Durable medical equipment and supplies

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

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

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

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A4281	TUBING FOR BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	$4.75	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	$4.60	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	Each	Breast pump supplies	5160-10-01	$1.55	01/01/2022	Non-institutional only	Purchase only	1 per 6 months per bottle	Never required	NA	NA	
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	$8.85	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	$3.90	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	Each	Breast pump supplies	5160-10-01	$2.20	01/01/2022	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4287	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE	Each	Breast pump related supplies	5160-10-01	$0.33	01/01/2022	All	Purchase only	300 per 3 months	Limit-based	16	Supplies (miscellaneous)	Formerly K1005
A4288	VALVE FOR BREAST PUMP, REPLACEMENT	Each	Breast pump related supplies	5160-10-01	$2.00	10/01/2025	All	Purchase only	1 per month	Never required	NA	NA	For use with a manual breast pump only
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	Each	Infusion pump (non-nutrition) equipment	5160-10-29	$12.73	04/01/2001	Non-institutional only	Purchase only	1 per day	Limit-based	16	Supplies (miscellaneous)	
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	Each	Infusion pump (non-nutrition) equipment	5160-10-29	$12.73	04/01/2001	Non-institutional only	Purchase only	1 per day	Limit-based	16	Supplies (miscellaneous)	
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	Each	Insertion tray	5160-10-32	$4.10	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Each	Insertion tray	5160-10-32	$6.75	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Each	Insertion tray	5160-10-32	$10.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Each	Insertion tray	5160-10-32	$14.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Each	Insertion tray	5160-10-32	$11.29	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Each	Insertion tray	5160-10-32	$14.70	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Each	Insertion tray	5160-10-32	$18.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	Each	Insertion tray	5160-10-32	$2.50	04/01/1992	Non-institutional only	Purchase only	30 per month	Limit-based	8	Incontinence Supplies	
A4322	IRRIGATION SYRINGE, BULB OR PISTON	Each	Insertion syringe	5160-10-32	$1.60	06/20/1990	Non-institutional only	Purchase only	30 per month	Limit-based	8	Incontinence Supplies	
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE	Each	Catheter	5160-10-32	$9.00	08/01/1997	Non-institutional only	Purchase only	5 per year	Limit-based	8	Incontinence Supplies	
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP	Each	Cup	5160-10-32	$37.00	08/01/1997	Non-institutional only	Purchase only	2 per year	Limit-based	8	Incontinence Supplies	
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH	Each	Pouch	5160-10-32	$8.33	04/01/2001	Non-institutional only	Purchase only	1 per month	Limit-based	8	Incontinence Supplies	
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE	Each	Pouch	5160-10-32	$5.80	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH	Each	Tubing	5160-10-32	$3.04	04/01/2001	Non-institutional only	Purchase only	2 per month	Limit-based	8	Incontinence Supplies	
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET	Each	Lubricant	5160-10-01	$0.10	01/01/2024	Non-institutional only	Purchase only	250 per month	Never required	NA	NA	
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	Each	Anchoring device	5160-10-32	$2.00	07/16/2018	Non-institutional only	Purchase only	12 per month	Limit-based	8	Incontinence Supplies	
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP	Each	Anchoring device	5160-10-32	$3.00	01/01/2001	Non-institutional only	Purchase only	1 per month	Limit-based	8	Incontinence Supplies	
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Each	Supply	5160-10-32	Determined by PA	05/01/1990	Non-institutional only	Purchase only	Medical necessity	Always required	8	Incontinence Supplies	
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE	Each	Supply	5160-10-32	$1.67	01/01/2024	Non-institutional only	Purchase only	200 per month	Never required	NA	NA	
A4337	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE	Each	Supply	5160-10-32	$10.00	01/01/2024	Non-institutional only	Purchase only	1 per 6 months	Never required	NA	NA	
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	Each	Catheter	5160-10-32	$10.00	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4340	INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WING, ETC.)	Each	Catheter	5160-10-32	$24.00	08/01/1997	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4341	INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, PATIENT INSERTED, REPLACEMENT ONLY, EACH	Each	Replacement supply	5160-10-32	$208.00	04/01/2023	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4342	ACCESSORIES FOR PATIENT INSERTED INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, REPLACEMENT ONLY, EACH	Each	Replacement supply	5160-10-32	$524.80	04/01/2023	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	Each	Catheter	5160-10-32	$9.86	01/01/2024	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION	Each	Catheter	5160-10-32	$12.50	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE	Each	Catheter	5160-10-32	$1.39	01/01/2005	Non-institutional only	Purchase only	60 per month	Limit-based	8	Incontinence Supplies	

