics, Repairs  ORTHODICS, Repairs  AND CONTROL  LISTOR  ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  LIMIT-based  10,12  Orthotics, Repairs  ORTHODICS, Repairs  ORTHODICS, Repairs  ORTHODICS, Repairs  ORECOLULY  ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, MANUAL LOCK,	L5704		Limit-based	10, 12	Orthotics, Repairs	
LE797 ( CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	Limit-based	10, 12	Orthotics, Repairs	
L5710 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK  L5711 ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE  L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE  L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE  L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE  CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE  PHASE CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE  PHASE CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5715 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5717 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5718 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5718 ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5718 ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5718 ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  Limit-based  L10, 12 Orthotics, Repairs  CONTROL  L5719 ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, MANUAL LOCK  L1114	L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	Limit-based	10, 12	Orthotics, Repairs	
L5711 ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE  L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE  L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE  L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE  L5717 CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE  PHASE CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5713 ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT  ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT  AND MOISTURE EVACUATION SYSTEM  L5713 ADDITION EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OLUAL)  L5714 ADDITION EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OLUAL)  L5715 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OLUAL)  L5716 ADDITION, EXOSKELETAL SYSTEM, BIRDLE AXIS, MANUAL LOCK  Limit-based  10, 12 Orthodics, Repairs  Orthodics, Repa	L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	Limit-based	10, 12	Orthotics, Repairs	
L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)  L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK Limit-based  10, 12 Orthotics, Repairs  CONTROL  L5718 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK CONTROL  L5718 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL  L5722 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL  L5724 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5724 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5726 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5726 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5726 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL  L5726 ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM  L5731 ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM  L5735 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER LIMIL-based  10, 12 Orthotics, Repairs  OR EQUAL)  L5736 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER LIMIL-based  10, 12 Orthotics, Repairs  OR EQUAL)  L5736 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER LIMIL-based  10, 12 Orthotics, Repairs  OR EQUAL)  L5736 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER LIMIL-based  10, 12 Orthotics, Repairs  OR EQUAL)  L5736 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER LIMIL-based  10, 12	L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Always required	10, 12	Orthotics, Repairs	
CONTROL (SAFETY KNEE) L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK Limit-based L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE LOCK CONTROL L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE LOCK CONTROL L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL L5717 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL L5718 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL L5719 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL L5710 ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM MANAGEMENT SYSTEM (WITH OR WITHOUT LAMIMATION KIT) L5718 ADDITION TO LOWER EXTERMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM (WITH OR WITHOUT LAMIMATION KIT) L5719 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER L5719 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER L5710 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER L5719 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL) L5710 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL) L5710 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL) L5710 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL) L5710 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGH	L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Always required	10, 12	Orthotics, Repairs	
L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE LOCK  L5718 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE  CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5714 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5716 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5710 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5711 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5711 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5711 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  CONTROL  L5711 ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE  LImit-based  L5711 ADDITION, EXOSKELETAL SYSTEM, SECURATION, AND STANCE PHASE  LIMIT-based  L5712 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5716 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5710 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5712 ADDITION, EXOSKELETAL SYSTEM, SINGLE AXIS, MANUAL LOCK  LIMIT-based  10, 12 Orthotics, Repairs  CARBON FIBER OR EQUAL)  L5712 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK  LIMIT-based  10, 12 Orthotics, Repairs  CARBON FIBER OR EQUAL)  L5713 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGL	L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Limit-based	10, 12	Orthotics, Repairs	
L5718 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL  L5724 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL  L5724 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5724 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5726 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5726 ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM  L5728 ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM  L5729 ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME LIMID VOLUME LIMID WOLUME LIMID WITHOUT LAMINATION KIT)  L5720 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5730 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5730 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL)  L5730 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL)  L5730 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL)  L5740 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL)  L5750 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL)  L5761 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL (TITANIUM, LIMIL-based 10, 12 Orthotics, Repairs CARBON FIBER CARBON FIB	L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE	Always required	10, 12	Orthotics, Repairs	
CONTROL  L572 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL  L5724 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5724 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5726 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL  L5727 L5726 ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT LIMIL-based L10, 12 Orthotics, Repairs NAMAGEMENT SYSTEM WITH OR WITHOUT LAMINATION KIT)  L5728 ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME LIMIL-based L10, 12 Orthotics, Repairs NAMAGEMENT SYSTEM WITH OR WITHOUT LAMINATION KIT)  L5729 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROL)  L5730 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROL)  L5730 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROL)  L5730 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROL)  L5730 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROL)  L5730 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROL)  L5731 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK LIMIL-based 10, 12 Orthotics, Repairs CARBON FIBER CONTROL SARROL SARR	L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Limit-based	10, 12	Orthotics, Repairs	
PHASE CONTROL  L5724 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  L5725 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL  L5726 ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM  L5726 ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME L5727 ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME L5728 ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME L5729 ADDITION, EXOSKELETAL SYSTEM, GREDW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5729 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARBON FIBER OR EQUAL)  L5730 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CARB	L5718		Always required	10, 12	Orthotics, Repairs	
L5728 ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE LImit-based 10, 12 Orthotics, Repairs ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT 10, 12 Orthotics, Repairs ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME LIMIT-based 10, 12 Orthotics, Repairs MANAGEMENT SYSTEM (WITH OR WITHOUT LAMINATION KIT) L5785 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROLL) L5790 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROLL) L5791 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROLL) L5791 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROLL) L5791 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CONTROLL) L5791 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK LIMIT-based 10, 12 Orthotics, Repairs CARBON FIBER OR EQUAL) L5810 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK LIMIT-based 10, 12 Orthotics, Repairs L5811 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT LIMIT-based 10, 12 Orthotics, Repairs	L5722		Always required	10, 12	Orthotics, Repairs	
CONTROL  L5781 ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM  L5783 ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME L5783 ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME L5785 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5790 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5790 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5791 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, LIMIL-based  10, 12 Orthotics, Repairs OR EQUAL)  L5792 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, LIMIL-based  10, 12 Orthotics, Repairs  CONTROL  ORTHODIS REPAIRS  10, 12 Orthotics, Repairs	L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Always required	10, 12	Orthotics, Repairs	
AND MOISTURE EVACUATION SYSTEM  L5783 ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME  L5783 ADDITION, EXORKELETAL SYSTEM, WITH OR WITHOUT LAMINATION KIT)  L5785 ADDITION, EXORKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5790 ADDITION, EXORKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5791 ADDITION, EXORKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5792 ADDITION, EXORKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5793 ADDITION, EXORKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5794 ADDITION, EXORKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK  LIMIT-based 10, 12 Orthotics, Repairs  CARBON FIBER OR EQUAL)  L5810 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT  MATERIAL  LIMIT-based 10, 12 Orthotics, Repairs  10, 12 Orthotics, Repairs	L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Limit-based	10, 12	Orthotics, Repairs	
L5785 ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME Limit-based 10, 12 Orthotics, Repairs MANAGEMENT SYSTEM, WITH OR WITHOUT LAMMASION KIT)  L5785 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CLIMIt-based 10, 12 Orthotics, Repairs OR EQUAL)  L5790 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CLIMIt-based 10, 12 Orthotics, Repairs OR EQUAL)  L5790 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CLIMIt-based 10, 12 Orthotics, Repairs CARBON FIBER OR EQUAL)  L5810 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK LIMIt-based 10, 12 Orthotics, Repairs CLIMIT-based 10, 12 Orth	L5781		Limit-based	10, 12	Orthotics, Repairs	
L5785 ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  L5790 ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CLIMIt-based 10, 12 Orthotics, Repairs OR EQUAL)  L5795 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER CLIMIt-based 10, 12 Orthotics, Repairs CARBON FIBER OR EQUAL)  L5810 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK Limit-based 10, 12 Orthotics, Repairs CARBON FIBER OR EQUAL)  L5811 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK Limit-based 10, 12 Orthotics, Repairs CARBON FIBER OR EXPENSE OR	L5783	ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME	Limit-based	10, 12	Orthotics, Repairs	
OR EQUAL)  L5795 ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARRON FIBER OR EQUAL)  L5810 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK  Limit-based 10, 12 Orthotics, Repairs  L5811 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT  MATERIAL  L6811 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT  MATERIAL	L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER	Limit-based	10, 12	Orthotics, Repairs	
CARBOM FIBER OR EQUAL)  L5810 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK  Limit-based  10, 12 Orthotics, Repairs  MATERIAL  Orthotics, Repairs	L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5810 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK Limit-based 10, 12 Orthotics, Repairs  L5811 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT Limit-based 10, 12 Orthotics, Repairs  MATERIAL	L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
MATERIAL	L5810		Limit-based	10, 12	Orthotics, Repairs	
	L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Limit-based	10, 12	Orthotics, Repairs	
Lot 2 AUDITIVE, ENDOSALEL PLA INCE-SHIN STSTEM, SINGLE AAIS, FRICTION SWING AND STANCE PHASE LIMITORISES 10, 12 OTHOUGS, Repairs CONTROL (SAFETY KINE)	L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE	Limit-based	10, 12	Orthotics, Repairs	
L5814 ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE Limit-based 10, 12 Orthotics, Repairs CONTROL, MECHANICAL STANCE PHASE LOCK	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Limit-based	10, 12	Orthotics, Repairs	
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE	Limit-based	10, 12	Orthotics, Repairs	
L5822	PHASE CONTROL ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE	Limit-based	10, 12	Orthotics, Repairs	
L5824	PHASE CONTROL ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Always required	10, 12	Orthotics, Repairs	
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	Limit-based	10, 12	Orthotics, Repairs	
L5827	WITH MINIATORE HIGH ACTIVITY FRAME ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING	Limit-based	10, 12	Orthotics, Repairs	
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Limit-based	10, 12	Orthotics, Repairs	
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	Limit-based	10, 12	Orthotics, Repairs	
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	Limit-based	10, 12	Orthotics, Repairs	
L5841	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, PNEUMATIC SWING, AND STANCE PHASE CONTROL	Limit-based	10, 12	Orthotics, Repairs	
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	Limit-based	10, 12	Orthotics, Repairs	
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	Limit-based	10, 12	Orthotics, Repairs	
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	Limit-based	10, 12	Orthotics, Repairs	
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Always required	10, 12	Orthotics, Repairs	
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Always required	10, 12	Orthotics, Repairs	
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	Limit-based	10, 12	Orthotics, Repairs	
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK		10, 12	Orthotics, Repairs	
L5926	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL ROTATION UNIT, ANY TYPE	Limit-based	10, 12	Orthotics, Repairs	Formerly K1022
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	Always required	10, 12	Orthotics, Repairs	
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	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	Always required	10, 12	Orthotics, Repairs	
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Limit-based	10, 12	Orthotics, Repairs	
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Limit-based	10, 12	Orthotics, Repairs	
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Limit-based	10, 12	Orthotics, Repairs	
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	Limit-based	10, 12	Orthotics, Repairs	
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	Limit-based	10, 12	Orthotics, Repairs	
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	Limit-based	10, 12	Orthotics, Repairs	
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	Limit-based	10, 12	Orthotics, Repairs	
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	Limit-based	10, 12	Orthotics, Repairs	
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	Limit-based	10, 12	Orthotics, Repairs	
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	Limit-based	10, 12	Orthotics, Repairs	
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	Limit-based	10, 12	Orthotics, Repairs	
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	Limit-based	10, 12	Orthotics, Repairs	
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	Limit-based	10, 12	Orthotics, Repairs	
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	Limit-based	10, 12	Orthotics, Repairs	
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	Always required	10, 12	Orthotics, Repairs	
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	Limit-based	10, 12	Orthotics, Repairs	
1 5990	, , , , , , , , , , , , , , , , , , , ,		10, 12	Orthotics, Repairs	
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, OSEN ADDITION TO LOWER EXTREMITY PROSTHESIS, OSSEOINTEGRATED EXTERNAL PROSTHETIC	Limit-based Limit-based	10, 12	Orthotics, Repairs	
	CONNECTOR		,		
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Always required	10, 12	Orthotics, Repairs	
L6000	PARTIAL HAND, THUMB REMAINING	Always required	10, 12	Orthotics, Repairs	
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	Always required	10, 12	Orthotics, Repairs	
L6020	PARTIAL HAND, NO FINGER REMAINING	Limit-based	10, 12	Orthotics, Repairs	
<u>L6028</u>	PARTIAL HAND, FINGER, AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)THUMB, AMPUTATION AT METACARPAL LEVEL, INCLUDING FLEXIBLE ON 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 L6692	Always required	10, 12	Orthotics, Repairs	
<u>L6029</u>	UPPER EXTREMITY ADDITION, TEST SOCKET/INERFACE, PARTIAL HAND INCLUDING FINGERS	Always required	10, 12	Orthotics, Repairs	
L6030	UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS	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	Always required	10, 12	Orthotics, Repairs	
L6032	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Always required	10, 12	Orthotics, Repairs	
L6033	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLIC MATERIAL	Always required	10, 12	Orthotics, Repairs	
<u>L6034</u>	PARTIAL HAND, FINGER, AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)/THUMB, AMPUTATION AT TRANSMETACARPAL LEVEL, INCLUDING FLEXIBLE OR NON-FLEXIBLE INTERFACE,	Always required	10, 12	Orthotics, Repairs	
L6035	SINGLE PROSTHETIC DIGIT, MECHANICAL, CAN INCLUDE METACARPOPHALANGEAL (MCP), PROXIMAL INTERPHALANGEAL (PIP), ANDIOR DISTAL INTERPHALANGEAL (DIP) JOINT(S), WITH OR WITHOUT	Always required	10, 12	Orthotics, Repairs	
L6036	PROSTHETIC THUMB, MECHANICAL, CAN INCLUDE METACARPOPHALANGEAL (MCP), INTERPHALANGEAL (P) JOINT(S), WITH OR WITHOUT LOCKING MECHANISM, CAN INCLUDE FLEXION	Always required	10, 12	Orthotics, Repairs	
<u>L6037</u>	IMMEDIATE POST-SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INLUCDING FITTING, ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE,	Always required	10, 12	Orthotics, Repairs	
<u>L6038</u>	ADDITION TO SINGLE PROSTHETIC DIGIT OR THUMB, MECHANICAL, ATTACHMENT, MULTIAXIAL AND/OR INTERNAL/EXTERNAL ROTATION/ABDUCTION/ADDUCTION MECHANISM, WITH OR WITHOUT	Always required	10, 12	Orthotics, Repairs	
L6039	PASSIVE PROSTHETIC DIGIT OR THUMB PROSTHESIS NOT INCLUDING HAND RESTORATION PARTIAL HAND, FULL OR PARTIAL, CUSTOM MADE, ANY MATERIAL, INITIAL OR REPLACEMENT, PER SINGLE	Always required	10, 12	Orthotics, Repairs	
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Limit-based	10, 12	Orthotics, Repairs	
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Always required	10, 12	Orthotics, Repairs	
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	Limit-based	10, 12	Orthotics, Repairs	
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	Limit-based	10, 12	Orthotics, Repairs	
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	Limit-based	10, 12	Orthotics, Repairs	
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	Always required	10, 12	Orthotics, Repairs	
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES. FOREARM	Always required	10, 12	Orthotics, Repairs	
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	Limit-based	10, 12	Orthotics, Repairs	
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION,	Always required	10, 12	Orthotics, Repairs	
L6310	INTERNAL LOCKING ELBOW, FOREARM SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Always required	10, 12	Orthotics, Repairs	
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Always required	10, 12	Orthotics, Repairs	
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION,	Limit-based	10, 12	Orthotics, Repairs	
L6360	INTERNAL LOCKING ELBOW, FOREARM INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Always required	10, 12	Orthotics, Repairs	
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Always required	10, 12	Orthotics, Repairs	
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE	Limit-based	10, 12	Orthotics, Repairs	
L6450	SHAPING ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT	Always required	10, 12	Orthotics, Repairs	
L6500	PROSTHETIC TISSUE SHAPING ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE	Limit-based	10, 12	Orthotics, Repairs	
L6550	SHAPING SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT	Always required	10, 12	Orthotics, Repairs	
	PROSTHETIC TISSUE SHAPING				

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT	Always required	10, 12	Orthotics, Repairs	
L6600	PROSTHETIC TISSUE SHAPING UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	Limit-based	10, 12	Orthotics, Repairs	
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	Limit-based	10, 12	Orthotics, Repairs	
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	Always required	10, 12	Orthotics, Repairs	
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	Limit-based	10, 12	Orthotics, Repairs	
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT	Limit-based	10, 12	Orthotics, Repairs	
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	Limit-based	10, 12	Orthotics, Repairs	
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	Limit-based	10, 12	Orthotics, Repairs	
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	Always required	10, 12	Orthotics, Repairs	
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	Limit-based	10, 12	Orthotics, Repairs	
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE,	Limit-based	10, 12	Orthotics, Repairs	
L6630	OTTO BOCK OR EQUAL UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	Limit-based	10, 12	Orthotics, Repairs	
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE	Limit-based	10, 12	Orthotics, Repairs	
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	Limit-based	10, 12	Orthotics, Repairs	
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	Limit-based	10, 12	Orthotics, Repairs	
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	Always required	10, 12	Orthotics, Repairs	
L6641			10, 12	Orthotics, Repairs	
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	Limit-based	10, 12	Orthotics, Repairs	
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT		10, 12	Orthotics, Repairs	
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT	Limit-based	10, 12	Orthotics, Repairs	
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	Limit-based	10, 12	Orthotics, Repairs	
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	Limit-based	10, 12	Orthotics, Repairs	
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	Limit-based	10, 12	Orthotics, Repairs	
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	Limit-based	10, 12	Orthotics, Repairs	
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	Limit-based	10, 12	Orthotics, Repairs	
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	Limit-based	10, 12	Orthotics, Repairs	
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	Limit-based	10, 12	Orthotics, Repairs	
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	Limit-based	10, 12	Orthotics, Repairs	
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	Limit-based	10, 12	Orthotics, Repairs	
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR	Limit-based	10, 12	Orthotics, Repairs	
L6686	THORACIC UPPER EXTREMITY ADDITION, SUCTION SOCKET	Limit-based	10, 12	Orthotics, Repairs	
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	Limit-based	10, 12	Orthotics, Repairs	
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	Limit-based	10, 12	Orthotics, Repairs	
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	Always required	10, 12	Orthotics, Repairs	
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	Limit-based	10, 12	Orthotics, Repairs	
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT	Limit-based	10, 12	Orthotics, Repairs	
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL	Limit-based	10, 12	Orthotics, Repairs	
L6693	UPPER EXTREMITY ADDITION, EXTERNAL LOCKING ELBOW	Limit-based	10, 12	Orthotics, Repairs	
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	Limit-based	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Limit-based	10, 12	Orthotics, Repairs	
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Limit-based	10, 12	Orthotics, Repairs	
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	Limit-based	10, 12	Orthotics, Repairs	
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	Limit-based	10, 12	Orthotics, Repairs	
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	Limit-based	10, 12	Orthotics, Repairs	
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	Always required	10, 12	Orthotics, Repairs	
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	<u>Limit-based</u>	10, 12	Orthotics, Repairs	
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	Limit-based	10, 12	Orthotics, Repairs	
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Always required	10, 12	Orthotics, Repairs	
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Always required	10, 12	Orthotics, Repairs	
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING		10, 12	Orthotics, Repairs	
L6915	5 HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE		10, 12	Orthotics, Repairs	
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	Never required	NA	NA	
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	Limit-based	10, 12	Orthotics, Repairs	
<u>L7406</u>	ADDITION TO UPPER EXTREMITY PROSTHESIS, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM (WITH OR WITHOUT LAMINATION KIT)	Limit-based	10, 12	Orthotics, Repairs	
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Always required	10, 12	Orthotics, Repairs	
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Limit-based	10, 12	Orthotics, Repairs	
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Limit-based	10, 12	Orthotics, Repairs	
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE	Never required	NA	NA	
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	Never required	NA	NA	Terminated 3.31.25.
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	Never required	NA	NA	
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	Limit-based	10, 12	Orthotics, Repairs	
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	Limit-based	10, 12	Orthotics, Repairs	
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	Always required	10, 12	Orthotics, Repairs	
L8300	TRUSS, SINGLE WITH STANDARD PAD	Never required	NA	NA	
L8310	TRUSS, DOUBLE WITH STANDARD PADS	Never required	NA	NA	
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	Limit-based	10, 12	Orthotics, Repairs	
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	Never required	NA	NA	
L8400	PROSTHETIC SHEATH, BELOW KNEE	Never required	NA	NA	
L8410	PROSTHETIC SHEATH, ABOVE KNEE	Never required	NA	NA	
L8415	PROSTHETIC SHEATH, UPPER LIMB	Never required	NA	NA	
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE	Never required	NA	NA	

			PRIOR AUTHORIZATION	PRIOR AUTHORIZATION	
HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	ASSIGNMENT NUMBER	ASSIGNMENT NAME	NOTES
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE	Never required	NA	NA	
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE	Never required	NA	NA	
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB	Limit-based	10, 12	Orthotics, Repairs	
L8440	PROSTHETIC SHRINKER, BELOW KNEE	Never required	NA	NA	
L8460	PROSTHETIC SHRINKER, ABOVE KNEE	Limit-based	10, 12	Orthotics, Repairs	
L8465	PROSTHETIC SHRINKER, UPPER LIMB	Limit-based	10, 12	Orthotics, Repairs	
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE	Never required	NA	NA	
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE	Limit-based	10, 12	Orthotics, Repairs	
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB	Limit-based	10, 12	Orthotics, Repairs	
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Always required	10, 12	Orthotics, Repairs	
L8500	ARTIFICIAL LARYNX, ANY TYPE	Limit-based	10, 12	Orthotics, Repairs	
L8501	TRACHEOSTOMY SPEAKING VALVE	Never required	NA	NA	
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Limit-based	10, 12	Orthotics, Repairs	
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Limit-based	10, 12	Orthotics, Repairs	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Limit-based	10, 12	Orthotics, Repairs	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	Limit-based	10, 12	Orthotics, Repairs	
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Never required	NA	NA	
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT	Limit-based	10, 12	Orthotics, Repairs	
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT	Limit-based	10, 12	Orthotics, Repairs	
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT	Limit-based	10, 12	Orthotics, Repairs	
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT	Limit-based	10, 12	Orthotics, Repairs	
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Always required	10, 12	Orthotics, Repairs	
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Always required	10, 12	Orthotics, Repairs	
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Always required	10, 12	Orthotics, Repairs	
L8678	ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH	Always required	10, 12	Orthotics, Repairs	
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY	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	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 noting authorization.

			PA Payment by prio	r authorization								
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 U	11 SAFETY EQUIPMENT, THERMAL FUSE	Each	Safety Equipment	\$10.82	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, FLOW METER, 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 85 PERCENT OR GREATER CHYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE <b>AND</b> 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

## Wheelchairs and related parts and services

Appendix to OAC rule 5160-10-01, related to OAC rule 5160-10-16 Payment schedule effective 01/01/2026

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E0950	WHEELCHAIR ACCESSORY, TRAY	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP	Never required	NA	NA		DMEB
E0952	TOE LOOP/HOLDER, ANY TYPE	Never required	NA	NA		DMEB
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0954 U1	WHEELCHAIR ACCESSORY, DOUBLE FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE	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	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE	Never required	NA	NA		DMEB
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	Never required	NA	NA		DMEB
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE)	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY	Never required	NA	NA		DMEB
E0968	COMMODE SEAT, WHEELCHAIR	Never required	NA	NA		DMEB
E0969	NARROWING DEVICE, WHEELCHAIR	Never required	NA	NA		DMEB
E0970	NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE	Never required	NA	NA		DMEB
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0980	SAFETY VEST, WHEELCHAIR	Never required	NA	NA		DMEB
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY	Never required	NA	NA		DMEB
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	Never required	NA	NA		DMEB
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	Never required	NA	NA		DMEB
E0986	MANUAL WHEELCHAIR ACCESSORY, POWER ASSIST SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	Never required	NA	NA		DMEB
E0994	ARM REST	Limit-based	19, 12	Wheelchairs, Repairs	BEP item	DMEB
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Always required	19, 12	Wheelchairs, Repairs		DMEB

Column   C	HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
END							
### WHILE FOWER ACCESSION, POWER SERVING SYSTEM, RECLARGE CITY, WITH POWER BREWN PRECIDENCY AND PROVIDED TO MANY PROVIDED TO	E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
DECES   DECE	E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
	E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
MINICATION	E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
REQUESTION	E1007		Always required	19, 12	Wheelchairs, Repairs		DMEB
	E1008		Always required	19, 12	Wheelchairs, Repairs		DMEB
REST	E1009		Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
COMPS    COMPS    COMPS  COMPS   COM	E1010		Always required	19, 12	Wheelchairs, Repairs		DMEB
BESTRA ATTORM, COMPATTE SYSTEM ANT TYPE  FINAL PROCESSOR SECRET AND ALL WINESCOME  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ALL COMPONENT AND ACCESSORES  FINAL PROCESSOR SECRET AND ALL WINESCOME ACCESSORES  FINAL PROC	E1011		Limit-based	19, 12	Wheelchairs, Repairs		DMEB
SPICE A SSCRIBER FOR NAMEA, WHELICHAR   New regard   NA	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE	Always required	19, 12	Wheelchairs, Repairs		DMEB
BIOLIANDUT MANDER WELLCHARR  No. NA. NA. NA. NA. NA. NA. DEMES  ENTITY SHOOK ASSORBER FOR POWER WELLCHARR  ENTITY SHOOK ASSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY NAMAK. WHEELCHARR  Limit Shaded  19, 12  Wheelcharring  NA. NA. NA. NA. DEMES  ENTITY SHOOK ASSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY NAMAK. WHEELCHARR  Limit Shaded  19, 12  Wheelcharring  NA. NA. NA. DEMES  ENTITY SHOOK ASSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY NOMER WEELCHARR  Limit Shaded  19, 12  Wheelcharring  NA. NA. NA. DEMES  ENTITY SHOOK ASSORBER FOR WHEELCHARR ANY TYPE  NAME CHART THAN POPULATION SECUREMENT SYSTEM ANY TYPE NOLLOES ALL COMPONENTS AND ACCESSORIES  ENTITY OF THE CHART THAN POPULATION SECUREMENT SYSTEM ANY TYPE NOLLOES ALL COMPONENTS AND ACCESSORIES  ENTITY OF THE CHART THAN POPULATION SECUREMENT SYSTEM ANY TYPE NOLLOES ALL COMPONENTS AND ACCESSORIES  ENTITY OF THE CHART THAN POPULATION SECUREMENT SYSTEM ANY TYPE NOLLOES ALL COMPONENTS AND ACCESSORIES  WHEELCHARR TRANSPORT SECUREMENT SYSTEM ANY TYPE NOLLOES ALL COMPONENTS AND ACCESSORIES  WHEELCHARR TRANSPORT SECUREMENT SYSTEM ANY TYPE NOLLOES ALL COMPONENTS AND ACCESSORIES  WHEELCHARR TRANSPORT SECUREMENT SYSTEM ANY TYPE NOLLOES ALL COMPONENTS AND ACCESSORIES  WHEELCHARR TRANSPORT SECUREMENT SYSTEM ANY TYPE NOLLOES ALL COMPONENTS AND ACCESSORIES  WHEELCHARR TRANSPORT AND ALL TYPES WITH ALL SYNCHAMAN PRACTICES OF REMEAVABLE BOULDTING HARDWARE FOR NAME IN THE PACE OF ROTTO HEAD AND ACCESSORY WHEN ANY TO ALL TYPES WITH CHART THAN THE PACE OF REMOVABLE BOULDTING HARDWARE FOR NAME IN THE PACE OF THE PACE O	E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	Never required	NA	NA		DMEB
E-1017 NEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAR  E-1020 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR LAND TO POWER WHEELCHAR  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAR NO. TYPE  E-1030 NESDUAL LIMB SUPPORT SYSTEM FOR WHITH SYSTE	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR	Never required	NA	NA		DMEB
E-019   HEAVY DUTY SHOCK ABSORBER FOR FEAVY DUTY OR EXTRA FEAVY DUTY POWER WHEELCHAR	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR	Never required	NA	NA		DMEB
E1022 WHEELCHAR TRANSPORTATION SECUREMENT SYSTEM FOR WHEELCHAR ANY TYPE  E1022 WHEELCHAR TRANSPORTATION SECUREMENT SYSTEM, AND LODES ALL COMPONENTS AND ACCESSORIES  AMBRIT TODARD  E1022 WHEELCHAR TRANSPORTATION SECUREMENT SYSTEM, AND LODES ALL COMPONENTS AND ACCESSORIES  AMBRIT TODARD  E1023 WHEELCHAR TRANSPORTATION SECUREMENT SYSTEM, NOLLOGIS ALL COMPONENTS AND ACCESSORIES  AMBRIT TODARD  E1024 WHEELCHAR TRANSPORTATION SECUREMENT SYSTEM, NOLLOGIS ALL COMPONENTS AND ACCESSORIES  AMBRIT TODARD  E1024 WHEELCHAR TRANSPORT SECUREMENT SYSTEM, NOLLOGIS ALL COMPONENTS AND ACCESSORIES  AMBRIT TODARD  AMBRIT TODARD  AMBRIT TODARD  NONE required  NO. Nover required  NA.  NA.  DARB  E1020 WHEELCHAR ACCESSORY, VENTLATOR TRAY, GROBALED  Nover Required  No. Nover required  No. Nover required  NA.  NA.  DARB  E1020 WHEELCHAR ACCESSORY, VENTLATOR TRAY, GROBALED  Nover Required  NA.  NA.  DARB  E1020 WHEELCHAR ACCESSORY, METHLATOR TRAY, GROBALED  Nover required  Nover required  No. Nover required  Nover required  NA.  NA.  DARB  E1020 WHEELCHAR ACCESSORY, METHLATOR TRAY, GROBALED  Nover required  NA.  NA.  DARB  E1020 WHEELCHAR ACCESSORY, METHLATOR TRAY, GROBALED  Nover required  Nover required  Nover required  NA.  NA.  DARB  E1020 WHEELCHAR ACCESSORY, METHLATOR TRAY, GROBALE MOUNTING HARDWARE USED WITH  ABRIT TO THE ACCESSORY METHLATOR TRAY, GROBALED  Nover required  Nover required  NA.  NA.  DARB  E1020 WHEELCHAR ACCESSORY, METHLATOR TRAY, GROBALED  Nover required  NA.  NA.  DARB  E1020 WHEELCHAR ACCESSORY, METHLATOR TRAY, GROBALED  Nover required  NA.  NA.  DARB  E1020 WHEELCHAR ACCESSORY, METHLATOR TRAY, GROBALED  DAR	E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR	Never required	NA	NA		DMEB
### E1922 WHEELCHAR TRANSPORTATION SECUREMENT SYSTEM, NOLUCIES ALL COMPONENTS AND ACCESSORIES ### AMBRA INSURING ### AMBR INSURING ### AMBRA INSURING ### AMBRA INSURING ### AMBRA INSUR	E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E1022 WHEELCHAR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES    Miscell CHARGE ACCESSORY, MANUL SINNOQUAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR A Mays required	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	Never required	NA	NA		DMEB
E1022 WHEELCHAIR ACCESSORY, MANUAL SWINCAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required 19, 12 Wheelchairs, Repairs DMEB 2019 CANCERSORY WEIGHT CONTROL, MITER ALC OR POSITIONING ACCESSORY WEIGHT CONTROL, WITER ACCESSORY, VENTLATIOR TRAY, REDB 10 Meet required 10 MA NA NA DMEB 2100 WHEELCHAIR ACCESSORY, VENTLATIOR TRAY, REDB 10 Meet required 10 MA NA NA DMEB 2100 WHEELCHAIR ACCESSORY, VENTLATIOR TRAY, GAIBALED 10 Meet required 10 MA NA NA DMEB 2100 WHEELCHAIR ACCESSORY, VENTLATIOR TRAY, GAIBALED 10 Meet required 10 MA NA NA DMEB 2100 WHEELCHAIR ACCESSORY, VENTLATIOR TRAY, GAIBALED 10 Meet required 10 MA NA NA DMEB 2100 WHEELCHAIR ACCESSORY WEIGHT AND THAT A MEET ACCESSORY VENTLATIOR TRAY, GAIBALED 10 Meet required 10 MA NA NA DMEB 2100 WHEELCHAIR ACCESSORY WEIGHT AND THAT A MEET ACCESSORY VENTLATIOR TRAY, GAIBALED 10 MEET ACCESSORY WEIGHT AND THAT A MEET ACCESSORY VENTLATIOR TRAY, GAIBALED 10 MEET ACCESSORY VENTLATIOR TRAY, GAIBALED 10 MEET ACCESSORY WEIGHT AND THAT A MEET ACCESSORY VENTLATIOR TRAY, GAIBALED 10 MEET ACCESSORY VENTLATIOR TRAY, TOTAL TRAY, TOT	E1022	WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	Always required	9			DMEB
LOYSTICK, OTHER CONTROL NTERRACE OR POSITIONING ACCESSORY  E1030 WHEELCHARR ACCESSORY, VENTLATOR TRAY, GRIBALED  E1031 ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5' OR GREATER  E1031 ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5' OR GREATER  E1032 WHEELCHARR ACCESSORY, LANGUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYN CASTERS 5' OR GREATER  E1032 WHEELCHARR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYN CASTERS 5' OR GREATER  E1032 WHEELCHARR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYN CASTERS 5' OR GREATER  E1032 WHEELCHARR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Abmoys required LATERAL TRUNK OR HAY SUPPORT, ANY TYPE.  E1034 WHEELCHARR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK OR HAY SUPPORT, ANY TYPE.  E1035 WATER LOVER AND	E1023	WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES	Always required	9			DMEB
WHEELCHAR ACCESSORY, VENTLATOR TRAY, GIRBALED  Never required  NA  NA  NA  NA  NA  DMEB  E1032  NEVEELCHAR ACCESSORY, VENTLATOR TRAY, GIRBALED  NEVER required  NA  NA  NA  NA  NA  NA  NA  DMEB  E1032  NEVEELCHAR ACCESSORY, MANUAL, SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH ACCESSORY, MANUAL, SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH ACCESSORY, MANUAL, SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL, SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL, SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL, SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL, SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR AMBINA INSURED WITH ACCESSORY, MANUAL SWINGAWAY DETACHABLE ELEVATED BY CAREGOVER, Always required 19, 12 Wheelchairs, Repairs  DMEB  E1037 TRANSPORT CHARR, ADULT SIZE, FAITENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  Never required  NA  NA  DMEB  E1038 TRANSPORT CHARR, ADULT SIZE, FAITENT WEIGHT CAPACITY UP TO AND INCLUDING SOO POUNDS  Never required  NA  NA  DMEB  E1039 TRANSPORT CHARR, ADULT SIZE, FAITENT WEIGHT CAPACITY UP TO AND INCLUDING SOO POUNDS  Never required  NA  NA  DMEB  E1039 TRANSPORT CHARR, ADULT SIZE, FAITENT WEIGHT CAPACITY GREATER THAN 300 POUNDS  Never required  NA  NA  DMEB  E1039 TRANSPORT CHARR, ADULT SIZE, FAITENT WEIGHT CAPACITY UP TO AND INCLUDING SOO POUNDS  Never required  NA  NA	E1028		Always required	19, 12	Wheelchairs, Repairs		DMEB
E1032 WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH Always required JOYSTECK OR OTHER DRIVE CONTROL INTERPACES E1032 WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required JOYSTECK OR OTHER DRIVE CONTROL INTERPACES E1033 WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required JOYSTECK OR OTHER DRIVE CONTROL INTERPACES E1033 WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required JOYSTECK OR OTHER DRIVE CONTROL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required JOYSTECK OR OTHER DRIVE CONTROL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required JOYSTECK OR OTHER DRIVE CONTROL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required JOYSTECK OR OTHER DRIVE CONTROL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required JOYSTECK OR OTHER DRIVE CONTROL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required JOYSTECK OR OTHER DRIVE CONTROL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required JOYSTECK OR AND AND ALWAYS SWINGAWAY DETACHAED BY CAREGIVER, Always required JOYSTECK OR AND AND ALWAYS SWINGAWAY DETACHABLE ELEVATING LEGGE RETRACT AND AND ALWAYS SWINGAWAY DETACHABLE ELEVATING LEGGE RESTS Always required NA NA NA DAMPS TO ALWAYS SWINGAWAY DETACHABLE ELEVATING LEGGE RESTS Always required JOYSTECK OR AND	E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	Never required	NA	NA		DMEB
HEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH  Always required  JOYSTICK OR OTHER DRIVE CONTROL, INTERPACE  1933  HEADREST, CUSHONED, ANY TYPE  HEADREST, CUSHONED, ANY TYPE  1942  HEADREST, CUSHONED, ANY TYPE  1954  HEADREST, CUSHONED, ANY TYPE  1954  HEADREST, CUSHONED, ANY TYPE  1954  HEADREST, CUSHONED, ANY TYPE  1955  HEADREST, CUSHONED, ANY TYPE  1955  HEADREST, CUSHONED, ANY TYPE  1955  HEADREST, CUSHONED, ANY TYPE  1957  HEADREST, CUSHONED, ANY TYPE  1958  HEADREST, CUSHONED, ANY TYPE  1958  HEADREST, CUSHONED, ANY TYPE  1958  HEADREST, CUSHONED, ANY TYPE  1959  HEADREST, CUSHONED, ANY TYPE  HEADREST, CUSHONED, ANY TYPE  1959  HEADREST, CUSHONED, ANY TYPE  1959  HEADREST, CUSHONED, ANY TYPE  HEADREST	E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Never required	NA	NA		DMEB
LIGHS MY LECTOR OTHER DRIVE CONTROL INTERFACE LIGHS MY LECTOR OTHER DRIVE CONTROL INTERFACE LIGHS MY LECTOR OF THE RELECTOR OF THE LIGHT ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS LIGHS MY LECTOR OF THE LIGHT ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS LIGHS MY LECTOR OF THE LIGHT ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS LIGHS MY LECTOR OF THE LIGHT ARMS, SWING AWAY DETACHABLE ELEVATING LEG LIGHS MY LEGGIAR. REVER FLORING CRIPT OF THE LIGHT ARMS, SWING AWAY DETACHABLE ELEVATING LEG LIGHS MEMBERS SIGNED FROM THE LEGGIAR. REPAIRS LIGHT CANAGE ARMS DESK OF FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG LIGHS MEMBERS SIGNED FROM THE LEGGIAR. REPAIRS LIGHT CHAIR OF THE LEGGIAR DETACHABLE ARMS DESK OF FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG LIGHS MEMBERS SIGNED AWAY DETACHABLE FOOTRESTS LIGHT MAN AN A	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5" OR GREATER	Never required	NA	NA		DMEB
HEADREST, CUSHIONED, ANY TYPE  E1034 INTERCHAPR ACCESSORY, MANUL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR Always required  E1035 MULT-POSITIONAL PATENT TRANSFER SYSTEM. WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT  MILT-POSITIONAL PATIENT TRANSFER SYSTEM. WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT  MILT-POSITIONAL PATIENT TRANSFER SYSTEM. WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT  MILT-POSITIONAL PATIENT TRANSFER SYSTEM. WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT  MILT-POSITIONAL PATIENT TRANSFER SYSTEM. WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, Always required  19, 12 Wheelchairs, Repairs  DMEB  E1036 TRANSFORT CHAIR, ADULT SIZE, FATENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  Never required  NA NA  DMEB  E1039 TRANSFORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS  Never required  NA NA  DMEB  E1030 FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS  Always required  19, 12 Wheelchairs, Repairs  DMEB  E1030 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST  Always required  NA NA  DMEB  E1031 HEMI-WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEG  RESTS  E1032 HEMI-WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  RESTS  E1034 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  RESTS  Never required  NA NA  DMEB  E1036 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  RESTS  Never required  NA NA  DMEB  E1036 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  NA NA  DMEB  E1036 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  AWAYS required  NA NA  DMEB  E1036 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  AWAYS REQ	E1032		Always required	19, 12	Wheelchairs, Repairs		DMEB
LATERAL TRUNK OR HIP SUPPORT, ANY TYPE  E1035 MULTI-POSITIONAL PATEINT TRANSPER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT  MULTI-POSITIONAL PATIENT TRANSPER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER.  E1036 MULTI-POSITIONAL PATIENT TRANSPER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER.  PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS  E1037 TRANSPORT CHAIR, REDIATRIC SIZE  E1037 TRANSPORT CHAIR, REDIATRIC SIZE  E1038 TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  Never required  NA  NA  DIMEB  E1039 TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS  Never required  NA  NA  DIMEB  E1050 FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS  Aways required  19, 12 Wheelchairs, Repairs  DIMEB  E1060 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTREST  Aways required  19, 12 Wheelchairs, Repairs  DIMEB  E1070 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST  Aways required  19, 12 Wheelchairs, Repairs  DIMEB  E1081 HEMI-WHEELCHAIR, EXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST  Aways required  NA  NA  DIMEB  E1084 HEMI-WHEELCHAIR, EXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  RESTS  E1085 HEMI-WHEELCHAIR, EXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  RESTS  E1086 HEMI-WHEELCHAIR, EXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Never required  NA  NA  DIMEB  E1086 HEMI-WHEELCHAIR, EXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Never required  NA  NA  DIMEB  E1087 HEMI-WHEELCHAIR, EXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Never required  NA  NA  DIMEB  E1087 HEMI-WHEELCHAIR, EXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  NA  NA  DIMEB  E1087 HEMI-WHEELCHAIR, EXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  NA  NA  NA  DIMEB  E1087 HEMI-WHEELCHAIR, EXED FULL	E1033		Always required	19, 12	Wheelchairs, Repairs		DMEB
WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS E1036 MULT-POSITIONAL PATIENT TRANSPER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS E1037 TRANSPORT CHAIR, PEDIATRIC SIZE E1038 TRANSPORT CHAIR, PEDIATRIC SIZE E1038 TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS Never required NA NA NA DMEB E1039 TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS Never required NA NA NA DMEB E1050 FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS Aways required 19, 12 Wheelchairs, Repairs DMEB E1060 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING Aways required E1083 HEMI-WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FLOOTREST Never required NA NA NA DMEB E1084 HEMI-WHEELCHAIR, DETACHABLE ARMS OESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG E1085 HEMI-WHEELCHAIR, DETACHABLE ARMS OESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG E1086 HEMI-WHEELCHAIR, DETACHABLE ARMS OESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG E1087 HEMI-WHEELCHAIR, DETACHABLE ARMS OESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG E1087 HEMI-WHEELCHAIR, DETACHABLE ARMS OESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG E1087 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG E1087 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG E1087 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTREST Never required NA NA NA DMEB E1087 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG NA NA NA DMEB E1087 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG NA NA NA DMEB E1087 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LE	E1034		Always required	19, 12	Wheelchairs, Repairs		DMEB
PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS  E 1037 TRANSPORT CHAIR, PEDIATRIC SIZE  E 1038 TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  Never required  NA  NA  DMEB  E 1039 TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  Never required  NA  NA  DMEB  E 1039 TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  Never required  NA  NA  DMEB  E 1050 FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS  Always required  19, 12 Wheelchairs, Repairs  DMEB  E 1060 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING Always required  19, 12 Wheelchairs, Repairs  DMEB  E 1070 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST  Always required  19, 12 Wheelchairs, Repairs  DMEB  E 1081 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  RESTS  E 1084 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  RESTS  E 1085 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Never required  NA  NA  DMEB  E 1086 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Always required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Always required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Always required  NA  NA  DMEB  E 1087 HIGH STRE	E1035		Always required	19, 12	Wheelchairs, Repairs		DMEB
E 1038 TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  Never required  NA  NA  NA  DMEB  E 1039 TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS  Never required  NA  NA  NA  NA  DMEB  E 1050 FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS  Always required  19, 12 Wheelchairs, Repairs  DMEB  E 1060 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS  E 1070 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST  Always required  19, 12 Wheelchairs, Repairs  DMEB  E 1083 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGREST  Never required  NA  NA  NA  DMEB  E 1084 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGREST  Never required  NA  NA  NA  DMEB  E 1085 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGREST  Never required  NA  NA  NA  DMEB  E 1086 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER,	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1039 TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS  E1050 FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS  Always required  E1060 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS  E1070 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST  E1077 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST  Always required  19, 12 Wheelchairs, Repairs  DMEB  E1081 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST  Never required  NA  NA  NA  DMEB  E1084 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  RESTS  Never required  NA  NA  NA  DMEB  E1085 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  NA  DMEB  E1086 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Always required  NA  NA  DMEB  DMEB	E1037		Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E 1050 FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS  E 1060 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS  E 1070 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST  E 1081 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST  E 1082 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST  Never required  NA  NA  NA  DMEB  E 1084 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  NA  DMEB  E 1085 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E 1086 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Always required  19, 12  Wheelchairs, Repairs  DMEB  19, 12  Wheelchairs, Repairs  DMEB	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
E 1060    FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS   E 1070   FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST   Always required   19, 12   Wheelchairs, Repairs   DMEB	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	Never required	NA	NA		DMEB
LEGRESTS  E1070 FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST  Always required  19, 12 Wheelchairs, Repairs  DMEB  E1083 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST  E1084 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  E1085 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E1086 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E1086 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Always required  19, 12 Wheelchairs, Repairs	E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E 1083 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST  Never required  NA  NA  NA  NA  DMEB  E 1084 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  RESTS  E 1085 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS  Never required  NA  NA  NA  DMEB  E 1086 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Always required  19, 12  Wheelchairs, Repairs  DMEB	E1060		Always required	19, 12	Wheelchairs, Repairs		DMEB
E 1084 HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  E 1085 HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS  Never required  NA  NA  NA  DMEB  E 1086 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Always required  19, 12  Wheelchairs, Repairs  DMEB	E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Always required	19, 12	Wheelchairs, Repairs		DMEB
RESTS  E 1085 HEM-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS  Never required  NA  NA  DMEB  E 1086 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS  Never required  NA  NA  DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG  Always required  19, 12  Wheelchairs, Repairs  DMEB	E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Never required	NA	NA		DMEB
E 1086 HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS Never required NA NA DMEB  E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG Always required 19, 12 Wheelchairs, Repairs DMEB	E1084		Never required	NA	NA		DMEB
E 1087 HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG Always required 19, 12 Wheelchairs, Repairs DMEB	E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Never required	NA	NA		DMEB
	E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Never required	NA	NA		DMEB
I I I I I I I I I I I I I I I I I I I	E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	Never required	NA	NA		DMEB
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Never required	NA	NA		DMEB
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Never required	NA	NA		DMEB
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Never required	NA	NA		DMEB
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Never required	NA	NA		DMEB
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	Never required	NA	NA		DMEB
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	Never required	NA	NA		DMEB
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	Never required	NA	NA		DMEB
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	Never required	NA	NA		DMEB
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Never required	NA	NA		DMEB
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	Never required	NA	NA		DMEB
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	Never required	NA	NA		DMEB
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	Never required	NA	NA		DMEB
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Never required	NA	NA		DMEB
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES)	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES)	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Never required	NA	NA		DMEB
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB