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A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	Each	Catheter	5160-10-32	$2.00	01/01/2024	Non-institutional only	Purchase only	200 per month	Limit-based	8	Incontinence Supplies	
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.)	Each	Catheter	5160-10-32	$6.45	01/01/2024	Non-institutional only	Purchase only	200 per month	Limit-based	8	Incontinence Supplies	
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Each	Catheter	5160-10-32	$5.50	01/01/2024	Non-institutional only	Purchase only	200 per month	Limit-based	8	Incontinence Supplies	Payment for A4353 includes lubricant.
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Each	Insertion tray	5160-10-32	$7.40	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4355	IRRIGATION TUBING SET 3-WAY INDWELLING FOLEY CATHETER	Each	Tubing	5160-10-32	$2.70	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	8	Incontinence Supplies	
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP)	Each	Clamp	5160-10-32	$30.01	05/01/1990	Non-institutional only	Purchase only	1 per year	Limit-based	8	Incontinence Supplies	
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE	Each	Bag	5160-10-32	$6.30	01/01/2024	Non-institutional only	Purchase only	2 per month	Limit-based	8	Incontinence Supplies	
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS	Each	Bag	5160-10-32	$6.57	01/01/2024	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH	Each	Clamp	5160-10-32	$0.40	01/01/2024	Non-institutional only	Purchase only	31 per month	Never required	NA	NA	
A4361	OSTOMY FACEPLATE	Each	Face plate	5160-10-32	$17.52	04/01/2001	Non-institutional only	Purchase only	1 per month	Limit-based	8	Incontinence Supplies	
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT	Each	Barrier	5160-10-32	$3.22	04/01/2001	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	Ounce	Adhesive	5160-10-32	$2.38	04/01/2001	Non-institutional only	Purchase only	4 per 2 months	Limit-based	8	Incontinence Supplies	
A4367	OSTOMY BELT	Each	Belt	5160-10-32	$6.96	04/01/2001	Non-institutional only	Purchase only	2 per 6 months	Limit-based	8	Incontinence Supplies	
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	Ounce	Barrier	5160-10-32	$2.30	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	Ounce	Barrier	5160-10-32	$3.48	04/01/2001	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4372	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY	Each	Barrier	5160-10-32	$3.78	01/01/2000	Non-institutional only	Purchase only	31 per month	Limit-based	8	Incontinence Supplies	
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN CONVEXITY, ANY SIZE	Each	Barrier	5160-10-32	$5.99	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC	Each	Pouch	5160-10-32	$15.56	01/01/2000	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER	Each	Pouch	5160-10-32	$43.11	07/26/2007	Non-institutional only	Purchase only	5 per month	Never required	NA	NA	
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC	Each	Pouch	5160-10-32	$3.89	01/01/2000	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER	Each	Pouch	5160-10-32	$27.86	01/01/2000	Non-institutional only	Purchase only	10 per month	Limit-based	8	Incontinence Supplies	
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC	Each	Pouch	5160-10-32	$13.61	01/01/2000	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER	Each	Pouch	5160-10-32	$33.82	07/26/2007	Non-institutional only	Purchase only	5 per month	Never required	NA	NA	
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC	Each	Pouch	5160-10-32	$4.18	01/01/2000	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC	Each	Pouch	5160-10-32	$22.31	07/26/2007	Non-institutional only	Purchase only	10 per month	Never required	NA	NA	
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER	Each	Pouch	5160-10-32	$25.55	07/26/2007	Non-institutional only	Purchase only	10 per month	Never required	NA	NA	
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING	Each	Face plate	5160-10-32	$8.72	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	8	Incontinence Supplies	
A4385	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY	Each	Barrier	5160-10-32	$4.20	01/01/2024	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	$2.00	07/16/2018	Non-institutional only	Purchase only	45 per month	Limit-based	8	Incontinence Supplies	
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE)	Each	Pouch	5160-10-32	$3.87	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	$5.55	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	$8.94	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	Each	Pouch	5160-10-32	$6.04	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	$6.34	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	Pouch	5160-10-32	$7.81	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Each	Belt	5160-10-32	$24.20	10/01/2004	Non-institutional only	Purchase only	1 per 3 months	Never required	NA	NA	
A4398	OSTOMY IRRIGATION SUPPLY; BAG	Each	Irrigation	5160-10-32	$13.17	04/01/2001	Non-institutional only	Purchase only	4 per year	Limit-based	8	Incontinence Supplies	
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	Each	Irrigation	5160-10-32	$9.95	01/01/1998	Non-institutional only	Purchase only	1 per month	Limit-based	8	Incontinence Supplies	
A4400	OSTOMY IRRIGATION SET	Each	Irrigation	5160-10-32	$45.00	08/01/1997	Non-institutional only	Purchase only	2 per year	Limit-based	8	Incontinence Supplies	
A4402	LUBRICANT, PER OUNCE	Ounce	Lubricant	5160-10-01	$0.98	01/01/2024	Non-institutional only	Purchase only	8 per month	Limit-based	8	Incontinence Supplies	
A4404	OSTOMY RING	Each	Ring	5160-10-32	$1.47	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	8	Incontinence Supplies	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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	This item and payment are crosswalked with A5073.
A4434	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	31 per month	Limit-based	8	Incontinence 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 IRRIGATION 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	

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PA -- Payment by prior authorization

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
A4510	SURGICAL STOCKINGS FULL LENGTH	Each	Surgical stockings and burn garments	5160-10-14	$75.00	01/01/2008	Non-institutional only	Purchase only	3 per year	Limit-based	1	Compression garments	
A4556	ELECTRODES, (E.G., APNEA MONITOR)	Pair	Electrodes	5160-10-01	$9.41	10/01/2004	Non-institutional only	Purchase only	1 per month	Limit-based	16	Supplies (miscellaneous)	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4557	LEAD WIRES, (E.G., APNEA MONITOR)	Pair	Lead wires	5160-10-01	$16.36	10/01/2004	Non-institutional only	Purchase only	1 per month	Limit-based	16	Supplies (miscellaneous)	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES)	Each	Supply	5160-10-01	$4.23	10/01/2004	Non-institutional only	Purchase only	1 per month	Limit-based	16	Supplies (miscellaneous)	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4561	PESSARY, REUSABLE, RUBBER, ANY TYPE	Each	Supply	5160-10-01	$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	Limit-based	16	Supplies (miscellaneous)	
A4562	PESSARY, REUSABLE, NON RUBBER, ANY TYPE	Each	Supply	5160-10-01	$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	Limit-based	16	Supplies (miscellaneous)	
A4564	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

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PA -- Payment by prior authorization

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

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A5506	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	
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-	Each	Diabetic shoes	5160-10-31	$30.00	01/01/2024	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	Each	Diabetic shoes	5160-10-31	$35.00	01/01/2024	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE,	Each	Diabetic shoes	5160-10-31	$22.40	01/01/2024	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED	Each	Diabetic shoes	5160-10-31	$25.00	01/01/2024	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED	Each	Diabetic shoes	5160-10-31	$28.04	01/01/2010	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED	Each	Diabetic shoes	5160-10-31	$35.65	01/01/2019	All	Purchase only	2 per foot per year	Always required	10	Orthotics	
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	Gram	Wound fillers	5160-10-01	$30.96	09/01/2005	Non-institutional only	Purchase only	$100 per month	Limit-based	4	Dressings, surgical	
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	Gram	Wound fillers	5160-10-01	$1.82	01/01/2005	Non-institutional only	Purchase only	$100 per month	Limit-based	4	Dressings, surgical	
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS	Each	Dressings / tape / gauze / bandages	5160-10-34	$25.23	01/01/2024	Non-institutional only	Purchase only	10 per month per wound	Always required	4	Dressings, surgical	
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	Dressings / tape / gauze / bandages	5160-10-34	$18.91	04/01/2006	Non-institutional only	Purchase only	10 per month per wound	Always required	4	Dressings, surgical	
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	Each	Dressings / tape / gauze / bandages	5160-10-34	$171.27	04/01/2006	Non-institutional only	Purchase only	20 per month per wound	Always required	4	Dressings, surgical	
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	Each	Dressings / tape / gauze / bandages	5160-10-34	$5.75	01/01/2024	Non-institutional only	Purchase only	10 per month	Limit-based	4	Dressings, surgical	
A6154	WOUND POUCH, FOR SURGICAL WOUND DRAINAGE, PER WOUND	Each	Dressings / tape / gauze / bandages	5160-10-34	$11.40	01/01/1997	Non-institutional only	Purchase only	15 per month	Limit-based	4	Dressings, surgical	
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$9.00	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$18.75	01/01/2024	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$31.40	07/26/2007	Non-institutional only	Purchase only	30 per month	Limit-based	4	Dressings, surgical	
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	6 inches	Wound fillers	5160-10-01	$5.29	09/01/2005	Non-institutional only	Purchase only	$100 per month	Limit-based	4	Dressings, surgical	
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$3.02	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$4.50	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$5.00	07/01/2021	Non-institutional only	Purchase only	12 per month per wound	Always required	4	Dressings, surgical	
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$6.25	07/01/2021	Non-institutional only	Purchase only	4 per month per wound	Always required	4	Dressings, surgical	
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$5.30	01/01/1997	Non-institutional only	Purchase only	4 per month	Limit-based	4	Dressings, surgical	
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$11.98	04/01/2006	Non-institutional only	Purchase only	4 per month per wound	Always required	4	Dressings, surgical	
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$7.46	01/01/2024	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6209 U1	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, SILVER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$14.90	07/01/2021	Non-institutional only	Purchase only	3 per week	Limit-based	4	Dressings, surgical	Modifier U1 differentiates this item. It is to be used for short-term wound care (less than or equal to 8 weeks per wound) under a specific treatment plan.
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$19.88	01/01/2024	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6210 U1	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, SILVER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$20.85	07/01/2021	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	Modifier U1 differentiates this item. It is to be used for short-term wound care (less than or equal to 8 weeks per wound) under a specific treatment plan.
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$29.30	01/01/2024	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	Dressings / tape / gauze / bandages	5160-10-34	$10.50	01/01/2024	Non-institutional only	Purchase only	12 per month	Limit-based	4	Dressings, surgical	