				PRIOR AUTHORIZATION	PRIOR		
Page		DECOMPTION .		ASSIGNMENT	AUTHORIZATION	NOTES	000770407
Authority Prescription   Confederate   Con	CODE	DESCRIPTION	AUTHORIZATION	NUMBER	ASSIGNMENT NAME	NOTES	CONTRACT
COMPAND   CONTRIBUTION   CONTRIBUT	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Always required	19, 12	Wheelchairs, Repairs		DMEB
1509	E1240		Never required	NA	NA		DMEB
CORD	E1250		Always required	19, 12	Wheelchairs, Repairs		DMEB
Page	E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Always required	19, 12	Wheelchairs, Repairs		DMEB
EVAP DUTY WIRELOWAR DIRECTION AND SORTION AND PERFORMED FOR THE STATE AND SORTION AND SO	E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
EURO	E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
EVAP OUT WHEELCHAR FROD TILL LENGTH WARE, ELECATING LEGREST   Manages required   19, 12   Wheelcholer, Record   NA	E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Never required	NA	NA		DMEB
No.	E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Never required	NA	NA		DMEB
PROJECT OF THE COUNT READ OF THE PUPIL STETY OF THE COUNT READ O	E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Always required	19, 12	Wheelchairs, Repairs		DMEB
	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Never required	NA	NA		DMEB or DMESL
MANUAL WILELEGORY ACCESSORY, NORSTANDAND SEAT FRAME WIDTH GREATER THAN OR EQUAL TO 20 NO.PES   Manual request   19, 12   Weedstrain, Repair	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
AND LESS THAN 28 PAINES  AND LESS THAN 28 PAIN	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E2203   MANUAL WEELCHAR ACCESSORY, NOISTANDARD SEAT FRAME EXPTH. 247 TO SER THAN 2 INCHES   Always required   19, 12   Wheelchards, Require   DAES	E2201		Always required	19, 12	Wheelchairs, Repairs		DMEB
MANUAL WHEELCHAR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 MCHES   Always required   19, 12   Wheelcharts, Repairs   DAES	E2202		Always required	19, 12	Wheelchairs, Repairs		DMEB
AMANUAL WIRELICHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONAMIC OR CONTOURED), ANY   Link-based   19, 12   Wireldhairs, Repairs	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	Always required	19, 12	Wheelchairs, Repairs		DMEB
TYPE, REPLACEMENT OILY  Never required  NA  NA  NA  BEP Bem  DMEB  22207  WHEELCHAR ACCESSORY, CRUTCH AND CANE HOLDER  Always required  Always required  Always required  Always required  NA  NA  NA  NA  NA  NA  NA  NA  NA  N	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2200   MANUAL WHEELCHAR ACCESSORY, WHEEL LOCK ASSEMULY, COMPLETE, REPLACEMENT ONLY   Never required   NA	E2205		Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2209 MHEELCHARR ACCESSORY, CYLNDER TANK CARRER ANWays required 19, 12 Wheelchairs, Repairs DMEB E2210 WHEELCHARR ACCESSORY, BELMATIC PROPULSION TIRE, ANY SIZE LIMIT-based 19, 12 Wheelchairs, Repairs DMEB E2211 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE LIMIT-based 19, 12 Wheelchairs, Repairs DMEB E2212 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE LIMIT-based 19, 12 Wheelchairs, Repairs DMEB E2213 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE LIMIT-based 19, 12 Wheelchairs, Repairs DMEB E2214 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE LIMIT-based 19, 12 Wheelchairs, Repairs DMEB E2215 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE NAME AND DMEB E2216 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE NAME AND DMEB E2216 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE NAME AND DMEB E2216 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE NAME AND DMEB E2217 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE NAME AND DMEB E2218 MANUAL WHEELCHARR ACCESSORY, TREE MATER AND SIZE NAME AND DMEB E2219 MANUAL WHEELCHARR ACCESSORY, TROM FRUILLED CASTER TIRE, ANY SIZE NAME AND NAME DMEB E2219 MANUAL WHEELCHARR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE NAME AND NAME DMEB E2210 MANUAL WHEELCHARR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE NAME AND NAME DMEB E2210 MANUAL WHEELCHARR ACCESSORY, FOAM FALLED CASTER TIRE, ANY SIZE NAME AND NAME DMEB E2210 MANUAL WHEELCHARR ACCESSORY, FOAM CASTER TIRE, ANY SIZE NAME AND NAME DMEB E2220 MANUAL WHEELCHARR ACCESSORY, FOAM CASTER TIRE, ANY SIZE NEPLACEMENT ONLY NAME AND NAME DEPRICE NAME AND NAME DMEB E2220 MANUAL WHEELCHARR ACCESSORY, FOAM CASTER TIRE, ANY SIZE NEPLACEMENT ONLY NAME AND NAME DEPRICE NAME AND NAME DMEB E2220 MANUAL WHEELCHARR ACCESSORY, FOAM CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY NAME AND NAME DEPRICE NAME ACCESSORY, SOLID (RUBBERPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY NAME AND NAME DEPRICE NAME ACCESSORY, SOLID (RUBBERPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY NAME AND NAME DEPRICE NAME ACCESSORY	E2206		Never required	NA	NA	BEP item	DMEB
ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT  Always required  NA  NA  NA  DMEB  E2210  WHEELCHAIR ACCESSORY, BEARNGS, ANY TYPE, REPLACEMENT ONLY  Never required  NA  NA  NA  NA  DMEB  E2211  MANUAL WHEELCHAIR ACCESSORY, PREUMATIC PROPULSION TIRE, ANY SIZE  E2112  MANUAL WHEELCHAIR ACCESSORY, PREUMATIC PROPULSION TIRE, ANY SIZE  E2123  MANUAL WHEELCHAIR ACCESSORY, NEETP FOR PREUMATIC PROPULSION TIRE, ANY SIZE  E2130  MANUAL WHEELCHAIR ACCESSORY, PREUMATIC PROPULSION TIRE, ANY SIZE  E2140  MANUAL WHEELCHAIR ACCESSORY, PREUMATIC CASTER TIRE, ANY SIZE  E2150  MANUAL WHEELCHAIR ACCESSORY, PREUMATIC CASTER TIRE, ANY SIZE  E2160  MANUAL WHEELCHAIR ACCESSORY, FOAM FILED PROPULSION TIRE, ANY SIZE  E2170  MANUAL WHEELCHAIR ACCESSORY, FOAM FILED PROPULSION TIRE, ANY SIZE  E2180  MANUAL WHEELCHAIR ACCESSORY, FOAM FILED PROPULSION TIRE, ANY SIZE  E2190  MANUAL WHEELCHAIR ACCESSORY, FOAM FILED PROPULSION TIRE, ANY SIZE  E2190  MANUAL WHEELCHAIR ACCESSORY, FOAM FILED PROPULSION TIRE, ANY SIZE  E2190  MANUAL WHEELCHAIR ACCESSORY, FOAM FILED CASTER TIRE, ANY SIZE  Never required  NA  NA  NA  DMEB  E2210  MANUAL WHEELCHAIR ACCESSORY, FOAM FILED CASTER TIRE, ANY SIZE  Never required  NA  NA  NA  DMEB  E2210  MANUAL WHEELCHAIR ACCESSORY, FOAM FILED CASTER TIRE, ANY SIZE  Never required  NA  NA  NA  DMEB  E2210  MANUAL WHEELCHAIR ACCESSORY, FOAM SATER TIRE, ANY SIZE  Never required  NA  NA  NA  DMEB  E2220  MANUAL WHEELCHAIR ACCESSORY, FOAM SATER TIRE, ANY SIZE  Never required  NA  NA  NA  DMEB  E2220  MANUAL WHEELCHAIR ACCESSORY, FOAM SATER TIRE, ANY SIZE  Never required  NA  NA  NA  DMEB  E2220  MANUAL WHEELCHAIR ACCESSORY, FOAM SATER TIRE, ANY SIZE  Never required  NA  NA  NA  DMEB  E2220  MANUAL WHEELCHAIR ACCESSORY, FOAM SATER TIRE, ANY SIZE  Never required  NA  NA  NA  DMEB  E2220  MANUAL WHEELCHAIR ACCESSORY, FOAM SATER TIRE, ANY SIZE  NEVER required  NA  NA  NA  DMEB  E2220  MANUAL WHEELCHAIR ACCESSORY, FOAM SATER TIRE, ANY SIZE  NEVER required  NA  NA  NA  DMEB  E2220  MANUAL WHEELCHAIR ACCESSORY, GOLD (RUBBERPLAST	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER	Never required	NA	NA		DMEB
E2210 MANUAL WHEELCHAR ACCESSORY, BEARNGS, ANY TYPE, REPLACEMENT ONLY  MANUAL WHEELCHAR ACCESSORY, PREUMATIC PROPULSION TIRE, ANY SIZE  E2211 MANUAL WHEELCHAR ACCESSORY, ITUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE  E2213 MANUAL WHEELCHAR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE, ANY SIZE  E2214 MANUAL WHEELCHAR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE, ANY SIZE  E2215 MANUAL WHEELCHAR ACCESSORY, INSERT FOR PNEUMATIC CASTER TIRE, ANY SIZE  E2216 MANUAL WHEELCHAR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE  E2216 MANUAL WHEELCHAR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE  E2217 MANUAL WHEELCHAR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2218 MANUAL WHEELCHAR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2219 MANUAL WHEELCHAR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2219 MANUAL WHEELCHAR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2210 MANUAL WHEELCHAR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2210 MANUAL WHEELCHAR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2210 MANUAL WHEELCHAR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2210 MANUAL WHEELCHAR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2210 MANUAL WHEELCHAR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2211 MANUAL WHEELCHAR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2221 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBERPILASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBERPILASTIC) CASTER TIRE (REMOYABLE), ANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBERPILASTIC) CASTER TIRE (REMOYABLE), ANY SIZE, REPLACEMENT ONLY  E2223 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBERPILASTIC) CASTER TIRE (REMOYABLE), ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBERPILASTIC) CASTER TIRE (REMOYABLE), ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBERPILASTIC) CASTER TIRE (REMOYABLE), ANY SIZE, REPLACEMENT ONLY  E2225 MANUAL WHEELCHAR ACCESSORY, CASTER TIRE WITH INTEGRATED WHEEL ANY SIZE, REPLACEMENT ONLY  E2226 MANU	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2211 MANUAL WHEELCHAR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE  E2212 MANUAL WHEELCHAR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE  E2213 MANUAL WHEELCHAR ACCESSORY, NERT FOR PNEUMATIC PROPULSION TIRE, ANY SIZE  E2214 MANUAL WHEELCHAR ACCESSORY, NERT FOR PNEUMATIC CASTER TIRE, ANY SIZE  E2215 MANUAL WHEELCHAR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE  E2216 MANUAL WHEELCHAR ACCESSORY, POAM FILLED PROPULSION TIRE, ANY SIZE  E2217 MANUAL WHEELCHAR ACCESSORY, POAM FILLED PROPULSION TIRE, ANY SIZE  E2218 MANUAL WHEELCHAR ACCESSORY, FOAM FILLED ASTER TIRE, ANY SIZE  E2219 MANUAL WHEELCHAR ACCESSORY, FOAM FILLED ASTER TIRE, ANY SIZE  E2219 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, ANY SIZE, REPLACEMENT ONLY  E2220 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, RANY SIZE, REPLACEMENT ONLY  E2221 MANUAL WHEELCHAR ACCESSORY, POAM CASTER TIRE, RANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAR ACCESSORY, POAM CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2223 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2225 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2226 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2227 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2228 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY  E2229 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY  E2220 MANUAL WHEELCHAR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY  E2221 MANUAL WHEELCHAR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAR ACCESSORY, C	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2212 MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE  Never required  NA  NA  NA  NA  NA  NA  NA  NA  NA  N	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY	Never required	NA	NA		DMEB
E2214 MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC CASTER TIRE, ANY SIZE  E2214 MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE  E2215 MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE  E2216 MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE  E2217 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2218 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2210 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2211 MANUAL WHEELCHAIR ACCESSORY, FOAM FIRE, ANY SIZE  E2212 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2213 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2214 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2220 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY  E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2223 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2225 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2226 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  DMEB  E2227 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY  NEVER required  NA  NA  NA  DMEB  E2228 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  BEP Item  DMEB	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2216 MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE  E2216 MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE  E2216 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2217 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2218 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM FOATER TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2220 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY  E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT TONLY  E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE,  E2225 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE,  E2226 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, ANY SIZE,  E2227 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE,  E2228 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, ANY SIZE,  E2229 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, ANY SIZE,  E2229 MANUAL WHEELCHAIR ACCESSORY, CASTER TIRE, ANY SIZE, REPLACEMENT ONLY  E2220 MANUAL WHEELCHAIR ACCESSORY, CASTER TIRE, ANY SIZE, REPLACEMENT ONLY  E2221 MANUAL WHEELCHAIR ACCESSORY, CASTER TIRE, ANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAIR ACCESSORY, CASTER TIRE, ANY SIZE, REPLACEMENT ONLY  E2223 MANUAL WHEELCHAIR ACCESSORY, CASTER TIRE, ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAIR ACCESSORY, CASTER TIRE WITH INTEGRATED WHEEL AND SIZE,  E2225 MANUAL WHEELCHAIR ACCESSORY, CASTER TIRE WITH INTEGRATED WHEEL AND SIZE,	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	Never required	NA	NA		DMEB
E2215 MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE  E2216 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2217 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE  E2218 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE  E2218 MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2220 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY  E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  E2225 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  E2227 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  E2228 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  E2229 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  E2227 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  E2228 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  E2229 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  E2229 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  E2220 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2216 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE  E2217 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE  E2218 MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE  E2218 MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2220 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY  E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  DMEB  E2225 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  BEP item  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Limit-based  E2228 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  Limit-based  E2228 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  BEP item  DMEB  DMEB	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE	Never required	NA	NA	BEP item	DMEB
E2217 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE  E2218 MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2210 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE  E2220 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY  E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAIR ACCESSORY, ROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  DMEB  E2225 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  BEP item  DMEB	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2218 MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE  Never required  NA  NA  NA  BEP item  DMEB  NA  NA  NA  BEP item  DMEB  NA  NA  NA  DMEB  E2220 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  NA  NA  NA  DMEB  NA  NA  NA  NA  DMEB  E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT Never required  NA  NA  NA  NA  NA  DMEB  E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT NEVER required  NA  NA  NA  NA  DMEB  E2224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  NA  DMEB  E2225 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  NA  DMEB  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Limit-based  19, 12  Wheelchairs, Repairs  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  BEP item  DMEB	E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE	Never required	NA	NA		DMEB
E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE E2220 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY Never required NA DMEB  E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT NLY NEVER required NA NA NA NA NA NA NA NA DMEB  E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY REPLACEMENT ONLY NA NA NA NA NA DMEB  E2224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY Never required NA NA NA NA NA DMEB  E2225 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY Limit-based 19, 12 Wheelchairs, Repairs DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY Never required NA NA BEP item DMEB	E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE	Never required	NA	NA		DMEB
E2220 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  NA  DMEB  ONLY  ANA  E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY  E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY  E2224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  DMEB  E2225 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  DMEB  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Limit-based  19, 12 Wheelchairs, Repairs  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  BEP item  DMEB	E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE	Never required	NA	NA		DMEB
E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBERIPLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT Never required NA	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE	Never required	NA	NA	BEP item	DMEB
ONLY E222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, E224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY E225 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY Limit-based E226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY Limit-based E226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY Never required NA NA BEP item  DMEB	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB
E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY  E224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Limit-based  19, 12 Wheelchairs, Repairs  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  BEP item  DMEB	E2221		Never required	NA	NA		DMEB
E2224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  NA  DMEB  E2225 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY  Limit-based  19, 12  Wheelchairs, Repairs  DMEB  E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY  Never required  NA  NA  BEP item  DMEB	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE,	Never required	NA	NA		DMEB
E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY Never required NA NA BEP item DMEB	E2224		Never required	NA	NA		DMEB
	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2227 MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL Always required 19, 12 Wheelchairs, Repairs DMEB	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB
	E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL	Always required	19, 12	Wheelchairs, Repairs		DMEB

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Never required	NA	NA		DMEB
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Never required	NA	NA		DMEB
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Never required	NA	NA		DMEB
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Never required	NA	NA		DMEB
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Always required	19, 12	Wheelchairs, Repairs	Replaces E2300	DMEB
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	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	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	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	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	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	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	Never required	NA	NA		DMEB
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	Never required	NA	NA		DMEB
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	Never required	NA	NA		DMEB
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY	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)	Never required	NA	NA		DMEB or DMESL
E2360	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Never required	NA	NA		DMEB
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY	Never required	NA	NA		DMEB

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	Never required	NA	NA		DMEB
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY	Never required	NA	NA		DMEB
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Never required	NA	NA		DMEB
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED	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	Never required	NA	NA		DMEB or DMESL
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	Never required	NA	NA		DMEB
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Never required	NA	NA		DMEB
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY	Never required	NA	NA		DMEB or DMESL
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	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 HARDWARE, REPLACEMENT ONLY	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	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	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB or DMESL
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB or DMESL
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB or DMESL
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB or DMESL
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA		DMEB or DMESL
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB or DMESL
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY	Never required	NA	NA		DMEB or DMESL
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Never required	NA	NA		DMEB
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Never required	NA	NA		DMEB
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Never required	NA	NA		DMEB
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Never required	NA	NA		DMEB

E2605 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2607 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES E2608 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREAT E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE  E2610 WHEELCHAIR SEAT CUSHION, POWERED  E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUD MOUNTING HARDWARE	ER, ANY DEPTH Never required  Always required  Never required	NA NA NA NA 19, 12	NA NA NA NA Wheelchairs, Repairs	DMEB  DMEB  DMEB  DMEB
E2606 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH  E2607 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES  E2608 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREAT  E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE  E2610 WHEELCHAIR SEAT CUSHION, POWERED  E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUD	Never requirec  ANY DEPTH  Never requirec  R, ANY DEPTH  Never requirec  Always requirec  Never requirec	NA NA NA 19, 12	NA NA	DMEB  DMEB
E2607 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES E2608 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATI E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE  E2610 WHEELCHAIR SEAT CUSHION, POWERED  E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUD	6, ANY DEPTH Never required  ER, ANY DEPTH Never required  Always required  Never required	NA NA 19, 12	NA NA	DMEB
E2608 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATI E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE  E2610 WHEELCHAIR SEAT CUSHION, POWERED  E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUD	ER, ANY DEPTH Never required  Always required  Never required	NA 19, 12	NA	
E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE  E2610 WHEELCHAIR SEAT CUSHION, POWERED  E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUD	Always required	19, 12		DMED
E2610 WHEELCHAIR SEAT CUSHION, POWERED  E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUD	Never required		Wheelchairs Renairs	DMER
E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUD	· ·	NA	Wilcoldinano, Ropano	DMEB
	ING ANY TYPE Limit-based	INA	NA	DMEB
		19, 12	Wheelchairs, Repairs	DMEB
E2612 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUMOUNTING HARDWARE	JDING ANY TYPE Never required	NA	NA	DMEB
E2613 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIG TYPE MOUNTING HARDWARE	GHT, INCLUDING ANY Always require	19, 12	Wheelchairs, Repairs	DMEB
E2614 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HE TYPE MOUNTING HARDWARE	EIGHT, INCLUDING ANY Never required	NA	NA	DMEB
E2615 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, INCLUDING ANY TYPE MOUNTING HARDWARE	ANY HEIGHT, Always require	19, 12	Wheelchairs, Repairs	DMEB
E2616 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATE INCLUDING ANY TYPE MOUNTING HARDWARE	R, ANY HEIGHT, Never required	NA	NA	DMEB
E2617 CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING	HARDWARE Always require	19, 12	Wheelchairs, Repairs	DMEB or DMESL
E2619 REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	Never required	NA	NA	DMEB
E2620 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	SS THAN 22 INCHES, Always require	19, 12	Wheelchairs, Repairs	DMEB
E2621 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 I ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NCHES OR GREATER, Never required	NA	NA	DMEB
E2622 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, AN	Y DEPTH Always require	19, 12	Wheelchairs, Repairs	DMEB
E2623 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, A	NY DEPTH Never required	NA	NA	DMEB
E2624 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS TH	HAN 22 INCHES, ANY Always require	19, 12	Wheelchairs, Repairs	DMEB
E2625 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCH	ES OR GREATER, ANY Never required	NA	NA	DMEB
E2626 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCH ADJUSTABLE	AIR, BALANCED, Never required	NA	NA	DMEB
E2627 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCH	AIR, BALANCED, Never required	NA	NA	DMEB or DMESL
E2628 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCH	AIR, BALANCED, Never required	NA	NA	DMEB or DMESL
E2629 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCH FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	AIR, BALANCED, Never required	NA	NA	DMEB or DMESL
E2630 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	AND HAND SUPPORT, Never required	NA	NA	DMEB or DMESL
E2631 WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	Never required	NA	NA	DMEB or DMESL
E2632 WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER A BALANCE CONTROL	ARM WITH ELASTIC Never required	NA	NA	DMEB
E2633 WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	Never required	NA	NA	DMEB
K0001 STANDARD WHEELCHAIR	Never required	NA	NA	DMEB
K0002 STANDARD HEMI (LOW SEAT) WHEELCHAIR	Never required	NA	NA	DMEB
K0003 LIGHTWEIGHT WHEELCHAIR	Always require	19, 12	Wheelchairs, Repairs	DMEB
K0004 HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Always require	19, 12	Wheelchairs, Repairs	DMEB
K0005 ULTRALIGHTWEIGHT WHEELCHAIR	Always require	19, 12	Wheelchairs, Repairs	DMEB
K0006 HEAVY DUTY WHEELCHAIR	Always require	19, 12	Wheelchairs, Repairs	DMEB
K0007 EXTRA HEAVY DUTY WHEELCHAIR	Always require	19, 12	Wheelchairs, Repairs	DMEB
K0008 CUSTOM MANUAL WHEELCHAIR/BASE	Always require	19, 12	Wheelchairs, Repairs	DMEB
K0009 OTHER MANUAL WHEELCHAIR/BASE	Always require	19, 12	Wheelchairs, Repairs	DMEB
K0010 STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	Always require	19, 12	Wheelchairs, Repairs	DMEB

HCPCS		PRIOR	PRIOR AUTHORIZATION ASSIGNMENT	PRIOR AUTHORIZATION		
CODE	DESCRIPTION	AUTHORIZATION	NUMBER	ASSIGNMENT NAME	NOTES	CONTRACT
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0012	SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0019	ARM PAD, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST	Never required	NA	NA		DMEB
K0037	HIGH MOUNT FLIP-UP FOOTREST	Never required	NA	NA		DMEB
K0038	LEG STRAP	Never required	NA	NA		DMEB
K0039	LEG STRAP, H STYLE	Never required	NA	NA		DMEB
K0040	ADJUSTABLE ANGLE FOOTPLATE	Never required	NA	NA		DMEB
K0041	LARGE SIZE FOOTPLATE	Never required	NA	NA		DMEB
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING)	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	Never required	NA	NA		DMEB
K0065	SPOKE PROTECTORS	Never required	NA	NA		DMEB
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY	Never required	NA NA	NA NA	BEP item	DMEB
K0073	CASTER PIN LOCK	Never required	NA NA	NA NA		DMEB  DMEB
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY  DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	Never required  Never required	NA NA	NA NA		DMEB
K0098	IDRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY  IV HANGER, EACH		NA NA			DMEB
K0105	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Never required  Always required	19, 12	NA Wheelchairs, Repairs		DMEB
K0106	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)		19, 12	Wheelchairs, Repairs	Short-term rental only	DMEB or DMESL
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)  WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO	Always required  Always required	19, 12	Wheelchairs, Repairs  Wheelchairs, Repairs	One-contributed only	DMEB or DMESL
K0733	WRITTEN CODING VERIFICATION FROM DME PDACE POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED	Limit-based	19, 12	Wheelchairs, Repairs		DMEB or DMESL
10733	GLASSMAT)	Limit-Daseu	10, 12			SWIED OF DIVIESE

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES		NA	NA		DMEB
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	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	Never required	NA	NA		DMEB
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0822 K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Never required	NA NA	NA NA		DMEB DMEB
	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  POWER WHEEL CHAIR GROUP 2 HEAVY DUTY SLING/SOLID SEAT/RACK PATIENT WEIGHT CAPACITY 301 TO 450	Never required				DMEB
K0824	POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601	Always required	19, 12 19, 12	Wheelchairs, Repairs Wheelchairs, Repairs		DMEB DMEB
	POUNDS OR MORE	Always required				
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB DMEB
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA 10, 12	NA Wheelshairs Repairs		DMEB DMEB
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	Always required  Always required	19, 12 19, 12	Wheelchairs, Repairs  Wheelchairs, Repairs		DMEB
K0839	301 TO 450 POUNDS  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS  POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT	Always required  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  WEIGHT CAPACITY 451 TO 600 POUNDS	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	Never required	NA	NA NA		DMEB
K0842	CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	Never required	NA NA	NA NA		DMEB
K0843	UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0848	CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0849	INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0850	POUNDS POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0851	POUNDS POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	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	Always required	19, 12	Wheelchairs, Repairs		DMEB
	POUNDS					

K0853 POW K0854 POW POU K0855 POW	SCRIPTION  WER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  WER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601  UNDS OR MORE	PRIOR AUTHORIZATION	AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	
K0854 POW POU K0855 POW	WER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601	Always required			NOIES	CONTRACT
K0854 POW POU K0855 POW	WER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601	Always required				
K0855 POV			19, 12	Wheelchairs, Repairs		DMEB
	UNDS OR MORE	Always required	19, 12	Wheelchairs, Repairs		DMEB
MOF	WER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR IRE	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT PACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY I TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT EIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT PACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT PACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT EIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT EIGHT CAPACITY 601 POUNDS OR MORE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0868 POV	WER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND CLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 UNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 UNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 UNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT PACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT PACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT EIGHT 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT PACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT PACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT PACITY UP TO AND INCLUDING 125 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0891 POV	WER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT PACITY UP TO AND INCLUDING 125 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
	WER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Always required	19, 12	Wheelchairs, Repairs		DMEB
97542 WHE	HEELCHAIR MANAGEMENT, EACH 15 MINUTES					

## Key to CATEGORY indicator

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

5160-10-01	DMF: -thtit
	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

	Te == 10
HCPCS code	Definition
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	Ortholic and prosthetic supply, accessory, an/or 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	Specially bifocal (by report)
V2599	Contact lens, other type
V2629	Prosthetic eye, other type
V2799	Vision item or service, miscellaneous
V5287	Assistive listening device, personal FMDM receiver, not otherwise specified
V5299	Hearing service, miscellaneous

Abosical laters – Items that do not accear on a parement schedule, do not have a parement methodotox are not routlinely covered or do not meet COM medical necessitiv criteria.

Exceptional PR. – Pik is required for all applical tiems, as each time is reviewed on a case-by-case basis, there are no listed amounts or limits

Schoolaterypy redigination delimine the difference insplicated accessors from other times.

Pik assignment names may not always equates to the collegory tiems.