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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. IN., 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	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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, KNITTED/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	$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, KNITTED/WOVEN, 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, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	Dressings / tape / gauze / bandages	5160-10-34	$5.32	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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PA -- Payment by prior authorization

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

Limit-based -- PA is required when the frequency limit is exceeded
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PA -- Payment by prior authorization

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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 garments	
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 MMHG	Each	Elastic supports	5160-10-14	$50.00	07/26/2007	Non-institutional only	Purchase only	3 per year	Limit-based	1	Compression garments	
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG	Each	Elastic supports	5160-10-14	$62.50	07/26/2007	Non-institutional only	Purchase only	3 per year	Limit-based	1	Compression garments	
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG	Each	Elastic supports	5160-10-14	$75.00	07/26/2007	Non-institutional only	Purchase only	3 per year	Limit-based	1	Compression garments	
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2011	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	Beginning April 1, 2025 claims for these items should be used using new HCPCS code A6519
A6552	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	For lymphedema treatment only
A6553	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 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	
A6554	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	For lymphedema treatment only
A6555	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6556	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6557	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6558	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG OR GREATER, CUSTOM, 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	
A6559	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, CUSTOM, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	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, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6568	GRADIENT COMPRESSION GARMENT, TORSO AND SHOULDER, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6569	GRADIENT COMPRESSION GARMENT, TORSO AND SHOULDER, 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	
A6570	GRADIENT COMPRESSION GARMENT, GENITAL REGION, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6571	GRADIENT COMPRESSION GARMENT, GENITAL REGION, 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	
A6572	GRADIENT COMPRESSION GARMENT, TOE CAPS, 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	
A6573	GRADIENT COMPRESSION GARMENT, TOE CAPS, 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	
A6574	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION, 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	
A6575	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION, 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	
A6576	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, MEDIUM WEIGHT, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6577	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6578	GRADIENT COMPRESSION ARM SLEEVE, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6579	GRADIENT COMPRESSION GLOVE, CUSTOM, MEDIUM WEIGHT, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6580	GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6581	GRADIENT COMPRESSION GLOVE, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6582	GRADIENT COMPRESSION GAUNTLET, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6583	GRADIENT COMPESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, 30-50 MMHG, EACH	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression 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 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
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, ARM, 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	
A6589	GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, BRA, 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	
A6590	EXTERNAL URINARY CATHETERS; DISPOSABLE, WITH WICKING MATERIAL, FOR USE WITH SUCTION PUMP, PER MONTH	Month	Catheter	5160-10-14	$259.20	04/01/2023	Non-institutional only	Purchase only	1 per month	Limit-based	1	Compression 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 garments	
A6594	GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER, LOWER EXTREMITY, ANY SIZE OR LENGTH, 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	
A6595	GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER, UPPER EXTREMITY, ANY SIZE OR LENGTH, 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	
A6596	GRADIENT COMPRESSION BANDAGING SUPPLY, CONFORMING GAUZE, 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	
A6597	GRADIENT COMPRESSION BANDAGING ROLL, ELASTIC LONG 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	
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, 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	
A6602	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM ROLL FOR BANDAGE, 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	
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 FLAT 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	
A6605	GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED FOAM, 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	
A6606	GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED TEXTILE, 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	
A6607	GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR PROTECTIVE ABSORPTION LAYER, 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	
A6608	GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR PROTECTIVE ABSORPTION PADDED LAYER, 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	
A6609	GRADIENT COMPRESSION BANDAGING SUPPLY, NOT OTHERWISE SPECIFIED	Each	Elastic supports	5160-10-14	Determined by PA	01/01/2024	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A6610	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, CUSTOM, 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	
A6611	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOCE KNEE, EACH, CUSTOM	Each	Elastic supports	5160-10-14	Determined by PA	04/01/2025	Non-institutional only	Purchase only	6 per year	Always required	1	Compression garments	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	Each	Suction pump	5160-10-01	$7.50	01/01/2000	Non-institutional only	Purchase only	3 per month	Limit-based	13	Respiratory	
A7002	TUBING, USED WITH SUCTION PUMP	Each	Suction pump	5160-10-01	$3.75	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	Includes connector/adaptor
A7003	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 AEROSOL COMPRESSOR	Each	Respiratory care supplies	5160-10-01	$4.00	10/01/2004	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Each	Respiratory care supplies	5160-10-01	$1.80	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	Each	Respiratory care supplies	5160-10-01	$1.63	07/01/2002	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	Liter	Distilled water / sterile saline	5160-10-01	$0.28	01/01/2001	Non-institutional only	Purchase only	16 per month	Limit-based	4	Dressings, surgical	
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 NEBULIZATION DEVICE (E.G., HANDSET, NEBULIZER KIT, BIOFILTER)	Each	Respiratory care supplies	5160-10-01	$110.00	10/01/2024	Non-institutional only	Purchase only	1 per month	Limit-based	13	Respiratory	
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 only	Purchase only	1 per lifetime	Always required	13	Respiratory	
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT,	Each	HFCWO system supply	5160-10-08	$26.80	01/01/2024	Non-institutional only	Purchase only	1 per year	Limit-based	13	Respiratory	
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	Each	Face mask	5160-10-19	$114.50	01/01/2024	Non-institutional only	Purchase only	3 per year	Limit-based	13	Respiratory	
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	Each	Face mask	5160-10-19	$31.55	01/01/2024	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	

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PA -- Payment by prior authorization

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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 MODIFICATIONS--PEDIATRIC*	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, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -- *CUSTOM-MADE*	Each	Tracheostomy supplies	5160-10-01	$404.25	04/01/2016	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	Modifier U1 is used to differentiate this item.
A7521 U2	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -- *STANDARD OR STOCK, WITH MODIFICATIONS--PEDIATRIC*	Each	Tracheostomy supplies	5160-10-01	$220.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	Modifier U2 is used to differentiate this item.
A7521 U3	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL --*STANDARD OR STOCK WITH MODIFICATIONS-- ADULT *	Each	Tracheostomy supplies	5160-10-01	$75.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	Modifier U3 is used to differentiate this item.
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)	Each	Tracheostomy supplies	5160-10-01	$45.16	10/01/2004	Non-institutional only	Purchase only	2 per month	Limit-based	13	Respiratory	
A7525	TRACHEOSTOMY MASK	Each	Tracheostomy supplies	5160-10-01	$2.06	01/01/2024	Non-institutional only	Purchase only	4 per month	Limit-based	13	Respiratory	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER	Each	Tracheostomy supplies	5160-10-01	$3.38	01/01/2024	Non-institutional only	Purchase only	15 per month	Limit-based	13	Respiratory	Payment is not made for both this item and twill tape. Only one type of tracheostomy tie is medically necessary.

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PA -- Payment by prior authorization

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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 item	5160-10-01	Determined by PA	01/01/2024	Non-institutional only	Purchase only	Medical necessity	Always required	16	Supplies (miscellaneous)	
A9900 U1	MISCELLANEOUS DME SUPPLY, RECLINER FOR E0627 OR E0639	Each	Miscellaneous DME item	5160-10-01	$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, 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	$1.35	01/01/2024	Non-institutional only	Purchase only	Medical necessity	Always required	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4149 U1	ENTERAL FORMULA, MANUFACTURED, NUTRITIONALLY COMPLETE WHOLE OR ORGANIC FOOD CONTAINING	100 calories	Formula	5160-10-26	$2.30	01/01/2024	Non-institutional only	Purchase only	Medical necessity	Always required	5	Enteral nutrition and supplies	Modifier U1 differentiates this type of enteral formula. Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	$0.70	01/01/2024	Non-institutional only	Purchase only	20 units per day	Limit-based	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	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 FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	$2.70	01/01/2024	Non-institutional only	Purchase only	20 units per day	Limit-based	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.

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PA -- Payment by prior authorization

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	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), PROTEINS/AMINO ACIDS (E.G., GLUTAMINE, ARGININE), FAT (E.G., MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	Formula	5160-10-26	$1.00	01/01/2024	Non-institutional only	Purchase only	20 units per day	Limit-based	5	Enteral nutrition and supplies	Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4155 U1	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE, PROTEIN MODULAR NUTRIENTS CONTAINING ESSENTIAL AND/OR NON-ESSENTIAL AMINO ACIDS AND LESS THAN 0.7 KCALS PER ML	100 calories	Formula	5160-10-26	$20.00	07/01/2021	Non-institutional only	Purchase only	20 units per day	Always required	5	Enteral nutrition and supplies	This type of enteral formula is differentiated by modifier U1. Administration by mouth rather than by feeding tube is differentiated by modifier BO.
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 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 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	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 DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 calories	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	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	Each	Supply kit	5160-10-26	$6.95	01/01/2010	Non-institutional only	Purchase only	1 per day	Never required	NA	NA	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Each	Administration kit	5160-10-26	$14.55	11/29/2010	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
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	NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES	Each	Supply	5160-10-26	$10.00	07/01/2021	Non-institutional only	Purchase only	1 per day	Limit-based	5	Enteral nutrition and supplies	Modifier U2 is used to request Farrell bags for use with feeding kits B4034, B4035, or B4036
B9999	NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES		Supply	5160-10-26	Determined by PA	05/01/1990	Non-institutional only	Purchase only		Always required	5	Enteral nutrition and supplies	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Each	Cane	5160-10-30	$10.19	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0100 U1	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Each	Cane	5160-10-30	$10.19	01/01/2019	Non-institutional only	Purchase only	1 per year	Never required	NA	NA	Modifier U1 is used to differentiate this item as a white cane for blind or otherwise visually impaired individuals.
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	Each	Cane	5160-10-30	$39.28	04/01/2006	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	Pair	Crutches	5160-10-30	$50.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	Each	Crutches	5160-10-30	$25.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	Limit-based	16	Supplies (miscellaneous)	