		Subcategory designat	tions determine the diffe s may not always equal		lies and accessori em	es from other items		a () 11111a					
				CURRENT	PAYMENT AMOUNT							NOTES	CONTRACT
HCPCS CODE	DESCRIPTION	RELATED RULE 5160-10	SECONDARY RELATED RULE	PAYMENT AMOUNT	EFFECTIVE 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	Always required	16	Supplies (miscellaneous)		DMEB
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	\$4.37	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 A4366	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH OSTOMY VENT, ANY TYPE, EACH	5160-10-01 5160-10-01	5160-10-32 5160-10-32	\$2.64 \$1.44	01/01/2026	Clamp	Accessory	Non-LTCF Non-LTCF	Always required	8	Incontinence Supplies Incontinence Supplies		DMEB
A4368	OSTOMY FILTER, ANY TYPE, EACH	5160-10-01	5160-10-32	\$0.28	01/01/2026	Filter	Accessory	Non-LTCF	Always required  Always required	8	Incontinence Supplies		DMEB
A4368 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	Dendorant	Accessory No.	Non-LTCF	Always required  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/PADICRYSTAL 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 OUTPUT, EACH OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-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	WALVE (1 PIECE), EACH OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	5160-10-01	5160-10-32	\$9.22	01/01/2026	Pouch	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
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),	5160-10-01	5160-10-32	\$6.93	01/01/2026	Pouch	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4432	EACH OSTOMY POUCH, URINARY, FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-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), WITH OR WITHOUT FILTER, EACH	5160-10-01	5160-10-32	\$6.44	01/01/2026	Pouch	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4436	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	8	Incontinence Supplies		DMEB
A4437	RRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH	5160-10-01	5160-10-32	<u>\$21.43</u>	01/01/2026	Sleeve	Supply	Non-LTCF	Always required	8	Incontinence Supplies		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 accessories	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	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 Supplies		DMEB
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 A4542	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT E0733  REPLACEMENT SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE	5160-10-01 5160-10-01	N/A N/A	\$32.20	01/01/2026	Supplies Supplies and	NA Supplies and/or	Non-LTCF Non-LTCF	Always required  Always required	16	Supplies (miscellaneous) Supplies (miscellaneous)	Formerly K1017 Formerly K1019	DMEB
A4543	REPLACEMENT SUPPLIES AND ACCESSIONES FOR EXTERNAL UPPER LIMB TREMUR STIMULATOR OF THE PERIPHERAL RERVES OF THE WRIST	5160-10-01	N/A N/A	\$413.21	01/01/2026	accessories Stimulator	accessories NA	Non-LTCF Non-LTCF	Always required  Always required		Supplies (miscellaneous)  Miscellaneous equipment	Formerly K1019	DMEB
A4544	SUPPLIES FOR TRANSCUTANEOUS ELECTRICAL STIMULATOR, FOR NERVES IN THE AURICULAR REGION, PER MONTH. FLECTRODE FOR EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEG SYNDROME.	5160-10-01	N/A N/A	Determined by PA \$4.97	01/01/2024	Supply or accessory	NA Supplies and/or	Non-LTCF Non-LTCF	Always required  Always required	9	Miscetaneous equipment Supplies (miscellaneous)		DMEB
A4545		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
A4553	SUPPLIES AND ACCESSORIES FOR EXTERNAL TIBIAL NERVE STIMULATOR (E.G., SOCKS, GEL PADS, ELECTRODES, ETC.), NEEDED FOR ONE MONTH NORMINGENERS I ENDERPEND ALL SUPER.	5160-10-01	5160-10-21	Determined by PA	01/01/2024	Underpad	accessories 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	16	Supplies (miscellaneous)		DMEB
A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION FOR LONG TERM LISE, INCLUDES PLIMP AND ALL	5160-10-01	5160-10-32	\$1.318.10	01/01/2026	Control system	NA.	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4575	SUPPLIES AND ACCESSORIES, ANY TYPE EACH 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	NEUROMODULATION STIMULATOR SYSTEM, ADJUNCT TO REHABILITATION THERAPY REGIME,	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator mouthpiece	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		SL
A4596	MOUTHPIECE EACH CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM SUPPLIES AND ACCESSORIES, PER MONTH	5160-10-01	N/A	\$32.20	01/01/2026	Supply or accessory	Supplies and/or	Non-LTCF	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 NA	Non-LTCF	Always required	13	Respiratory		DMEB
A4614 A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	5160-10-01	N/A	\$26.58 Determined by PA	01/01/2026	Respiratory care Respiratory care supplies	NA Supply	Non-LTCF Non-LTCF	Always required Always required	9	Respiratory  Miscellaneous equipment		DMEB DMEB
A4614 A4627 A4634	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	5160-10-01 5160-10-01	N/A N/A	\$26.58  Determined by PA  Determined by PA	01/01/2026 01/01/2024 01/01/2024	Respiratory care Respiratory care supplies Bulb	NA Supply Supply	Non-LTCF Non-LTCF	Always required  Always required  Always required	9	Respiratory Miscellaneous equipment Supplies (miscellaneous)		DMEB DMEB
A4614 A4627 A4634 A4638	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER REPLACEMENT BILLS FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PILLSE GENERATOR, EACH	5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	\$26.58  Determined by PA  Determined by PA  Determined by PA	01/01/2026	Respiratory care Respiratory care supplies Bulb Battery	NA Supply Supply Supply	Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required  Always required  Always required  Always required	9	Respiratory Miscellaneous equipment Supplies (miscellaneous) Supplies (miscellaneous)		DMEB  DMEB  DMEB  DMEB
A4614 A4627 A4634 A4638 A4639	SPACER, BAD ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RANLER REPLACEMENT BLASE FOR THERMERUNG LIGHT BOX, TRAILETTE MODEL REPLACEMENT BETTER FOR PRETENDING MOSE APPLIES EDISERATOR, EACH REPLACEMENT BETTER FOR PRETENDING MOSE APPLIES EDISERATOR, EACH REPLACEMENT FOR FOR INFRANCE JEATING FOR SYSTEM, EACH	5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	\$26.58  Determined by PA  Determined by PA  Determined by PA  \$32.11	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2026	Respiratory care Respiratory care supplies Butb Battery Pad	NA Supply Supply Supply Supply	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required Always required Always required Always required Always required Always required	9 16 16	Respiratory Miscellaneous equipment Supplies (miscellaneous) Supplies (miscellaneous) Supplies (miscellaneous)		DMEB  DMEB  DMEB  DMEB  DMEB
A4614 A4627 A4634 A4638 A4639 A4653	EPACER, BAIL OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH WETERED DOSE RHALER REPLACEMENT BAILE FOR REPREVENIEL LIGHT BOX, TABLE TO MODEL.  REPLACEMENT BATTERY FOR PATENT-OWNED EAR PLASE GENERATOR, EACH  REPLACEMENT FOR OR PRANCE PATENTS OF STETLE BOX!  FERTIONEAL DAILYS CATHETER ANCHORING DEVICE, BELT, EACH	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A N/A 5160-10-32	\$26.58  Determined by PA  Determined by PA  Determined by PA  \$32.11  Determined by PA	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2026 01/01/2024	Respiratory care Respiratory care supplies Bulb Battery Pad Belt	NA Supply Supply Supply Supply	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required	9 16 16 16 8	Respiratory  Miscellaneous equipment  Supplies (miscellaneous)  Supplies (miscellaneous)  Supplies (miscellaneous)  Incontinence Supplies		DMEB  DMEB  DMEB  DMEB  DMEB  DMEB
A4614 A4627 A4634 A4638 A4639 A4653	EPACER, BAD OR RESERVOIR, WITH OR WITHOUT MARK, FOR USE WITH METERED DOSE INHALER REPLACEMENT BILLS FOR THERMPELING LIGHT BOX, THALETOP MODEL  REPLACEMENT BILLS FOR THE PAPER OF THE PAPER	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	\$26.58  Determined by PA  Determined by PA  Determined by PA  \$32.11	01/01/2026 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Respiratory care Respiratory care supplies Butb Battery Pad	NA Supply Supply Supply Supply NA Supply	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required	9 16 16 16 8	Respiratory  Mecellamous equipment Supplies (insocilamous) Supplies (insocilamous) Supplies (insocilamous) Supplies (insocilamous) Incocilamous) Incocilamous) Supplies Supplies (insocilamous)		DMEB DMEB DMEB DMEB DMEB DMEB DMEB
A4614 A4627 A4634 A4638 A4639 A4653 A4657 A4928	SPACER, BAD OR RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RIVALER REPLACEMENT BLASE FOR RESERVEDING USER SOX, TRAILER'S MADDIE  REPLACEMENT BLASE FOR PRIESER CAMES OF A FLASE GENERATOR, SACH  REPLACEMENT BLASE FOR PRIESER AND AND SYSTEM EACH  PERSTORMED, DALYSIS CARETTER ACH-ORING DEVICE, BEST, SACH  SYSTEM, WITHOUT MYROUN RESDUE, SACH  SURGICAL MASK, FER 20	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A N/A 5160-10-32 N/A	\$26.58 Determined by PA Determined by PA Determined by PA \$32.11 Determined by PA 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	Respiratory care Respiratory care supplies Bulb Battery Pad Belt Syringes / needles Mask	NA Supply Supply Supply Supply Supply NA Supply Supply	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required	9 16 16 16 8	Respiratory  Miscelaneous equipment  Supples (inscelaneous)  Supples (inscelaneous)  Supples (inscelaneous)  Incontineous Equiples (inscelaneous)  Incontineous Equiples  Supples (inscelaneous)  Supples (inscelaneous)		DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB
A4614 A4627 A4634 A4638 A4639 A4653 A4653 A4653 A4657 A4928	SPACER, BAS ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH WEITERED DOSE INHALER REPLACEMENT BALE FOR THERMEVEING LIGHT BOX, THALETOP MODEL.  REPLACEMENT BATTERY FOR PATENT OWNED EAR PLASE GENERATIOR, SICH  REPLACEMENT BATTERY FOR MERWARD MARTINE PLASE STEERED, SICH  PERTONEAL DALLY SIS CALIFIEST ANCHORING DEVICE, BELT, EACH  SYNDICE, WITH OR WITHOUT MEDICE, EACH  BESTOCK LIMINS, PER SICH  CONTINUENT EXCHANGES OFF THE COVER FOR CONTINENT STOMA	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A N/A 5160-10-32 N/A N/A 5160-10-32	526.58  Determined by PA  Determined by PA  Determined by PA  \$32.11  Determined by PA  30.72	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	Respiratory care Respiratory care Respiratory care supplies Buth Battery Pad Bett Syringes / needles Mask Cover	NA Supply Supply Supply Supply Supply NA Supply NA Supply Supply	Non-LTCF	Always required	9 16 16 16 16 8 16 16	Respiratory Mecalismona experient Begiles (insculamenus) Begiles (insculamenus) Begiles (insculamenus) Begiles (insculamenus) Incortimenus Begiles Begiles (insculamenus) Begiles (insculamenus) Incortimenus Begiles Incortimenus Begiles		DMEB
A4614  A4627  A4634  A4639  A4639  A4653  A4657  A4928  A5083	SPACER, BAD OR RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RIVALER REPLACEMENT BLASE FOR RESERVEDING USER SOX, TRAILER'S MADDIE  REPLACEMENT BLASE FOR PRIESER CAMES OF A FLASE GENERATOR, SACH  REPLACEMENT BLASE FOR PRIESER AND AND SYSTEM EACH  PERSTORMED, DALYSIS CARETTER ACH-ORING DEVICE, BEST, SACH  SYSTEM, WITHOUT MYROUN RESDUE, SACH  SURGICAL MASK, FER 20	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A N/A 5160-10-32 N/A	\$26.58 Determined by PA Determined by PA Determined by PA \$32.11 Determined by PA 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	Respiratory care Respiratory care supplies Bulb Battery Pad Belt Syringes / needles Mask	NA Supply Supply Supply Supply Supply NA Supply Supply	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	Always required	9 16 16 16 8 16 16 8 8	Respiratory Macelamona expressor Supples (inscelamona)		DMEB
A4614 A4627 A4634 A4638 A4639 A4653 A4653 A4653 A4657 A4928	EPACER, BAIL OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH WETERED DOSE RANAER REPLACEMENT BAILE FOR REPRESENTED LIGHT BOX, TABLES OF MODEL.  REPLACEMENT BATTERY FOR PATENT-OWNED EAR PLASE GENERATOR EACH  PERTACEMENT FOR OF REPARED FEATURE OWNED FOR THE GENT  PERTACEMENT FOR OF THE PATENT OWNED FEATURE FOR THE FEATURE  SYMPICE, WITH OR WITHOUT NEEDLE, EACH  SYMPICE, WITH OR WITHOUT NEEDLE, EACH  SOURCEL MASK, FER 30  CONTINUED THE STOMA MESORYTHE COVER FOR CONTINUED SIGNAL  PERCUTAMENDS CATHETER TUBE ANCHORING DEVICE, ACHESING SIGNATIONMENT	\$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 N/A N/A N/A N/A S160-10-32 N/A N/A 5160-10-32 5160-10-32	526.58  Determined by PA  Determined by PA  Determined by PA  \$32.11  Determined by PA  50.72  \$12.62	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 01/01/2026	Respiratory care Respiratory care supplies Butb Battery Pad Bett Syringes / needles Mask Cover Anchoring device	NA Supply Supply Supply Supply Supply NA Supply NA Supply Supply Supply Supply	Non-LTCF	Always required	9 16 16 16 16 8 16 16	Respiratory Mecalismona experient Begiles (insculamenus) Begiles (insculamenus) Begiles (insculamenus) Begiles (insculamenus) Incortimenus Begiles Begiles (insculamenus) Begiles (insculamenus) Incortimenus Begiles Incortimenus Begiles		DMEB
A4614  A4627  A4634  A4638  A4639  A4639  A4653  A4657  A4928  A5083  A5200  A6000	SPACER, BAD ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RIVALER REPLACEMENT BLASE FOR PRESERVENCE LOVER BOX, TRAILER'S MADDIE  REPLACEMENT BLASE FOR PRESERVENCE BAT FLASE GORBANIOR SACH  REPLACEMENT THAT FOR INFORMED HEATING PAD SYSTEM, EACH  PRESTORMED, DAVISSO CARPETTS RACHORING DEVICE, BELT, EACH  SYSTEM, WITHOUT MEDIAL, EACH  SURGIOLAL MASK, FER 30  CONTINUENT BRACE, STOMA ABBORN'THE COMER FOR CONTINUENT STOMA.  PRESTORMED, DAVISSO CARPETTS RACHORING DEVICE, DOSE BOX BRATACOMENT  FORD, CONTINUENT BRACE, STOMA ABBORN'THE COMER FOR CONTINUENT STOMA.  PRESTORMED, CARPETTS AND ARROWS DEVICE, OWNERS BOX ANTACOMENT  FOR CONTINUENT STOMAD PRIMARIES AND CARPE CONTINUENT THE ROCH-CONTINUENT STOMAD  FOR CONTINUENT STOMAD PRIMARIES AND CARPE CONTINUENT THE ROCH-CONTINUENT STOMAD  FOR CONTINUENT STOMAD PRIMARIES AND CARPE CONTINUENT THE ROCH-CONTINUENT STOMAD  FOR CONTINUENT STOMAD PRIMARIES AND CARPE CONTINUENT THE ROCH-CONTINUENT STOMAD  FOR CONTINUENT STOMAD PRIMARIES AND CARPE CONTINUENT STOMAD  FOR CONTINUENT STOMAD PRIMARIES AND CARPE CONTINUENT STOMAD  CONTINUENT STOMAD STOMAD PRIMARIES AND CARPE CONTINUENT STOMAD  CONTINUENT STOMAD PRIMARIES AND CONTINUEN	\$160-10-01 \$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 N/A N/A N/A N/A 5160-10-32 N/A N/A 5160-10-32 N/A N/A	\$26.58 Determined by PA Determined by PA Determined by PA \$32.11 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 01/01/2026 01/01/2026 01/01/2026	Respiratory care Respiratory care Respiratory care supplies Builb Battery Pad Bett Syringes / needles Mask Cover Anchoring device Warning device Gel sheet Gressins / face /	NA Supply Supply Supply Supply NA Supply NA Supply Supply Supply Supply NA NA NA	NON-LTCF	Always required	9 16 16 16 8 16 16 8 8	Respiratory Macelamonous equipment Supplies (inscollamonous) Inconfirmon Supplies Inconfirmon Supplies Supplies (inscollamonous)		DMEB
A4614  A4627  A4634  A4638  A4639  A4653  A4653  A4657  A4928  A5083  A5000  A6000  A6000	SPACER, BAD ON RESERVOIR, WITH ON WITHOUT MADE, FOR USE WITH METERED DOSE RANLER REPLACEMENT THAT BLAR FOR REPURDICE USER BOX, TABLETER MODEL REPLACEMENT THAT PER PRISENT CHANGE BY A FLASE GENERATOR, SCH REPLACEMENT THAT FOR INFRANCE HEATING FAG SYSTEM, EACH  PREFICURED, DAY 195 CATHETER ANCHOROUS DEVICE, BEST, EACH  VERSTORM, DAY 195 CATHETER ANCHOROUS DEVICE, BEST, EACH  VERSTORM, BOX, FER 22  CONTINUED THAT SHARP AND A STATE OF THE STATE AND A STATE OF THAT SHARP  REPLACEMENT THAT THE THAT THE ANCHORING DEVICE, CHESING BOW A TACAMENT  ROMACONTACT MODELS WARRING WAS COURTED FOR USE BOWN A TACAMENT  ROMACONTACT MODELS WARRING WAS COURTED FOR USE BY THE REPLACEMENT ON AN EVENTAGE  REPLACEMENT OF SHARP AND A STATE OF THE STATE AND A STATE OF THE STAT	\$160-10-01 \$160-10-01 \$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 N/A N/A N/A N/A 5160-10-32 N/A N/A 5160-10-32 N/A N/A N/A N/A	\$26.58 Determined by PA Determined by PA Determined by PA Determined by PA \$32.11 Determined by PA Determined by PA Determined by PA \$60.72 \$12.82 Determined by PA 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 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Respiratory care Respiratory care Respiratory care supplies Bulb Battery Pad Battery Pad Syringes / needles Mask Cover Anchosing device Warning device Gel sheet Dressings / lape / gatas / bandages pressings / lape / gatas / bandages Dressings / lape / gatas / bandages Dressings / lape / gatas / bandages	NA Supply Supply Supply Supply NA Supply NA Supply NA Supply NA NA NA	NON-LTCF	Always required	9 16 16 16 8 16 16 8 8	Respiratory Miscolareous explaner Segries (inscolareous) Segries (inscolareous) Segries (inscolareous) Segries (inscolareous) Inscolareous) Segries (inscolareous) Inscolareous) Segries (inscolareous) Inscolareous) Inscolareous) Inscolareous) Segries (inscolareous) Segries (inscolareous) Segries (inscolareous) Segries (inscolareous)		DMEB
A4614  A4627  A4634  A4638  A4639  A4653  A4657  A4928  A5083  A5000  A6000  A6025  A6228	SPACER, BAD ON RESERVOIR, WITH ON WITHOUT MADE, FOR USE WITH METERED DOSE RANLER REPLACEMENT THAT BLAD FOR TREATMENT LUGHT BOX, TABLETED WOODE.  REPLACEMENT THAT FOR PASSED CHANGE OF A PLASE GENERATOR, SACH  REPLACEMENT THAT FOR PASSED CHANGE OF RASHED STREET, BACH  PRESTORAGE, DAY 195 CATHETER ANCHOROUS DEVICE, BELT, EACH  VERSTORAGE, DAY 195 CATHETER ANCHOROUS DEVICE, BELT, EACH  VERSTORAGE, DAY 195 CATHETER ANCHOROUS DEVICE, BELT, EACH  VERSTORAGE, DAY 195 CATHETER ANCHOROUS DEVICE, ANCHOROUS STREET, BACH  SURFICIAL BACK, FERT 25.  CONTINENT DEVICE, STORA ABSORPTIVE COVER FOR CONTINENT STORA  PRESTORAGE CHANGE STORA ABSORPTIVE COVER FOR CONTINENT STORA  VERSTORAGE STORAGE STORAGE ABSORPTIVE COVER FOR CONTINENT STORAGE  VERSION OF THE TEXT BACK ANCHOROUS DEVICE, ANCHOROUS SON A TRACHMENT  ROCKLESSTATE TO ASSEMBLY ON VAID COVER FOR LOOK THE THE PLAST STORAGE TO AND WITH MENTAL OF THE PASSED STORAGE SON A TRACHMENT  COURSE AND VARIABILE AND CHE PROSPRIA, APPLICATION, S.D., SELCOME, MORROOGE, OTHERS, BACH  CAUSE SERFORMANT WASTER ON HORMAL BALKE, STEELE, PLOS SET HIS ON IN ON LESS WITHOUT  CAUSE SERFORMANT WASTER ON HORMAL BALKE, STEELE, PLOS SET HIS ON IN ON LESS WITHOUT  CAUSE CHANGE WASTER ON THE CONTINUE STORAGE. PLOS SET HIS ON IN ON LESS WITHOUT  CAUSE SERFORMANT WASTER ON HORMAL BALKE, STEELE, PLOS SET HIS ON THE SIN BUT LESS  WASTER ON THE CONTINUE OF THE CONTINUE STORAGE, PLOS DEVICES, PLOS ON THE SIN BUT LESS  WASTER ON THE CONTINUE OF THE CONTINUE STEELE, PLOS SET HIS ON THE SIN BUT LESS  WASTER OF THE CONTINUE OF THE CONTINUE STORAGE. PLOS SET HIS ON THE SIN BUT LESS  WASTER OF THE CONTINUE OF THE CONTINUE STORAGE. PLOS SET HIS ON THE SIN BUT LESS  ***THE CONTINUE OF THE CONTINUE STATES.***THE PLOS SET HIS ON THE SIN BUT LESS  ***THE CONTINUE OF THE CONTINUE STATES.****THE PLOS SET HIS ON THE SIN BUT LESS  ***THE CONTINUE STATES.*****THE PLOS SET HIS ON THE SIN BUT LESS  ***THE CONTINUE STATES.************************************	\$160-10-01 \$160-10-01 \$160-10-01 \$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 N/A N/A N/A N/A S160-10-32 N/A N/A S160-10-32 S160-10-32 N/A N/A N/A S160-10-34	\$26.58 Determined by PA Determined by PA S32.11 Determined by PA \$5.72 \$12.62 Determined by PA Determined by PA Determined by PA	01/01/2026 01/01/2024 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	Respiratory care Respiratory care Respiratory care supplies Buth Battery Battery Bet Bot Syringes / needles Masik Cover Anchosing device Warning device Warning device Unusual particular p	NA Supply Supply Supply Supply NA Supply NA Supply NA Supply NA NA NA Supply	NON-LTCF	Always required	9 16 16 16 8 16 16 8 8	Respiratory Miscelamona expressor Sugeles (resculamona)		DMEB
A4614  A4627  A4634  A4638  A4639  A4653  A4657  A4928  A5083  A5200  A6000  A6025  A6228  A6229	SPACER BAD ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RIVALER REPLACEMENT BLASE FOR PREPAREDING LIGHT BOX, TRAILER'S MADDIE  REPLACEMENT BLASE FOR PREPARED MEATING FOR PLASE GENERATOR SACH  REPLACEMENT THY OF INFRANCE MEATING FOR SYSTEM EACH  REPLACEMENT THY OF INFRANCE MEATING FOR SYSTEM EACH  REPLACEMENT FAIL DAYSIS CAPHETTS REACHORDED GROCE, BELT, SACH  SYSTEMS, WITHOUT WITHOUT MEDICAL, BACH  SURFACE, WITHOUT WITHOUT MEDICAL, BACH  SURFACE MASK STATES AND STATES OF THE STATES 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	NIA NIA NIA NIA 5160-10-32 NIA NIA 5160-10-32 NIA NIA NIA 5160-10-34	Determined by PA  Determined by PA  Determined by PA  SS2211  Determined by PA  SS2211  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	Respiratory care Respiratory care susgistes Buth Battery Pad Bet Syringes / needles Masik Cover Anchoring device Warming device Usessings / spe / Dressings / spe /	NA Supply Supply Supply Supply Supply NA Supply Supply Supply Supply Supply Supply Supply Supply NA NA Supply Supply	NON-LTCF	Always required	9 16 16 16 8 8 16 16 4 4 4	Respiratory Macelamonous equipment Supplies (inscolamonous) Supplies (inscolamonous) Supplies (inscolamonous) Supplies (inscolamonous) Supplies (inscolamonous) Incontinence Supplies Supplies (inscolamonous) Supplies (inscolamonous) Supplies (inscolamonous) Incontinence Supplies Incontinence Supplies Supplies (inscolamonous) Supplies (inscolamonous) Supplies (inscolamonous) Supplies (inscolamonous) Dessarings, supplies Dessarings, surgical		DMEB
A4614  A4627  A4634  A4638  A4639  A4653  A4657  A4928  A5083  A5200  A6000  A6025  A6228  A6229  A6230	SPACER, BAIL OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INNAUER REPLACEMENT BAILE FOR THERMERICAL LIGHT BOX, TABLETOF MODIL.  REPLACEMENT BAILE FOR THE PROPERTY OF ANY THE STATE OF THE STATE OF THE PROPERTY OF THE PROPERTY OF THE STATE OF THE STA	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA NIA NIA NIA NIA S160-10-32 NIA NIA S160-10-32 NIA NIA S160-10-32 NIA NIA S160-10-34 S160-10-34	200.58  Determined by PA Obtermined by PA Obtermined by PA SS211  Determined by PA SS211  Determined by PA SS212  Determined by PA Determined by PA Determined by PA SS272  SS302  Determined by PA Determined by PA Determined by PA Obtermined by PA Determined by PA Determined by PA 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	Respiratory care Respiratory care Respiratory care supplies Bub Battery Pad Bet Syringes / needes Mask Cover Anchoring device Warning device Gel sheet gauze / bandage/ gauze / bandage/ gauze / bandage/ Dressings / tape /	NA. Supply Supply Supply Supply Supply Supply NA. Supply NA. Supply Supply Supply Supply	NEGLTCF	Always required	9 16 16 16 8 8 16 16 4 4 4 4	Respiratory Miscolamona equipment Segride (inscolamona) Segride (inscolamona) Segride (inscolamona) Segride (inscolamona) Inscolamona Segride (inscolamona) Inscolamona Segride (inscolamona) Inscolamona Segride (inscolamona) Inscolamona Segride (inscolamona) Segride (inscolamona) Segride (inscolamona) Segride (inscolamona) Segride (inscolamona) Desarry, segrid Desarry, segrid Desarry, segrid		DMEB
A4614 A4627 A4634 A4638 A4639 A4653 A4657 A4928 A5083 A5200 A6000 A6025 A6228 A6229 A6230 A6250	SPACER, BAD ON RESERVOIR, WITH ON WITHOUT MADE, FOR USE WITH METERED DOSE RANLER REPLACEMENT THAT THE PROPERTY COME DOS. TRAILET PROCES.  REPLACEMENT THAT THE FOR PRISENCH OWNED BY A TRAILE GENERATOR, SCHO- REPLACEMENT THAT FOR PRISENCH OWNED APPLICASE GENERATOR, SCHO- REPLACEMENT THAT FOR THE REPLACED FOR SYSTEM, RECH  PRESTORALE, DAY 195 CATHETER ANCHOROUS DEVICE, BILLT, EACH  VERSTORALE, DAY 195 CATHETER ANCHOROUS DEVICE, BILLT, EACH  VERSTORAL BAD, FER 72  CONTINUED THAT THAT THE PRISENCH PROCESS OF THE THAT THAT THAT THAT THAT THAT THE PROCESS OF THE THAT THAT THAT THAT THAT THAT THAT	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA NIA NIA NIA NIA NIA S160-10-32 NIA S160-10-32 NIA	205.58 Determined by PA Determined by PA Determined by PA Determined by PA \$22.11 Determined by PA \$22.12 Determined by PA \$22.12 Determined by PA \$12.62 Determined by PA \$12.62 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 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Respiratory care Respiratory care Respiratory care Respiratory Res	11A  Supply Supply Supply Supply 11A  Supply 11A  Supply 11A  Supply Supply 11A  NA  Supply 11A  NA  Supply Supply 11A  NA  Supply	NEALTOF	Always required	9 16 16 16 8 8 16 16 4 4 4 16 16	Respiratory Miscellamona expiramon Sugelam (inscellamona) Dessaring, surgical Dessaring, surgical Sugelam (inscellamona)		DMEB
A4614 A4627 A4634 A4638 A4639 A4633 A4653 A4657 A4928 A5083 A5000 A6000 A6025 A6229 A6230 A6260 A6407 A6410	SPACER, BAD ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METTINED DOSE RIVALER REPLACEMENT THAT PROPERTION DOSE ON TABLETO MODEL REPLACEMENT THAT FOR PRIVENCH DOSE OF APT-RASE GENERATOR SCH REPLACEMENT THAT FOR INFORMED PEATING PAD STYTEM, EACH  PRETICIALLY DAVING CHAPTER CHAPTING PAD STYTEM, EACH  VERSION THAT OF WITHOUT RESEAL, EACH  UNKNOWN, WITHOUT WITHOUT RESEAL, EACH  WITHOUT RESEAL, WITHOUT RESEAL, PRO LIES USING THAN 180 IN, WITHOUT RESEAL  WITHOUT RESEAL, WITHOUT RESEAL, PRO LIES USING THAN 180 IN, WITHOUT RESEAL  WITHOUT RESEAL, WITHOUT RESEAL, PRO LIES USING THAN 180 IN, WITHOUT RESEAL  WITHOUT RESEAL, WITHOUT RESEAL, PRO LIES USING THAN 30 IN, WITHOUT RESEAL, PRO LIES USING THAN 30 IN, WITHOUT RESEAL, PROPERTIES, WITHOUT RESEAL,	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA	205.58 Determined by PA Determined by PA Determined by PA Determined by PA S22.11 Determined by PA S22.11 Determined by PA Determined by PA Determined by PA Determined by PA S0.72 Determined by PA S0.72 Determined by PA	21/01/2024 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	Respiratory care Respiratory care supplies Buth Buth Pad Buth Pad Buth Pad Buth Core Anchoring once Go States Core Anchoring once Go States Creasings (Sep / grant) Jacob States Coresings (Sep / grant)	14A Supply Supply Supply 14A Supply Supply 15A Supply	NEALTOF	Always required	9 16 16 16 8 8 16 16 4 4 4 16 16	Respiratory Macolamonous expirement Supplies (intendiamonous) Intendiamonous) Supplies (intendiamonous)		DMES DMES DMES DMES DMES DMES DMES DMES
A4614 A4627 A4634 A4638 A4639 A4653 A4653 A4653 A4653 A4653 A4653 A5200 A6000 A6000 A6026 A6229 A6220 A6240 A6240 A6441	SPACER, BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RIVALER REPLACEMENT BLAST FOR PREMIUM DURING DUX, TRAILER PACCEL REPLACEMENT STATE FOR PATENT OWNERS OF THE GENERATOR SACH REPLACEMENT THEY FOR PATENT OWNER OF THE GENERATOR SACH REPLACEMENT THEY FOR INFORMED HEATING PAG SYSTEM, EACH PRESTORMED, DAVING CANTESTER ACCHORING DEVICE, BELT, EACH SYSTEM, WITHOUT WITHOUT RECELL, EACH SURROULL WHICH, TOTAL ASSOCIATION ECONOMIC DEVICE, BELT, EACH SYSTEM, WITHOUT RETURNE, EACH BROWN THE COMER FOR CONTINUENT STOMA. PRESTORMED, CENTRE THOSE REACHINGS DEVICE, CHIEBER SOOM ATTACHMENT FORCE CONTINUENT STOMA ASSOCIATION ECONOMIC TOWNERS OF THE PRESTORMED CONTINUENT STOMA. PRESTORMED CONTINUENT STOMA ASSOCIATION ECONOMIC TOWNERS FOR CONTINUENT STOMA OF PROSECULATION OF THE SACH STOMAGES AND ASSOCIATION OF PROSECULATION, E.G. SILLOOM, PRODUCE, CHIEBE, EACH SOURCE, MERCHANTON AUTRE ON PROSING ANCE STREET, P.D. SILLOOM, PRODUCE, CHIEBE, EACH SOURCE, MERCHANTON AUTRE ON FORMAL SALVE, STREET, P.D. SILLOOM, PROVINCE SALVEN WHITH OF THE SALVEN S	\$160-10-01 \$160-10-01	NIA NIA NIA NIA S160-10-32 NIA S160-10-32 NIA NIA S160-10-32 S160-10-32 NIA NIA NIA S160-10-32 NIA NIA S160-10-34 S160-10-34 S160-10-34 S160-10-34 S160-10-34	20.55 Determined by PA Determined by PA Determined by PA \$32.11 Determined by PA \$32.11 Determined by PA \$4.02 \$1.	21/01/2024 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	Respiratory care Respiratory care Respiratory care Respiratory care Respiratory Respirator	11A  Supply Supply Supply Supply 11A  Supply 11A  Supply 11A  Supply Supply 11A  NA  Supply 11A  NA  Supply Supply 11A  NA  Supply	MEGATOF MEGATO	Always required	9 16 16 16 8 8 16 16 4 4 4 16 16 16 4 4	Respiratory  Macolamonous expirement  Macolamonous expirement  Supplies (inscolamonous)  Supplies (inscolamonous)  Supplies (inscolamonous)  Supplies (inscolamonous)  Inscolamonous)  Supplies (inscolamonous)  Supplies (inscolamonous)  Supplies (inscolamonous)  Inscolamonous)  Supplies (inscolamonous)  Supplies (inscolamonous)  Supplies (inscolamonous)  Supplies (inscolamonous)  Dessaring, surplies		DAKE DAKE DAKE DAKE DAKE DAKE DAKE DAKE
A4614 A4627 A4634 A4638 A4638 A4639 A4639 A4653 A4665 A4628 A6600 A6000	SPACER, BAD OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RINALER  REPLACEMENT BLAB FOR PREVIOUR LIGHT BOX, TRAILER PACKED.  REPLACEMENT BLAB FOR PREVIOUR COUNTY BASK, FOR USE WITH METERED DOSE RINALER  REPLACEMENT BAD FOR PREVIOUR COUNTY BASK DESIRATION, SACH  REPLACEMENT BAD FOR REPLACED MAND AND SYSTEM EACH  PREVIOUR DAY SIS CARSTER MAND FOR SYSTEM EACH  STRONG, WITH OR WITHOUT RESEAL, BACH  SURVICE, MAND, FIRE TO COMPANY OF SYSTEM EACH  SURVICE BAD AND SYSTEM THE COURSE FOR CONTREMY STOMA.  PERFOLITABLE SACH STEMP BE COURSE FOR CONTREMY STOMA.  PERFOLITABLE SACH STEMP BE COURSE FOR CONTREMY STOMA.  PERFOLITABLE SACH STRONG SOURCE COURSE FOR CONTREMY STOMA.  PERFOLITABLE SACH STATEMER MACHINED SOURCE, APPERED SIGN ATTACHEST  KONCOCKICAT MOOD WARRING WOURD COURSE FOR USE WITH THE ROCK-CONTACT WOURD WARRING  REVIEW BAD WARRING CARD.  SALE STORM SACH STATEMER SACH STATEMER POSITION SOURCE SOURCE SACH STATEMER SACH  MALKES STORM SACH STATEMER SACH STATEMER SACH STATEMER SACH STATEMER SACH STATEMER SACH STATEMER SACH SACH STATEMER SACH STATEMER SACH SACH STATEMER SACH SACH STATEMER SACH SACH SACH SACH SACH SACH SACH SACH	\$160-10-01 \$160-10-01	NIA NIA NIA NIA NIA NIA S160-10-32 NIA NIA S160-10-32 NIA NIA NIA NIA NIA S160-10-34	200.50 S Determined by PA Determined by PA SE2.11 Determined by PA SE2.11 Determined by PA SE2.11 Determined by PA SE2.12 Determined by PA SE3.22 Determined by PA SE3.22 Determined by PA SE3.22 Determined by PA SE3.23 Determined by PA SE3.20 SE3.2	01/01/2002 01/01/200 01/01	Respiratory care Respiratory care supplies Bull Bull Bull Bull Bull Bull Bull Bul	NA Disply	NEALTOF	Abays required Assys required	9 16 16 16 8 8 16 16 4 4 4 16 16 16 4 4	Macelanous equipment Macelanous equipment Segride (inscedimence) Inscedimence) Inscedimence Segride (inscedimence) Desaurge, segrid Desaurge, segrid Segride (inscedimence) Desaurge, segrid		DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
A4614 A4627 A4634 A4638 A4639 A4639 A4639 A4639 A4639 A4639 A4639 A4629 A6220 A6220 A6220 A6220 A6220 A6230 A6230 A6240 A6441 A6441 A6441 A6441 A64457	SPACER, BAD ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RANLER REPLACEMENT THAT FOR PREPARATIONS OF BYTH ASSOCIATION MODEL REPLACEMENT THAT FOR PREPARATIONS OF BYTH ASS CONSERVOR. REPLACEMENT THAT FOR PREPARATIONS OF BYTH ASSOCIATION ASSOCIATION REPLACEMENT THAT FOR INFORMED HEATING FOR BYTH EACH REPLACEMENT THAT ON INFORMED HEATING FOR BYTH EACH REPLACEMENT THAT OF INFORMED HEATING FOR BYTH EACH REPLACEMENT THAT OF INFORMED HEATING FOR BYTH EACH REPLACEMENT REPLACEMENT REPLACEMENT THAT INFORMATION OF INFORM	\$160-10-01 \$160-10-01	NIA NIA NIA NIA NIA NIA NIA S160-10-32 NIA NIA S160-10-32 S160-10-32 S160-10-34 S160-10-34 S160-10-34 S160-10-34 S160-10-34 S160-10-34 S160-10-34 S160-10-34	Determined by PA Determ	01/01/2004 01/01/2004	Peoplisating care Peoplisating care teeptie Buth Buth Buth Buth Buth Buth Buth Buth	TAL  Busply	MODITOR MODITO	Always request Always	9 16 16 16 16 8 8 16 16 16 4 4 4 4 4 4 4 4	Respiratory Macelanous expressor Supples (resculanceus) Desairgs, surgical		OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4627 A4634 A4637 A4638 A4639 A4637	SPACER BAD ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE ROWLER REPLACEMENT BLASE FOR PRESERVENCE LOVER BOX, TRAILERS MODEL REPLACEMENT SHAFT FOR PRISERS OF MOST AND FLASE GORBANIOR SACH REPLACEMENT THAT FOR INFORMED HEATING PAG SYSTEM EACH  PERSTORMED, DALYSIS CATHETTS RACHOROUG DEVICE, BELT, EACH  VERSION, WITHOUT MEDIAL EACH  SURGICLE MASK, FER 20  CONTRIBUTE SPACE, STORM ARBORYTHE COVER FOR CONTRIBUT STOMA.  PERSTURNED, DALYSIS CATHETTS RACHOROUGH DEVICE, BELT, EACH  VERSION, WITHOUT MEDIAL EACH  SURGICLE MASK, FER 20  CONTRIBUTE SPACE, STORM ARBORYTHE COVER FOR CONTRIBUT STOMA.  PERSTURNED, COLD FURNISHING COVER FOR LISE WITH THE NOLL-CONTACT WOUND WARRING  SINGLE FOR ENGAGE OF STORM ARBORYTHE COVER FOR LISE WITH THE NOLL-CONTACT WOUND WARRING  SINGLE SHE FOR SERVING, OR PROFESSION, APPLICATION, E.G., SULCOME, MODIOCID, CHER, SACH  MICHAEL SHE FOR SERVING, OR PROFESSION, APPLICATION, E.G., SULCOME, MODIOCID, CHER, SACH  MICHAEL SHE FOR SERVING, OR PROFESSION, APPLICATION, E.G., SULCOME, MODIOCID, CHER, SACH  MICHAEL SHE FOR SERVING, OR PROFESSION, APPLICATION, E.G., SULCOME, MODIOCID, CHER, SACH  MICHAEL SHE FOR SERVING, OR PROFESSION, APPLICATION, E.G., SULCOME, MODIOCID, CHER, SACH  MICHAEL SHE FOR SERVING, OR PROFESSION, APPLICATION, E.G., SULCOME, MODIOCID, CHER, SACH  MICHAEL SHE SHE AND ARBORY OR SACH ARBORY ARE STREED, P.G. SULCOME, MODIOCID, WITH IS ON IN BUT LESS  CAUSE, SAFFERSON, WATER OR ROWALD, BALKE, STREEL, P.G. SULCOME, THAN 45 ON IN, WITHOUT  SHE AND ARE SACH ARBORY AND THE AREA SACH  FOR PASS, STREED, FACH  FOR PASS, STREED, FACH  FOR PASS, SOURCE, SACH  FOR PASS, STREED, PASS IN WITHOUT FARICASTED  FOR PASS, STREED, FACH  FOR PASS, STREED, FACH  FOR PASS, AND AREA SACH, PASS IN WITHOUT FARICASTED  COMPRESSION BUT MASS, PASC ANDON NECK, PLASTIC ON EQUAL, CUSTOM FARICASTED  COMPRESSION BUT MASS, PASC ANDON NECK, PLASTIC ON EQUAL, CUSTOM FARICASTED	\$160-10-01 \$160-10-07	160A 180A 180A 180A 180A 180A 180A 180A 18	Determined by PA  Determined b	01/01/2024 01/01/2024	Respiratory care Respiratory care supplies Buth Buthey Fiel Buthey Fiel Syringes / needles Mask Mask Controlling Annothing device Marring device Marring device Marring device Marring device Marring device Marring device Cessings / laps / Japans / fandings Dessings / laps / Japans / fandings Cessings / laps / Japans / Japans / Cessings / laps / Japans /	TAL  Gupply Gupply Gupply Gupply TAL  Gupply Gupply Gupply Gupply Gupply Gupply TAL  Gupply	MOLICE MO	Always request	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Respiratory  Macolamonous expirement  Supplies (intendiamonous)  Dessatings, surgicial		DAKES
A4614 A4627 A4634 A4633 A4633 A4633 A4637 A66410 A6411 A6411 A6412 A6451	SPACER, BAD ON RESERVOIR, WITH ON WITHOUT MADE, FOR USE WITH METTERS DOSE RANLER REPLACEMENT THAT FOR THE PROPERTY LONG BOX, TRAILER FOR MODEL REPLACEMENT THAT FOR PRIESTORY OF MADE AND	\$160-10-01 \$160-10-01	NIA NIA NIA NIA NIA NIA NIA S160-10-32 NIA	Determined by PA Determ	21.01.2026 01.01.2026 01.01.2024 01.01.2024 01.01.2026	Penginatny care Penginatny care Penginatny care Penginatny care Penginatny Pad Sele Syrings / needes Mask Cove Anchoring service Anchorings Coversings (sept.) Service Anchorings Coversings (sept.) Service Coversings (sept.) Service Coversings (sept.) Service Coversings (sept.) Service Se	PAA Busely	MODITOR MODITO	Always required	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous equipment Macelanous equipment Supplies (insculanous) Sup		DAMES
A4614 A4627 A4634 A4638 A4638 A4638 A4639 A4639 A4651 A4628 A4651 A4628 A5200 A6228 A6228 A6229 A6230 A6240 A6410 A6411 A6412 A6451 A6454 A6554	SPACER, BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METTHED DOSE RIVALER REPLACEMENT THAT FOR PREPARATION DOSE ON, TRIBLETED WOODE.  REPLACEMENT THAT FOR PREPARATION DOSE OF THATSE OBSERVATOR, SCHOL  REPLACEMENT THAT FOR INFORMED HEATING FOR DYSTEM, EACH  REPLACEMENT THAT FOR INFORMED HEATING FOR DYSTEM, EACH  VERSION, WHICH WITHOUT RESELD, EACH  REPLACEMENT THAT SHAPE AND ASSOCIATION OF THAT SHAPE OF THE MASK OF THAT SHAPE  REPLACEMENT THAT SHAPE WHICH SHAPE AS THAT SHAPE OF THAT SHAPE OF THAT SHAPE  REPLACEMENT THAT SHAPE WHICH SHAPE AS THAT SHAPE OF THAT SHAPE OF THAT SHAPE  REPLACEMENT THAT SHAPE WHICH SHAPE AS THAT SHAPE OF THE MASK OF THAT SHAPE  REPLACEMENT THAT SHAPE OF THE SHAPE AS THAT SHAPE AS THAT SHAPE OF THE SHAPE OF THAT SHAPE AS THAT SHAPE  REPLACEMENT THAT SHAPE OF THE SHAPE AS THAT SHAPE AS THAT SHAPE AS THAT SHAPE  REPLACEMENT OF THE SHAPE OF THE SHAPE AS THAT SHAPE AS THAT SHAPE  REPLACEMENT OF THE SHAPE OF THE S	\$160-10-07 \$160-10-07	160A 180A 180A 180A 180A 180A 180A 180A 18	Determined by PA Determ	21.01.2026 01.01.2024 01.01.2024 01.01.2024 01.01.2024 01.01.2026	Peaginatory care Peaginatory care teepties Bathery Pad Bathery Bat	TAL  Basely	MOLITOF MOLITO	Always request Always	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Respiratory Macelanous expressor Bugeles (resculanceus) Supples (res		OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4637 A4638 A4639 A4639 A4639 A4637 A4657 A4657 A4657 A6650 A6000	SPACER BAD ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE ROWLER REPLACEMENT BLAST FOR PREMIUM DID ON TABLETON MODIL  REPLACEMENT SHAT FOR PREMIUM DID ON THE SHAT BE COME.  REPLACEMENT SHAT FOR SHAT BAD FOR SYSTEM EACH  VERSION SHAT SHAT SHAT SHAT SHAT SHAT SHAT SHAT	\$160-10-01 \$160-10-07	160A  NAA  NAA  160A	Determined by PA Determ	01/01/2026 01/01/2024	Penginatory care Respiratory care Respiratory care Respiratory care Respiratory Respirator	TAL  Gupply Gupply Gupply TAL  Gupply TAL  Gupply Gupply Gupply Gupply TAL  Gupply Gupply TAL  TAL  TAL  Gupply Gu	MODITOR  MOD	Always required	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous explanant Macelanous explanant Segrido (incodanceus) Incodanceus Segrido (incodanceus) Segrido (incodanceus) Desarray, segrido Desarray, segrido Desarray, segrido Segrido (incodanceus) Segrido (incodanceus) Desarray, segrido Compression garmenta Compression garmenta Compression garmenta Macelanous equipment		DAGE DAGE DAGE DAGE DAGE DAGE DAGE DAGE
A4614 A4637 A4638 A4638 A4638 A4638 A4637 A4637 A4657 A4657 A4657 A6628 A6229 A6229 A6220 A6240 A6440 A6441 A6446	SPACER, BAD ON RESERVOIR, WITH ON WITHOUT MADE, FOR USE WITH METTERS DOSE RANLER REPLACEMENT THAT FOR THE PROPERTY LONG BOX, TRAILER FOR MODEL REPLACEMENT THAT FOR PRESERVOIR ON BY PARTASE GENERATOR, SACH REPLACEMENT THAT FOR PRESERVOIR ON BY PARTASE GENERATOR, SACH REPLACEMENT THAT ON BY REPURSED HEATING PAGE SYSTEM, RECH VERSION, BUT WIS CONTRETER MACHINER OF SYSTEM, RECH UNDERSON, WITHOUT WINDOW, BUT AND AND SYSTEM, RECH UNDERSON, BUT AND	\$160-10-07 \$160-10-07	160A NAA 160A 1	Determined by PA Determ	01/01/2024 01/01/2024	Peoplisating care Peoplisating care Peoplisating care Peoplisating Peo	PAA  Busely  Busely  Busely  Busely  FAA  Busely  Buse	MODITOR MODITO	Always required	9 16 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	Macelanous equipment Macelanous equipment Supplies (insculanous)	Light payment multi-oldings for combined supplies and decreasories.	DAMES  DA
A4614 A4634 A4638 A4638 A4638 A4639 A4653 A4653 A4653 A4652 A4667 A4626 A6626 A6626 A6626 A6626 A6645 A6641 A6644	SPACER, BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METTHED DOSE RIVALER REPLACEMENT THAT POR PREPARATION DOSE ON, TRIBLETOR MODEL REPLACEMENT THAT FOR PREPARATION DOSE OF THAT SECRETORY MODEL REPLACEMENT THAT FOR PREPARATION DOSE OF THAT SECRETORY MODEL REPLACEMENT THAT FOR PREPARATION DOSE OF THAT SECRETORY MODEL REPLACEMENT THAT OF THE PROPERTY OF THE P	\$160-10-07 \$160-10-07	160A  NAA  160A	Determined by PA Determ	3101-10024 3101-10024	Respiratory care Respiratory care teepties Refine the teepties Ref	тал. Высору Выс	MOLITOF MOLITO	Always request Always	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Respiratory Macelanous expressor Bugeles (resculanceus) Bugeles (res	1.35 payment methodology for contained supplies and accessions.	OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4634 A4634 A4635 A4635 A4653 A4653 A4653 A4653 A4653 A4653 A4600 A6000	SPACER BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RIVALER REPLACEMENT BLASE FOR PREPAREDURE LUST BOX, TRAILER MODEL REPLACEMENT SHAFT FOR PREPARED MODEL REPLACEMENT SHAFT FOR SHAFT FOR PREPARED MODEL REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT BLAD REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT REPLACEMENT SHAFT REPLACEMENT SHAFT FOR SHAFT FOR SHAFT FOR SHAFT REPLACEMENT	\$160-10-01 \$160-10-07	160A  NAA  NAA  NAA  160A	Determined by PA Determ	\$10,00000000000000000000000000000000000	Penginatory care Respiratory care Respiratory care Respiratory care Respiratory Respirator	тай, Выробу Выробу Выробу Выробу Тай, Выробу Выроб	MODITOR  MOD	Always required	9 16 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	Macelanous equipment Macelanous equipment Segride (intendianeous)	Life payment multi-challegy for constanted supplies and accessories.	DAMES
A4614 A4634 A4638 A4638 A4638 A4639 A4653 A4653 A4653 A4652 A4667 A4626 A6626 A6626 A6626 A6626 A6645 A6641 A6644	SPACER, BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METTHED DOSE RIVALER REPLACEMENT THAT POR PREPARATION DOSE ON, TRIBLETOR MODEL REPLACEMENT THAT FOR PREPARATION DOSE OF THAT SECRETORY MODEL REPLACEMENT THAT FOR PREPARATION DOSE OF THAT SECRETORY MODEL REPLACEMENT THAT FOR PREPARATION DOSE OF THAT SECRETORY MODEL REPLACEMENT THAT OF THE PROPERTY OF THE P	\$160-10-07 \$160-10-07	160A  NAA  160A	Determined by PA Determ	3101-10024 3101-10024	Penginatory care Respiratory care Respiratory care Respiratory care Respiratory Respirator	тал. Высору Выс	MOLITOF MOLITO	Always request Always	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Respiratory Macelanous expressor Bugeles (resculanceus) Bugeles (res	1.36 payment methodology for continued augulas and decreasaries.	OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4627 A4634 A4633 A4633 A4653 A4653 A4653 A5000 A5000 A6000	SPACER, BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METTERED DOSE RANLER REPLACEMENT BLASE FOR PREPARED MORE OF A TRASE CONSERVOR.  REPLACEMENT BLASE FOR PREPARED MORE OF A TRASE CONSERVOR.  REPLACEMENT BLASE FOR PREPARED MORE OF A TRASE CONSERVOR.  REPLACEMENT BLASE FOR PREPARED MORE OF A TRASE CONSERVOR.  REPLACEMENT BLASE FOR PREPARED MORE OF A TRASE CONSERVOR.  REPLACEMENT BLASE FOR PREPARED MORE OF A STATE OF A S	\$160-10-07 \$160-10-07	160A  NEA  160A	Determined by PA Determ	\$10,000   \$10,00	Peoplesiny care Peoplesiny care Peoplesiny care Peoplesing car	тал. Высору Высору Высору Высору Высору Высору Высору Тал. Высору Высор	MOLITOF MOLITO	Always request Always	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Respiratory Macelanous expressor Bageles (resculanceus)	1.36 payment methodology for combined supplies and Ecological Co.	DAMES  DA
A6514 A4631 A4633 A4633 A4633 A4633 A4633 A4633 A4633 A4633 A4633 A5200 A6003	SPACER, BAD ON RESERVOIR, WITH ON WITHOUT MADE, FOR USE WITH METTERS DOSE RANLER REPLACEMENT THAT FOR THE REVIEW DUTY.  REPLACEMENT THAT FOR PRESERVOIR OWN BY PARTAGE GOINEARTOR, SCHO-  REPLACEMENT THAT FOR PRESERVOIR OWN BY PARTAGE GOINEARTOR, SCHO-  REPLACEMENT THAT FOR PRESERVOIR OWN BY PARTAGE GOINEARTOR, SCHO-  REPLACEMENT THAT ON THE REPLACEMENT OF SYSTEM, RACH  PRESTORALE, DAY YES CATHETER MACKING DOINGE, BILT, EACH  VERSION, MADE, FERT SCHOOL RESEAU, EACH  REPROSERVED THAT THE REPLACEMENT OF THE PROPERTY OF THE P	\$160-10-01 \$160-10-07	160A  NAA  NAA  160A	Determined by PA Determ	100100000 100100000 100100000 100100000 100100	Respiratory care Respiratory care teepties Refine R	PAA  Busely  Busely  Busely  Busely  FAA  Busely  Buse	MODITOR MODITO	Always required	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous equipment Macelanous equipment Supplies (insculanous)	1.36 payment methodology for continued augston. and accessories.	DAMES  DA
A4614 A4634 A4639 A4639 A4639 A4639 A4639 A4639 A4639 A4639 A6631 A6200 A7000 A7000 A7000 A7000 A7000 A7000 A7000 A7000	SPACER BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RANLER REPLACEMENT BLAST FOR PREMIUM DURING SUX, TRAILETED MODEL REPLACEMENT SHAT FOR POPERSON ONE SERVICE SERVICES.  REPLACEMENT SHAT FOR POPERSON ONE SERVICES OF THE GENERATOR SACH  REPLACEMENT THEY FOR PREMIUM DURING SHAT BLAST CORRESPONDS.  REPLACEMENT SHAT FOR POPERSON ONE SERVICES SERVICES.  REPLACEMENT SHAT SHAT SHAT SHAT SHAT SHAT SHAT SHA	\$160-10-07 \$160-10-07	160A	Determined by PA Determ	\$10,00000 \$10,000000 \$10,0	Penginatory care Respiratory care Respiratory care Respiratory care Respiratory Respirator	PAA  Busely Buse	MODITOR  MOD	Ананул горина  Анану	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous equipment Macelanous equipment Segride (intendimensar) Desarrya, segrid Segride (intendimensar)	1.3d payment multi-oldings for combined supplies and decreasories.	DAMES
A6011 A6031 A6031 A6033 A7001 A7001 A7001	SPACER, BAD ON RESERVOIR, WITH ON WITHOUT MADE, FOR USE WITH METERED DOSE RANLER REPLACEMENT THAT FOR THE REPAYED. LUGHT BOX, TABLETEY MODEL REPLACEMENT THAT FOR PRESERVOIR OWN BY A FLASE GENERATOR, SCHOL REPLACEMENT THAT FOR PRESERVOIR OWN BY A FLASE GENERATOR, SCHOL REPLACEMENT THAT ON INFRANCO HEATING PAG SYSTEM, EACH  PRESTORED, DAYSIS CHAFTER ANCHOROUS DEVICE, BELT, EACH  VERSION, BUT AND STANDING SEELE, EACH  VERSION, BUT AND STANDING SEELE, EACH  VERSION, BURNE, FER 22  CONTRIBUT ORGAN SECRET STANDING SHOULD SEELE, BUT AND SEELE SHOW A PARAMETER OF TOWN AND SHOULD SEELE, EACH  VERSION, BURNE, FER 22  CONTRIBUT GROUND SEELE, EACH  VERSION, BURNE, FER 22  CONTRIBUT GROUND SEELE, EACH  VERSION, BURNE, FER 23  VERSION, BURNE, FER 24  VERSION, BURNE, FER 25  VERSION, BURNE, BURNE, BURNE, PER 25  VERSION, BURNE, FER 25  VERSION, BURNE, BURNE	\$160-10-07 \$160-10-07	160A  NAA  NAA  NAA  NAA  NAA  NAA  SS60-10-322  NAA  SS60-10-322  NAA  SS60-10-322  NAA  NAA  NAA  NAA  NAA  SS60-10-34  SS60	Determined by PA Determ	\$10,00000 \$10,000000 \$10,0	Peoplisating care Peoplisating care Peoplisating care Peoplisating Pad Set	PAA  Busply Busp	MODITOR  MOD	Always required	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous equipment Macelanous equipment Segride (intendimensar) Desarrya, segrid Segride (intendimensar)	1.36 payment methodology for contrived augylies and accessories.	OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4632 A4633 A6000	SPACER, BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METTHED DOSE RIVALER REPLACEMENT BLASE FOR PREPARED MODE OF SEVERAL PRODUCT REPLACEMENT BLASE FOR PREPARED MODE OF SEVERAL BEDIEVER AND SEVERAL REPLACEMENTS. REPLACEMENT BLASE FOR PREPARED MODE OF SEVERAL BEDIEVER AND SEVERAL REPLACEMENTS. REPLACEMENT BLASE FOR PREPARED MODE OF SEVERAL BLASE CONTRACTOR. REPLACEMENT BLASE SEVERAL REPLACEMENTS. REPLACEMENT BLASE REPLACEMENT BLASE SEVERAL REPLACEMENT BLASE SEVERAL REPLACEMENTS. REPLACEMENT	\$160-10-01 \$160-10-07	160A  NAA  NAA  160A	Determined by PA Determ	3101-20204 3101-20204	Respiratory care Respiratory care teepties Refine the teepties Ref	TAL  Stocky Stoc	MOLITOF MOLITO	Always request Always	9 10 10 10 10 10 10 10 10 10 10 10 10 10	Respiratory Macelanous expressor Bugeles (resculanceus)	and accessories.	OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4639	SPACER BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RIVALER REPLACEMENT BLASE FOR PRESERVENCE LUST ON, TRAILER WITH METERED DOSE RIVALER REPLACEMENT SHAFT FOR PRISERS OF MET PLASE GENERATOR SACH REPLACEMENT THEY FOR PRISERS OF MET PLASE GENERATOR SACH REPLACEMENT THEY FOR INFORMED HEATING PAD SYSTEM EACH  PRESIDENCE DUTY SECRET OF REPRANCE DESCRIPTION OF SYSTEM EACH  VERSIDENCE WITHOUT MEDITAL EACH  SURROUTH AND STATES AND SYSTEM AND SYST	\$160-10-01 \$160-10-07	160A  NAA  NAA  NAA  NAA  NAA  NAA  SSS0-10-322  NAA  SSS0-10-322  SSS0-10-322  SSS0-10-322  SSS0-10-322  SSS0-10-322  SSS0-10-322  SSS0-10-324  SSS	Determined by PA Determ	\$10,00000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,00000000	Penginatory care Penginatory care Penginatory care Penginatory care Penginatory Pendinatory Pendinator	PAR Busely Busel	MODITOR  MOD	Always required	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous equipment Macelanous equipment Segride (micelanous)	and accessories.	DAMES
A4614 A4619	SPACER, BAG ON RESERVOR, WITH OR WITHOUT MAKE, FOR USE WITH METTHED DOSE RANLER REPLACEMENT THAT PROPERTION USED SON, TABLETON MODEL REPLACEMENT THAT FOR PRESENCE WAS BY A TRASS GENERATOR, SCH REPLACEMENT THAT FOR PRESENCE WAS BY A TRASS GENERATOR, SCH REPLACEMENT THAT FOR PRESENCE WAS BY A TRASS GENERATOR, SCH REPLACEMENT THAT OR THE PROPERTY OF T	\$160-10-07 \$160-10-07	160A  NAA  NAA  1606-10-322  NAA  NAA  1606-10-323  NAA  1606-10-323  NAA  NAA  NAA  1606-10-324	Determined by PA Determ	3101/2002 3101/2	People of the Control	TAL  Supply	MODITOR  MOD	Always required	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous equipment Macelanous equipment Supples (insculanous)	and accessories.	OMES OMES OMES OMES OMES OMES OMES OMES
A46514 A46529 A46530 A4	SPACER BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RANLER REPLACEMENT BLAS FOR PREMIERCING USER SON, TRAILED WOODS.  REPLACEMENT BLAS FOR PREMIERCING BOOK TABLE DESERVOR, SOON  REPLACEMENT BLAS FOR REPRINCE PLANTING PAD SYSTEM EACH  REPLACEMENT BLAS FOR REPRINCE PLANTING PAD SYSTEM EACH  PREFITCHES DUTY SECURITY OF PURPERS OWNED BY PLANTING PAD SYSTEM EACH  PREFITCHES DUTY SECURITY OF PURPERS OWNED REPLACED BY THE PAD SYSTEM EACH  EXPRICAL MINES PROVIDED BY THE PART OF	\$160-10-01 \$160-10-07	160A  180A	Determined by PA Determ	\$10,000000 \$10,0000000000000000000000000	Resignatory care Resignatory care segree Refine Segree Ref	TAL  Busely Buse	MODITOR  MOD	Always request Always	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Respiratory Macelamona expressor Bageles (rescultaneous) Brancas arguel Dreasings, surgical Brancas organisms Macelaneous operates Macelaneous operates Macelaneous operates Bageles (rescultaneous)	and accessories.	DAKES  DA
A4614 A4627 A4638 A4639 A4633 A4633 A4633 A4633 A4633 A4633 A4637 A4638 A6080 A7091 A6081 A7091 A7092 A7094	SPACER, BAD ON RESERVOR, WITH ON WITHOUT MADE, FOR USE WITH METTHED DOSE RANLER REPLACEMENT THAT FOR THE REVIEWED, LUGHT BOX, TRAILER FOR MODEL REPLACEMENT THAT FOR PRISERS OWNED BY RATIAGE SINKERATOR, SACH REPLACEMENT THAT FOR PRISERS OWNED BY RATIAGE SINKERATOR, SACH REPLACEMENT THAT FOR PRISERS OWNED BY RATIAGE SINKERATOR, SACH REPLACEMENT FRO FOR IMPRISED HEATING PAD SYSTEM, BACH REPLACEMENT DAYS OLVER STANDARD FOR SYSTEM, BACH REPLACEMENT OF THE REPLACE AND PRISERS OF THE REPLACEMENT OF THAT REPLACEMENT DAYS OF THE REPLACE AND PRISERS OF THE REPLACEMENT OF THAT REPLACEMENT TO AND ANABINE WOUNDED CORRESPONDED THAT THE REPLACEMENT TO WARD WARRINGTON, ROCKCOSTACT TO AND ANABINES WOUNDED CORRESPONDED TO HER WITH THE REPLACEMENT TO WARRINGTON, ROCKCOSTACT TO AND ANABINES WOUNDED CORRESPONDED TO HER WITH THE REPLACEMENT TO WARRINGTON, ROCKCOSTACT TO AND ANABINES WOUNDED CORRESPONDED TO HER WARRINGTON, ROCKCOSTACT TO AND ANABINES WOUNDED CORRESPONDED TO HER WARRINGTON, ROCKCOSTACT TO AND ANABINES WOUNDED CORRESPONDED TO HER WARRINGTON, ROCKCOSTACT TO AND ANABINES WOUNDED CORRESPONDED TO HER WARRINGTON, ROCKCOSTACT TO AND ANABINES WOUNDED CORRESPONDED TO HER WARRINGTON, ROCKCOSTACT TO ANABINES WOUNDED CORRESPONDED TO HER WARRINGTON, ROCKCOSTACT TO ANABINES WOUNDED TO HER WARRINGTON, ROCKCOSTACT THE ROCKCOSTACT THE WARRINGTON, ROCKCOSTACT THE ROCKCOSTACT THE WARRINGTON THE ROCKCOSTACT THE WARRINGTON THE ROCKCOSTACT	\$160-10-07 \$160-10-07	160A	Determined by PA Determ	\$10,00000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,000000  100,0000000  100,00000000	Penginatory care Penginatory care Penginatory care Penginatory care Penginatory Pad Selbery Selber	PAL Busyley Bu	MODITOR  MOD	Always required	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous equipment Macelanous equipment Segride (micelanous)	and accessories.	OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4634 A4638 A4633 A4637 A4638 A4633 A4657 A4638 A6200 A6000 A7000 A7000 A7000 A7001	SPACER, BAD ON RESERVOR, WITH OR WITHOUT MADE, FOR USE WITH METTHED DOSE RANLER REPLACEMENT THAT PER PREPARED WORD BY A TRASE GENERATOR, SCH  REPLACEMENT THAT PER PREPARED WORD BY A TRASE GENERATOR, SCH  REPLACEMENT THAT PER PREPARED WORD BY A TRASE GENERATOR, SCH  REPLACEMENT THAT OR THE PROPERTY OF	\$160-10-07 \$160-10-07	160A  NAA  NAA  160A	Determined by PA Determ	3101/2002 3101/2002	People of the Control	TAL  Supply	MODITOR  MOD	Always required	9 10 10 10 10 10 10 10 10 10 10 10 10 10	Respiratory Macelanous expressor Bugdes (resculanceus) Bugdestory Bugestory Bugestory Bugestory Bugestory	and accessories.	OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4629 A6629 A4629 A6629 A4629	SEPACIE BAD ON RESERVOR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE RANLER REPLACEMENT BLAS FOR PREMIEROUS LIGHT SON, TRAILED WOODS.  REPLACEMENT BLAS FOR PREMIEROUS DAY THE SERVICE WAS A THE CONTROL OF THE SERVICE OF THE SERV	\$160-10-01 \$160-10-07	160A  180A	Determined by PA  Determined b	\$10,00000 \$10,00	Penginatory care Respiratory care Respiratory care Respiratory care Respiratory care Respiratory Respi	тай, Виробу Вир	MODITOR  MOD	Always required	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous explanent Macelanous explanent Begins (inscolanous) Supples (inscolanous) Sup	and accessories.	DAMES  DA
A4614 A4639 A6000 A7001	SPACER, BAD ON RESERVOR, WITH ON WITHOUT MADE, FOR USE WITH METTHED DOSE RANLER REPLACEMENT THAT FOR THE PROPERTY LONG BY APPLIED FOR MODE REPLACEMENT THAT FOR PRIESTIC MODE BY APPLIED BY APPLIED FOR SHE PROPERTY MODE REPLACEMENT THAT FOR PRIESTIC MODE BY APPLIED	\$160-10-07 \$160-10-07	160A  180A  180B	Determined by PA Determ	100.0000000000000000000000000000000000	Penginatny care Penginatny care Penginatny care Penginatny care Penginatny Pad Select Syrings / needes Mask Cover Anchoring device Coversings Ingel Japan (Inchorings) Coversings Ingel Japa	PAL Busyley Supply Supp	MODITOR  MOD	Always required	9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous equipment Macelanous equipment Supples (insculanous) Su	and accessories.	DAMES  DA
A4614 A4639	SPACER, BAS ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METTHED DOSE RIVALER REPLACEMENT THAT THE PER PRIVED COME OF SUR THAT PROCESS REPLACEMENT THAT THE PER PRIVED COME OF SUR THAT OF MODEL REPLACEMENT THAT THE PER PRIVED COME OF SUR THAT OF SUR THAT OF SUR REPLACEMENT THAT THE PER PRIVED COME OF SUR THAT OF SUR THAT OF SUR REPLACEMENT THAT OR INFORMED PEATING PAD SYSTEM EACH  PERFORMED DAYSE CATHETER MACKINGHOUS DEVICE, BILLT, EACH  YERRICHMEN DAYSE CATHETER MACKINGHOUS DEVICE, BILLT, EACH  WITHOUGH THAT OR SURVEY, BILLT	\$160-10-07 \$160-10-07	160A  NAA  160A	Determined by PA Determ	3101/2002 3101/2002	People of the Control	PAA  Buply  AACCESSORY  NA  AACCESSORY  Buply  Buply  Buply  AACCESSORY  Buply  Buply  Buply  Buply  AACCESSORY  Buply  Buply  AACCESSORY  Buply  Buply  AACCESSORY  Buply  Buply  AACCESSORY  Buply  AACCESSORY  AACCESSORY  Buply  AACCESSORY  Buply  AACCESSORY  Buply  AACCESSORY  AACCESSORY	MODITOR  MOD	Always required	9 10 10 10 10 10 10 10 10 10 10 10 10 10	Respiratory Macelanous expressor Bugdes (resculanceus) Bugdes (res	and accessories.	OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4639	SPACER, BAD ON RESERVOR, WITH OR WITHOUT MAKE, FOR USE WITH METTHED DOSE RANLER REPLACEMENT THAT THE PER PER PRIEST COME OF THE ACTION FACE.  REPLACEMENT THAT THE PER PER PER PER PER PAGE CORRESPONDED.  REPLACEMENT THAT THE PER PER PER PER PER PAGE CORRESPONDED.  REPLACEMENT THAT THE PER PER PER PER PER PAGE CORRESPONDED.  REPLACEMENT THAT THE PER PER PER PER PER PER PAGE CORRESPONDED.  REPLACEMENT THAT THE PER PER PER PER PER PER PER PER PER PE	\$160-10-07 \$160-10-07	160A  NAA  160A	Determined by PA Determ	310100000 3101000000 310100000 310100000 310100000 310100000 310100000 310100000 310100000 310100000 310100000 310100000 310100000 310100000 310100000 31010000 31010000 31010000 31010000 310100000 3101000 31010000 3101000 3101000 3101000 3101000 3101000 3101000 31010000 3101000 3101000 3101000 3101000 3101000 3101000 31010000 3101000 3101000 3101000 3101000 3101000 3101000 3101000	Penginatory care Respiratory care Respiratory care Respiratory care Respiratory Respirator	PAA  Buply  Bupl	MODITOR  MOD	Always required	9 9 16 16 16 16 16 16 16 16 16 16 16 16 16	Respiratory Macelaneous equipment Begins (inscendenceous) Begins (inscendenceo	and accessories.	OMES OMES OMES OMES OMES OMES OMES OMES
A4614 A4638 A4639 A4639 A4639 A4639 A4639 A6657 A6602 A6600 A7600 A7601	SPACER, BAS ON RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METTHED DOSE RIVALER REPLACEMENT THAT THE PER PRIVED COME OF SUR THAT PROCESS REPLACEMENT THAT THE PER PRIVED COME OF SUR THAT OF MODEL REPLACEMENT THAT THE PER PRIVED COME OF SUR THAT OF SUR THAT OF SUR REPLACEMENT THAT THE PER PRIVED COME OF SUR THAT OF SUR THAT OF SUR REPLACEMENT THAT OR INFORMED PEATING PAD SYSTEM EACH  PERFORMED DAYSE CATHETER MACKINGHOUS DEVICE, BILLT, EACH  YERRICHMEN DAYSE CATHETER MACKINGHOUS DEVICE, BILLT, EACH  WITHOUGH THAT OR SURVEY, BILLT	\$160-10-07 \$160-10-07	160A  NAA  NAA  1606-10-322  NAA  1606-10-322  NAA  1606-10-322  NAA  1606-10-323  NAA  1606-10-324  NAA  1606-10-324  NAA  1606-10-34  16	Determined by PA Determ	3101/2002 3101/2002	Peoplaratory care Peoplaratory care Peoplaratory care Peoplaratory care Peoplaratory Pad Selection Anothering device Anothering selection	PAL Busyley Bu	MODITOR  MOD	Always required	9 9 16 16 16 16 16 16 16 16 16 16 16 16 16	Macelanous equipment Macelanous equipment Supples (insculanous) Su	and accessories.	OMES OMES OMES OMES OMES OMES OMES OMES