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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	$25.05	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	Limit-based	9	Miscellaneous equipment	
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	Each	Pad	5160-10-18	$148.00	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	Each	Pump	5160-10-18	$105.00	11/01/1992	Non-institutional only	Purchase only	1 per 4 years	Limit-based	2	Decubitus care equipment	
E0183	POWERED PRESSURE REDUCING MATTRESS UNDERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	Each	Pad	5160-10-18	$148.00	10/01/2022	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0184	DRY PRESSURE MATTRESS	Each	Mattress	5160-10-18	$150.00	07/16/2018	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	Mattress	5160-10-18	$102.00	08/01/1998	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	
E0186	AIR PRESSURE MATTRESS	Each	Mattress	5160-10-18	$219.74	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	Limit-based	2	Decubitus care equipment	
E0187	WATER PRESSURE MATTRESS	Each	Mattress	5160-10-18	$231.00	12/15/2002	Non-institutional only	Purchase only	1 per 2 years	Limit-based	2	Decubitus care equipment	
E0188	SYNTHETIC SHEEPSKIN PAD	Each	Pad	5160-10-18	$5.00	05/01/1990	Non-institutional only	Purchase only	2 per 6 months	Limit-based	2	Decubitus care equipment	Wheelchair size
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	Each	Pad	5160-10-18	$43.95	07/01/2002	Non-institutional only	Purchase only	2 per year	Limit-based	2	Decubitus care equipment	Bed size
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	Positioning cushion	5160-10-18	$100.00	04/01/2009	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	
E0191	HEEL OR ELBOW PROTECTOR	Each	Pressure-reducing supply	5160-10-18	$9.00	04/01/2001	Non-institutional only	Purchase only	4 per 6 months	Limit-based	2	Decubitus care equipment	
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	Day	Bed	5160-10-18	$32.50	01/01/1992	Non-institutional only	Rental only	180 per year	Never required	NA	NA	
E0194	AIR FLUIDIZED BED	Day	Bed	5160-10-18	$95.00	01/01/2024	Non-institutional only	Rental only	180 per year	Always required	2	Decubitus care equipment	Bead bed
E0196	GEL PRESSURE MATTRESS	Each	Mattress	5160-10-18	$351.69	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	Mattress	5160-10-18	$199.42	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	

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E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	Mattress	5160-10-18	$177.26	07/26/2007	Non-institutional only	Purchase only	1 per 4 years	Limit-based	2	Decubitus care equipment	
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	Pad	5160-10-18	$20.00	05/25/1991	Non-institutional only	Purchase only	1 per year	Never required	NA	NA	(e.g. egg crate)
E0201	PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS TRACTION FORCE	Each	Constracture device	5160-10-01	$120.00	04/01/2025	All	Purchase only	1 per 3 years	Never required	NA	NA	
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Each	Therapy light	5160-10-01	$68.50	01/01/2026	Non-institutional only	Rental only	1 per lifetime	Limit-based	16	Supplies (miscellaneous)	
E0210	ELECTRIC HEAT PAD, STANDARD	Each	Heat / cold application	5160-10-01	$15.09	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	Limit-based	16	Supplies (miscellaneous)	
E0215	ELECTRIC HEAT PAD, MOIST	Each	Heat / cold application	5160-10-01	$25.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	Limit-based	16	Supplies (miscellaneous)	
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	Each	Heat / cold application	5160-10-01	$133.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Limit-based	16	Supplies (miscellaneous)	Complete with wax
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	Each	Bath and toilet aids	5160-10-01	$35.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0240 U1	BATHING CHAIR, BASIC SHOWER-COMMODE CHAIR	Each	Bathing seats	5160-10-07	$53.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	Modifier U1 differentiates this item. Description is located in the rule.
E0240 U2	BATHING CHAIR, INTERMEDIATE NON-ASSISTED SHOWER CHAIR	Each	Bathing seats	5160-10-07	$755.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	Modifier U2 differentiates this item. Description is located in the rule.
E0240 U3	BATHING CHAIR, INTERMEDIATE ASSISTED SINGLE POSITION SHOWER CHAIR	Each	Bathing seats	5160-10-07	$500.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	Modifier U3 differentiates this item. Description is located in the rule.
E0240 U4	BATHING CHAIR, INTERMEDIATE ASSISTED MULTI-POSITION SHOWER CHAIR	Each	Bathing seats	5160-10-07	$1,250.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	Modifier U4 differentiates this item. Description is located in the rule.
E0240 U5	BATHING CHAIR, COMPLEX POSITIONING SHOWER CHAIR	Each	Bathing seats	5160-10-07	$2,420.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	Modifier U5 differentiates this item. Description is located in the rule.
E0240 U6	BATHING CHAIR, INTERMEDIATE ASSISTED MULTI-POSITION BEACH STYLE BATHING CHAIR	Each	Bathing seats	5160-10-07	$275.00	01/01/2024	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	Modifier U6 differentiates this item. Description is located in the rule.
E0241	BATH TUB WALL RAIL	Each	Bath and toilet aids	5160-10-01	$24.00	01/01/1997	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0243	TOILET RAIL	Each	Bath and toilet aids	5160-10-01	$40.00	04/01/1999	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0244	RAISED TOILET SEAT	Each	Bath and toilet aids	5160-10-01	$49.25	04/01/1999	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0245	TUB STOOL OR BENCH	Each	Bathing seats	5160-10-07	$30.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0246	TRANSFER TUB RAIL ATTACHMENT	Each	Bath and toilet aids	5160-10-01	$57.90	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Limit-based	16	Supplies (miscellaneous)	
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 only	Purchase only	1 per 5 years	Never required	NA	NA	
E0247 U1	BATHING CHAIR, BASIC SLIDING TRANSFER BATH BENCH	Each	Bathing seats	5160-10-07	$100.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	Modifier U1 differentiates this item. Description is located in the rule.
E0247 U2	BATHING CHAIR, COMPLEX TRANSFER BATH OR SHOWER CHAIR	Each	Bathing seats	5160-10-07	$3,300.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	Modifier U2 differentiates this item. Description is located in the rule.
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	Each	Bathing seats	5160-10-07	$100.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	$540.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	$460.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	$677.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	$580.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Never required	NA	NA	
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	$989.00	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	$892.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	$1,285.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT	Each	Hospital bed	5160-10-18	$1,110.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0271	MATTRESS, INNERSPRING	Each	Mattress	5160-10-18	$97.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0272	MATTRESS, FOAM RUBBER	Each	Mattress	5160-10-18	$92.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0275	BED PAN, STANDARD, METAL OR PLASTIC	Each	Bed pan	5160-10-01	$4.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Each	Bed pan	5160-10-01	$3.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Each	Mattress	5160-10-18	$3,046.08	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Always required	2, 12	Decubitus care equipment, Repairs	
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	$445.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	$540.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	$567.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	$470.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	$703.20	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	

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PA -- Payment by 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
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	$625.60	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	7, 12	Hospital beds, Repairs	
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	Each	Hospital bed	5160-10-18	$1,020.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	$890.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, Repairs	
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	Hospital bed	5160-10-18	$1,677.44	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	7, 12	Hospital beds, 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 OXYGEN 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, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	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, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, 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	$320.00	08/01/2006	Non-institutional only	Rental only	1 per month	Always required	13	Respiratory	

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PA -- Payment by prior authorization