CONVENCE CONTINUENTS SALLEGES FORTHERS, CONTINUENTS SALLEGES	DEFECTION   Processing   Proc	DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB
Column	THE EXECUTION OF MOTHER HEFT CODE 5160-1001 NA Determined by PA 01510204 Macdistroom spepting Supply accessory.  S160-1029 516	DMEB  DMEB  DMEB  DMEB  DMEB
1.	1500-15-01   1500-15-01   1500-15-02   150	DMEB  DMEB  DMEB  DMEB
Column	TES (DECTRODES), 50% OF LESS (150 ML = 1 UNT) . \$160-10-10 . \$160-10-20 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ Entered nations on supples.  5% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-20 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ 5 . Entered nations on supples.  5% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-20 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ 5 . Entered nations on supples.  5% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-20 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ 5 . Entered nations on supples.  6% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-20 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ 5 . Entered nations on supples.  6% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-20 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ 5 . Entered nations on supples.  6% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-20 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ 5 . Entered nations on supples.  6% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-20 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ 5 . Entered nations on supples.  6% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-20 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ 5 . Entered nations on supples.  7% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-21 . \$160-10-22 . Determined by Pk. 0101/2024 . Nations solution. NA. No.1.TCF . Always required. \$ 5 . Entered nations on supples.  8% (150 ML = 1 UNT) - CAME MIX. 5160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 . \$160-10-21 .	DMEB DMEB DMEB
March   Marc	\$90, (600 ML = 1 LMT) - KOME MIX	DMEB DMEB
The content of the	15 TRECUENT ESTS, (500 ML = 1 NRT) - FUNE MIX 5160-10-01 5160-10-01 5160-10-02 Determined by PA 0101/2004 Natition solution NA Next.1CF Assays required 5 Entered nations on supples 15 En	
The content of the property	REATER THAN 8.7% (COD ML = 1 LWT) - FCARE MIX 5 150-10-01 5160-10-02 Distinguished by PA 0151/2024 Natition solution NA No.1.TCF Always required 5 Enterir nation with supples 15 (Enterir nat	
The column	TES (DESTROSES), GREATER THAN 50% (SDI ML = 1 5160-10-01 5160-10-01 5160-10-02 Ordermord by PA 0101/0204 Nation solution NA Non-1TCF Aways required 5 Enterial nation and supples  TES (DESTROSES), GREATER THAN 50% (SDI ML = 1 5160-10-01 5160-10-02 Destrosed by PA 0101/0204 Nation solution NA Non-1TCF Aways required 5 Enterial nation and supples  TES (DESTROSES), GREATER THAN 50% (SDI ML = 1 5160-10-01 5160-10-02 Destrosed by PA 0101/0204 Nation solution NA Non-1TCF Aways required 5 Enterial nation and supples  TANNO ACCORDINATIONS WITH 10 TO 5 100-10-01 5160-10-01 51	DMEB
The Control of Contr	ES (DECTRODE) GREATER THAN 50% (SOO ML = 1   5160-10-21   5160-10-224   Determined by PA   0161/2024   Natition solution NA   No.A.T.CF   Always required   5   Enterial nation and supples	DMEB
March   Marc	S180-10-01   S180-10-01   S180-10-02   Determined by PA   D161/0204   Onegoven NA   Nov.1.TCF   Aways required   S   Entered nutrition and supplies	DMEB
The content of the	AMINO ACID AND CARBOHTDSATES WITH ACLUSION DEPREVANTION, ANY STRENGTH, 19 TO 51  5160-10-29 Determined by PA 0161/2024 Natition solution NA Non-LTCF Always required 5 Enterial natition and supplies  AMINO ACID AND CARBOHTDSATES WITH  5160-10-29 Determined by PA 01/61/2024 Natition solution NA Non-LTCF Always required 5 Enterial natition and supplies  CALCIDING TRESPONDED TO 17 TO 1	DMEB DMEB
Math	AMINO ZOO AND CARRON-FIGARIZES WITH SULCIDAN PROPERTY 52 TO 27 STREET, 15 165-10-20 STREET, 1	DMEB
The color of the	INCLIDING PREPARATION, ANY STRENGTH, 52 TO 73	DINES
March   Marc	ARID ACC ARC CHROPHORMES WITH  ACCURATION AND STREET AND ACCURATION AND STREET ACCURATIO	DMEB
Dec     Dec     Dec		DMEB
Management of the times and extractive through the times of the control of the		DMEB
	INCLIDING PREPARATION, ANY STRENGTH, OVER 100	
March   Control of the Control of		DMEB
Column   C	AMBIO JULO DALI CHEMICHES WITH 1 5160-10-20	DMEB
The content of the	ABRIO ACC ARC CARBOTHORATES WITH NO. COLOR TO A CARBOTHORATES WITH A COLOR OF A CARBOTHORATE WITH	DMEB
The content of the	AMRIO ACID AND CARRICH WITH 1 5160-10-01 5160-10-02 Determined by PA 0101/2004 Nutrition solution NA Nen-LTCF Always required 5 Enteral nutrition and supplies (NCLIURIA) PREPARATION, ANY STREAMING NATURE STREAM S	DMEB
The Comment		DMEB
Column	HOR WITHOUT WHEELS, EACH 5160-10-01 5160-10-30 Determined by PA 01.01/2024 Leg platform NA Non-LTCF Always required 9 Miscellaneous equipment	DMEB
The contract of the contract	TRANSPORT CHAIR FOLDING, ADJUSTABLE OR FIXED 5160-10-01 5160-10-01 Determined by PA 90110025 Walter NA No.LTCF Always required 9 Miscellaneous equipment	DMEB
The Content of the		DMEB
The Company of Compa		DMEB
The Control		DMEB
100   Control Contro		DMEB
1000   Control (Control (Con		DMEB
1979   1979		DMEB
Top		DMEB
Total	H 5160-10-01 5160-10-33 <u>687-84</u> <u>0.101/2008</u> Foot real NA Non-LTCF Always required 9 Maccellamous expirement	DMEB
The Control of Contr		DMEB
The Control	, , , , , , , , , , , , , , , , , , , ,	DMEB
The Control And Control And Prince   1999-1619   199		DMEB
The Control of Contr		DMEB DMEB
		DMEB
		DMEB
SECOND   CONTRACT		DMEB
Total   Column   Tota	D COVER	DMEB
ENGINEERING CONTINUES CO	5160-10-01 NIA \$42.04 0101/2006 Pump NA Non-LTCF Always required 9 Miscellaneous equipment	DMEB
Page	5160-10-01 N/A Determined by PA 01012024 Bath and belief aids NA Nex-4.TCF Always required 9 Miscellameous equipment	DMEB
Management   Man	PLACEMENT CNLY 5160-10-01 NIA 594.63 01.01.0005 Pad Supply Non-LTCF Always required 16 Supplies (inscalaneous)	DMEB
		DMEB
EDIT   COUNTY		DMEB
Page		DMEB
		DMEB
DOTS		DMEB
MAINTON TO THE RECENTION OF THE RECENTION COMPRESS (MAINTON COMPRESS (MAINTON COMPRESS)		DMEB
	TALM VILVING MECHANISM AND COLLECTION 5160-10-01 N/A Distantional by PA 0101.02034 Boset insights NA No.4.TCF Always required 16 Supplies (inscellaneous) IRREVANCE/MICROS STEEM Society (inscellaneous) IRREVANCE/MICROS STEEM (inscellaneous) IRREVANCE/MICRO STEEM (inscellaneous) IRREVANCE/MICROS STEEM (inscellaneous) IRREVANCE/MICRO STEEM (inscellaneous) IRREVANCE/MICROS STEEM (inscellaneous) IRREVANCE/MICROS STEEM (inscellaneous) IRREVANCE/MICROS STEEM (inscellaneous) IRREVANCE/MICROS STEEM (inscellaneous) IRREVANCE/MICR	DMEB
Mail ALTER, CAMPALLO MORE, AND TIMES	5160-10-01 N/A Determined by PA 01.01/2024 Elevator NA Non-LTCF Always required 9 Miscellaneous equipment	DMEB
ENGINEER   PRINCIPLE CONTRINER   RECIPION		SL
COMMAL ON MINOS AND TIBESTS   COMMAN AND MINOS AND M	SE; INCLUDES RECOLLATOR, PLOYMETER, HAMDIFIER 5160-10-01 5160-10-13 Determined by PA 0101/2024 Gaseous oxygen NA LTCF Always required 13 Respiratory	SL SL
COMMALA OR MADE, AND TERMINE MORTHS, LOUIS CONTENT MORTHS (LOUIS CONTENT MORTHS)   \$160-10-11		SL SL
DOTAGE CONTINUES IN PLACES PORTIAGE CONTINUES CONTINUE	ELIQUEFIER USED TO FILL PORTABLE LIQUID 5160-10-01 5160-10-01 5160-10-13 \$38.68 01/01/2026 Liquid oncore NA Non-LTCF Always required 13 Resolutory Refer to concent fee schedule for convent of	
OVERSELECTATABLES INCIDENCES REGILATOR INCOMETER HAMDERS	AMERS, REGULATOR, FLOWMETER, HAMDIFIER, SUPPLY RESERVED AND CHEETER, SUPPLY RESERVED AND CONTENTS AND AUGUST.	
EDNIST  PATTABLE DUDIO CYCLORD NYTEEM PLACES PROTRIALE CONTRACE, SERVINE ALLOSES PROTRIALE, CONTRACE, SERVINE ALLOSES SERVINE ALLOSES PROTRIALE, CONTRACE, SERVINE ALLOSES SERVI	AINERS, REGULATOR, FLOWMETER, HUMDIFIER,	SL
Document Load On Vision Notifies A Publisher Secretary Control of Secr	ICLIDES PORTABLE CONTAINER, SUPPLY RESERVOIR 5160-10-01 5160-10-13 Determined by PA 01/01/2024 Liquid oxygen NA Non-LTCF Always required 13 Resolvatory	SL
FOUNDMETER HAMDRIFE CONTENTS GAUGE CARRALA COMMAN, TURBO AND REPLACAPTOR		SL
MICHATER, REGULATOR, FORWESTER, HAMDER, MERILLEZ CONNACA ON MICH. AND TUBBRO	NULL OR MASK, TUBING AND REFILL ADAPTOR	o.
Selection   Sele	NCLLES LEG F RESERVOR, CONTENTS 166-10-01 5160-10-13 Datermined by PA 01/51/2024 Liquid oxygen NA New-LTCF Always required 13 Respiratory National Nation National Nation Nation National Nation Nation National Nation Nation	SL
EASIER   DEPCEAL CONTROLLELATION POTENTIAL NOT DIFFERENCES SPECTRES, RECLISION ALL SUPPLIES AND   \$160-10-13   Determined by PA   \$101-10006   Easier surging   NA   Next-TCF   Always required   1.3   Respectively	HS 5UPFLY = 1 UNIT 5165-10-01 5165-15-13 547-24 0101/2008 Gaseous organ NA LTCF Always required 13 Respiratory 1/2 of two-institutional encount	SL
EASIER   DEPCEAL CONTROLLELATION POTENTIAL NOT DIFFERENCES SPECTRES, RECLISION ALL SUPPLIES AND   \$160-10-13   Determined by PA   \$101-10006   Easier surging   NA   Next-TCF   Always required   1.3   Respectively	SUPT-V + LINET   S160-10-01   S160-10-13   \$42.24   S101-10-05   Gaseous organs   NA LITE   Always required   13   Responsity   10 of mon-institutional amount	SL
ACCESSORES		SL SL
ADDITIONAL PREFATERATION AND ADMINISTRATION AND A		DMEB
SHIP		DMEB
ESMS   CONTROL EXCENTION LESS FOR THE CONTROL EXCENTION AND THE CONT	5160-10-01 N/A Determined by PA 01.01.2024 Respiratory care NA Non-LTCF Aways required 13 Respiratory	DMEB
READON SECURITY AND CONTROL STRUCTURE STRUCTURE OF THE FORCE MEDIC.  STRUCTURE STRUCTU	FERT CRIS, CRUSCIAPPELLADES CVID.  FERT CRIS, CRIS	DMEB
EGINES   PAPER SOURCE AND CONTROL ELECTRONICS BIFF CREAM EXPLICATION FOR PRIVATE PRI		DMEB
EGINES   PAPER SOURCE AND CONTROL ELECTRONICS BIFF CREAM EXPLICATION FOR PRIVATE PRI	AIG CONTRIAL ELECTROMOS UNT. CONTRIOLLED BY	
ED093 ONL DEVICE/PEPPLANCE FOR NEIROADICLAR ELECTRICAL STRUALATION OF THE TOXICE MADILE.   \$106-1001   N.A.   Determined by Ph.   010-10004   Supply   NA   Nex1,TCF   Assign required   9   Miscellances equipment   North-Control   No.   Next, No		DMEB
PRIORE APPLICATION (SIGNE SUPPLY   100	IECTRICLE STABLEATION OF THE TOWNIE MISCLE. 5100-10-01 NIA Determined by PA 01/01/2004 Supply NA Non-LTCF Always required 9 Miscellaneous equipment Formerly K1029 Always required 9 Miscellaneous equipment Formerly K1029	DMEB
CONFERENCE AND FOR EXPOSED AND THE	NEA TREATMENT, WITH SENSOR, NCLLDES ALL 5160-10-01 NIA \$201.12 \$16010206 Seep agrees NA Both Always required 9 Miscellaneous equipment Formely K1001	DMEB
OXIVES/SELIVENEY  OXIVES/SELIV	NTAL MIMPHOPHICATION DIGINAL PROPERTY OF \$160.10.01 N/A \$475.92 01(01)(02)00 Decimal N/A Mod TCE Above concloded 12 Descriptory	DMEB
E0560 HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN 5160-10-01 N/A \$165.22 01/01/2026 Respiratory care NA Non-LTCF Always required 13 Respiratory	PLASTIC BOTTLE TYPE, FOR USE WITH RECULATOR \$160-10-01 NA Determined by PA 01612024 Requisitary care NA Non-LTCF Always required 13 Respiratory	DMEB
	FFICATION DURRING IPPB TREATMENT OR CXYGEN 5160-10-01 N/A \$165.22 01/01/2026 Respiratory care NA Non-LTCF Always required 13 Respiratory earlier outliness of the confirment o	DMEB
E0972 ARCR05CL COAPPESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERNAT TENT USE 5166-10-01 N/A \$332.728 OLIGI-20028 equipment NA Nen-LTCF Always required 13 Respiratory equipment	LIGHT DUTY FOR INTERNATIENT USE 5160-10-01 NIA \$307.28 0101.0005 Recipitatory care equipment 13 Respiratory experience 13 Respiratory experience 13 Respiratory experience 14 Respiratory experience 15	DMEB
E0574 ULTRASON/DELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER 5160-10-01 NIA \$449.92 01/01/2005 Respiratory care equirent equirent	WITH SMALL VOLUME NEBULIZER 5160-10-01 N/A \$449.92 01/01/2005 Respiratory care NA Non-LTCF Always required 13 Respiratory excellents	DMEB
E0085 NEBILIZER, WITH COMPRESSOR AND HEATER 5150-10-01 N/A \$209.84 010140000 Respiratory care NA Next-TCF Always required 13 Respiratory opening property (approach of the control of the control opening open	5160-10-01 N/A 5209.84 010120026 Resignatory care equipment N/A Non-LTCF Always required 13 Respiratory	DMEB
		DMEB
SERIO   PACEMBER MODITION   SERIO SERIO   SERIO		DMEB
MSIBLE CHECK SYSTEMS)  MINISTER CHECK SYSTEMS)  MINISTER CHECK REPORTANED CHECKS STATES Y DEP STON AND OTHER PACEMAGE  MINISTER CHECKS AND AND ADDRESS	RATTERY DEPT ETTYN AND OTHER PACEMAKER 5160-10.01 5160-10.02 \$498.50 0.0101/0708 Monitor NA Monitor NA Monitor Alexandronical G. Microbronica environment	DMEB
COMPONENTS INCLUDE OWNER ACKNOWN TO MAKE A CONTROL OF STREET OWNER AND A CONTROL OF THE CONTROL	NYTEMS DESCRIPTION OF THE PROPERTY OF THE PROP	DMEB
EGIT EXTENSU DEFINALATIN WITHINTEGRATED ELECTRICAMIDIGAMA MAY, YIELD 5160-10-06 33-20-42 910-10-06 10-		DMEB
EXXXX PATRICULT, ELECTRO WITH SEAT OR SLIND 5500-1001 NA 31.024.77 0.001/0006 Lift NA No.A.TCF Always required 9 Miscalineous expirents		DMEB
EGGS MA.TPOGROWLP-ATENT SUPPORT PYSTBM, WITH ATEGRATED LPT, PATENT ACCESSIBLE CONTROLS 5160-1-01 NA B1-713-00 5100-1005 LR NA No-1-TC Aways required 9 Macalineous equipment		DMEB
EGSIB PRIDTY LTV. MOVEMENT FROM ROOM TO ROOM WITH DISASSEMBLY, MOLIDIDES AL. \$160-10-01 NA. \$1.10.00 U.S. \$1.00.00		DMEB
SSN0 PATRY LPT, FXED SYSTEM NOLLIDES ALL COMPONENTS/ACCES/GORES 59(0-10-01 NA 5110-08 LR NA No.1-TOF Aways required 9 Miscolaneous equirment	ONENTS/ACCESSORIES 5160-10-01 N/A \$1,110.88 0101/2026 Lift NA Non-LTCF Always required 9 Miscellaneous equipment	DMEB
		DMEB
	PREMATIC COMPRESSOR, CHEST   5190-10-51	DMER
1500   1500	PPELMATIC COMPRESSOR, CHEST   5160-10-01   5160-10-15   560-10-1	DMEB

Mathematical   Math		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	9	Miscellaneous equipment		DMEB
Manual	E0671	LEGS AND TRUNK				01/01/2026	Pneumatic equipment	NA.			9			DMEB
Manuscropping companies of the property of t	E0672		5160-10-01	5160-10-15	\$360.72	01/01/2026	Pneumatic equipment	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
1.   1.   1.   1.   1.   1.   1.   1.							Pneumatic equipment			, ,				DMEB
Mathematical Content		ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)					Pneumatic equipment							DMEB DMEB
March   Marc							Compression	NA.						DMEB
Mathematical Content	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
100   100														DMEB
Mathematical part		MUSCLES DURING KEGEL EXERCISES					Supplies and accessories				16			DMEB
Manuface		FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NIMES (WITH CONDUCTIVE FIBERS					Garment				1			DMEB
1.   1.   1.   1.   1.   1.   1.   1.	E0732	SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)  CRAINAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, INCLUDES ALL SUPPLIES AND ACCESSORIES, ANY TYPE	5160-10-01	N/A	\$410.64	01/01/2026	CES system	NA.	Both	Always required	9	Miscellaneous equipment	Formerly K1002	DMEB
Mathematical Control of the contro		NERVE					Stimulator				9		Formerly K1016	DMEB
Manual Section   Manu							Stimulator				9		Formerly K1018	DMEB
March   Marc													Formerly K1020	DMEB
Column	E0737	TRANSCUTANEOUS TIBIAL NERVE STIMULATION, CONTROLLED BY PHONE APPLICATION	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA.	Non-LTCF		9	Miscellaneous equipment		DMEB
Column	E0738	UPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE MUSCLE RE- EDUCATION, INCLUDE MICROCOMPRESSOR, ALL COMPONENTS AND ACCCESSORIES			\$15,997.20	01/01/2026	Stimulator	NA.		Always required	9	Miscellaneous equipment		DMEB
Column		REHABILITATION THERAPY, INCLUDES ALL COMPONENTS AND ACCESSORIES, MOTORS.												DMEB
March   Marc														DMEB DMEB
Column														DMEB
Mathematical State   Mathema	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	5160-10-01	N/A	\$1,000.64	01/01/2026	Stimulator	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Column   C					Determined by PA		Stimulator				9			DMEB
Column		ENERGY TREATMENT DEVICE					Radiowaves device							DMEB DMEB
100   100														DMEB
March   Marc		GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, FDA APPROVED NERVE STIMULATOR, FOR TREATMENT OF NAUSEA AND VOMITING												DMEB
The column of	E0766	TYPE	5160-10-01	N/A	\$128,508.00	01/01/2026	Stimulation device	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Margin   M		INTRABUCCAL, 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.			9			DMEB
Page		ELECTINICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED AMBULATORY INFUSION PUMP, MECHANICAL, REUSARI F. FOR INFLISION R.HOLIRS OR GREATER		N/A 5160-10-29	S185 68	01/01/2024 01/01/2026	Stimulation device	NA.						DMEB DMEB
Page							nutrition) equipment Infusion pump (non-							DMEB
Mathematical Content		INFERSION PEMP IMPLANTARI E NONAPROGRAMMARI E INCLUIRES ALL COMPONENTS E G. PLIMP					nutrition) equipment	NA.						DMEB
Column		CATHETER, CONNECTORS, ETC.) INCLIGION DI MO GYGTEM INDI ANTADI E DECORDAMMADI E (INCLI DES ALL COMPONIENTS E C. DI IND.					nutrition) equipment Infusion pump (non-	NA.	Both					DMEB
100   100		CATHETER, CONNECTORS, ETC.) IMPLANTABLE INTRASPINAL (EPIDURALIINTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION	5160-10-01				nutrition) equipment Infusion pump (non-	NA.	Both					DMEB
Page	E0786	IMPLANTABLE PROGRAMMABLE INFLISION PLIMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL	5160-10-01	5160-10-29	\$8,926.18	01/01/2026		NA.	Both	Always required	9	Miscellaneous equipment		DMEB
March   Marc							accessories				9			DMEB DMEB
March   Marc											9			DMEB
Column   C							accessories							DMEB
Second Control (1995)   Seco	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO RED. WITH GRAR RAP	5160-10-01	5160-10-18	\$407.60	01/01/2026	accessories Hospital bed accessories	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
150   150	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	5160-10-01	5160-10-27	Determined by PA	01/01/2024	CPM device	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Proc.   Proc													Formerly K1003	DMEB DMEB
Column			5160-10-01	5160-10-13	Determined by PA	01/01/2024	Accessory	Accessory	Non-LTCF					DMEB
The Control of Contr		REGULATOR	5160-10-01	5160-10-13	\$31.65	01/01/2026	Regulator	NA.	Non-LTCF		9			DMEB
The Control of the		TYPE, REPLACEMENT ONLY, EACH												DMEB
The control of the							,	,						DMEB DMEB
100   100		REPLACEMENT ONLY, EACH  OVICEN ACCESSORY BATTERY CHARGES FOR BORTABLE CONCENTRATOR ANY TYPE BEDLACEMENT												DMEB
100   100	E1358	ONLY, EACH  DXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Accessory	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
Page		IMMERSION EXTERNAL HEATER FOR NEBULIZER			\$131.64	01/01/2026	Heater	Accessory		Always required	9			DMEB
Property							system							DMEB
1915   Control Contr					\$833.68	01/01/2026	Vapor enriching system	NA.						DMEB
Column   C		KIDNEY DIALYSATE DELIVERY SYST KIDNEY MACHINE PLAP RECIRCULATING AIR REMOVAL SYST		N/A		01/01/2024		NA NA	Non-LTCE					DMER
Page	E1520						Centrifuge							DMEB SL
Column		HEPARIN INFUSION PUMP FOR HEMODIALYSIS	5160-10-01	N/A	Determined by PA	01/01/2024	Centrifuge Kidney machine	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		
Column   C		HEPARN INFUSION PUMP FOR HEMODIALYSIS AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	5160-10-01 5160-10-01	N/A N/A	Determined by PA  Determined by PA	01/01/2024	Centrifuge Kidney machine Pump	NA NA	Non-LTCF Non-LTCF	Always required Always required	9	Miscellaneous equipment Miscellaneous equipment		SL
1507   ADMINISTRATION		HEPARN INFUSION PLAMP FOR HEMODIALYSIS ARI BURBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT	5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	Determined by PA Determined by PA Determined by PA Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024	Centrifuge Kidney machine Pump Bubble detector Alarm	NA NA NA	Non-LTCF Non-LTCF Non-LTCF	Always required  Always required  Always required  Always required	9 9	Miscellaneous equipment  Miscellaneous equipment  Miscellaneous equipment  Miscellaneous equipment		SL DMEB DMEB DMEB
	E1550	HEFMAN REPUICION PUMP FOR HEMOCOLY YES,  AN BUSINE DITECTOR FOR HEMOCOLY YES, EACH, REPLACEMENT  PRESSURE ALARI FOR HEMOCOLY YES, EACH, REPLACEMENT  BATH CONDUCTIVITY METER FOR HEMOCOLY YES, EACH	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Centrifuge Kidney machine Pump Bubble detector  Alamn Meter	NA NA NA NA	Non-LTCF Non-LTCF Non-LTCF Non-LTCF Non-LTCF	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
Section   Control According   Control Accord	E1550 E1560	HERMAN INCHEMPTOR HANDOWLYSIS, EACH, REPLACEMENT ARRESUME ALMOSTOR HEMODOWLYSIS, EACH, REPLACEMENT ARRESUME ALMON FOR HEMODOWLYSIS, EACH, REPLACEMENT BARH CONDUCTION WETER FOR HEMODIALYSIS, EACH BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH REPLACEMENT	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA NIA	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Centrifuge  Kidney machine  Pump  Bubble detector  Alarm  Meter  Blood leak detector	NA NA NA NA NA	Non-LTCF 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 9	Miscelaneous equipment		SL DMEB DMEB DMEB
Total   Control of Print Microsoft Print Print Print Date   Dec.   Dec	E1550 E1560 E1570	HEFMEN IN PUSION FLARE FOR HEADOLA FIELD  AND REALE CHEFFECH FOR HEADOLA FIELD  RESULFE JULIUM HEMOODLA FIELD  RESULF JULIUM HEMOODLA FIELD  RESUL	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA NIA NIA	Determined by PA	01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2024	Centrifuge  Kidney machine  Pump  Bubble detector  Alarm  Meter  Blood leak detector	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	Miscelanous equipment		SL  DMEB  DMEB  DMEB  DMEB  DMEB
END   CHEAR DAY TO MACHINE POP PROTECTION, COLUMN   1960-10-10   NA	E1550 E1560 E1570 E1575 E1580	HERMEN NEUTON PLANF FOR HEMODIA YISE ARI BUBBLE DETECTOR FOR HEMODIA YISE, EACH, REPLACEMENT  BATH CONDUCTIVITY METER FOR HEMODIA YISE, EACH BUCODI SEM RETECTOR FOR HEMODIA YISE, EACH SEPHACEMENT  AGLISTING CHARF, FOR SERIO PATIENTS  ULBERNACHEMENT SEM PORT HEMODIA YISE, AWY SIZE, PER 10  UNPLINCTURE CONTROL, SYSTEM FOR HEMODIA YISE,	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA	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	Centrifuge Kidney machine Pump Bubble detector Alarm Meter Blood leak detector Chair Barrier Control unit	NA	Non-LTCF	Always required	9 9 9 9 9	Macelaneous egipment		SL  DMEB
RAMERY ADDITION CONTINUES TO REPORT AND ADDITIONS OF THE PARTICLES OF TH	E1550 E1560 E1570 E1575 E1580 E1590	HERMAN INSURANTAME FOR HEMODALYSIS  AND BRIBLE DETEROIS FOR HEMODALYSIS EACH, REPLACEMENT  PRESSURE IL-MAIN FOR HEMODALYSIS, EACH, REPLACEMENT  ASTH CONDUCTIONTY METER FOR HEMODALYSIS, EACH, REPLACEMENT  ASTH CONDUCTION FOR HEMODALYSIS, EACH, REPLACEMENT  ADJUSTABLE CHAPT, FOR HEMODALYSIS, EACH, REPLACEMENT  ADJUSTABLE CHAPT, FOR ESSED PATTENTS  TRANSLICUTER FROTECTIONS FLUE DEWESSES, FOR HEMODALYSIS, ANY SIZE, FER 10  HEMODALYSIS MACHINE	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	NIA	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	Certrifuge Kidney machine Pump Bubble detector Alarm Meter Blood leak detector Chair Barrier Control unit Hemodialysis machine	NA	Non-LTCF	Always required	9 9 9 9 9 9	Масийанноги едіренет Мосийноги едіренет		SI.  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB
Section   Discretary Maritim Publication (1978)   Section   Sect	E1550 E1560 E1570 E1575 E1580 E1590 E1592	HERMEN INSTITUTION FAME FOR HEADOLAYSIS.  AND BEBBLE DETECTOR FOR HEADOLAYSIS, EACH, REPLACEMENT  PRESSURE ALARM FOR HEADOLAYSIS, EACH, REPLACEMENT  BACH CONCENTRY METER FOR HEADOLAYSIS, EACH  BACH CONCENTRY METER FOR HEADOLAYSIS, EACH  BACOOL LEW CETTECTOR FOR HEADOLAYSIS, EACH REPLACEMENT  MANUSCHER, COMERCE FOR HEADOLAYSIS, EACH REPLACEMENT  THANGOLGER PROTECTORSFILLIG BARRIERS, FOR HEADOLAYSIS, ANY SIZE, PER 19  UNIVENCENTE CONTROL SYSTEM FOR HEADOLAYSIS.  MANUSCHER CONTROL SYSTEM FOR HEADOLAYSIS  MANUSCHER CONTROL SYSTEM FOR HEADOLAYSIS SYSTEM  MANUSCHER THE SYSTEM FOR HEADOLAYSIS SYSTEM	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA	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	Ceretrituge Kidnay machine Pump Bubble detector Alamm Meeter Blood leak detector Chair Barriser Control unit Herrodistytis machine Dialysis system	NA N	Non-LTCF	Always required	9 9 9 9 9 9	Miscolamous epigment		SI.  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  SI.
	E1550 E1560 E1570 E1575 E1580 E1590 E1592 E1594	HERMON INVESTOR PARE FOR HEMODALYSIS  AND BUSINE DEPECTOR FOR HEMODALYSIS, EACH, REPLACEMENT  PRESSURE ALARM FOR HEMODALYSIS, EACH, REPLACEMENT  BASH CONDUCTIVITY METER FOR HEMODALYSIS, EACH  BUCOD LEAR OF RETECTOR FOR HEMODALYSIS, EACH  BUCOD LEAR DETECTOR FOR HEMODALYSIS, EACH, REPLACEMENT  BUCOD LEAR DESERVED HEMODALYSIS, EACH, REPLACEMENT  TRANSLOCKER PROTECTORS/FLUG BURGERS, FOR HEMODALYSIS, ANY BIZE, PER 10  LIMPARCIERC CONTROL, SYSTEM FOR HEMODALYSIS  HEMODALYSIS MACHINE  CHOCOBALYSIS MACHINE  CYCLER DALYSIS MACHINE FOR PROTTOMEA, DALYSIS SYSTEM  CYCLER DALYSIS MACHINE FOR PROTTOMEA, DALYSIS SYSTEM	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA	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 01/01/2024	Certrifuge Kidney machine Pump Bubble desector Alamm Mater Blood leak detector Chair Barner Coetrol unt Hermodalysis machine Dulysis system Dialysis machine	NA N	Non-LTCF	Always required	9 9 9 9 9 9 9	Macelamona eqipment		SI.  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  SI.
ESSS   MARKE GOFFERDE PRINCIPAL FOR RELOCALYSIS   No.   Columns of by Pr.   Coll 1050-   May regard   9   Macelemon exposed	E1550 E1560 E1570 E1575 E1580 E1590 E1592 E1594 E1600 E1610	HERMEN INSURANCE FOR HEADOLY THE AND THE PLACEMENT  PRESIDER ALMEN FOR HEADOLY THE REAL REPLACEMENT  PRESIDER ALMEN FOR HEADOLY THE REAL REPLACEMENT  AND CONCENTRY METER FOR HEADOLY THE REAL REPLACEMENT  BACH CONCENTRY METER FOR HEADOLY THE REAL REPLACEMENT  BACH CONCENTRY OF THE REFORM HEADOLY THE REAL REPLACEMENT  BACH CONCENTRY OF THE REAL PROPERTY OF THE REAL REPLACEMENT  THANGLICER FOR THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE PROP	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA	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 01/01/2024 01/01/2024 01/01/2024	Certefuge Rödney machine Pump Bubble desector Alamn Meter Blood leak detector Chair Barrier Control until Hermodalysis machine Chairges Waler puffication System Waler purification system	NA N	Non-LTCF	Always required	9 9 9 9 9	Масованосо едіренет		SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
System   S	E1550 E1560 E1570 E1575 E1580 E1590 E1592 E1594 E1600 E1610	HERMAN INSURANCIAN FOR HEMODALYSIS  AN BUSINE DEPECTOR FOR HEMODALYSIS, EACH, REPLACEMENT  PRESSURE ALMRING HEMODALYSIS, EACH, REPLACEMENT  BASH CHORACTHYT METER FOR HEMODALYSIS, EACH, REPLACEMENT  BASH CHORACTHYT METER FOR HEMODALYSIS, EACH, REPLACEMENT  BACKDOLLEN, DETECTOR FOR HEMODALYSIS, EACH, REPLACEMENT  TRANSDUCER PROTECTORS-FLUG BARRIERS, FOR HEMODALYSIS, ANY SIZE, FER 10  LIMPACTICES CONTROL, SYSTEM FOR HEMODALYSIS  HEMODALYSIS MACHINE  CHICAGO AND HEMODALYSIS SYSTEM  CYCLER DAVIS MACHINE  CHICAGO AND HEMODALYSIS SYSTEM  CYCLER DAVIS MACHINE FOR PROTOGES FOR HEMODALYSIS BOUPMENT  PROFISED GORDING WHITE FURPICATION SYSTEM CON HEMODALYSIS BOUPMENT	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA NIA NIA NIA NIA NIA NIA NIA NIA NIA	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 01/01/2024 01/01/2024 01/01/2024	Cerrefuge Nodery machine Pump Bubble defector  Flamm Meter Blood leak defector Chair Barrier Control until Heterodishyste machine Dialysis system Dialysis machine Charges Water pustication	NA N	NEGATOF	Alterys required	9 9 9 9 9	Misorlamous eqipment		SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ENSIGN   PORTOPIER, DALYES CLAMPS, EACH   Sept. 10.00   NA   Delement by No   Delement by	E1550 E1560 E1570 E1575 E1580 E1590 E1592 E1594 E1600 E1615 E1615	HERMAN INVESTOR PLANE FOR HEADOLAY THE ACT HERMAN H	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$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 N	Determined by PA	01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024 01/01/2/024	Centraliga  Kides reactions  Purp  Buddes detector  Alam  Males  Blood lead detector  Chair  Barrie  B	NA N	NOSATOF	Almays required	9 9 9 9 9 9 9 9 9 9	Масийаннога едіринет Мосийаннога едіринет		SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ESSS   COMPACT POTTAGE   PARCE NATIONAL PRINCE NATIONAL PRIN	E1550 E1560 E1570 E1575 E1580 E1590 E1592 E1594 E1600 E1610 E1615 E1620 E1625	HERMAN INSTITUTION FAMILY FOR HEADOLAY THIS AND REPLACEMENT PRESIDER AUMMENTER HEADOLAY THIS EACH, REPLACEMENT PRESIDER AUMMENTER HEADOLAY THIS EACH, REPLACEMENT AND CONCENTRY METER FOR HEADOLAY THIS EACH REPLACEMENT AND CONCENTRY METER FOR HEADOLAY THIS EACH REPLACEMENT AND CONCENTRY OF THE FOR HEADOLAY THIS EACH REPLACEMENT THOUGHT AND THE FOR THE FOR THE FOR THE THIS EACH PREVAILABILITY THROUGHT FOR THE FOR THE FOR THE FOR THE THIS EACH PREVAILATION OF THE FOR 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 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NGA	Determined by PA Determ	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	Centrique  Kother machine  Purp  Buddes delactor  Alaim  Blood leas delector  Cher  Barrier  Control ust  Hermodyne  Hermodyne  Control ust  Hermodyne  Control ust  Hermodyne  Control ust  Hermodyne  Control  Lalysin system  Charjes  Water puffication  youten  Water puffication  Purp  Water puffication  Purp  Water controling  Water puffication  Purp  Water puffication  Water puffication  Water puffication  Water puffication  Water puffication  Purp  Water puffication  Water puffication  Purp  Water puffication  Water puffication  Water puffication  Purp  Water puffication  Water pufficati	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	No.LTCF	Always required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macelaneous equipment		SL CMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB SSL SSL SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ENDS   DORBOTY CATTROOGE, FOR FEMODIALYSIS, PER 10   5160-1001   NA Delemend by P. 0161-10014   Centrages   Depthy   No.1.177   Always requed   9   Mocalizance appried	E1550 E1560 E1570 E1575 E1580 E1575 E1580 E1592 E1594 E1600 E1610 E1615 E1620 E1625 E1630 E1632	HERMAN INVESTOR PLANE FOR HEADOLAY PIES  AND REALE CHETECORY FOR HEADOLAY SEE ACAT, REPLACEMENT  PRESSURE ALAMA FOR HEADOLAY SEE, EACH, REPLACEMENT  ASSIN CONCENTRY METER FOR HEADOLAY SEE, EACH  ASSIN CONCENTRY METER FOR HEADOLAY SEE, EACH  ASSIN CONCENTRY OF HEADOLAY SEE, EACH  ADJUSTABLE CHANG FOR EMED PATENTS  TOMOGLOCER MOTERIOR FOR HEADOLAY SEE, FOR HEADOLAY SEE, METER 10  AUTHANDRICHE COMMENT SOFTEM FOR HEADOLAY SEE  HEADOLAY SEE SMACHNE  AUTHANDRICHE COMMENT FOR PRESTORED ALD AY SEE  DELINERY MACHEN ENTERHITEMEN, DUAY SEE SUSTEM  COLLEGEN AND SEE ACHES FOR PRESTORED, DUAY SEE SOUTHMENT  REVERSEE CORDISION WASTER FURTHER FOR HEADOLAY SEE SOUTHMENT  REVERSEE CORDISION WASTER FURTHER FOR HEADOLAY SEE  BECONCERN WASTER FOR PRESTORED AND AY SEE  BECONCERN WASTER FURTHER FOR THE PRESTORED AND AY SEE  BECONCERN WASTER FURTHER FOR THE PRESTORED AND AY SEE  BECONCERN WASTER FURTHER FOR THE PRESTORED AND AY SEE  BECONCERN WASTER FURTHER FOR THE PRESTORED AND AY SEE  BECONCERN WASTER FURTHER FOR THE PRESTORED AND AY SEE  BECONCERN WASTER FURTHER FOR THE PRESTORED AND AY SEE  BECONCERN WASTER FOR THE FOR THE REPORT AND AY SEE  BECONCERN WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR THE REPORT AND AY SEE  BECONDER WASTER FOR THE FOR T	\$160-10-01 \$160-10-01	160.  160.	Determined by PA Determ	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	Centrifuge Kidely motivine Pump Budden descolor Allamm Motor Blood lass descolor Calar Busine Control unit Pump busine Control Sungine Water purification System Addicat Kideny Addicat Kideny Addicat Kideny	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	NOALTOF	Alleays required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Массивански едурнент Моссивански едурнент Моссиван		SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
ESSIVE   PRODESTATE, EACH	E1550 E1560 E1570 E1575 E1580 E1590 E1592 E1594 E1600 E1610 E1615 E1620 E1625 E1630 E1632 E1634	HERMER DEFECTOR FOR HEADOLAYSIS EACH REPLACEMENT  PRESIDER AUMMONTH HEADOLAYSIS, EACH REPLACEMENT  PRESIDER AUMMONTH HEADOLAYSIS, EACH REPLACEMENT  AND CONCENTRY METER FOR HEADOLAYSIS, EACH REPLACEMENT  AND CONCENTRY METER FOR HEADOLAYSIS, EACH REPLACEMENT  AND CONCENTRY OF SERVICE PROPERTY OF HEADOLAYSIS, EACH REPLACEMENT  THOMSCLICER FOR SERVICE PROPERTY OF HEADOLAYSIS, EACH REPLACEMENT  AUMPHACITURE CONTROL SYSTEM FOR HEADOLAYSIS, EACH SERVICE, PER 19  UNPHACITURE CONTROL SYSTEM FOR HEADOLAYSIS ANY SIZE, PER 19  UNPHACITURE CONTROL SYSTEM FOR HEADOLAYSIS SYSTEM  CYCLER DAY SIS WACHER FOR PROPERTICAL DIAYSIS  BECHEVER AND SERVICE FOR PROPERTICAL DIAYSIS  BECHEVER AND SERVICE FOR PROPERTICAL SYSTEM FOR HEADOLAYSIS  BECHINGER WATER PURPLACTION SYSTEM FOR HEADOLAYSIS  BECHINGER WATER PURPLACE FOR THE SYSTEM FOR HEADOLAYSIS SYSTEM  WATER ASSOCIATION PROPERTICAL DAYS SYSTEM FOR HEADOLAYSIS  FOR THE SYSTEM FOR HEADOLAY FOR HEADOLAYSIS  FOR THE SYSTEM FOR HEADOLAYSIS SYSTEM FOR THE SYSTEM FOR	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	190A 180A 180A 180A 180A 180A 180A 180A 18	Determined by PA Determined by Determined by PA Determined by	01/01/2024 01/01/2024	Generaliza  Fortin paradrine  Purp  Bubble de declor  Butter  Book de declor  Char  Barrier  Control of the declor  Barrier  Control of the declor  Barrier  Barrier  Barrier  Control of the declor  Barrier  Barrier  Water publication  Year publication  Furp  Water publication  System  Colleges Colleges  C	NA N	No.LTCF	Alleays required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macelaneous eqipment		SIL DAMES DAMES DAMES DAMES DAMES DAMES DAMES DAMES SIL SIL DAMES DAMES DAMES SIL DAMES
E1993   SARE, EACH   SARE SACH   SACH SACH SACH SACH SACH SACH SACH SACH	E1550 E1560 E1570 E1575 E1580 E1590 E1592 E1594 E1600 E1610 E1615 E1620 E1625 E1630 E1632 E1634 E1634	HERMEN DEFECTOR HANDOLYTES HANDOL	\$160-10-01 \$160-10-01	16/A 16/A 16/A 16/A 16/A 16/A 16/A 16/A	Determined by PA Determ	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 01/01/2024	Generaliza  Ferra Purp  Buddes describt  Assem  Blood least obsector  Assem  Blood least obsector  Char  Bannier  Control unit  Bannier  Control  Bannier  Co	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	NOATOF	Always required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Misorlamous eqipment		SL DMEB DMEB DMEB DMEB DMEB DMEB DMEB DMEB
Part   Mark MOTION REPORTING ENTREM   1960-100   NA   127.26   100.0000   NA   127.26   100.00	E1550 E1560 E1570 E1575 E1580 E1590 E1592 E1594 E1600 E1610 E1615 E1620 E1625 E1630 E1632 E1634 E1635	HERMAN INVESTOR PLANE FOR HERMOON, YISE  AND HORDER CHEEFOOR THE HERMOON HER EACH, REPLACEMENT  PRESIDER EARM FOR HERMOON HER, EACH, REPLACEMENT  AND HORDERCHTER FOR HERMOON HISE, EACH REPLACEMENT  AND HORDERCHTER FOR HERMOON HISE, EACH REPLACEMENT  AND HORDER CHEEFOOR HERMOON HISE, EACH REPLACEMENT  AND HORDER CHEEFOOR HERMOON HISE, EACH REPLACEMENT  AND HORDER CHEEFOOR HERMOON HISE, EACH REPLACEMENT  HORDER CHEEFOOR HORDER HORDER HORDER HORDER HORDER  HORDER CHEEFOOR HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDER  HORDER HORDER HORDER HORDER HORDER HORDE	\$160-10-01 \$160-10-01	190A 190A 190A 190A 190A 190A 190A 190A	Determined by PA Determ	01/01/2024 01/01/2024	Gerinfuge Foldery machine Pump Budder denictor  Assen Mater Blood last delector  Char Bennice Commit und	NA N	NOALTOF	Alleays required		Miscolamoca eqipment		DL CMESS CME
500   100	E1550 E1560 E1570 E1575 E1580 E1590 E1590 E1594 E1600 E1610 E1615 E1625 E1630 E1632 E1634 E1635 E1636	HERMAN INVESTOR PLANE FOR HEADOLA YES AND HEAD	\$160-10-07   \$160-	160A 160A 160A 160A 160A 160A 160A 160A	Determined by PA.	01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024 01611/2024	Generaliza  Fortin James  Pump  Butter districtor  Assert  Malter  Blood last districtor  Assert  Barrier  Control Clase  Water purification  System  Water purification  System  Control Clase  Water purification  System  Water purification  System  Additional Control  Clampins system  Additional Control  Clampins and Clase  Hencolarier  Language and Clase  Hencolarier  Henco	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	No.LTCF	Alleays required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Масилинова едіринет		SIL DAMES SIL SIL DAMES DAMES DAMES SIL DAMES
ETION REPLACEMENT MEASUREMS SOLES FOR JAW MOTION REPAIR LEAD OF 200 5186-10-01 NA 325.21 0111/2008 Rehabitation system Supply Buth Always required 16 Supples (Rescalemental)  FOR PHACE MEAN THE RESERVE STEED OF A RESCALE RESCALE SOFT REPEACE METING. 5186-10-01 NA 11.00-12 011/2008 Control of Control A CONTROL OF A READ STEED OF A RESPONSIBLE RESON OF A READ STEED OF A RESPONSIBLE RESON OF A READ STEED OF A READ	E1550 E1560 E1570 E1575 E1575 E1575 E1580 E1590 E1590 E1590 E1690	HERMON INCLORED THE FOR HERMONA THE ACENT REPLACEMENT  PRESIDER ELAMIN FOR HERMONA THE EACH REPLACEMENT  RESIDER ELAMIN FOR HERMONA THE EACH REPLACEMENT  ASTH CONDUCTION THE THE FOR HERMONA THE EACH REPLACEMENT  ASTH CONDUCTION THE THE FOR HERMONA THE EACH REPLACEMENT  ADJUSTABLE CHANG FOR EMED PATENTS  TRANSLACEDER FOR THE FOR HERMONA THE EACH REPLACEMENT  ADJUSTABLE CHANG FOR EMED PATENTS  TRANSLACEDER ROTTECTORISH LID BENEFIER FOR HERMONA THE AVER THE TO  HERMONA THE SIMONE  HERMONA THE SIMONE  HERMONA THE MITTERS AND AND THE FOR HERMONA THE SIMONE  HERMONA THE SIMONE  HERMONA THE FOR THE FOR THE THE FOR THE HERMONA THE FOR THE FOR THE THE FOR THE THE FOR THE	\$160-10-07   \$160-	190A 190A 190A 190A 190A 190A 190A 190A	Determined by PA Determ	010112024 010112024	Gerinfuge Foldery materine Pump Buddes disclore Fump Buddes disclore Assem Mater Blood last disclore Grav Barner Char Barner Control until Hemotologisch Burjer Burjer Foldery material Chary Water purification System Water purification System Charyes System Char	NA N	No.LTCF NO.LTC	Allanys required		Массиански едіринет Моссиански едіринет		DL DAMES DAM
E100   OPMAN AQUETRALE ELBOW EXTENSION AND FLEXION CENTRE CLUES SOFT INTERFACE MATERIAL   5160-1041   NA   \$1,355.2   \$1,010.0050   Extension flexion   NA   \$1,000	E1500 E1500 E1570 E1570 E1570 E1575 E1580 E1590	HERMEL DEFECTOR FOR HEADOLAYSIS, EACH REPLACEMENT PRESIDENCE ALMEN FOR HEADOLAYSIS, EACH REPLACEMENT PRESIDENCE ALMEN FOR HEADOLAYSIS, EACH REPLACEMENT AND CONCENTRY METER FOR HEADOLAYSIS, EACH REPLACEMENT AND CONCENTRY METER FOR HEADOLAYSIS, EACH REPLACEMENT AND CONCENTRY OF SERVICE AND ASSESS OF SERVICE A	\$160-10-07 \$160-10-07	160,     1	Determined by PA	01011/2024  01011/2024	Germings  Kodey machine Pump  Bables disclori  Bades disclori  Bades disclori  Barrier  Control of the second seco	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	NewATCF NewATC	Allery's required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Масилинова едіринет		SL DAMES SL SL SL SL SL DAMES
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STATE   Communication   Comm	E1550 E1570 E1570 E1570 E1570 E1570 E1570 E1570 E1580 E1580 E1580 E1580 E1680	HERMAN INVESTMENT FOR PERSONAL YES.  RESIDENCE ALARM FOR HERMOON YES. EACH, REPLACEMENT  PRESSURE ALARM FOR HERMOON YES. EACH, REPLACEMENT  ASSOCIATION OF HERMOON YES. EACH, REPLACEMENT  ASSOCIATION OF HERMOON YES. EACH, REPLACEMENT  ASSOCIATION OF HERMOON YES. EACH, REPLACEMENT  ADJUSTMEL CHARLE FOR HERMOON YES. EACH, REPLACEMENT  ADJUSTMEL CHARLE FOR HERMOON YES. EACH REPLACEMENT  ADJUSTMEL CHARLE FOR ESTED MATERIAL FOR HERMOON YES.  HERMOONLY SEE MAN THE PRESSON OF HERMOON YES.  HERMOONLY SEE MAN THE HERMOON YES. PER YES.  HERMOONLY SEE MAN THE HERMOON YES. PER YES.  HERMOONLY SEE MAN THE HERMOON YES. PER YES.  HERMOONLY SEE MAN THE HERMOON YES.  HERMOONLY SEE MAN THE HERMOON YES. PER YES.  HERMOONLY SEE MAN THE HERMOON YES. PER YES.  HERMOONLY SEEN THE H	\$160-10-07   \$160-	190A 190A 190A 190A 190A 190A 190A 190A	Determined by PA Determ	3140 100024 3140	Generaliza  Fichina practica  Furin  Budde disclori  Asian  Maker  Baster  Control and disclori  Baster  Control and disclori  Baster  Control and and disclori  Baster  Control and	NA N	No.LTCF NO.LTC	Alleays required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Массивности едіринет  Моссивности едіринет		SIL DAMES OMES OMES OMES OMES OMES OMES OMES O
E1503 DYMANG ADJUSTIBLE ELBOW FLEXON CREV PECKE, INCLUDES SOFT INTERVACE MATERIAL  5180-1001 NA  11.386.23 01010200 Factor review NA  11.386.23 01010200 Factor review NA  11.386.23 01010200 Factor review NA  18.41.23 01010200 Factor review Reference of MOTON, ADJUSTIBLE REVISION CONTROL PROCESS SOFT INTERVACE MATERIAL  5180-1001 NA  11.41.23 01010200 Factor review Reference of MOTON, ADJUSTIBLE REVISION ROY PECKE, RECLUES SOFT INTERVACE MATERIAL  5180-1001 NA  11.41.23 01010200 Factor review NA  18.41.23 01010200 Factor review N	E1500 E1507 E1570 E1570 E1570 E1570 E1570 E1570 E1570 E1570 E1570 E1590 E1590 E1590 E1590 E1690 E1700 E1700 E1700 E1700 E1700 E1800	HERMON INVESTIGATION FOR HERMOON, YIELD  RESIDED EXPERIENCE PRO HERMOON, YIELD EACH, REPLACEMENT  PRESIDER ALMAN FOR HERMOON, YIELD EACH, REPLACEMENT  ASSIN CONCENTRY METER FOR HERMOON, YIELD EACH, REPLACEMENT  ASSIN CONCENTRY METER FOR HERMOON, YIELD EACH  ASSIN CONCENTRY METER FOR HERMOON, YIELD EACH  ADJUSTABLE CHARK, FOR EMED PATENTS  FORMOLOGIES ON THE FOR HERMOON, YIELD EACH PREMOON, YIELD FRE 10  AUTHORITIES CHARK FOR EMED PATENTS  HERMOON, YIELD BANK FOR PRETIDENES, DON'S POSTEM  HERMOON, YIELD BANK FOR PRETIDENES, DON'S POSTEM, FOR HERMOON, YIELD  BENNERS WAS FOR STALLATION CHARGES FOR HERMOON, YIELD  BENNERS WAS FOR METALLATION OF STEMM, FOR HERMOON, YIELD  BENNERS WAS FOR METALLATION OF STEMM, FOR HERMOON, YIELD  BENNERS WAS FOR STALLATION OF STEMM, FOR HERMOON, YIELD  BENNERS WAS FOR STALLATION OF STEMM, FOR HERMOON, YIELD  BENNERS WAS FOR STALLATION OF STEMM, FOR HERMOON, YIELD  WAS FOR STEMMER STALLATION STEMM, FOR HERMOON, YIELD  WAS FOR STEMMER STALLATION STEMM, FOR HERMOON, YIELD  WAS FOR STEMMER FOR STEMMER STALLATION STEMM, FOR ON HERMOON, YIELD STALLATION STEMM, FOR O FOR MERMOON, WITHOUT WITHOU	\$160-10-01   \$160-10-01	190A 190A 190A 190A 190A 190A 190A 190A	Determined by PiA Determined b	3101/3024 3101/3	Gerrifuge  Kodney marknyte  Furtip  Bubble de director  Furtip  Bubble de director  Assen  Maker  Blood last defector  Banter  Chee  Reprinciptor  Purp  Water pathocistor  youth  Purp  Water pathocistor  youth  Chee  Purp  Water pathocistor  System  Antical Kince  Antical Kince  Minicodinector	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Non-ITCF Non	Allery's required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macelaneous eqipment		SIL DIMES DI
E100 DYMAN CAUSTINE WINST EXTENSION AND FLEXON EDVICE, INCLUSES BOT INTERPACE MATERIAL 5100-105 NA 11-12-22 010-10000 Control	E1550 E1570 E1570 E1570 E1570 E1570 E1570 E1590 E1590 E1590 E1590 E1590 E1690	HERMEN DEFECTOR AND THE PROPERTY OF HERMOON, YES AND THE PROPERTY OF HERMOON AND THE PROPERTY OF HERMOON, YES AND THE PROPERTY OF THE PROPERTY	\$160-10-07 \$160-10-07	190A 190A 190A 190A 190A 190A 190A 190A	Determined by PA Determ	7/10/10024 7/10/10024	Gerinfuge  Kolley practices  Furp  Purp  Bubble de disclor  Assen  Maker  Blood last desclor  Cher  Banter  Coner out  Manual  Blood last desclor  Banter  Coner out  Banter  Coner out  Marcalalysis  manuface  Charge  Banter  Coner out  Marcalalysis  Marcalalysis  Marcalalysis  Note profitation  System  Purp  Purp  Water politication  System  Charge  Water politication  System  Charge  Furp  Marcalalysis  System  Antical Kincel  Microclamocate  Microclamocate  Microclamocate  Microclamocate  Microclamocate  Marcalalysis  Microclamocate  Microclamocate  Marcalalysis  Microclamocate  Mi	NA N	No.LTCF No.LTC	Allanys required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Массивности едірингі Моссівности едірингі		DATE DATE DATE DATE DATE DATE DATE DATE
E100   PONANC ADJUTINE   DESCRIPTION OF THE THROUGH   TH	E1650 E1670 E1570 E1570 E1570 E1570 E1570 E1570 E1570 E1570 E1590	REPARTS INSULATIONS FOR HEADOLY TIES  AND ROBBLE CRETECTOR HEADOLY TIES EACH REPLACEMENT  PRESSURE ALMIN FOR FERROOLY TIES, EACH REPLACEMENT  BATH CORDICATION OF HEADOLY TIES, EACH REPLACEMENT  BATH CORDICATION OF HEADOLY TIES, EACH REPLACEMENT  AND CORDICATION OF THE REPLACEMENT EACH REPLACEMENT  JOURNAL OF HEADOLY TIES, EACH REPLACEMENT  JOURNAL OF HEADOLY TIES, THE FOR HEADOLY TIES, EACH REPLACEMENT  HANDICATE THE CORDINARY OF HEADOLY TIES AND TIES.  HANDICATE THE CORDINARY OF THE PROPERTY OF THE HANDICAL TIES, AND TIES.  HANDICAL THE MACHINE  HANDICATE THE PROPERTY PERITORIAL DIA TIES  HANDICATE THE PROPERTY PERITORIAL TO RESTORME THE PROPERTY OF THE	\$160-10-07 \$160-10-07	160.     1	Determined by PA  Outcommend b	3101/3004 3101/3	Generaliza  Fortal America  Fortal America  Bacter America  Bacter America  Bacter Bacter  Barrier  Control Char  Water purification  System  Water purification  System  Water purification  System  Charyon system  Charyon system  Charyon system  Charyon system  Charyon system  Charles  Charles  Fernotation  Charles  Bacab  Bac	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	No.LTCF NO.LTC	Allery's required	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Miscelamous eqipment		SIL DAMES DAMES DAMES DAMES DAMES DAMES DAMES DAMES DAMES SIL SIL DAMES
\$1500   DYMANG ADJUST RALE WIST EXTENDION ON Y STATE, RELIGIOUS SOFT INTERFACE MATERIAL.   \$150-1001   N.A.   \$1.4132   \$11.01000   Enterior ordinace   N.A.   Buth   Alays regard   9   Mocalesmon applient	E1550 E1570 E1570 E1570 E1570 E1580	HERMAN INVESTOR PART FOR HERODALYSIS  AND ROBBLE DIFFEROR FOR HERODALYSIS, EACH REPLACEMENT  RESSIFE ALARM FOR HERODALYSIS, EACH REPLACEMENT  BARN CORDICATORY WETER FOR HERODALYSIS, EACH REPLACEMENT  BARN CORDICATORY FOR HERODALYSIS, EACH REPLACEMENT  BARN CORDICATORY FOR HERODALYSIS, EACH REPLACEMENT  JOURNAL OF THE REPLACEMENT OF HERODALYSIS AND HERODALYSIS  FORMALICATOR FOR THE FOR HERODALYSIS AND HERODALYSIS  FORMALICATOR MOTOR REPLACEMENT  JOURNAL OF HERODALYSIS AND HERODALYSIS  FORMALICATOR MOTOR AND HERODALYSIS AND HERODALYSIS  FORMALICATOR AND HERODALYSIS AND HERODALYSIS AND HERODALYSIS  FORMALICATOR AND HERODALYSIS AND HERODALYSI	\$160-10-01 \$160-10-07	190A 190A 190A 190A 190A 190A 190A 190A	Determined by PiA Determined b	3101/3024 3101/3	Generaliza  Kodey major  Kodey major  Kodey major  Kodey major  Kodey major  Kodey major  Kodey  Kod	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	No.LTCF No.LTC	Allanys required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macelamona eqipment		DATE DATE DATE DATE DATE DATE DATE DATE
E1910 DYNAMIC ACAUSTRALE PORTE EXTENSION AND FLEXON CEVICE, NCLUCES SOFT INTERVACE MATERIAL. 5180-10-01 NA 1.1.202.6 DESCRIPTION AND FLEXON CEVICE. NCLUCES SOFT INTERVACE MATERIAL. 5180-10-01 NA 1.1.202.6 DESCRIPTION CEVICE. EXTENSION AND FLEXON CEVICE. EXTENSION CEVIC. EXTENSI	E1550 E1560 E1570 E1560 E1570 E1560	HERMAN INVESTOR PART FOR HEMODALYSIS AND HEMODALYSIS AND HEMODALYSIS AND HEMODALYSIS AND HEMODALYSIS, EACH REPLACEMENT  RESIDER ALMAN FOR HEMODALYSIS, EACH REPLACEMENT  BARTH CORRECTION FRANCIAL STREET, EACH REPLACEMENT  BARTH CORRECTION FRANCIAL STREET, EACH REPLACEMENT  BARTH CORRECTION FRANCIAL STREET, EACH PRACTICAL STREET, EACH PROCESSES  FORMALICATE FOR ESSED PATIENTS  FORMALICATE MORTH FRANCIAL STREET, EACH PRACTICAL STREET, EACH STREET	\$160-10-07 \$160-10-07	160A 160A 160A 160A 160A 160A 160A 160A	Determined by PA Determ	710112024 710112024	Gerinfuge  Koday pusitive  Pump  Budde disclore  Assen  Assen  Bool disclore  Char  Basel disclore  Char  Basel disclore  Char  Basel disclore  Basel disclore  Char  Basel disclore  Communication  Communication  Communication  Communication  Char  Spatial  Char	NA N	No.LTCF No.LTC	Alleays required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Массивности едіринет  Моссивности едіринет		SIL DAMES OWES OWES OWES OWES OWES OWES OWES OW
E1911   STATIC PRODRESSIVE STRETCH MORE CEMCE, EXTENSION MADOOR FLEXON, WITH OR WITHOUT RANCE   \$160-10-01   N.A.   \$1.499.14   OLITICODE   Enterior function   A.   Buth   Always required   9   Miscolamous equipment	E1500	HERMAN INVESTOR HAND FOR HERODALYSIS  AND ROBBLE DIFFERON HERODALYSIS, EACH REPLACEMENT  PRESSURE JUL HAND FOR HERODALYSIS, EACH REPLACEMENT  BARN CONDUCTIVITY METER FOR HERODALYSIS, EACH REPLACEMENT  BARN CONDUCTIVITY METER FOR HERODALYSIS, EACH  BARN CONDUCTIVITY METER FOR HERODALYSIS AND HERODALYSIS, WE SIZE, PER 19  INDIVIDUAL FOR HAND HAND HAND HERODALYSIS  BARN CONDUCTIVITY METER FOR HERODALYSIS  BARN CONDUCTIVITY METER	\$160-10-01   \$160-10-07	160A	Determined by PA Determ	3101/3024 3101/3	Gerinfuge  Foldey precing  Pump  Bubble de disclor  Assen  Meter  Blood les delector  Char  Bennie  Committe  Bennie  Committe  Bennie  Committe  Bennie  Committe  Bennie  Committe  Comm	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	No.LTCF NO.LTC	Always required	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Массивности едірингі Моссівности едірингі		SIL DAMES DAMES DAMES DAMES DAMES DAMES DAMES DAMES SIL SIL SIL DAMES
ESTA 20 DAMAND REE, EXTENSION PLEDIOLOGENCE WITH ACTIVE RESISTANCE CONTROL.  5169-041 NA 186.12 01.07.02026 Education floation and confidence of the control	E1500	REPARTON RESIDENT PLANS FOR HEADOLAY SISS AND REPLACEMENT  RESIDENT ELAND FOR HEADOLAY SIS, EACH, REPLACEMENT  RESIDENT ELAND FOR HEADOLAY SIS, EACH, REPLACEMENT  ASTH CONCENTRY METER FOR HEADOLAY SIS, EACH  ADMINISTRATE OF HEADOLAY SIS, EACH PLACEMENT  ADMINISTRATE OF THE HEADOLAY SIS, EACH  ADMINISTRATE OF THE HEADOLAY SIS  HEADOLAY SIS MAN ONE  ALTONATIC METER FOR HEADOLAY SIS  HEADOLAY SIS MAN ONE  ALTONATIC METER FOR HEADOLAY SIS SYSTEM  ADMINISTRATE OF THE HEADOLAY SIS SYSTEM  CELLERY MACHE STREAM FOR HEADOLAY SIS SYSTEM  ADMINISTRATE OF THE HEADOLAY SIS SYSTEM  REFERENCE AND SIS MAN ONE HEADOLAY SIS SOUTHERN FOR HEADOLAY SIS  CELLERY MACHE REPRESENTED FOR HEADOLAY SIS SOUTHERN FOR HEADOLAY SIS  CELLERY MACHE REPRESENTED FOR HEADOLAY SIS SOUTHERN FOR HEADOLAY SIS  CELLERY MACHE REPRESENTED FOR HEADOLAY SIS SYSTEM  MERCHAEL STREAM SYSTEM FOR HEADOLAY SIS SYSTEM  ADMINISTRATE FOR HEADOLAY SIS, REPLACEMENT  WARRE SOFTEMAN SYSTEM FOR HEADOLAY SIS SYSTEM  WEARABLE ARTIFICIAL NOISE, REPLACEMENT  WARRE SOFTEMAN SYSTEM FOR HEADOLAY SIS, SYSTEM  SORBERT CARTIFICIAL NOISE, SEPLECEMENT  WEARABLE ARTIFICIAL NOISE SEPLECEMENT  WEARABLE ARTIFICIAL NO	\$160-10-07 \$160-10-07	190A 190A 190A 190A 190A 190A 190A 190A	Determined by PA Determ	3101/3024 3101/3	Gerrifuge  Kodney marinty  Furp  Furp  Bubble delictor  Asem  Maker  Bloot last descor  Benter  Coner out  Banter  Coner out  Hernoldayis  marinty  Marya system  Outysis marinty  Wase publication  Purp  Wase publication  youth  Furp  Wase publication  youth  Furp  Wase publication  youth  Furp  Wase publication  System  Carticipa  Michael System  M	NA	Non-LTCF Non	Allerys required	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Macelamona eqipment		DATE OF THE PROPERTY OF THE PR
E1913 DYNAMIC ADJUSTRABLE (NEE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL 5190-10-01 NA 11302-64 010102009 Extension device NA Both Aways required 9 Miscellaneous equipment	E1500	REPARTO NEURODICAME FOR HEMODALYSIS AND REPLACEMENT  RESIDER ELRENO FOR HEMODALYSIS, EACH REPLACEMENT  RESIDER ELREND FOR HEMODALYSIS, EACH REPLACEMENT  BARTH CORRECTION FOR HEMODALYSIS, EACH REPLACEMENT  BARTH CORRECTION FOR HEMODALYSIS, EACH REPLACEMENT  BARTH CORRECTION FOR HEMODALYSIS, EACH REPLACEMENT  JOURNALD BARTH CORRECTION FOR HEMODALYSIS AND REPLACEMENT  JOURNALD BARTH CORRECTION FOR HEMODALYSIS AND REPLACEMENT  JOURNALD BARTH CORRECTION FOR HEMODALYSIS  REMODALYSIS MACHINE  ALTOMATIC RITERATURE FOR FROTTOREA, DAYSIS  DELARRY AND RITERATURE FOR FROTTOREA, DAYSIS  BARTH CORRECTION FOR FOR FROTTOREA, DAYSIS  BARTH CORRECTION FOR FOR FROTTOREA, DAYSIS  BARTH CORRECTION FOR FOR FOR FROTTOREA, DAYSIS  BARTH CORRECTION FOR	\$160-10-07 \$160-10-07	160A	Determined by PA Determ	3101/3004 3101/3	Gerringue  Kodney macringue  Fump  Busilea disclori  Asam  Malar  Blace las desclori  Barrier  Control que  Barrier  Water porfication  System  Purp  Water porfication  System  Callysis system  C	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Non-ITCF Non	Allenys required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Miscelamona eqipment		SIL DAMES DAMES DAMES DAMES DAMES DAMES DAMES DAMES SIL SIL SIL DAMES
EISTA DYNAMIC ACADSTRALE RIVER FLEXON DALY DEVICE. RICLIDES SOFT INTERFACE MATERIAL 5166-16-01 NIA \$1.302.64 \$0.054.00000000000000 NIA Both Always required 9 Miscolamoso opignment	E1900	REFERENCE NULSON PLANE FOR HEADOLAY PER ADD.  REPLACEMENT AND REPLACEMENT AND REPLACEMENT  RESIDER ALARM FOR HEADOLAY PER ADD. REPLACEMENT  RESIDER ALARM FOR HEADOLAY PER ADD. REPLACEMENT  RESIDER ALARM FOR HEADOLAY PER ADD.  REPLACEMENT  RESIDER ALARM FOR HEADOLAY PER ADD.  REPLACEMENT  RESIDER ALARM FOR HEADOLAY PER ADD.  REPLACEMENT  RESIDER ALARM FOR HEADOLAY PER ADD.  REPLACEMENT  RESIDER ALARM FOR SERIO PRINCIPAL  REPLACEMENT  RESIDER ADD.  REPLACEMENT  RESIDER ALARM FOR SERIO PRINCIPAL  REPLACEMENT	\$160-10-01 \$160-10-07	160A	Determined by PA Determ	3101/30024 3101/30024	Germings  Kodey practices  Pump  Budde delector  Asian  Budde delector  Asian  Char  Businer  Control and a delector  Control and a delector  Businer  Control and a delector	NA N	No.LTCF No.LTC	Allanys required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macelamona eqipment		SIL DAMES OMES OMES OMES OMES OMES OMES OMES O
	E1500	REFERENCE ALTERIOR POR PERSONAL PRISE  REFERENCE ALTERIOR REPORT	\$160-10-07 \$160-10-07	160.00   1	Determined by PA Determ	010110004 010110004	Germfuge  Germfuge  Forting  Furtin  Busine and color or  Assen  Maker  Blood last desclor  Benner  Coner out of the color	NA.  NA.  NA.  NA.  NA.  NA.  NA.  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	Масситово с органия Масси		SIL DIMES DIMES DIMES DIMES DIMES DIMES DIMES DIMES SIL SIL SIL DIMES DI
device	E1900	REPARTON RUSCONTANT FOR HEADOLAYSIS AND REPLACEMENT  RESIDER DEFERENCE FOR HEADOLAYSIS, EACH REPLACEMENT  RESIDER DEFERENCE FOR HEADOLAYSIS, EACH REPLACEMENT  RESIDER DEFERENCE FOR HEADOLAYSIS, EACH REPLACEMENT  BARN CORDICATORY WERE FOR HEADOLAYSIS, EACH REPLACEMENT  BARN CORDICATORY FOR HEADOLAYSIS FOR HEADOLAYSIS  BENDOLAYSIS MACHINE  BARN CORDICATORY FOR HEADOLAYSIS SYSTEM  BARN CORDICATORY FOR HEADOLAYSIS SYSTEM  BARN CORDICATORY FOR HEADOLAYSIS SYSTEM  BARN CORDICATORY FOR HEADOLAYSIS FOR HEADOLAYSIS  BENDOLAYSIS CARRIER FOR PERTURBANCE, DAYSIS  BARN CORDICATORY FOR HEADOLAYSIS, REPLACEMENT  WARRE FOR THE BARN CORDICATORY SYSTEM FOR HEADOLAYSIS  BARN CORDICATORY WARRE FOR HEADOLAYSIS SYSTEM  BARN CORDICATORY WARRE FOR HEADOLAYSIS SYSTEM  BARN CORDICATORY WARRE FOR HEADOLAYSIS SYSTEM  BARN CORDICATORY WARRE FOR HEADOLAYSIS, FOR TO  BARN CORDICATORY WARREST FOR THE HEADOLAYSIS, FOR THE FOR ACE MATERIAL  BARN CORDICATORY WARREST FOR THE HEADOLAYSIS FOR THE FOR ACE MATERIAL  BARN CORDICATORY WARREST FOR THE HEADOLAYSIS FOR THE FOR ACE M	\$180-10-01 \$180-10-07	160A	Determined by PA Determ	3101/30024 3101/30024	Gerinfuge Foldery machine Furth Purth Bullita disclosed Furth Assem Maler Blood last delector  Char Barrier Cones delector  Hemodalipas Gerinfuge Furth Furth Guine Gerinfuge Furth Guine	NA N	Nob-LTCF Nob	Always required	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Macelaneous equipment		SIL  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  SIL  SIL  SIL  SIL  DMEB
ESHS ESTAC PROCRESSIVE STREPCHANGE CRIVER, ELECTRON ACCORD NUTFOR WITHOUT RANGE S 186-1501 NA 11.2728 (IELECTRON CRIVER) S 186-1501 NA Bull Alleys required 9 Monthsmooth CRIVER	E1900	RESPARS IN DESIGNATION FOR PERSONAL YES  RESPANDED THE STATE OF RESPONAL YES  RESPANDED THE STATE OF RESPONAL YES RESPANDED THE  RESPANDED THE STATE OF RESPONAL YES RESPANDED THE  RESPANDED THE RESPANDED THE  RESPANDED THE RESPANDED THE  RESPANDED THE RESPANDED THE  RESPANDED THE RESPANDED THE  RESPANDED THE RESPANDED THE  RESPANDED THE RESPANDED THE  RESPANDED THE	\$160-10-01 \$160-10-01	160.     1	Determined by PA Determ	310110004 310110	Gerrifuge  Gordey pactions  Furp  Furp  Bubble delictor  Assen  Maker  Bloot last delector  Assen  Maker  Benter  Control und  Service  Benter  Control und  Service	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Non-LTCF Non	Allenys required		Macelamone eqipment		SIL DAMES OMES OMES OMES OMES OMES OMES OMES O

E1818 E1821	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPPAITION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLIDES ALL COMPONENTS AND ACCESSORIES REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH	5160-10-01 5160-10-01	N/A N/A	\$1.554.56 \$117.63	01/01/2026	Pronation/supination device Replacement material	NA NA	Both Both	Always required  Always required	9	Miscellaneous equipment  Miscellaneous equipment		DMEB DMEB
E1822	DEVICE 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	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 NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1826 E1827	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL  DYNAMIC ADJUSTABLE FINGER ELEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A N/A	\$1,412.32 \$1,412.32	01/01/2026	Extension device	NA NA	Both Both	Always required	9	Miscellaneous equipment Miscellaneous equipment		DMEB DMEB
E1828	DYNAMIC ADJUSTABLE TOE 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
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.	Both	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 NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1832 F1840	STATIC PROGRESSIVE STRETCH FINGER DEVICE, EXTENSION AND/OR FLEX/ON, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT	5160-10-01 5160-10-01	N/A N/A	Determined by PA \$4.277.84	04/01/2025	Extension/flexion device Flexion/abduction/	NA.	Both Both	Always required  Always required	9	Miscellaneous equipment  Miscellaneous equipment		DMEB
E1840	DYNAMIC AUDUS INSEE SHOULDER FLEXION / ABDUCTION / HOTATION DEVICE, INCLUDES SUFT INTERFACE MATERIAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE. WITH OR WITHOUT RANGE OF MOTION	5160-10-01	N/A N/A	\$5.063.28	01/01/2026	rotaion device Stretch device	NA NA	Both	Always required  Always required	9	Miscellaneous equipment  Miscellaneous equipment		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 NA	Non-LTCF Non-LTCF	Always required  Always required	9	Miscellaneous equipment Miscellaneous equipment		DMEB DMEOP
E3200	ALCESSORY FOR SPEEDY GENERALING LEWICE, ELECTIONING MEMBERS SERVING SERVING STREET SERVING SER	5160-10-01	N/A	Determined by PA	01/01/2024	Auditory stimulation device	NA.	Non-LTCF	Always required  Always required	9	Miscellaneous equipment		DMEOP
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G.,	5160-10-01	N/A	\$2,960.48	01/01/2026	device Pump	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
K0601	EPOPROSTENOL OR TREPROSTINOL)  REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	5160-10-01	N/A	\$1.22	01/01/2026	Battery	Accessory	Both	Always required	16	Supplies (miscellaneous)		DMEB
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	5160-10-01	N/A	\$6.91	01/01/2026	Battery	Accessory	Both	Always required	16	Supplies (miscellaneous)		DMEB
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	5160-10-01	N/A N/A	\$0.62	01/01/2026	Battery	Accessory	Both Both	Always required	16	Supplies (miscellaneous)		DMEB
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	5160-10-01 5160-10-01	N/A N/A	\$6.66 \$15.92	01/01/2026	Battery	Accessory	Both	Always required  Always required	16	Supplies (miscellaneous) Supplies (miscellaneous)		DMEB
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS,	5160-10-01	N/A	\$82.87	01/01/2026	Addition to lower limb	NA.	Both	Always required	10	Orthotics		DMEB
K0743	REPLACEMENT ONLY, EACH 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	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Wound dressing	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Wound dressing	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
K0746 K0899	MOME THEY IS SUBJECT INVESTIGATION TO SEE THEY ON EQUAL TO AS SUBJECT INVESTIGATION OF SUBJECT I	5160-10-01	5160-10-34 N/A	Determined by PA  Determined by PA	01/01/2024	Wound dressing  Power mobility device	Supply	Non-LTCF Non-LTCF	Always required  Always required	9.12	Dressings, surgical Wheelchairs, Repairs		DMEB
K1004	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL	5160-10-01	N/A N/A	Determined by PA	01/01/2024	not coded  Diathermy device	NA.	Non-LTCF Non-LTCF	Always required  Always required	9, 12	Wheelchairs, Repairs  Miscellaneous equipment		DMEB
K1007	COMPONENTS AND ACCESSORIES BILATERAL HP, KNEE, ANKLE, FOOT DEVICE, POWERED, INCLUDES PELVIC COMPONENT, SINGLE OR	5160-10-01	N/A	\$74.573.40	01/01/2026	Powered mobility	NA.	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
K1010	DOUBLE UPRIGHT(9), KNEE JOINTS ANY TYPE, WITH OR WITHOUT ANKLE JOINTS ANY TYPE, INCLUDES INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, PATIENT INSERTED, REPLACEMENT ONLY, EACH	5160-10-01	5160-10-32	Determined by PA	01/01/2024	device Drainage device	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
K1011	ACTIVATION DEVICE FOR INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, REPLACEMENT ONLY, EACH	5160-10-01	5160-10-32	Determined by PA	01/01/2024	Drainage device	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
K1012	CHARGER AND BASE STATION FOR INTRAURETHRAL ACTIVATION DEVICE, REPLACEMENT ONLY SUPPLIES AND ACCESSORIES (E.G. TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY	5160-10-01	5160-10-32	Determined by PA	01/01/2024	Charger	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
K1036 K1037	SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DOUCLE, PER MONTH OF THE PROPERTY OF THE PROPERT	5160-10-01 5160-10-01	N/A N/A	Determined by PA  Determined by PA	01/01/2024	Supplies and accessories Supplies and	NA NA	Non-LTCF Non-LTCF	Always required  Always required	9	Miscellaneous equipment  Miscellaneous equipment		DMEB DMEB
L0112		5160-10-01	N/A	\$1,316.75	01/01/2024	accessories Cranial cervical	NA.	Both	Always required	10	Orthotics		DMEOP
L0113	MATERIAL, ADJUSTABLE RAYGE OF MOTION JOINT, CUSTOM FARRICATED CRANAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING MOS ADJUSTMENT	5160-10-01	N/A	\$278.71	01/01/2026	Cranial cervical	NA.	Both	Always required	10	Orthotics		DMEOP
L0150	INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	5160-10-01	N/A	\$102.43	01/01/2026	Cervical	NA.	Both	Always required	10	Orthotics		DMEOP
L0458		5160-10-01	N/A	\$839.01	01/01/2026	Thoracic spine	NA.	Both	Always required	10	Orthotics		DMEOP
	TLSO, TRIPLAMAR COMTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCYCIGED, LINICTION AND TERMINATES, JUST INFERIOR TO THE SCAPILLAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRIUM MOTION IN THE SACITIAL, CORDUL, AND TRANSFERS PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS												
L0462	AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS,	5160-10-01	N/A	\$1,174.66	01/01/2026	Thoracic spine	NA.	Both	Always required	10	Ortholics		DMEOP
20402	POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAG			2.,					Annaya required	10	CHURCH		DINLO
	LINEN, RESINICIS UNUSS INUNK MOTION IN HE SKRITTAL, CONDINAL, AND TRANSVENSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT												
L0490		5160-10-01	N/A	\$266.14	01/01/2026	Thoracic spine	NA NA	Both	Always required	10	Orthotics		DMEOP
	TIESD, 380T INA-CUDINEC CONTINCE, ONE PIECE MILITYPOSITIOS PRESE, WITH CVERTURFHIND REINFORCED AVTERIOR, WITH MILITIPLE STREPS AND CLOSIFIES, POSTERIOR EXTENDIS FROM SACROCOCCYCEAL JUKCTION AND TERMINATES AT OR BEFORE THE T-2 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHOTIS PUBLIS TO ANTERIOR CHEMICA, RESTRICTS GROSS TRUNK MOTION IN												
L0491	SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST	5160-10-01	N/A	\$722.51	01/01/2026	Thoracic spine	NA.	Both	Always required	10	Orthotics		DMEOP
	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												
	STREMGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT TUSO. SAGITTAL-CORDINA. CONTROL. MODULAR SEGMENTED SPINAL SYSTEM. THREE RIGID PLASTIC.	5160-10-01											DMEOR
L0492	CLELLS POSTERIOR EXTENDS FROM THE SACROSSOCIONAL HARMON AND TERMINATES HAT		N/A	\$475.23	01/01/2026	Thoracic spine	NA.	Both	Always required	10	Orthotics		DMEOP
L0622	SPECIA, POSTERIOR SE IRRUS PROIL THE SACROLOT GERE, JOHN TWO NAVO TERMINATES DISTI INFERIOR TO THE SCAPILAR SPINE, AVIENTOR EXTENDS FROM THE SYMMYSIS PUBIS TO THE XIPHOID. SACROLLIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROLLIAC ORTHOSIS FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROLLIAC ORTHOSIS STAPPS, CLOSERS, MAY INCLUDE PERDUCULOS ABBOMEN DESIGN.	5160-10-01	N/A	\$289.05	01/01/2026	Sacroiliac joints	NA.	Both	Always required	10	Orthotics		DMEOP
L0623	CUSTOM FABRICATED  SACROLLIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACROLLIAC ORTHOSIS PER PROVIDED MOTION ABOVET THE SACRONILIAC MOTIOT MAD INTERPRETATIONS.	5160-10-01	N/A	\$47.06	01/01/2026	Sacrolliac joints	NA.	Both	Always required	10	Orthotics		DMEOP
	THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROLLIAG JOINT, INCLIDES STRAPS, CLOSURES, MAY INCLIDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF												
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABOUNDEN, REDUCES BOTHON ABOUT THE SACROILIAC JOINT, INCLIDES STRAPS, CLOBURES, MAY NOLLIDE PENDLLOUS ABDOMEN DESIGN CUSTOM FABRICATED	5160-10-01	N/A	Determined by PA	01/01/2024	Sacrolliac joints	NA.	Both	Always required	10	Orthotics		DMEOP
L0638		5160-10-01	N/A	\$1,240.80	01/01/2026	Lumber spine	NA.	Both	Always required	10	Orthotics		DMEOP
L0820	FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL, JUNCTION TO 1-9 VERTEBRA, LATERAL HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	5160-10-01	N/A	\$2,433.61	01/01/2026	Halo procedure	NA.	Both	Always required	10	Orthotics		DMEOP
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS  CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED,	5160-10-01	N/A N/A	\$3,413.47	01/01/2026	Halo procedure	NA NA	Both	Always required	10	Orthotics		DMEOP
L1001 L1005	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	5160-10-01 5160-10-01	N/A N/A	Determined by PA \$3.011.14	01/01/2024	Spine, scoliosis, cervical-thoracic- Scoliosis orthosis	NA NA	Both Both	Always required  Always required	10	Orthotics Orthotics		DMEOP
						accessory			, ,				
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BOTT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATENT BY AN INDIVIDUAL WITH EXPERTISE	5160-10-01	N/A	\$39.56	01/01/2026	Hp	NA.	Both	Always required	10	Orthotics		DMEOP
L1653	HIP ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL.	5160-10-01	N/A	\$335.34	01/01/2026	Hip	NA.	Both	Always required	10	Orthotics	<u> </u>	DMEOP
L1700	PREFABRICATED, OFF THE SHELF LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	5160-10-01	N/A	\$1,480.26	01/01/2026	Hp, Legg-Calvé-	NA.	Both	Always required	10	Orthotics		DMEOP
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	5160-10-01	N/A	\$1,790.94	01/01/2026	Perthes disease Hp. Legg-Calvé- Perthes disease	NA.	Both	Always required	10	Orthotics		DMEOP
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	\$276.89	01/01/2026	Knee	NA.	Both	Always required	10	Orthotics		DMEOP
L1904	ANKLE ORTHOSIS, ANKLE GALNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED  ANKLE ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER,	5160-10-01	N/A N/A	\$423.80	01/01/2026	Ankle-foot	NA NA	Both	Always required	10	Orthotics		DMEOP DMEOP
L1910 L2005	PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01 5160-10-01	N/A N/A	\$304.85 \$3,855.06	01/01/2026	Ankle-foot Knee-ankle-foot	NA NA	Both Both	Always required  Always required	10	Orthotics Orthotics		DMEOP
L2006	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE COMTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVIATION INCLUDES ANKLE JOINT, ANY KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND STANCE PHASE	5160-10-01	N/A	\$30.618.38	01/01/2026	Knee-ankle-foot	NA.	Both	Always required	10	Orthotics		DMEOP
L2080	MICROPROCESSOR CONTROL. WITH ADJUSTABILITY, INCLUDES ALL COMPONENTS (E.G., SENSORS, BATTERIES, CHARGER), ANY TYPE ACTIVATION, WITH OR WITHOUT AMKLE JOINTIS), CUSTOM FABRICATED. HP KINE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNLATERAL TORSION CABLE, HIP JOINT, PELWO.	5160-10-01	N/A	\$373.70	01/01/2026	Knee-ankle-foot	NA.	Both	Always required	40	Orthotics		DMEOP
L2090	HIP KNEE ANKLE FOOT ORTHOSIS. TORSION CONTROL. UNILATERAL TORSION CABLE. BALL BEARING HIP	5160-10-01	N/A N/A	\$573.70 \$526.93	01/01/2026	Knee-ankle-foot	NA NA	Both	Aways required  Aways required	10	Orthotics	<u> </u>	DMEOP
L2670	JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	5160-10-01	N/A	\$158.93	01/01/2026	Lower limb, fracture,	NA.	Both	Always required	10	Orthotics		DMEOP
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	5160-10-01	N/A	\$88.50	01/01/2026	addition to orthosis Lower limb, fracture, addition to orthosis	NA.	Both	Always required	10	Orthotics		DMEOP
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	5160-10-01	N/A	<u>\$163.95</u>	01/01/2026	Molded insert	NA.	Both	Always required	10	Orthotics		DMEOP
L3070 L3080	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION PREPREZ GOMPOSITE, EACH FOOT, ARCH SIPPORT, NO.REMOVABLE, ATTACHED TO SHOP METATRISMAL FACH	5160-10-01 5160-10-01	N/A N/A	\$29.88 \$29.88	01/01/2026	Formed insert  Arch support	NA. NA	Both Both	Always required	10	Orthotics Orthotics		DMEOP
L3080 L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINALIMETATARSAL, EACH	5160-10-01	N/A N/A	\$29.88 \$38.29	01/01/2026	Arch support Arch support	NA.	Both	Always required  Always required	10	Orthotics Orthotics		DMEOP
L3090	BENESCH BOOT, PAIR, INFANT	5160-10-01	N/A	Determined by PA	01/01/2024	Boot	NA.	Both	Aways required  Aways required	10	Orthotics		DMEOP
L3213	BENESCH BOOT, PAIR, CHILD	5160-10-01	N/A	Determined by PA	01/01/2024	Boot	NA.	Both	Always required	10	Orthotics		DMEOP
L3214	BENESCH BOOT, PAIR, JUNIOR	5160-10-01	N/A	Determined by PA	01/01/2024	Boot	NA.	Both	Always required	10	Orthotics		DMEOP
	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Shoe	NA.	Both	Always required	10	Orthotics		DMEOP
L3250		5160-10-01	N/A	Determined by PA	01/01/2024	Shoe	NA.	Both	Always required	10	Orthotics		DMEOP
L3250 L3254	NON-STANDARD SIZE OR WIDTH					Shoe	NA.	Both	Always required	10	Orthotics	1	DMEOP
L3250		5160-10-01 5160-10-01	N/A N/A	Determined by PA  Determined by PA	01/01/2024	Boot	NA.	Both	Always required	10	Orthotics		DMEOP
L3250 L3254 L3255	NON-STANDARD SIZE OR WIDTH NON-STANDARD SIZE OR LENGTH	5160-10-01				Boot Sandal	NA NA	Both Both	Always required  Always required	10	Orthotics Orthotics		DMEOP
L3250 L3254 L3255 L3260	NON-STANDARD SIZE OR WIDTH NON-STANDARD SIZE OR LENGTH SURGICAL BOOT/SHOE, EACH	5160-10-01 5160-10-01	N/A	Determined by PA	01/01/2024						1		
L3250 L3254 L3255 L3260 L3265 L3330 L3485	NON-STANDARD SIZE OR WOTH  NON-STANDARD SIZE OR LIBITITH  SURRIGINAL BOOTISHOE, EACH  RASTACTIE BENGAL, EACH  LIFT, ELEVATION, METAL EXTENSION (SMATE)  HEEL, PAO, RENOVINELE FOR SPLIR	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	Determined by PA Determined by PA \$532.44 Determined by PA	01/01/2024 01/01/2024 01/01/2026 01/01/2024	Sandal Lift Heel pad	NA NA NA	Both Both Both	Always required  Always required  Always required	10	Orthotics Orthotics Orthotics		DMEOP  DMEOP
L3250 L3254 L3255 L3260 L3265 L3330 L3485 L3560	NON-STANDARD SIZE OR WOTH  HOMSTRANDARD SIZE OR LENGTH  HOMSTRANDARD SIZE OR LENGTH  PASTAZOTE SANDAL, EACH  LIFE, ELENATOR, METTAL EXTENSION, (BANTE)  LIFE, HAZ DERBOOMER FOR SIYER  ORTHORIDOR SIZE OCCUPIED, HOMSTERMON  ORTHORIZO SI	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA	Determined by PA Determined by PA \$532.44 Determined by PA \$521.55	01/01/2024 01/01/2024 01/01/2026 01/01/2024 01/01/2026	Sandal Lift Heel pad Shoe	NA NA NA	Both Both Both	Always required  Always required  Always required  Always required	10 10 10 10	Orthotics Orthotics Orthotics Orthotics		DMEOP  DMEOP  DMEOP  DMEOP
L3250 L3254 L3255 L3260 L3265 L3330 L3485 L3560 L3560 L3590	IGN-STANDARD SIZE OR WOTH  HON-STANDARD SIZE OR LENGTH  PASTIZOTS SANDAL, EXCH  PASTIZOTS SANDAL, EXCH  LUFT, ELEVATION, METAL, EXTENSION (SANTE)  HEEL, PAO, REMOVABLE, FOR SIZE  ORTHOPEDGS SHOKE ACCTION, TOE SIP HORSESHICE  ORTHOPEDGS SHOKE ACCTION, TOE SIP HORSESHICE  ORTHOPEDGS SHOKE ACCTION, CONNERT FIRM SHOKE COUNTER TO SIGFT COUNTER	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	Determined by PA Determined by PA \$532.44 Determined by PA \$21.55	01/01/2024 01/01/2024 01/01/2026 01/01/2024 01/01/2026 01/01/2026	Sandal Lift Heel pad	NA NA NA	Both Both Both	Always required  Always required  Always required  Always required  Always required	10	Otholics Otholics Otholics Otholics Otholics		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
L3250 L3254 L3255 L3260 L3265 L3330 L3485 L3560	IONASTANCIAND SIZE ON WOTH  KONASTANCIAND SIZE ON LENGTH  FRANCICA BOOTISEC, KACH  PARSTACOTE SANGAL, EACH  LET ELEVANION, METAL EXTENSION (BRATE)  WELL FAN, REMOVED FOR SIREN  OPHICHEDED BRICK ACCITON, TOK GREENERS  OPHICHEDED BRICK ACCITON, TOK GREENERS  OPHICHEDED BRICK ACCITON, CONNERT FIRM SINCE COUNTERS TO SIGHT COUNTERS  TOMOGREENERS AND ONTHOSISE FROM DIES BICK TO MACTICER, CERMIS BOOWER STANT (BINETON, BOTH  THOMSTERO FAN BOOTHOSISE FROM DIES BICK TO MACTICER, CERMIS BOOWER STANT (BINETON, BOTH  THOMSTERO FAN BOOTHOSISE FROM DIES BICK TO MACTICER, CERMIS BOOWER STANT (BINETON, BOTH	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA NIA	Determined by PA Determined by PA \$532.44 Determined by PA \$521.55	01/01/2024 01/01/2024 01/01/2026 01/01/2024 01/01/2026	Sandal Lift Heel pad Shoe	NA NA NA	Both Both Both Both	Always required  Always required  Always required  Always required	10 10 10 10 10	Orthotics Orthotics Orthotics Orthotics		DMEOP  DMEOP  DMEOP  DMEOP
L3250 L3254 L3255 L3260 L3260 L3265 L3330 L3485 L3560 L3590 L3640	IGNASTANCAMO SIZE OR WOTH  YOUNG TAXABOR SIZE OR LENGTH  PASTAZOTE SAMOR, EACH  PASTAZOTE SAMOR  PASTA	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA NIA	Determined by PA Determined by PA \$532.44 Determined by PA \$21.55	01/01/2024 01/01/2024 01/01/2026 01/01/2024 01/01/2026 01/01/2026	Sandal Lift Heel pad Shoe	NA NA NA	Both Both Both Both	Always required Always required Always required Always required Always required Always required	10 10 10 10 10	Orbotics Orbotics Orbotics Orbotics Orbotics Orbotics Orbotics		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
L3250 L3254 L3255 L3260 L3265 L3330 L3485 L3560 L3590 L3640 L3677	INCHESTANCIANO SIZE OR WOTH  HOMESTANCIANO SIZE OR LEAGH  RASTICAZIONE SIZE OR LEAGH  PASTAZOTE SANCIA, EACH  LIFE, ELEVANION, METAL EXTENSION, (SANTE)  LIFE, ELEVANION, METAL EXTENSION, (SANTE)  LIFE, ELEVANION, METAL EXTENSION, (SANTE)  CHELLE PAGE SIZE OR SIZE OR SIZE  CHELLE PAGE SIZE OR SIZE OR SIZE OR SIZE  CHELLE PAGE SIZE OR	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA NIA NIA NIA NIA NIA	Determined by PA  Determined by PA  \$532.44  Determined by PA  \$21.55  \$50.24  \$40.67  Determined by PA	01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Sandal Lift Heel pad Shoe Shoe Transfer Shoulder	NA NA NA NA NA NA NA NA	Both Both Both Both Both Both	Always required	10 10 10 10 10 10	Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics		DMEOP DMEOP DMEOP DMEOP DMEOP DMEOP DMEOP DMEOP

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	TURNEUCKLES, MAY INCLUDE SOFT INTERFACE, STEAPS, PREFABRICATED ITEM THAT HAS BEEN HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BEN, I MOLDED, ASSEMBLED, OR OTHERWINSE CUSTOMAZED 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	JOINTISPRING, EXTENSIONFLEXION, IE.G., STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES PITTING AND ADJUSTMENT	5160-10-01	N/A	\$189.13	01/01/2026	Finger	NA.	Both	Always required	10	Orthotics		DMEOP
L3961	SHOULDER ELBOW WRIST HAND 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	Shoulder-elbow-wrist- hand	NA.	Both	Always required	10	Orthotics		DMEOP
L3962	SHOULDER FLROW WRIST HAND ORTHOSIS, ARDUCTION POSITIONING, ERRYS 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-	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	hand-finger 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 POSITIONNS (AIRPLANE DESIGN), THORACIC 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 NA	Both Both	Always required  Always required	10	Orthotics		DMEOP
L5500	PLASTER SOCKET, DIRECT FORMED	3160-10-01	N/A	\$1,233.20	0110112026	Intia socket	NA.	Bout	Always required	10	Orthotics		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 KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH	5160-10-01	N/A	\$1,380.81	01/01/2026	Preparatory prosthesis	NA.	Both	Always required	10	Orthotics		DMEOP
L5530	FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED PREPARATORY, BELOW KNEE YIE TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MICIDED 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 FOUNL, DIRECT FORMED AGDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, 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 PUMP, RESIDUAL 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 limb	NA.	Both	Always required	10	Orthotics		DMEOP
L5827 L5856	ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AVIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING ADDITION TO LOWER EXTREMENTY PROSTRESIS. 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	ADUITION TO LOWER EXTREMITY PROSTRESIS, ENDUSKELETAL KINE-SHIN SYSTEM, MICROPROLESSISK CONTROL FEATURE, SYMOR, AND STANCE PHASE, INCLUSES ELECTRONIC SENSORIS), ANY TYPE ADDITION TO LOWER EXTREMITY PROSTRESIS, ENDOSKELETAL KINE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSORIS), ANY TYPE ADDITION TO LOWER EXTREMITY PROSTRESIS, 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 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 FLEXIONEXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S) ADDITION, ENDORKELETAL 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 CONTROLLING LIDES POWER SOLINGS	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 TRANSCARPALINE TACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE POREARM 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 ALIGNMENT AND SUSPENSION 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	5160-10-01	N/A	\$1,956.92	01/01/2026	Immediate post-	NA.	Both	Always required	10	Orthotics		DMEOP
L6386	FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPILAR THORACIC IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	5160-10-01	N/A	\$443.24	01/01/2026	surgery or early fitting	NA.	Both	Always required	10	Orthotics		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, FLEXIBLE ELBOW HANGES, FIGURE OF EIGHT HAWNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, LUNGO OR EIGUAL PLOY, NO COVER, MOLDED TO PATIENT MODIEL	5160-10-01	N/A	\$1,729.66	01/01/2026	Preparatory prosthesis	NA.	Both	Always required	10	Orthotics		DMEOP
L6582	WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HANNESS, HUMERAL COFF, BOWDEN CABLE CONTROL, USING OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL PREPARATORY. WRIST DISARTICULATION OR BELOW ELBOW. SINGLE WALL SOCKET. FRICTION WRIST.	5160-10-01	N/A	\$1,374.50	01/01/2026	Preparatory	NA.	Both	Always required	40	Orthotics		DMEOP
L6582	PREPARATORY, WHO IS DISSINIFICATION OF BELOW LEBOW, SINGLE WALL SCOOK, PROJUNDYNO, FLEXIBLE ELBOW HANGES, FIGURE OF BIOTH HARNESS, HAMREAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER DIRECT FORMED PREPARATORY, LEBOW DISSINIFICILATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION		N/A	\$1,374.50	0110112026	prosthesis	NA.	Bout	Always required	10	Orthotics		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, USMC OR EQUAL PYLON, NO COVER DIRECT FORMED PREPARATORY, HOLLODER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL. I JOINT OR DE PAUL BY JOIN DO COVER DIRECT OR TO STRAPE FAIR LEAD CABLE CONTROL. I JOINT OR DE PAUL BY JOINT OR STRAPE.	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, USMC	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	LIBOED EVIDENITY ODNOTUEGIG ADDITIVALI EL EVIDALEVIENDIALIMDIST 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	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE UPPER EXTREMITY ADDITION, FLEXION/EXTENSION 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 EVEDENITY ADDITION TO DEPOSTUCIOS EL ECTRIC I DOVING EEATI DE ONLY EOR I RE WITH	5160-10-01	N/A	\$2.357.25	01/01/2026	Addition to upper limb				10			
L6646	MANUALLY POWERED ELBOW  UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM	5160-10-01	N/A	\$2,973.02	0		NA.	Both	Always required		Orthotics		DMEOP
L6647	ABDICTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM  UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	5160-10-01		92.973.02	01/01/2026	Addition to upper limb	NA NA	Both Both	Always required  Always required	10	Orthotics Orthotics		DMEOP DMEOP
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR		N/A	\$489.44	01/01/2026	Addition to upper limb  Addition to upper limb							
		5160-10-01	N/A N/A	\$489.44 \$3.066.24	01/01/2026 01/01/2026	Addition to upper limb  Addition to upper limb  Addition to upper limb	NA NA NA		Always required  Always required  Always required	10 10	Orthotics Orthotics Orthotics		DMEOP DMEOP
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	5160-10-01	N/A N/A N/A	\$489.44 \$3.066.24 \$279.62	01/01/2026 01/01/2026 01/01/2026	Addition to upper limb	NA NA	Both Both	Always required  Always required  Always required  Always required	10 10 10	Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics		DMEOP  DMEOP  DMEOP  DMEOP
L6694	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL	5160-10-01 5160-10-01	N/A N/A	\$489.44 \$3.066.24 \$279.62 \$687.80	01/01/2026 01/01/2026 01/01/2026 01/01/2026	Addition to upper limb	NA NA NA NA	Both Both Both Both	Always required  Always required  Always required  Always required  Always required	10 10 10 10	Ottholics Ottholics Ottholics Ottholics Ottholics Ottholics		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
L6694 L6695	LIPPER EXTREMETY ADDITION, HAPNESS, TRIPLE CONTROL, SMALTAMEOUS OPERATION OF TERMINAL CHOCK AND SELECTION OF THE SHAPE PROTECTION BY THE SHAPE PROTECTION OF THE SHAPE PROTEC	5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	\$489.44 \$3.056.24 \$279.62 \$687.80 \$573.15	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Addition to upper limb	NA NA NA NA NA	Both Both Both Both Both	Always required Always required Always required Always required Always required Always required	10 10 10 10 10	Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
L6694	LIPPER EXTREMENT ACCITION, HANNESS, TRIPLE CONTROL, SIMILA TAMEOUS OPERATION OF TERMINAL CIDENCE AND ELECTRON THEORY THEO	5160-10-01 5160-10-01	N/A N/A	\$489.44 \$3.066.24 \$279.62 \$687.80	01/01/2026 01/01/2026 01/01/2026 01/01/2026	Addition to upper limb  Addition to upper limb  Addition to upper limb  Addition to upper limb	NA NA NA NA	Both Both Both Both	Always required  Always required  Always required  Always required  Always required	10 10 10 10	Ottholics Ottholics Ottholics Ottholics Ottholics Ottholics		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
L6694 L6695	INFERENTIATY ACTION, NAMESE TRIPLE CONTROL, SIGAL TARGOUS OPERATION OF TERMINAL CRICKITA AND ELECTROL OF THE CONTROL OF THE C	5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	\$489.44 \$3.056.24 \$279.62 \$687.80 \$573.15	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Addition to upper limb	NA NA NA NA NA	Both Both Both Both Both	Always required Always required Always required Always required Always required Always required	10 10 10 10 10	Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
L6694 L6695 L6696	CHEMIC POSTANT ACCITION, NAMESES TREPLE CONTROL, SIGNAL TAMEOUS OPERATION OF TERMINAL  SIGNICIA ADELIZIONO, THE PRINCENT PROSTREES, BELLOW ELECTROMISCONE ELECTRO, CESTRO MARIOCATE  ACCITION TO UPPER ELECTROMISCH PROSTANTIA SIGNICIA SIGNI	5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	\$489.44 \$3.066.24 \$279.62 \$687.80 \$573.15 \$1,239.92	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Addition to upper limb	NA NA NA NA NA	Both Both Both Both Both Both	Always required	10 10 10 10 10 10	Ortholics		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
L6694 L6695 L6696	UPPER ETHERATY ACHTON, NAMESS TRIPLE CONTROL, SIBAL TAMEOUS OPERATION OF TERMINAL  ACKOT AND ELEGION OF TERMINAL  ACKOT AND ELEGION OF TERMINAL  ACKOT AND ELEGION OF THE ACKOT AND ELEGION CLEATON ASSOCIATION  ACKOT AND TO UPPER EXTREMENT PROSIDERS BELOW ELEGION/BOOK ELEGION, CLEATON ASSOCIATION  ACKOT AND TO UPPER EXTREMENT PROSIDERS BELOW ELEGION/BOOK ELEGION, CLEATON ASSOCIATION  ACKOT AND TO UPPER EXTREMENT PROSIDERS BELOW ELEGION/BOOK ELEGION, CLEATON ASSOCIATION  ACKOT AND TO UPPER EXTREMENT PROSIDERS BELOW ELEGION AND ASSOCIATION  ACKOT AND TO UPPER EXTREMENT PROSIDERS BELOW ELEGION BOOK ASSOCIATION  ACKOT AND TO UPPER EXTREMENT PROSIDERS BELOW ELEGION BOOK ASSOCIATION  ACKOT AND TO UPPER EXTREMENT PROSIDERS BELOW ELEGION BOOK ASSOCIATION ASSOCIATION  ACKOT AND TO UPPER EXTREMENT PROSIDERS BELOW ELEGION BOOK ASSOCIATION ASSOCIATION  ACKOT AND TO UPPER EXTREMENT PROSIDERS BELOW ELEGION BOOK ASSOCIATION ASSOCIATION  ACKOT AND THE ACKOT ASSOCIATION	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A N/A	\$489.44 \$3.066.24 \$279.62 \$687.80 \$573.15 \$1,239.92 \$1,239.92	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Addition to upper limb	NA NA NA NA NA NA NA NA	Booth Booth Booth Booth Booth Booth	Always required	10 10 10 10 10 10 10	Orbidica		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
L6694 L6695 L6696 L6697	INFORMATION AND THE AN	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA NIA	\$489.44 \$3.066.24 \$279.62 \$687.80 \$573.15 \$1,239.92 \$1,239.92 \$636.82	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Addition to upper limb	NA	Both Both Both Both Both	Always required	10 10 10 10 10 10 10	Orbidica		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
L6694 L6695 L6696 L6697 L6698	CHEMIC ASSETTATION, NUMBERS, TROPIE CONTRICE, SIRLA TAMEOUS OPERATION OF TERMINAL  RECORD AND ELECTRON TO SERVER THE SERVER SERV	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA	\$489.44 \$3.066.24 \$279.62 \$667.80 \$573.15 \$1,239.92 \$1,239.92 \$636.82 Determined by PA	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	Addition to upper limb	NA	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10 10	Orbidica		DMEOP
L6694 L6695 L6696 L6697 L6698 L6700 L6703 L6711	THE FORWARY ACTION, NAMES THEFE COTTION, SIMLE TAMOUS OFERSTON OF TERMINAL SERVICE AND ELECTRON OF THE SIMULATION OF THE	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA	\$480.44 \$1.066.24 \$279.62 \$667.80 \$573.15 \$1.239.92 \$1.239.92 \$636.82 Determined by PA \$317.01 \$633.74	01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028	Addition to upper limb	NA N	Both Both Both Both Both Both Both Both	Almays required	10 10 10 10 10 10 10 10 10 10 10	Orbidica		DMEOP
L6694 L6695 L6696 L6697 L6698 L6700 L6703 L6711 L6712	SERIES PERSONAL ACCITION, NAMESS TRIPLE CONTROL, SIBAL TAMEOUS OPERATION OF TERMINAL MORTCA AREA ELEGION, CRISTONIA TO SERVICE AREA ELEGION, CRISTONIA TO SERVICE AREA ELEGION, CRISTONIA PRINCIPATE PROPERTY AND CRISTONIA TO SERVICE AREA ELEGIONICA SERVICE AREA ELEGIONICA DE L'AUTORISE DE EDUA, CRISTONIA PRINCIPATE DE CONTROL DE L'AUTORISE DE EDUA, CRISTONIA DE L'AUTORISE DE EDUA, POR L'AUTORISE DE L'AUTORISE DE EDUA, POR L'AUTORISE DE L'AUTORISE D	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA	\$489.44 \$3.066.24 \$279.62 \$667.80 \$573.15 \$1,239.92 \$1,239.92 \$636.82 Determined by PA \$317.01	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	Addition to upper limb	NA	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		DMEOP
L6694 L6695 L6696 L6697 L6698 L6700 L6703 L6711 L6712 L6713	INFORMATION AND THE AN	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 5160-10-01 5160-10-01	NIA	\$1,066.24 \$279.62 \$697.80 \$677.15 \$1,209.02 \$1,239.02 \$1,239.02 \$1,239.02 \$1,239.02 \$1,239.02 \$1,230.02 \$1,230.02 \$1,230.02 \$1,106.02 \$1	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	Addition to upper timb  Additi	NA N	Both Both Both Both Both Both Both Both	Almays required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		OMEOP  DMEOP
L6694 L6695 L6696 L6697 L6698 L6700 L6703 L6711 L6712 L6713 L6714 L6715	SERVE CHESTARY ACTION, NAMESE TRIPLE CONTROL, SIGAL TARGOUS OPERATION OF TERMINAL  SERVICE ARE SELECT OR SERVER THE SELECT ELECTRON SERVER THE SELECT ELECTRON SERVER THE SELECT ELECTRON SERVER SELECT ELECTRON SERVER SELECT ELECTRON SERVER SELECTRON SERVER SELECTRON SERVER SELECTRON SERVER SELECTRON SELECTRON SELECTRON SERVER SELECTRON	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA	\$469.44 \$1.066.24 \$279.62 \$697.80 \$573.15 \$1.299.92 \$1.299.92 \$1.299.92 \$337.61 \$1.106.82 \$1.17.61 \$1.17.60 \$1.	01/01/2028 01/01/2028 01/01/2028 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029	Addition to upper lend	1945. 1946.	Both Both Both Both Both Both Both Both	Almays required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		OMEOP  DMEOP
L6694 L6695 L6696 L6697 L6698 L6700 L6703 L6711 L6712 L6713 L6714 L6715 L6721	SERIES PETSHATY ACRITION, NAMESES, TRIPLE CONTROL, SIMAL TAMEOUS OPERATION OF TERMINAL MONTH AND ACRITICATION STATES. SELECT RESIDENCY ACRITICATION STATES. ACRITICATION SELECT RESIDENCY ACRITICATION STATES. SELECT RESIDENCY ACRITICATION SELECT RESIDENCY ACRITICATI	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA	\$1,055,24 \$1,055,24 \$172,62 \$667,35 \$1,239,92 \$1,239,92 \$1,239,92 \$1,239,92 \$1,239,92 \$1,239,92 \$1,239,92 \$1,239,92 \$1,247,25 \$1,165,62	01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028	Addition to upper lends addition to upper lends Lends addition to upper	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	Orbidica		OMEOP  DMEOP
L6694 L6695 L6696 L6697 L6698 L6700 L6703 L6711 L6712 L6713 L6714 L6715	SERVE CHESTARY ACTION, NAMESE TRIPLE CONTROL, SIGAL TARGOUS OPERATION OF TERMINAL  SERVICE ARE SELECT OR SERVER THE SELECT ELECTRON SERVER THE SELECT ELECTRON SERVER THE SELECT ELECTRON SERVER SELECT ELECTRON SERVER SELECT ELECTRON SERVER SELECTRON SERVER SELECTRON SERVER SELECTRON SERVER SELECTRON SELECTRON SELECTRON SERVER SELECTRON	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA	\$469.44 \$1.066.24 \$279.62 \$697.80 \$573.15 \$1.299.92 \$1.299.92 \$1.299.92 \$337.61 \$1.106.82 \$1.17.61 \$1.17.60 \$1.	01/01/2028 01/01/2028 01/01/2028 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029 01/01/2029	Addition to upper lend.	1945. 1946.	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		OMEOP  DMEOP
L6694 L6695 L6696 L6697 L6698 L6700 L6703 L6711 L6712 L6713 L6714 L6715 L6721 L6722	INFORMATION AND THE AN	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA  NIA  NIA  NIA  NIA  NIA  NIA  NIA	\$1,065.24 \$279.62 \$607.55 \$607.55 \$1,239.62 \$1,239.62 \$1,239.62 \$408.62 \$1,239.62 \$408.62 \$1,656.62 \$1,472.69 \$1,472.69 \$1,472.69 \$1,472.69 \$1,472.69 \$1,472.69 \$1,472.69 \$1,472.69 \$1,472.69 \$1,472.69 \$1,472.69 \$1,472.69	01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028	Addition to upper timb.	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	Orbidica		DMEOP
L6694 L6695 L6696 L6697 L6698 L6700 L6703 L6711 L6712 L6713 L6714 L6715 L6721 L6722 L6880	SERVE EXPERIENT ACCITION, NAMESES TREPLE CONTROL, SIMILA TAMEOUS OPERATION OF TERMINAL INSTITUTION 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 \$160-10-01	NIA  NIA  NIA  NIA  NIA  NIA  NIA  NIA	\$1.006.24 \$1.706.24 \$273.62 \$667.16 \$1.239.92	01/01/2028 01/01/2028	Addition to support labol	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		DMEOP
L6694 L6695 L6696 L6697 L6698 L6698 L6700 L6703 L6711 L6712 L6713 L6714 L6715 L6721 L6722 L6880 L6881	SERIES PERSONAL ACCITION, NAMESIS, TRIPLE CONTROL, SIMILA TAMEOUS OPERATION OF TERMINAL CONCOLOR AND CARDON AND CARROLL	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA  NIA  NIA  NIA  NIA  NIA  NIA  NIA	\$1.006.24 \$273.62 \$677.15 \$1.239.02 \$1.239.02 \$1.239.02 \$1.239.02 \$1.239.02 \$1.239.02 \$1.239.02 \$1.239.02 \$1.239.02 \$1.239.02 \$1.237.01 \$1	01/01/2026 01/01/2026	Addition to upper late.	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Buth Buth Buth Buth Buth Buth Buth Buth	Amays required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		CMICOP  CMICOP
L6694 L6695 L6696 L6697 L6698 L6700 L6703 L6711 L6712 L6713 L6714 L6715 L6721 L6722 L6880 L6881 L6881	INFORMATION AND THE AN	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA	\$400.44 \$1.006.24 \$279.62 \$279.62 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.209.02 \$1.200.02	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 01/01/2026	Addition to upper labe.	1945 1945 1945 1945 1945 1945 1945 1945	Buth Buth Buth Buth Buth Buth Buth Buth	Amays required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidos		DMEOP
L6694 L6695 L6695 L6696 L6697 L6697 L6702 L6713 L6714 L6715 L6715 L6721 L6722 L6880 L6882 L6882	EVENT AS CHIEF AS CHIEF A NEWSER, TREFE CORTIFIC, SIRLA TARGOLD OFFENTION OF TERMINAL DEVICES AND ELECTRON CONTRIBUTIONS OF THE PROPERTY OF THE P	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NUA	\$469.44 \$1.006.24 \$129.60 \$697.60 \$129.60 \$1.299.60 \$1.299.60 \$1.299.60 \$1.299.60 \$1.299.60 \$1.299.60 \$1.299.60 \$1.299.60 \$1.299.60 \$1.297.60 \$1.207.60 \$1.207.60 \$1.207.60 \$1.207.60 \$1.207.60 \$1.207.60 \$1.207.60 \$1.207.60 \$1.2	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 01/01/2026	Addition to upper labe.	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Buth Buth Buth Buth Buth Buth Buth Buth	Amaya required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidos		CMEOP  CMEOP  DMEOP
L6994 L6995 L6996 L6997 L6998 L6702 L6711 L6712 L6715 L6714 L6715 L6722 L6980 L6981 L6982 L6985 L6985 L6985 L6985 L6985	SERIES PERSONAL ACCITION, NAMESES, TREVE CONTROL, SIMILA TAMOUS OPERATION OF TERMINAL MONOTARE AND ACCITION TO UPPER EXTREMENT PROSPERSES, SELECU RESIDUAZIONE DE LEGOU, CLESTORIA PROSPECATION ACCITION TO UPPER EXTREMENT PROSPESSES, SELECU RESIDUAZIONE DE LEGOU, CLESTORIA PROSPECATION ACCITION TO UPPER LEGOU DE LA PROMODE DE LA LACTORIA DE CREATION ACCITION ACCI	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$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	\$409.44 \$1.006.24 \$27.65 \$472.15 \$1.209.02 \$1.200.02 \$1.200.02 \$1.200.02 \$1.200.02 \$1.	01/01/2026 01/01/2026	Addition to upper labe.	764 764 764 764 764 764 764 764 764 764	Buth   Buth	Allergy required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		DMEOP
L6994 L6995 L6996 L6997 L6998 L6997 L6998 L6700 L6711 L6712 L6713 L6714 L6714 L6715 L6721 L6880 L6880 L6880 L6880 L6880	EARTH CONTRACT ACTURES, INVESTED, TRAVEL CONTROL, SIBLE TARGOLD OFFENTION OF TERMINAL DEDICAL ADDITIONAL OWNERS OF THE ADDITIONAL OW	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NUA	\$499.44 \$1,000.34 \$2,000.34 \$2,000.34 \$1,200.50 \$1,200.5	01/01/2006 01/01/2006	Addition to upper late.	764  764  764  764  764  764  764  764	Buth   Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		DMEOP
L6994 L6995 L6996 L6997 L6998 L6997 L6998 L6703 L6713 L6714 L6712 L6713 L6714 L6712 L6815 L6920 L6980	SEPTION FOR THE CONTROL NUMBERS, TREFE CONTROL, SIBLE TARGOUS OPERATION OF TERMINAL DEDECT AND ELECTRIC STREET, AND ELECTRIC AND ELECTRIC STREET, AND ELECTR	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NUA	\$499.44 \$3.065.36 \$129.02 \$127.15 \$127	01/01/2026 01/01/2026	Addition to upper late.	764  764  764  764  764  764  764  764	Buth   Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		DMEOP
L6994 L6995 L6997 L6998 L6997 L6998 L6703 L6711 L6712 L6713 L6714 L6715 L6724 L6724 L6985 L6985 L6985 L69930 L69935	EVENT AS CENTRALY ACCITION, NAMESES, TROPIE CONTROL, SIBLA TAMOUS OPERATION OF TERMINAL, DEDUCT AND RELIGIOUS PRESENCE PROBLEMS THE CONTROL, SIBLA TAMOUS OF FEMALIA.  ACCITION TO UPPER EXTREMENT PROGRESS BEE, DUE SELDOWINGOUS ELECTRIC CONTROL AND ACCITION OF THE CONTROL ACCITION 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 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NUA	\$489.44 \$3.065.36 \$129.05 \$127.15 \$127	\$10,00000 \$10,000000 \$10,00000 \$10,00000 \$10,000	Addition to upper labe.	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Buth   Buth	Amays required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		CMEOP
L6994 L6995 L6996 L6997 L6998 L6998 L6710 L6711 L6712 L6713 L6714 L6715 L6721 L6721 L6721 L6720 L6980 L6880 L6880 L6880 L6890 L6900	SERVE EXPENSIVE ACCITION, NAMESER, TREPLE CONTROL, SIMILA TAMOUS OPERATION OF TERMINAL DISTORTS AND CARDON OF TERMINAL DISTORY AND CARDON OF TERMINAL DISTORTS AND CARDON OF TERMINAL DISTORTS AND CARDON OF THE PRINCIPLE OF THE P	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NUA	\$499.44 \$3.065.36 \$129.02 \$127.15 \$127	01/01/2006 01/01/2006	Addition to upper labe.	764  764  764  764  764  764  764  764	Buth   Buth	Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		CMICIP CM
L6994 L6995 L6997 L6998 L6997 L6998 L6703 L6711 L6712 L6713 L6714 L6715 L6724 L6724 L6985 L6985 L69803 L6993	SERVER AND ACCITION, NAMES, TRAPILE CONTROL, SIMILA TAMOUS OPERATION OF TERMINAL DESIGN AND RELIGIOUS AND RELIGIOU	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 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NUA	\$489.44 \$3.065.36 \$129.05 \$127.15 \$127	\$10,00000 \$10,000000 \$10,00000 \$10,00000 \$10,000	Addition to upper late.  Addition to upper lat	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Buth   Buth	Amays required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		CMEOP
L6994 L6995 L6997 L6997 L6997 L6970 L6771 L6712 L6714 L6715 L6714 L6715 L6721 L6982 L6885 L6885 L6895 L69030 L69036	SERVICE AND LIGHT AND THE STREAM PROPRIESES. TRAVE CONTING, SIGNAL TAMOUS OPERATION OF TERMINAL DEVICES AND LIGHT AN	5160-10-01 5160-10-01	NUA	\$499.44 \$3.060.34 \$3.060.34 \$172.05 \$172.05 \$172.05 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.02 \$1,209.03 \$1,2	1.00.00000 1.00.000000 1.00.000000 1.00.000000 1.00.000000 1.00.00000000	Addition to speer late.	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Buds   Buds	Always required Always recursor Always recursor Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		CMICOP  CMICOP
L6004 L6006 L6007 L6007 L6008 L6703 L6713 L6714 L6714 L6714 L6715 L6721 L6008 L6007 L6008 L6009	EVENT ACTION INVESTIGATION, INVESTIGATION, SINEL TAMOUS OPERATION OF TERMINAL CONTROL AND ELECTRICAL PROCESSA AND ELECTRICAL P	5160-10-01 5160-10-01	NAIA NAIA NAIA NAIA NAIA NAIA NAIA NAIA	\$499.44 \$3.060.34 \$3.060.34 \$129.62 \$697.85 \$129.02 \$120.02 \$1	\$1,00,0000 \$1,00,0000 \$1,00,0000 \$1,00,0000 \$1,00,0000 \$1,00,0000 \$1,0	Addition to upper late.  Addition to upper lat	1946 1946 1946 1946 1946 1946 1946 1946	Buth   Buth	Amays required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		CMICOP  CMICOP
L6094 L6096 L6097 L6098 L6703 L6713 L6714 L6714 L6712 L6880 L6881 L6985 L6995 L6995 L6995	EVENT ACTION INVESTIGATION, INVESTIGATION, SINEL TAMOUS OPERATION OF TERMINAL CONTROL AND ELECTRICAL PROCESSA AND ELECTRICAL P	5160-10-01 5160-10-01	NUA	\$499.44 \$3.066.34 \$1.066.34 \$129.62 \$497.15 \$1.209.02 \$1.200.02 \$1	\$1,00,0000 \$1,00000 \$1,000000 \$1,000000 \$1,000000 \$1,000000 \$1,000000 \$1,000000 \$1,000000 \$1,000000 \$1,000000 \$1,000000 \$1,000000 \$1,000000 \$1,0000000 \$1,0000000 \$1,0000000 \$1,00000000 \$1,0000000000	Addition to speer late.	NA	Buth   Buth	Always required Always recursor Always recursor Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		CMICOP  CMICOP
L6004 L6006 L6007 L6007 L6008 L6703 L6713 L6714 L6714 L6714 L6715 L6721 L6008 L6007 L6008 L6009	EVENT ACTIONAL MONESS, TROPIE CONTROL, SIBLA TAMOUS OPERATION OF TERMINAL DEVICES AND RELIGIOUS AND	5160-10-01 5160-10-01	NAIA NAIA NAIA NAIA NAIA NAIA NAIA NAIA	\$499.44 \$3.060.34 \$3.060.34 \$129.62 \$697.85 \$129.02 \$120.02 \$1	\$1,00,0000 \$1,00,0000 \$1,00,0000 \$1,00,0000 \$1,00,0000 \$1,00,0000 \$1,0	Addition to upper late.  Addition to upper lat	1946 1946 1946 1946 1946 1946 1946 1946	Buth   Buth	Amays required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		CMICOP  CMICOP

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	Г	DMEOP
March   Marc	L0905	SHOULDER BUILKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOOK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYCELECTRONIC CONTROL OF	5160-10-01	NO.	814.104.00	01/01/2026	Addition to upper limb, terminal device	No.	Boui	Assays required	10	Olubics		DMEOF
Part	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
March   Marc	1 0035	EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	F400 40 04	N/A	645.044.00	04/04/0000	Addition to committee	NA	Dath	Alaman and and	40	Others		DATEON
March   Marc	L6975	EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF	5160-10-01	N/A	\$15,344.33	01/01/2026	Addition to upper timb, terminal device	NA.	Both	Aways required	10	Ottholics		DMEOP
The control of the	L7007		5160-10-01	N/A	\$3,349.95	01/01/2026		NA.	Both	Always required	10	Orthotics		DMEOP
March   Marc							Addition to upper limb, terminal device							DMEOP
No.							terminal device Addition to upper limb.							DMEOP
Mathematical	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
1.							terminal device							DMEOP
The content of the							terminal device							DMEOP
Manual	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
The content of the						01/01/2026	Addition to upper limb, terminal device		Both					DMEOP
The content of the							terminal device Addition to upper limb.							DMEOP
Column							terminal device Addition to upper limb,	NA.	Both	, ,				DMEOP
Teal							Battery							DMEOP
March   Marc														DMEOP
No.   Proceedings   Process   Proc								Accessory	Both		10	Orthotics		DMEOP
1.   1.   1.   1.   1.   1.   1.   1.														DMEOP
1.   1.   1.   1.   1.   1.   1.   1.		(TITANIUM, CARBON FIBER OR EQUAL)												DMEOP
March   Marc		ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)					Addition to upper limb	NA.	Both	Always required  Always required	10	Orthotics		DMEOP
100   100	L7405	ACRYLIC MATERIAL	5160-10-01	N/A	\$685.21	01/01/2026	Addition to upper limb	NA.	Both	Always required	10	Orthotics		DMEOP
March   Marc														DMEOP
The content of the					Determined by PA		Vacuum		Both		10	Orthotics		DMEOP
The content of the	L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	5160-10-01	N/A		01/01/2024	-	NA.	Both					DMEOP
March   Marc		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE  BREAST BROSTHESIS, MASTECTOMY BY:												DMEOP
The Second Control of Control o		ANY SIZE, ANY TYPE												DMEOP DMEOP
Column							,							DMEOP
100   100							,							DMEOP
The Control Processes of Control Processes													KM modifier: \$2238.86. KN modifier: \$942.68	DMEOP
The Control of the										, ,				DMEOP
March   Marc										, ,				DMEOP
The Control of the														DMEOP
The Control of the										, ,				
Dec							Facial prosthesis		Both	Always required	10	Orthotics		DMEOP
Column							Facial prosthesis		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	, ,				DMEOP
The Company	L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	5160-10-01	N/A	Determined by PA	01/01/2024	Battery	NA.	Both	Always required	10	Orthotics		DMEOP
100   100														DMEOP
Column		TYPE							Both			Orthotics		DMEOP
Column   C	L8511	REPLACEMENT ONLY, EACH	5160-10-01	N/A	\$68.56	01/01/2026	Insert	NA.	Both	Always required	10	Orthotics		DMEOP
The Control of Contr		GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, REPLACEMENT ONLY, PER 10					Voice prosthesis gelatin capsules							DMEOP
100   100		REPLACEMENT ONLY, EACH		N/A N/A			Voice prosthesis cleaining device Puncture dilator	Accessory	Both Both	Always required  Always required	10	Orthotics		DMEOP
Test		GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEDESOPHAGEAL VOICE PROSTHESIS,	5160-10-01	N/A			Gelatin capsule	Supply	Both	Always required	10	Orthotics		DMEOP
The color of the		IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL					Breast prosthesis							DMEOP
100   100		SHIPPING AND NECESSARY SUPPLIES INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT.									10			DMEOP
The Company of the		INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CANAL, 1	5160-10-01	N/A	\$675.13	01/01/2026		NA.	Both		10			DMEOP
The control of the	L8606	INJECTABLE BULKING AGENT SYNTHETIC IMPLANT LIBINARY TRACT 1 ML SYRINGE INCLUDES SHIPPING								Always required	10	Orthotics		DMEOP
The Company of the		NECESSARY SUPPLIES MISCELLANFOLIS EXTERNAL COMPONENT SUPPLY OR ACCESSORY FOR USE WITH THE ARGUS II												DMEOP
ACCOUNT   Control   Cont	L8609	RETINAL PROSTHESIS SYSTEM	5160-10-01	N/A	\$6,141.60	01/01/2026			Both	Always required	10	Orthotics		DMEOP
ACCOUNT   CONTINUE AND AND ADDRESS   CONTINUE AND ADDRESS   CONTIN						01/01/2026	· ·	NA.	Both	Always required	10			DMEOP
The Control														DMEOP
Text										, ,				DMEOP
The Control of Control Contr							· ·							DMEOP
LEGS   MAJOR MARANE   AND PROPERT BLOOM ON FOUR CENT RES   ADMINISTRATION   SUBSTITUTE   SUBST		STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON), FOR SURGICAL											-	DMEOP
ILEAN   PARTITION AND ADDRESS   SCHOOL OF COLUMN 1 OF ADDRESS   PARTITION AND ADDRESS   SCHOOL OF ADDRESS   PARTITION AND ADDRESS   SCHOOL OF ADDRESS   PARTITION AND ADDRESS   SCHOOL OF ADDRESS   PARTITION AND ADDRESS		**	5160-10-01	N/A				NA NA	Both					DMEOP
Common   C			5160-10-01	N/A	\$390.73	01/01/2026	Spacer	NA.	Both					DMEOP
LISTO   REPLAYER DESCRIPTION AND TYPE   \$150.1041 NA   RELEASE   \$20.0000   Na   Description by Part   \$10.0000   Na   Description by Part   \$10.00000   Na   Description by Part   \$10.00000   Na   Description by Part   \$											_	Orthodics		
LIBRID   SEPARATION   SECTIONAL FOR INCIDENCE FOR STATE PLANTING PROCESSING	L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON) FOR SURGICAL IMPLANTATION, ANY	5160-10-01	N/A										
Part	L8659 L8670	INTERPHALANCEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARSON) FOR SURGICAL IMPLANTATION, ANY VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	5160-10-01 5160-10-01	N/A N/A	\$534.50	01/01/2026	Implant	NA.	Both	Always required	10	Orthotics		DMEOP DMEOP
LIBSS   ADDITIONAL PROCESSED TREATMENT   COLD.   CONTROL	L8659 L8670 L8679 L8680	INTERPRAY MARKE FAMER FOR THE PRACTICIENT, 2 OR NOTH PRICES, META, 8 G. STARLESS STEEL OR COMENT CHANGES, CHEMICAL SEM MEMBERS, 6 D. PHYROLOGICAL PRICESSES, METATOTICS, ANY VINCOLAR PORF TANTERIL, SHYTHET, METATOT HEROTOPIC STEELS, METATOTICS, ME	5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A	\$534.50 \$8,170.54 Determined by PA	01/01/2026 01/01/2026 01/01/2024	Implant Implantable generator Implantable electrode	NA NA NA	Both Both Both	Always required  Always required  Always required	10 10 10	Orthotics Orthotics Orthotics		DMEOP DMEOP DMEOP
Moderness-benefit (Moderness-benefit (Moderness-b	L8659 L8670 L8679 L8680 L8681	INTERPRINA MORAL FORCES, DOIT REPLACEMENT, A DISTRICT PRICES, METTA, E.D. STONI SEES STEEL ORDINAL TROBUNC SEGMAL LINE MINISTRES, B.D. PRICESANDINI FOR SUPPLICA, MAY ANYTHIND, ANY WOLCHAR ORDIFF HATERIA, STIMETEL, MAY ANY WOLCHAR ORDIFF HATERIA WOLCHAR WOL	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA	\$534.50 \$8,170.54 Determined by PA \$1,035.86	01/01/2026 01/01/2026 01/01/2024 01/01/2026	Implantable generator Implantable electrode Patient programmer	NA NA NA	Both Both Both	Always required  Always required  Always required  Always required	10 10 10	Ottholics Ottholics Ottholics Ottholics Ottholics		DMEOP  DMEOP  DMEOP  DMEOP
Section   Sect	L8659 L8670 L8679 L8680 L8681 L8682	THERMANDAME, FRIEST, SORT REPLACEMENT, JORN HORE PECES, META, ELG., STANLESS STEEL THE COURT CONCESS CESSANLE DELINESS.  BERNATURE SERVICES CONCESSES CONCESSES THE CONCESSES CONCESSES CONCESSES THE CONCESSES CONCESSES CONCESSES CONCESSES CONCESSES CONCESSES THE CANTENE REPLACEMENTATION ALSO CONCESSES CONCESSES CONCESSES THE CANTENES REPLACEMENTATION ALSO CONCESSES CONCESSES CONCESSES THE CANTENES THE CONCESSES CO	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	NIA NIA NIA NIA NIA	\$534.50 \$8,170.54 Determined by PA \$1,035.86 \$5,837.72	01/01/2026 01/01/2026 01/01/2024 01/01/2026 01/01/2026	Implantable generator Implantable electrode Patient programmer	NA NA NA NA	Both Both Both Both Both	Always required  Always required  Always required  Always required  Always required	10 10 10 10	Ottholics Ottholics Ottholics Ottholics Ottholics		DMEOP DMEOP DMEOP
EXTRIBUTION   SECTION   Committed   Comm	L8659 L8670 L8679 L8680 L8681 L8682 L8683	INTERPRAY APPLIES FOR THE PLACEMENT, A DISTRICT PRICES METTY, E.S. STANLESS STEEL OR COMAL CHRONIC CEMENAL SEM METTALS, B.C. PRICEASEDING FOR SUPPLIES, METATATION, ANY WAGCLAR ORPH TANTERIAL, SYNTHETIC, METATAT PRANTICES, ERUCKSTRIALATOR, PLACE GOMERNOOF, MY TIPE  METATITISE, RELUCKSTRIALATOR FLACE GOMERNOOF, MY TIPE  METATITISE, RELUCKSTRIALATOR FLACE GOMERNOOF, MY TIPE  METATITISE, RELUCKSTRIALATOR FLACE GOMERNOOF, MY TIPE  METATITISE, RELUCKSTRIALATOR FLACEMENT OLV.  METATITISE, RELUCKSTRIALATOR FLATING, AND FLATING, RELUCKSTRIALATOR  MAGORIFICATION, THE METATITISE SCHOOL, ADDITIONAL TOR  METATITISE SCHOOL, AND THE METATITISE SCHOOL, ADDITION	5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01 5160-10-01	N/A N/A N/A N/A N/A N/A N/A N/A	\$534.50 \$8,170.54 Determined by PA \$1,035.86 \$5,837.72 \$5,138.51	01/01/2026 01/01/2026 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Implantable generator Implantable electrode Patient programmer Implantable receiver Implantable generator Implantable generator	NA NA NA NA	Both Both Both Both Both Both	Always required Always required Always required Always required Always required Always required	10 10 10 10 10	Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics Ortholics		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
EXTRIBUTION   Control	L8659 L8670 L8679 L8680 L8681 L8682 L8683 L8684 L8685	INTERPRINA MORAL FORCES, DOIT DEPLOCATION, 7, OR DOING PROCES, META, E.G. S. STORLESS STEEL ORDINAL THOROUGH CHROMAL LINE MINISTER, E.G. PERCOLARION FOR SUPPLICA, MAY ANYTHOTA, MAY WORKLAR ORDET MATERIAL, STRIPTICE, MAY ARY WORKLAR ORDET MATERIAL, STRIPTICE, MAY ARY WORKLAR ORDET MATERIAL, STRIPTICE, MAY ARY MAY ANYTHING MEMORITHMATOR ELECTRONG, ANY TYPE  MAY ANTHREE MEMORITHMATOR ELECTRONG, EACH PRICE ORDERATION, REPLECIANT ORLY MAY ANYTHING MEMORITHMATOR SUPPLICATION, ANY TYPE MAY ANYTHING MEMORITHMATOR SUPPLICATION, ANY TYPE MAY ANYTHING MEMORITHMATOR SUPPLICATION, ANY THE WAY ANY THE MEMORITHMATOR MEMORITHM	5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01	NIA	\$534.50 \$8,170.54 Determined by PA \$1.035.86 \$5.837.72 \$5.138.51 \$760.52 Determined by PA	01/01/2026 01/01/2026 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Implantable generator Implantable electrode Patient programmer Implantable receiver Implantable generator Implantable generator Implantable generator	NA NA NA NA NA NA NA NA	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10	Otholica		DMEOP
LIBSTER   LIBS	L8659 L8670 L8679 L8680 L8681 L8682 L8683 L8684 L8685	TREPRINA ANGEL FINER COST DEPLICATIONS, 2 OR 1000 PRICES, MITT, 8 O. STRALES STREE, OR COOM TOMBOUR CORMAN LONG MEMBERS OF PRICES. MITT, 8 O. STRALES STREE, OR COOK TOMBOUR COMMON LONG MEMBERS AND ANATOMICAL AND WORLDAND AND THE STREET, MITTAN WORLDAND AND THE STREET, MITTAN	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	NIA	\$534.50 \$8,170.54 Determined by PA \$1,035.86 \$6,837.72 \$5,138.51 \$760.52 Determined by PA	01/01/2026 01/01/2026 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024	Implantable generator Implantable electrode Patient programmer Implantable receiver Implantable generator Implantable generator Implantable generator	NA	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10	Orbotica		DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP  DMEOP
LIBSID   AUTORY OBSIGNATION DEVICE AUTHERN, ANY LENGTH, REPLACEMENT ORLY   5160-10-01   NA   14-93-12   01-01-1000   NA   14-93-12	L8659 L8670 L8679 L8680 L8681 L8682 L8683 L8684 L8685 L8686	TRESHINA MARIA TANDAT THE ACCUSING A DISTRICT PRICES METS, B. B. STRALESS STEEL COOKING CHARGE CORMAN CHARGE AS THE CONTROL CONTROL CHARGE CH	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA	\$534.50 \$8,170.54 Determined by PA \$1,035.86 \$5,837.21 \$5,138.51 \$760.62 Determined by PA Determined by PA	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024	Implantable generator Implantable generator Implantable electrode Patient programmer Implantable receiver Implantable generator Implantable generator Implantable generator Implantable generator Implantable generator Implantable generator	NA N	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10 10	Otherica		DMEOP
ADDITION OBSCINITIONATED CENTLE, THANGOLICEPRACTILATION, REPTACEMENT ORLY, EACH   \$166-16-01   N.A.   \$200.11   \$15.00   \$10.00	L8659 L8670 L8679 L8680 L8681 L8682 L8683 L8684 L8685 L8686 L8686 L8688	INTERPRINA MARKE THERE SOME FOR PLACEMENT, 2 ON NOTE PROCESS METS, # C. STRIALESS STEEL GOODALT CHROSEL, CERMAN LESS MEMBERS, & PHYDOLOGROUP OR SURPLICE SERVICITOR, ANY VADOLAR OMF THATERIAL, STYNETIC, SEPLANT HER MAYNELS RESURPERATOR, ELECTRODE, EACH SEPLANTICES, ENGINEERING, ENTERNAL TO RESURPE SERVICES, SEPLANTICES, SEPLANTIC	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA	\$534.50 \$8,170.54 Determined by PA \$1,035.86 \$5,837.72 \$5,138.51 \$760.52 Determined by PA Determined by PA Determined by PA Determined by PA \$1,625.97	01/01/2026 01/01/2026 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	Implantable generator Implantable generator Implantable generator Implantable generator Implantable receiver Implantable generator	NA N	Both Both Both Both Both Both Both Both	Always required	10 10 10 10 10 10 10 10 10 10	Orbotica		DMEOP
ENTERIOR RECOVERAGE STOTEMENT OF MATTER VESTERMAL FOR USE WITH MAPLANTIALE   \$160-10-01   NA.   \$15.68   001-10-000   NA.   \$15.68   001-10-	L8659 L8679 L8680 L8681 L8682 L8683 L8684 L8685 L8686 L8687 L8688 L8689	INTERPRIVA MORE FROM PROFESSION 2 ON NOTE PROCESSION 2 OF STREAM STREET, BE S. STREAM STREET, BE SOME THE STREET, BENEVALT BE SOME PROCESSION FOR SURPLICE METALTICS AND VISCOLAR GREET MATERIAL, STRIPTED, BENEVALT BE SOME PROFESSION FOR SURPLICE METALTICS, AND VISCOLAR GREET MATERIAL STREET, BENEVALT	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA  NIA  NIA  NIA  NIA  NIA  NIA  NIA	\$534.60 \$8,170.54 Determined by PA \$1,035.86 \$6,837.72 \$6,138.51 \$706.62 Determined by PA Determined by PA Determined by PA Determined by PA Determined by PA Determined by PA	01/01/2028 01/01/2028 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	Implantable generator Implantable generator Implantable generator Implantable generator Implantable receiver Implantable generator I	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	Ortestos		DMEOP
MINIORITHALIDAC REPACEMENT ONLY   MINIORITHALIDAC REPACEMENT ONLY   MINIORITHALIDAC REPACEMENT ONLY   MINIORITHALIDAC COMPOSITION   MINIORITHALIDAC COMPOS	L8659 L8670 L8679 L8680 L8681 L8682 L8683 L8684 L8685 L8686 L8686 L8689 L8689 L8690 L8693	TRESPONDATIONS AND THE CONTRIBUTION OF THE CON	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA  NIA  NIA  NIA  NIA  NIA  NIA  NIA	\$534.50  \$8.170.54  Determined by PA  \$1.035.86  \$6.887.72  \$6.188.51  \$70.95.96  Determined by PA  (See 1.625.67)	01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2028 01/01/2028	Implant Implant Implantable generator Implantable decircole Patient programmer Implantable ofectrode Implantable generator Implantab	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	Orbidica		DMEOP
Model   Mode	L8659 L8670 L8670 L8680 L8681 L8682 L8683 L8684 L8686 L8686 L8688 L8699 L8699 L8699 L86994	INTERPRIVA MORE FRIEND FOR THE PLACEMENT, 2 ON 100° PRICES, METS, E.S. STRALESS STEEL ORDINATIONS (CREMAN LESS MEMBERS, E.S. PHROCARGING) FOR SURPLICE METALTISTS, ANY WORLDLAR GREFT MATERIAL, STRATES, METALT HEAVY METALTISTS, METALTIS	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA  NIA  NIA  NIA  NIA  NIA  NIA  NIA	\$554.50  \$8,170.54  Determined by PA  \$1,005.60  \$6,837.25  \$5,138.51  \$200.52  Determined by PA  \$1,005.97  \$4,494.22  \$1,409.30  \$880.18	01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2024 01/01/2024 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Implant Implant de generator Implantable generator Implantable generator Implantable cecavier Implantable generator Implantable gene	NA N	Both Both Both Both Both Both Both Both	Allanys required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbidica		DMEOP
LEGIS   PROSIDENTIC MEPLANT IN CTHERWISE SPECIFIED   \$160-1001   Na.   Destroyable 1/9   Ordicol   Destroyable 1/9   Ordicol	L8659 L8670 L8679 L8680 L8681 L8682 L8683 L8684 L8685 L8686 L8686 L8687 L8688 L8689 L8690 L8693 L8694	TRESPONDATIONS AND THE CONTROL TO THE CONTROL THE CONT	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01	NIA  NIA  NIA  NIA  NIA  NIA  NIA  NIA	\$554.50  \$8,170.54  Determined by PA  \$1,035.80  \$6,135.72  Determined by PA  \$2,035.80  Determined by PA  \$1,625.27  \$4,684.22  \$1,629.32  \$890.18	01/01/2028 01/01/2028 01/01/2024 01/01/2028 01/01/2028 01/01/2028 01/01/2028 01/01/2024 01/01/2024 01/01/2024 01/01/2024 01/01/2028 01/01/2028 01/01/2028	Implant  Implant de president  Implantable obectude  Implantable obectude  Implantable operation  Implantable oper	NA N	Both Both Both Both Both Both Both Both	Allanys required Allanys recurred	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Otherica		DMEOP
LEDIC PROVERED UPPER EXTERNAL FOR MACING AND SERVICE. ELSOW, WHIRE I MADE, PRICED.  STREAM, CONTROL OF MACING AND SERVICE. STREAM, SERVICE. STREAM, AND SERVICE. STREAM, SE	L8699 L8670 L8670 L8670 L8681 L8681 L8682 L8683 L8684 L8699 L8696	TRESPONDA AGRICA TRIBLES CORT DEPLACEMENT, O DI NOTO PRICES METTA, E G. STRALESS TREE,  COCONAT CHORGES (CREMAL CAM METTARE), O PHOCOARDOLI OR SURGILLA SIRVANTATOR, ANY  WASCLAR MORT HANTERIAL, SYNTHETIS, INFLANT  PARAMITERIS, ENGERNICATOR, PARE SCHOOLOGE, SACH   SPANITIONE, RELIGIOTISMA, TOTA ELECTROCE, SACH   PARAMITERIS, RELIGIOTISMA, ATOR RELIGIOTISMA, TOTA (SEE WITH IMPARAMICE, RELIGIOSTISMA, ATOR   PARAMITERIS, RELIGIOTISMA, ATOR PARAMITERIS, TOTA (SEE WITH IMPARAMICE, RELIGIOSTISMA, ATOR   PARAMITERIS, RELIGIOTISMA, ATOR PARAMITERIS, PARAMITERIS, RELIGIOSTISMA, ATOR   PARAMITERIS, RELIGIOSTISMA, ATOR PARAMITERIS, SOCIENTATOR, SINCE, PARAMITERIS, RELIGIOSTISMA, ATOR   PARAMITERIS, RELIGIOSTISMA, ATOR PARAMITERIS, SOCIENTATOR, SINCE, PARAM, PRECIMENDARIS, INCLUES   PARAMITERIS, RELIGIOSTISMA, ATOR PARAMITERIS, COMPANIOR, CIULA PRIVATA PORMECARIS, INCLUES   PARAMITERIS, RELIGIOSTISMA, ATOR PARAMITERIS, COMPANIOR, CIULA PRIVATA PORMECARIS, INCLUES   PARAMITERIS, RELIGIOSTISMA, ATOR PARAMITERIS, COMPANIOR, CIULA PRIVATA PORMECARIS, INCLUES   PARAMITERIS, RECONORIDA SYSTEM FOR ANTIFETY (INTERNAL) FOR LIES COMPANIOR   PARAMITERIS, RECONORIDA SYSTEM FOR ANTIFETY, INCLUES SEL INTERNAL AND EXTERNAL COMPONENTS   PARAMITERIS, RECONORIDA SYSTEM FOR ANTIFETY, INCRUES, INCLUES AND ANTIFETY, AND ANTIFETY, AND AND ANTIFETY, AND ANTIFETY, AND ANTIFETY, AND ANTIFETY, AND ANTIFETY, AND ANTIFETY, AND AND ANTIFETY, AND ANTI	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$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	\$554.50  \$8.170.54  Determined by PA  \$1.035.86  \$5.837.25  \$5.138.51  \$7.00  Determined by PA  Determined by PA  Determined by PA  Determined by PA  \$1.625.97  \$1.6	01/01/2026 01/01/2026 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 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Implant  Implantable generator  Implantable g	NA	Both Both Both Both Both Both Both Both	Always required Always received	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbitica		DMEOP
EURY	L8699 L8690 L8690 L8690 L8691 L8692 L8693 L8694 L8693 L8699 L8699 L8699 L8699 L8699 L8699 L8699	RESPONSA MARIA TANDA TANDA TON DEPLACEMENT, OLD NORS PRICES, METS, E. D. STABLESS STEEL COMENT CHANGES, CERMAN LESS MEMBERS, E. PHYDOLOGROUP OR SURPLICE SERVICING SER	\$160-10-01 \$160-10-01	NUA	8584 50  85.170 64  Determined by PA  11.035 86  56.887.72  15.136.61  Latermined by PA  Determined by PA  Determined by PA  Determined by PA  11.035 86  11.035 86  11.035 87	01/01/2026 01/01/2026	Ireplant Ire	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	Otherica		DMEOP
L8721   RECEPTOR SOLE FOR USE WITH L870, REPLACEMENT, EACH   \$160-10-01   NA Outermined by PA 0.161/2024   Receptor NA Both Always required 10 Odrotics   DMEC	L8690 L8691 L8692 L8693 L8694 L8693 L8694 L8693 L8694 L8695 L8690 L8694 L8695 L8690 L8690 L8690 L8690 L8690	CORRECT COMES CONTROLLED TO THE PROJECTION OF DESCRIPTION OF SUPPOSED REPORT AND A THREE TO SERVICE AS THE CONTROLLED TO	\$160-10-01 \$160-10-01	NUA	8534 50 88.17034 Determined by PA \$1.035.80 \$5.837.72 \$6.188.61 \$6.837.72 Determined by PA \$1.035.80 Determined by PA Determined by PA Determined by PA \$1.626.97 \$4.642.92 Determined by PA \$1.626.97 Determined by PA Determined by PA Determined by PA \$1.626.97 Determined by PA	01/01/2026 01/01/2026 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 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Implant implan	NA	Both  Both	Allanys required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ortestica		DMEOP
L'CODE service andre service a	L8690 L8693 L8693 L8693 L8694 L8693 L8694 L8695 L8696 L8696 L8696 L8690	CORRECT CHARGE COST DEPLACEMENT, JOHNSON PRICES, METT, & C. STRALES STREET, CORRECT METTERS, CORRECT CHARGES, CONTROLLED STREET, CONTROLLED STREET	\$160-10-07   \$160-10-07	No.	8534 60  85.170 64  St. 170 64  Determined by PA  65.837.72  55.138.51  St. 203.52  Determined by PA  Outermined by PA  Outermined by PA  Outermined by PA  16.625.97  16.484.52  16.409.32  St. 309.32  Determined by PA  Outermined by PA  St. 309.32  Determined by PA  Determined by PA  Outermined by PA  Outermined by PA  Outermined by PA	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 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026 01/01/2026	Ireplant Ire	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Buth Buth Buth Buth Buth Buth Buth Buth	Always required Always received Always required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Ortestica		DMEOP  DMEOP
T COURT   LEGIS   PREJAMATICE LECTRIC PREJAMATIC VENTRICULAR ASSIST 5160-10-01 NIA \$731.22 g1191/2026 Microbinsous spulls (Supples and/or Both Always required 9 Microbinsous equipment DME	L8699 L8690 L8691 L8692 L8693 L8693 L8693 L8693 L8693 L8693 L8693 L8693 L8694 L8695 L8694 L8696	CORDITATIONS OF COMMENT ON THE PLACEMENT, 20 HOURS PRICES, METT, 8: 0.5 THALESS THE COCCONSTITUTIONS OF COMMENTARIA STREET, CONTINUENT OF COMMENTARIA STREET, COMMENTARIA ST	\$160-10-01   \$160-10-01	NUA.  NUA.	\$534.50 \$8.170.50 \$1.035.80 \$5.837.72 \$5.837.72 \$5.93.50 \$5.837.72 \$5.93.50 \$5.837.72 \$5.93.50 \$5.837.72 \$5.93.50 \$5.93.	01/01/2026 91/01/2026	Implant in the control of the contro	NA.  NA.  NA.  NA.  NA.  NA.  NA.  NA.	Buth Buth Buth Buth Buth Buth Buth Buth	Alleays required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Orbitola		DMEOP  DMEOP
O MODERNING MODERNING	L8690 L8691 L8692 L8693 L8693 L8693 L8693 L8693 L8694 L8695 L8699 L8690 L8693 L8694 L8696 L8791 L8792 L8792	COORDINATIONS OF THE PLACEMENT, 20 HOURS PROCESS METT, 8 C. S. THALESS THE COCONE CHORUS CEREBRACE (SERVICE) OF PHOCOARDINATION SURPLICES SERVICES AND	\$160-10-01 \$180-10-07	NUA. NUA. NUA. NUA. NUA. NUA. NUA. NUA.	\$594.50 \$5,170.56 \$1,035.60 \$5,837.72 \$5,937.72 \$5,937.72 \$5,937.72 \$6	01/01/2026 91/01/2026	Irejand and the property of th	NA	Buth Buth Buth Buth Buth Buth Buth Buth	Allanys required	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Otherica		DMEOP

Mathematical	Q0478	DOWNED ANABTED FOR I RE WITH ELECTRIC OR ELECTRICIDAD BANKS MATIC VENTRICILI AD ASSIST DEVICE	5160-10-01	N/A	\$173.23	01/01/2026	Miscellaneous supply	Supplier andler	Both	Always required	1 0	Miscellaneous equipment	Т	DMEB
Mathematics		POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PINELMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE  POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PINELMATIC 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	accessories Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment		DMEB
1898		REDI ACEMENT ONLY					Miscellaneous supply							
Per		ASSIST DEVICE, REPLACEMENT ONLY						Supplies and/or accessories						
Mathematical		ONLY MONTORIDISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRICIPNEUMATIC VENTRICULAR ASSIST					or accessory		Both					
Mathematical	Q0485	DEVICE, REPLACEMENT ONLY MONTOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	\$331.35	01/01/2026	Miscellaneous supply	accessories Supplies and/or	Both	Always required	9	Miscellaneous equipment		DMEB
Mathematical	Q0486	MONTOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	\$275.80	01/01/2026		Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment		DMEB
Mathematical		DEVICE, REPLACEMENT ONLY			\$321.76		Miscellaneous supply or accessory				9			
Per					S15 322 09		Miscellaneous supply or accessory Miscellaneous supply	Supplies and/or accessories Supplies and/or			9			
Manufact		ONLY					or accessory Miscellaneous supply	accessories Sunnies and/or						
Manufacture	Q0491	ONLY  EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC PNEUMATIC VENTRICULAR ASSIST DEVICE,  REGI ACEMENT ONLY.	5160-10-01	N/A	\$1.041.94	01/01/2026	Miscellaneous supply	Supplies and/or	Both	Always required	9	Miscellaneous equipment		DMEB
Mathematical		EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	\$83.92	01/01/2026	Misnellaneous sundy	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment		DMEB
Mathematical Process   P		DEVICE, REPLACEMENT ONLY					or accessory	Supplies and/or accessories						
Mathematical Continues   1985   198		EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR	5160-10-01	N/A N/A			or accessory	accessories Supplies and/or	Both					
Mathematical		BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR	5160-10-01	N/A			or accessory Miscellaneous supply	Supplies and/or	Both		9			
Manual	Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	5160-10-01	N/A	\$441.28	01/01/2026	Miscellaneous supply	Supplies and/or	Both	Always required	9	Miscellaneous equipment		DMEB
Mathematical Content		HOLSTER FOR USE WITH ELECTRIC OR ELECTRICIPNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY					Miscellaneous supply or accessory	Supplies and/or accessories						
Mathematical		BELTIVEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY					Miscellaneous supply or accessory	accessories						
Manufactor   Man		REPLACEMENT ONLY SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRICIPNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRICIPNEUMATIC VENTRICULAR ASSIST DEVICE,					or accessory	accessories						
Mathematical Content of the Content of Con		REPLACEMENT ONLY MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY					or accessory Miscellaneous supply	accessories Supplier andler						
Mathematical	Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	5160-10-01	N/A	\$1.225.76	01/01/2026	Miscellaneous supply	Supplies and/or	Both	Always required	9	Miscellaneous equipment		DMEB
Mathematical Properties of Mathematical Proper						01/01/2026	Miscellaneous supply	Supplies and/or	Both		9			
Column		DEVICE, REPLACEMENT ONLY					or accessory	accessories						
Mathematical Content					Determined by PA		or accessory Miscellaneous supply	accessories Supplies and/or					-	
19		MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE INDER MEDICARE PART A			Determined by PA		or accessory Miscellaneous supply	accessories Supplies and/or	Both		9			
Mathematical		CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER		N/A		01/01/2026	Supplies	NA.						
Manuface														
Mathematical														
100   100														
Mathematical			5160-10-01	N/A				NA.						
Manual														
Mathematical											16			
Mile											16		<del>                                     </del>	
Manual														
Manual	Q4012		5160-10-01	N/A	\$9.75	01/01/2026	Supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
March   Marc		PLASTER								Always required				
Page		FIBERGLASS												
Manual		CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS),  CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS),	5160-10-01	N/A	_			NA.	Non-LTCF					
Manufacture (		FIBERGLASS CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A				NA.	Non-LTCF		16			
Mathematical part	Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	\$14.49	01/01/2026	Supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
Mathematical Control (1964)   Mathematical														
Manufact														
Manufact														
Mathematical Control (1964)   Mathematical	Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	\$3.38	01/01/2026	Supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
Second														
Column   C														
Per														
Page	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	\$58.98	01/01/2026		NA.	Non-LTCF		16	Supplies (miscellaneous)		DMEB
Page	Q4029		5160-10-01	N/A	\$28.88	01/01/2026	Supplies	NA.	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
Page			5160-10-01	N/A				NA.						
Column   C					_									
	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
100   100					_									
Column														
											16			
Column											16			
Column   C												Supplies (miscellaneous)		
Column   C														
Column				N/A				NA.						
Column   C				N/A N/A				NA NA						
Column   C													<del>                                     </del>	
Column   C			5160-10-01	N/A				NA.	Non-LTCF					
PARTICULATION   160-100														
ORDINATION   CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS   Supplies (Miscoline Food)   Supplies   NA   No.1707   Alleys required   16   Supplies (Miscoline Food)   DATE   Supplies (Miscoline Food)   Supplies   Supplies (Miscoline Food)   Supplies   Supplies (Miscoline Food)   Supplies (Miscolin														
Part   Part   Early														
SECOND   S														
Macoust Processing Applications (Macoust Processing P		SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM			Determined by PA					Always required	9			
Section   Policy		TRANSMITTER; EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM												
STATE   CONTENTING CARECULA   LAWER COUNTED   CARECA														
STATE   STAT							supplies							
Section   Sect					Determined by PA									
SALD   DATE										Always required	13	Respiratory		
SASS   PACONN FOR COMPRESSION BANCAGE, ROLL   5166-10-14   5166-10-14   5166-10-14   Determined by PA   01010024   Wound dessing   Bugby   Nex-110*   Always required   4   Dissings, support   DME														
DATE   COMPRESION BANCACE, ROLL   S100-10-14   S100-10-14   S100-10-14   Determed by PA   S101-100-14   Sight   NA   No.1-10*   Always required   4   Dessings, region   DATE														
Set   SPAIT, PREFABRICATED, WIRST OF ARVALE														
SALE   SPLAT, PREFABRICATED, ELBOW   5166-10-01   NA.   Determined by PA   01010024   Splet   NA.   Next.TOT   Always required   9   Miscolamosis equipment   DMEB							-				9			
SALIA D PRINCES (ND STRINGES, NY SIZE)   SALIA D PRINCES (ND STRINGES, NY SIZE)   SALIA D SA														
Sept.														
OTHER CATASTROPHE CENT.  OTHER CATASTROPHE CEN	55490										16 9		<del>                                     </del>	
NOTICE 1 ADDRESS 03.00 FOOD 03.00 PLEMBRITS FOR NODME DRESSES OF ME TREQUEST 5186-10-25 Determined by PA 01.01/2024 Food NA No.A.107 Always required 5 Enterir nutrition and applies DMES	Sagon			1800	by FA									
1664 BCONTRINCE PRODUCT, DISPOSALE, FINILE WARP, EACH 5165-1041 S165-10-21 Determined by Pk 01010004 Incontinuous guesser Supply Next-LTCF Always required 8 incontinuous Supplies DISES		MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTRITIONAL	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Food	NA.	Non-LTCF	Annays required		Enteral nutrition and supplies		DMEB
	89433	OTHER CATASTROPHIC EVENT) MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED GRALLY, PROVIDING 100% OF NUTRITIONAL INTAKE									5	**		

1898	T5001	BOSTIONING SEATED DEPONS WITH SPECIAL OPTUNGENC MEEDS	5160-10-01	N/A	Determined by RA	01/01/2024	Seat	NA.	Non-LTCF	Alexand required		Microllynous environment	T	DMEB
Column		POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS  SPHERE, SINGLE VISION, PLAND TO PLUS OR MINUS 4.00, PER LENS			\$43.00	01/01/2024		NA NA		Always required  Always required	18	Miscellaneous equipment Vision		
Page	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
Mathematical part					_		Sphere			, ,				
Mathematical		PER LENS					Spherocylinder							
1968   1969		PER LENS SPHEROCYLINDER, SINGLE VISION, PLAND TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER.			_		Spherocylinder		Both					
100   10		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER,	5160-10-01	N/A			Spherocylinder	NA.	Both					
Mathematical	V2107	PEN LEMS SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LEMS	5160-10-01	N/A	\$44.09	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
Mathematical		4.00D CYLINDER, PER LENS									18			
Mathematical Properties   Mathematical Pro		LENS									18			
Mathematical Properties   Mathematical Pro		LENS												
100	V2112		5160-10-01	N/A	<u>\$54.25</u>	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		
100   100		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS					Spherocylinder					Vision		
Mathematical														
Mathematical part			5160-10-01	N/A			Lens	NA.	Both					
Mathematical	V2121	LENTICULAR LENS, PER LENS, SINGLE	5160-10-01	N/A	\$89.07	01/01/2026	Lenticular	NA.	Both	Always required	18	Vision		DMEB
Mathematical of the property														
Mathematical														
Mathematical		SPHERE BIFOCAL PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D. PER LENS												
Mathematical	V2203	SPHEROCYLINDER, BIFOCAL, PLAND TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER	5160-10-01	N/A		01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
Mathematical		SPHEROCYLINDER, BIFOCAL, PLAND TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS				01/01/2026	Spherocylinder		Both	Always required	18			
Mathematical		LENS												
1982   1982														
Manual														
Mathematical   Math		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS												
18		SQUEDACY INDED BEACH BITS OF MINES ARE TO BITS OF MINES THAT SQUEDE AVER AND		N/A N/A	_			NA.	Both					
Manufacture		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D		N/A				NA.	Both					
19		CYLINDER, PER LENS SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D								, ,				
Mathematical Content		SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS			\$83.84				Both		18	Vision		
Mathematical   Math									Both					
Manufaction														
Mathematical   Math														
Mathematical Content	V2221	LENTICULAR LENS, PER LENS, BIFOCAL	5160-10-01	N/A	\$93.00	01/01/2026	Lenticular	NA.	Both	Always required	18	Vision		DMEB
Manual Registration of Process (1988)   1,000   1,00														
Mathematical Control														
Manufact										Always required  Always required		Vision		
Column			5160-10-01	N/A					Both	Always required		Vision		DMEB
Companies with the part of t	V2304		5160-10-01	N/A	_	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
Column		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	5160-10-01	N/A			Spherocylinder	NA.	Both		18			
Manufacture		I ENG									18			
Control of the Control of Contr		CYLINDER, PER LENS SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D												
Manual	V2309	SPHERDCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D	5160-10-01	N/A	\$89.75	01/01/2026	Spherocylinder	NA.	Both	Always required	18	Vision		DMEB
10   10   10   10   10   10   10   10		SQUEDOCYLINDED TRICOCAL DILIG OD MINIG 4 25 TO DILIG OD MINIG 7 MO SQUEDE OVED 6 MO												
Page		SPHERCCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 25 TO 2.25D CYLINDER, PER LENS CYLINDER, PER LENS SPHERCCYLINDER, TRIFOCAL, BLUS OR MINUS 7.25 TO BLUS OR MINUS 12.00D SPHERE 2.25 TO 4.00D												
		CYLINDER, PER LENS SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D												
	V2314	CYLINDER, PER LENS	5160-10-01	N/A		01/01/2026	Spherocylinder	NA.	Both		18	Vision		DMEB
18.00   18.0														
1908   1909														
Mathematical Process	V2321		5160-10-01	N/A	\$112.92	01/01/2026	Lens	NA.	Both	Always required	18	Vision		DMEB
100   100										Always required		Vision		
1985   1985														
Section   Sect			5160-10-01		\$106.37 Determined by PA				Both		18	Vision		
100   100		CONTACT LENS, OTHER TYPE	5160-10-01	N/A	Determined by PA	01/01/2024			Both		18	Vision		DMEB
1985   1985	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	Vision		DMEB
Second											18			
Mathematical Column   Mathematical		INLESCUPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM PROSTHETIC EYE, PLASTIC, CUSTOM									18			
Control   Cont														
Page		REDUCTION OF OCULAR PROSTHESIS								Always required	18			
Value   Valu				N/A			Shell	NA.	Both		18			
Part				N/A N/A			Prosthetic eve	NA NA	Both Both					
Value   Valu					,									
VICTOR   DELINE FERTILISE   SIGN   DELINE   DE	V2631	IRIS SUPPORTED INTRAOCULAR LENS	5160-10-01	N/A	\$114.29	01/01/2026	Lens	NA.	Both	Always required	18	Vision		DMEB
Column   C														
Varia   Value   Pressed Labor Pressed   Septiment														
V710   PRIOR FERLING   S160-1001   NA   \$1122   \$151-2005   Law routflottion   NA   Buh   Aways required   18   Vision   Common   Common														
VIEW   PRICE   VIEW   PRICE   VIEW		PRISM, PER LENS	5160-10-01	N/A		01/01/2026	Lens modification	NA.	Both		18	Vision		DMEB
V274   TMT, POTICORYGANTE, PRILES   S160-1001   NA   \$1124   \$161000000   Title   NA   Buh   Alays requed   18   Vision   DATE   Value   Val														
MA														
VIEW AMPRIEST CONTING PRILIDS		ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY												
V2706   SECURIS CASE   SECURIS CAS		LENS MATERIAL, PER LENS												
V2706   SCARIOT RESISTANT COATING, PER LENS   518-10-10							Lens modification		Both					
V2704   MRICH COATING, MAY TYPE, SOLE, GRADURT OR EQUAL, ANY LENG MATERIAL, FER LENG   546-16-01   N.A.   Determined by No.   046-10-024   N.A.														
V770    PCLARIZATION ARV LENI MATERIAL, FER LENS   516-16-16   NA   \$56.18   \$101/1000   Polarization   NA   \$6.0   Alloys required   18   Mooin   OMES														
V2770   OCALORELIDE, PER LIDE   5186-10-01   NA   \$18.51   0.01-00000   Lens   NA   Buh   Always required   18   Vacion   DAES   V2700   OCALORELIDE, PER LIDE   5186-10-01   NA   \$1.12.03   0.01-00000   Lens   NA   Buh   Always required   18   Vacion   DAES   V2700   V2701   POODESSIVE LIDE, PER LIDE   S186-10-01   NA   Datemented by PA   0.01-00000   Lens   NA   Buh   Always required   18   Vacion   DAES   V2700   V2701   POODESSIVE LIDE   S186-10-01   NA   S48.68   0.01-00000   Lens   NA   Buh   Always required   18   Vacion   DAES   V2700   Lens   NA   Buh   Always required   18   Vacion   DAES   V2700   V2700   Lens   NA   S48.68   V2700   Lens   NA   Buh   Always required   18   Vacion   DAES   V2700   Lens   V2700   Lens   NA   Buh   Always required   18   Vacion   DAES   V2700   Lens   V2700   Le							-							
V278   PROGRESSIVE LENS, PER LENS   5186-10-01   NA Determined by Pi 01.01/2004   Lens NA Buth Always required 18   Vision   DMES   D														
VZTR    LINE, NOEX 1-54 TO 1-65 PLASTIC OR 1-60 TO 1-79 GLASS, EXCLUSES PCX-CVARGONITE, PER LENS   516-15-01   NA   \$66.68   \$(10.7000)   Lens   NA   8-th   Abeys required   18   Vision   DMEB   CANCEL OR SECOND CONTROL OF SECOND CONTROL OF SECOND CONTROL OR SEC											18	Vision		
10.50   10.5					-									
EXCLUSES REX./MERIONALF, FIRE LINES  5165-10-01  NA 344.48  5101-10000  NA 544.48  Sub Always required 18  Vision  DMES  VISION  VISI		LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS,												
V2786         SPECIAL TV COCUPATIONAL MILITROCAL LENS; PER LENS         5185-10-01         NA         Determined by PA         0101/2024         Lans modification         NA         Bigh         Always required         18         Vision         DMES           V2787         ASTIGRANTISH CORRECTING PLACTION OF INTRACCULAR LENS         5180-10-01         NA         Determined by PA         0101/2024         Lans         NA         Bigh         Always required         18         Vision         DMES		EXCLUDES POLYCARBONATE, PER LENS									18			
							Lens modification							
Y//89 PRESERVIFA LURREL-INDU-TALLIUM OF BITINOCILUR LENS 566-1001 NA Determined by PA 016 10024 Lens NA Bith Always registed 18 Vision DISES							Lens							
	V2788	PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA.	Both	Always required	18	Vision		DMEB

VISION ITEM OR SERVICE, MI VISION ASSESSMENT FOR READING. VISION ASSESSMENT FOR READING. VISION CONFERENCE FRANCE. VISION CORPORATE PROJECT FOR VISION OF SERVICE VISION OF SERVICE VISION OF SERVICE VISION OF SERVING AND SE	CORRECT PERSONS AD  FED HEARING AD  FED HEARING AD  E AN HEARING FROTHESIS  BOOFWORN  NAURAL, CIC (IN THE CAMAL)  BOOFMARKAL FROM THE CAMAL)  BOOFMARKAL FROM THE CAMAL)  BOOFMARKAL FROM THE CAMAL  BOOFMARKAL FR	\$160-10-01 \$160-10-07	NA N	Determined by PA.  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 01/01/2024 01/01/2024 01/01/2024	Accessorylenvice Miscellaneous Assessment Friting Friting Friting Hearing aid	NA  NA  NA  NA  NA  NA  NA  NA  NA  NA	Both Both Both Both Both Both Both Both	Always required	18 18 6 6 6 6 6 6 6 6	Valion Valion Hallong Aldo		DMEB  DMEB
10010   100500000000000000000000000000	CORRECT PERSONS AD  FED HEARING AD  FED HEARING AD  E AN HEARING FROTHESIS  BOOFWORN  NAURAL, CIC (IN THE CAMAL)  BOOFMARKAL FROM THE CAMAL)  BOOFMARKAL FROM THE CAMAL)  BOOFMARKAL FROM THE CAMAL  BOOFMARKAL FR	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$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 \$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 01/01/2024	Assessment Fitting Evaluation Dispensing Hearing aid	NA	Both Both Both Both Both Both Both Both	Always required	6 6 6 6 6 6	Hearing Ads		DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB
VOOTE PRITINGOREWATIONCHE COORDINATE POULLATION VOODE GERMAND FEEL LUSTEDORY VOODE SEMMAN-WATARIAE BEIDCLE E VOODE SEMMAN-WATARIAE BEIDCLE VOODE SEMMAN-WATARIAE VOODE SEMMAN-WATA	DORSO OF HEARING AID  FEED HEARING AID  E ANN HEARING PROS THESIS  BOWLINGAL, CIC (COMPLETELY IN THE EAR CAMAL)  NAURAL, CIC (COMPLETELY IN THE EAR CAMAL)  NAURAL, TO (IN THE ARM CO. MANURINGAL, CIC  BOORMARMABLE FAND, CO. MONAURINGAL, TIC  MARIAL, CIC  MARIAL, CIC  MORRAMABLE FAND, CO. BINNINGAL, CIC  BOORMARMABLE FAND, CO. BINNINGAL, 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 \$160-10-01 \$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 \$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 01/01/2024	Fitting Evaluation Dispensing Hearing aid	NA	Both Both Both Both Both Both Both Both	Always required	6 6 6 6 6 6	Pelairing Ards Helairing Ards		DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB
1000000000000000000000000000000000000	FIELD HEARING AID  E AAR HEARING PROSTHESIS  OOF WIGHS  NAURAL, TO (COMPLETEL YN THE EAR CANAL)  NAURAL, TO (IN THE CANAL)  OOGRAMMABLE ANNLOS, MONURAL, TO  OORGAMAMBLE ANNLOS, MONURAL, TO  OORGAMAMBLE ANNLOS, BRAURAL, TO  OORGAMAMBLE ANNLOS, BRAURAL, TO  OORGAMAMBLE ANNLOS, BRAURAL, TO  OORGAMAMBLE ANNLOS, BRAURAL, TO	\$180-10-01 \$180-10-01 \$180-10-01 \$180-10-01 \$180-10-01 \$180-10-01 \$180-10-01 \$180-10-01 \$180-10-01 \$180-10-01 \$180-10-01 \$180-10-01	\$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 \$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	Evaluation Dispensing Hearing aid	NA	Both Both Both Both Both Both	Always required	6 6 6 6	Heiaring Ards		DMEB  DMEB  DMEB  DMEB  DMEB  DMEB  DMEB
100000   DISPURISHO FEE, LASTRONG FEE, LAS	EAR MEARING PROSTNESSS  COOF WORN  NAURAL, CG (COMPLETELY IN THE EAR CAMAL)  NAURAL, ITG (IN THE CAMAL)  COORMANMEE ANN CO, MONURAL, CG  COORMANMEE, ANN CO, MONURAL, ITG  MARKL, CG  COORMANMEE, ANN CO, BRAURAL, ITG  MARKL, CG  COORMANMEE, ANN CO, BRAURAL, ITG  MARKL, CG  COORMANMEE, ANN CO, BRAURAL, ITG	\$160-10-01 \$160-10-01 \$160-10-01 \$160-10-01 \$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	Dispensing Hearing aid	NA NA NA NA NA	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
MODES ESPAINAPLANTARE MODILE E MODES ESPAINAPLANTARE AND MODILE E MODES ESPAINAPLANTARE AND MODIFICATION AND MODES ESPAINAPLANTARE AND MODIFICATION AND MODIFICATION AND MODIFICATION AND MODIFICATION AND MODIFICATION AND MODIFICATION AND MO	EAR MEARING PROSTNESSS  COOF WORN  NAURAL, CG (COMPLETELY IN THE EAR CAMAL)  NAURAL, ITG (IN THE CAMAL)  COORMANMEE ANN CO, MONURAL, CG  COORMANMEE, ANN CO, MONURAL, ITG  MARKL, CG  COORMANMEE, ANN CO, BRAURAL, ITG  MARKL, CG  COORMANMEE, ANN CO, BRAURAL, ITG  MARKL, CG  COORMANMEE, ANN CO, BRAURAL, ITG	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 5180-10-01 5180-10-01	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 01/01/2024	Hearing aid	NA NA NA NA NA	Both Both Both Both Both	Always required  Always required  Always required  Always required  Always required	6 6	Hearing Aids Hearing Aids Hearing Aids Hearing Aids		DMEB  DMEB  DMEB  DMEB
STATES OF THE STATE OF THE STAT	COO' WORN  NUMBAL, OC (COMPLETELY IN THE EAR CANAL)  NUMBAL, ITO (IN THE CANAL)  NODRAMAMBLE ANN DO, MONARRA, CHO  NODRAMAMBLE ANN DO, MONARRA, ITO  NARRAL, ITO  NARRAL, ITO  NODRAMAMBLE ANN DO, BRAUFAL, ITO  NODRAMAMBLE ANN DO, BRAUFAL, ITO  NODRAMAMBLE ANN DO, BRAUFAL, ITO  NUMBAL, CHO  NODRAMAMBLE ANN DO, BRAUFAL, ITO  NUMBAL, CHO  NUMBAL	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	5160-10-11 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	Hearing aid	NA NA NA NA	Both Both Both	Always required  Always required  Always required  Always required	6	Hearing Aids Hearing Aids Hearing Aids		DMEB DMEB DMEB
195120 BINNLINGL BOOY  195231 HERRING AD, ANALOG MONIN  195231 HERRING AD, DISTILLY PRO-  195231 HERRING AD, DISTILLY BOOK  195231 HERRING AD, DI	NAURAL, CIC (COMPLETELY IN THE EAR CAMAL)  NAURAL, ITC (IN THE CAMAL)  NOORMARMARIE, RANKLOD, INDINURNAL, CIC  NOORMARMARIE, RANKLOD, INDINURNAL, TIC  NAPAL, CIC  AURAL, CIC  NOORMARMARIE, RANKLOD, BRAURAL, CIC	5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01	5160-10-11 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  Always required	6	Hearing Aids Hearing Aids		DMEB DMEB
VOCATION CONTRACTOR CO	NURBAL, ITO (IN THE CAMAL)  SCORRAMMER, ANNI CO. MONNIARAL, CIC  SCORRAMMER, ANNI CO. MONNIARAL, ITC  MARKE, CIC  SCORRAMMER, ANNI CO. MONNIARAL, CIC  SCORRAMMER, ANNI CO. BRAUTRAL, CIC  SCORRAMMER, ANNI CO. BRAUTRAL, CIC  SCORRAMMER, ANNI CO. BRAUTRAL, ITC  WARREL, CIC	5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01 5180-10-01	5160-10-11 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 NA	Both Both	Always required  Always required	6	Hearing Aids		DMEB
VOCAS REARRO ARO, ARRACO, MONE MONTH REARRO ARO, DOSTALLY PRE- MONTH REARRO ARO, DOSTALLY PRE- MONTH REARRO ARO, ARRACO, BINNA MONTH REARRO ARO, DOSTALLY PRE- MONTH AROS ARO, DOSTALLY AROS MONTH REARRO ARO, DOSTALL SINNA MONTH AROS AROS MONTH A	NURBAL, ITO (IN THE CAMAL)  SCORRAMMER, ANNI CO. MONNIARAL, CIC  SCORRAMMER, ANNI CO. MONNIARAL, ITC  MARKE, CIC  SCORRAMMER, ANNI CO. MONNIARAL, CIC  SCORRAMMER, ANNI CO. BRAUTRAL, CIC  SCORRAMMER, ANNI CO. BRAUTRAL, CIC  SCORRAMMER, ANNI CO. BRAUTRAL, ITC  WARREL, CIC	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	Hearing aid Hearing aid Hearing aid	NA NA	Both	Always required				
VOCAM REGISTRA OLD COSTALLY PRO- SCHOOL COSTALL PRO- SCHOO	COGNABABARE ANALOS, INDIVERNAL, CIC SCORRABARE ANALOS, INDIVERNAL, TIC ARPAL, TIC ARPAL, TIC SCORRABARE ANALOS, BRAURAL, CIC SCORRABARE ANALOS, BRAURAL, CIC SCORRABARE ANALOS, BRAURAL, TIC STORRABARE ANALOS, BRAURAL, 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	NA.			6			DMER
VIDAS  REARING AID, CIGITALLY PRE-  STANDAM REARING AID, ANN LOG, BINNA  STANDAM REARING AID, ANN LOG, BINNA  VIDASI  REARING AID, ANN LOG, BINNA  VIDASI  REARING AID, CIGITALLY PRE-  STANDAM AID, CIGITAL	RODRAMABLE, ANLOG, MONURAL, ITC  NERVL, CIC  VERVL, TC	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		Both	Alternative and residence		Hearing Aids		I
VOIGH REPORTER AD, ANALOG BINAL VOIGH REPORTER AD, CONTALL YPPIC VOIGH REPORTER AD, CONTALL YPPIC VOIGH REPORTER AD, CONTALL STORM VOICE AD, CON	AURAL, CIC  MURAL, TIC  MURAL, TIC  MURAL, TIC  MURAL, TIC  MURAL, TIC  MURAL, CIC	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	·	NA.		Always required	6	Hearing Aids		DMEB
VISUAL REARRO AD, ANALOG BINAL  VISUAL REARRO AD, COSTALLY POR  PERSONA AD, COSTALLY POR  VISUAL REARRO AD, COSTALL SONA  VISUAL REARRO AD, COSTALL SONA  VISUAL REARRO AD, COSTAL BONA  V	AURAL, ITC POORMANAUE E ANALOS, BINAURAL, CIC POORMANAUE E ANALOS, BINAURAL, ITC RAURAL, CIC	5160-10-01 5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11 5160-10-11	Determined by PA		Hearing aid		Both	Always required	6	Hearing Aids		DMEB
VOCAD HEARING AND, DIGTALLY PRIC VOCAD HEARING AND, DIGTALLY PRIC VOCAD HEARING AND, DIGTAL, MORN VOCAD HEARING AND, DIGTAL, BINNA VOCAD HEARING AND, DIGTALLY PRIC VOCAD HEARING AND STREET CONTO	ROGRAMMABLE ANALOG, BINAURAL, CIC ROGRAMMABLE ANALOG, BINAURAL, ITC RURFAL, CIC	5160-10-01 5160-10-01 5160-10-01	5160-10-11 5160-10-11		01/01/2024		NA.	Both	Always required	6	Hearing Aids		DMEB
VISSS HEARING AID, GIGTRAL Y PRO- VISSS HEARING AID, GIGTRAL Y PRO- VISSS HEARING AID, GIGTRAL WORK VISSS HEARING AID, GIGTRAL WORK VISSS HEARING AID, GIGTRAL BINAL VISSS HEARING AID, GIGTRAL, BINAL VISSS HEARING AID, GIGTRAL, BINAL VISSS HEARING AID, GIGTRAL, BINAL VISSS LEAR MACRIMAN AID, GISPOBARE, I. VISSS LEAR MACRIMAN AID, GISPOBARE, I. VISSS LAR MACRIMAN AID, GISPOBARE, I. VISSS AID SERVICE LITERANCE DEVICE DEVI	ROGRAMMABLE ANALOG, BINAURAL, ITC MAURAL, CIC	5160-10-01 5160-10-01	5160-10-11	Determined by PA		Hearing aid	NA.	Both	Always required	6	Hearing Aids		DMEB
VESSA HEARRING AID, DIGITAL, MONA VESSA HEARRING AID, DIGITAL, MONA VESSA HEARRING AID, DIGITAL, BINAL VESSA HEARRING AID, DIGITAL, BINAL VESSA HEARRING AID, DISPOSABLE, IV VESSA HEARRING AID, DISPOSABLE, IV VESSA HEARRING AID, DISPOSABLE, IV VESSA EAR MCL DINSERT, DISPOSABLE VESSA HEARRING AID, DISPOSABLE VESSA ASSISTIVE LISTEMMA DEVICE VESSA ASSISTIVE LISTEMMA DEVICE VESSA ASSISTIVE LISTEMMA DEVICE	WURAL, CIC	5160-10-01			01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids		DMEB
VISSES HEARING AID, GIGTAL, MONA VISSES HEARING AID, GIGTAL, BINAU VISSES HEARING AID, GIGTAL, BINAU VISSES HEARING AID, GIGTAL, BINAU VISSES HEARING AID, GISPGEABLE, A VISSES ASSISTIVE LISTENING DEVICE VISSES ASSISTIVE LISTENING DEVICE VISSES ASSISTIVE LISTENING DEVICE			F400 40 4 :	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids		DMEB
V5258 HEARING AID, CIGITAL, BINAU V5259 HEARING AID, CIGITAL, BINAU V5262 HEARING AID, CIGITAL, BINAU V5263 HEARING AID, CISPOSABLE, F V5268 FAR MALDINGERT, DISPOSABLE, V5268 ASSISTIVE LISTENING DEVICE V5268 ASSISTIVE LISTENING DEVICE V5269 ASSISTIVE LISTENING DEVICE	WALRAL, ITC		5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids		DMEB
VS299 HEARING AID, DIGITAL, BINAL VS292 HEARING AID, DISPOSABLE, F VS293 HEARING AID, DISPOSABLE, F VS295 EAR MOLDINSERT, DISPOSABLE VS296 ASSISTIVE LISTENING DEVICE VS299 ASSISTIVE LISTENING DEVICE		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, A VS283 HEARING AID, DISPOSABLE, A VS266 EAR MOLDINISERT, DISPOSA VS268 ASSISTIVE LISTENING DEVICE VS269 ASSISTIVE LISTENING DEVICE	AURAL, CIC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids		DMEB
VS283 HEARING AID, DISPOSABLE, A VS265 EAR MOLDINISERT, DISPOSA VS268 ASSISTIVE LISTENING DEVICE VS269 ASSISTIVE LISTENING DEVICE	AURAL, 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 MOLDINSERT, DISPOSAL V5268 ASSISTIVE LISTENING DEVICE V5269 ASSISTIVE LISTENING DEVICE	ANY 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 V5269 ASSISTIVE LISTENING DEVICE	, ANY TYPE, BINAURAL	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 V5269 ASSISTIVE LISTENING DEVICE	IABLE. 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	CE, 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
		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	CE. FOR USE WITH COCHLEAR IMPLANT	5160-10-01	5160-10-11	Determined by PA	01/01/2024	device Assistive listening	NA.	Both	Always required	6	Hearing Alds		DMEB
	CE, NOT OTHERWISE SPECIFIED	5160-10-01	5160-10-11	,		device	NA.	Both		6	•		DMEB
	CE, NOT OTHERWISE SPECIFIED			Determined by PA	01/01/2024	Assistive listening device			Always required	6	Hearing Aids		
V5275 EAR IMPRESSION, EACH		5160-10-01	5160-10-11	Determined by PA	01/01/2024	Ear impression	NA.	Both	Always required	6	Hearing Aids		DMEB
MICROPHONE), ANY TYPE	CE, PERSONAL FM/DM 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	CE, PERSONAL FMIDM SYSTEM, BINALIRAL, (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
	CE, PERSONAL FM/DM 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
	CE, 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
	CE, 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
1220	CE, 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	CE, 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	CE, 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
V5289 ASSISTIVE LISTENING DEVICE TYPE		5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA.	Both	Always required	6	Hearing Aids		DMEB
	CE, PERSONAL FMIDM ADAPTER/BOOT COUPLING 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 OTHERWIS	CE, PERSONAL FMOM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER, ANY CE, TRANSMITTER MICROPHONE, ANY TYPE		5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA.	Both	Always required	6	Hearing Aids		DMEB
V5299 HEARING SERVICE, MISCELLA	CE, TRANSMITTER MICROPHONE, ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing service	NA.	Both	Always required	6	Denotes Mide		DMER
VS336 REPAIR/MODIFICATION OF ALL HEARING AID)	CE, TRANSMITTER MICROPHONE, ANY TYPE JISE CLASSIFIED	5160-10-01 5160-10-01	2100-10-71		01/01/2024	Repair/modification				-	Hearing Aids		- Direct