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E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (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	Never required	NA	NA	
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Each	Percussors	5160-10-01	$321.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	Each	Percussors	5160-10-01	$7,500.00	01/01/2024	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Each	Percussors	5160-10-01	$4,022.80	01/01/2024	Non-institutional only	Rental / purchase	1 per 8 years	Always required	13	Respiratory	
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES	Each	HFCWO system	5160-10-08	$12,190.00	10/01/2004	Non-institutional only	Purchase only	1 per lifetime	Never required	NA	NA	Rental can be paid for a failed trial period
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE	Each	Respiratory care equipment	5160-10-01	$27.70	09/01/2005	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM	Each	Respiratory care equipment	5160-10-01	$1,250.00	01/01/2024	Non-institutional only	Purchase only	1 per 5 years	Always required	9	Miscellaneous equipment	
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	Each	IPPB machine	5160-10-19	$65.00	04/01/1992	Non-institutional only	Rental only	1 per month	Never required	NA	NA	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	Humidifier	5160-10-19	$92.00	04/01/2009	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	Humidifier	5160-10-19	$225.92	10/01/2004	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	Each	Respiratory care equipment	5160-10-01	$525.00	04/01/1996	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	
E0570	NEBULIZER, WITH COMPRESSOR	Each	Respiratory care equipment	5160-10-01	$133.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	NA	NA	This item is covered without prior authorization for individuals who have a documented, relevant respiratory system diagnosis. A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription.
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	Each	Respiratory care equipment	5160-10-01	$430.00	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription.
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Each	Respiratory care equipment	5160-10-01	$115.00	04/01/2006	Non-institutional only	Purchase only	2 per year	Limit-based	9	Miscellaneous equipment	A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription.
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Each	Pump	5160-10-19	$398.25	01/01/2024	Non-institutional only	Purchase only	1 per 4 years	Never required	NA	NA	
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	Each	Nasal PAP device	5160-10-19	$775.00	04/01/1992	Non-institutional only	Rental / purchase	1 per 4 years	Limit-based	13	Respiratory	
E0602	BREAST PUMP, MANUAL, ANY TYPE	Each	Breast pump	5160-10-25	$15.00	10/01/2004	Non-institutional only	Purchase only	1 per medical event	Never required	NA	NA	1 medical event = 1 pregnancy
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	Each	Breast pump	5160-10-25	$202.50	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Never required	NA	NA	1 medical event = 1 pregnancy
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	Day	Breast pump	5160-10-25	$2.25	01/01/2002	Non-institutional only	Rental only	90 days	Never required	NA	NA	
E0605	VAPORIZER, ROOM TYPE	Each	Respiratory care supplies	5160-10-01	$20.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Each	Monitor without recording feature	5160-10-09	$2,626.50	10/15/2006	Non-institutional only	Rental / purchase	1 per 5 years	Always required	9	Miscellaneous equipment	Including alarms, maintenance, and supplies
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Each	Monitor with recording feature	5160-10-09	$2,833.65	10/15/2006	Non-institutional only	Rental / purchase	1 per 5 years	Always required	9	Miscellaneous equipment	Including alarms, maintenance, and supplies
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	Each	Portable lifts	5160-10-01	$89.70	01/01/1999	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	This item is covered only for a lift owned by the individual.
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	Each	Portable lifts	5160-10-01	$447.00	03/20/2009	Non-institutional only	Purchase only	1 per 6 years	Never required	NA	NA	
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	Each	Chair lifts	5160-10-01	$263.48	01/01/2026	Non-institutional only	Purchase only	1 per 5 years	Always required	9, 12	Miscellaneous equipment, Repairs	Use A9900 U1 for chair
E0629	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	Each	Chair lifts	5160-10-01	$260.37	01/01/2026	Non-institutional only	Purchase only	1 per 5 years	Always required	9, 12	Miscellaneous equipment, Repairs	Use A9900 U1 for chair
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Each	Portable lifts	5160-10-01	$761.60	07/16/2018	Non-institutional only	Purchase only	1 per 6 years	Never required	NA	NA	
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	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, 12	Miscellaneous equipment, Repairs	
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	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, 12	Miscellaneous equipment, Repairs	
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	5160-10-01	Determined by PA	06/01/2022	Non-institutional only	Purchase only	1 per 5 years	Always required	9, 12	Miscellaneous equipment, Repairs	
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	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, 12	Miscellaneous equipment, Repairs	
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	Each	Home model	5160-10-17	$510.00	01/01/1994	Non-institutional only	Rental / purchase	1 per 5 years	Never required	NA	NA	
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	Each	Home model	5160-10-17	$790.72	01/01/2024	Non-institutional only	Rental / purchase	1 per 3 years	Never required	NA	NA	
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Each	Home model	5160-10-17	$5,046.00	01/01/2024	Non-institutional only	Rental / purchase	1 per 3 years	Never required	NA	NA	
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	Each	Half arm	5160-10-17	$77.50	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	Limit-based	1	Compression garments	

Limit-based -- PA is required when the frequency limit is exceeded
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PA -- Payment by prior authorization

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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	
E0665	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	
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	Full arm	5160-10-17	$208.15	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	Half leg	5160-10-17	$143.75	01/01/1994	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0677	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, TRUNK	Each	Trunk	5160-10-17	$520.00	04/01/2023	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	
E0678	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG	Each	Full leg	5160-10-17	$318.00	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	Formerly K1032
E0679	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF 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
E0680	NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSURE	Each	Controller	5160-10-17	$5,046.00	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	Formerly K1024
E0681	NON-PNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE	Each	Controller	5160-10-17	$850.00	01/01/2024	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	Formerly K1031
E0682	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM	Each	Full arm	5160-10-17	$410.00	10/01/2021	Non-institutional only	Purchase only	1 per 3 years	Never required	NA	NA	Formerly K1025
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	Each	Phototherapy system	5160-10-01	$809.08	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	9	Miscellaneous equipment	Biologic drugs may be used in treatment only after this item has been used appropriately for three full months.
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	Each	Phototherapy panel system	5160-10-01	$1,015.99	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	9	Miscellaneous equipment	Biologic drugs may be used in treatment only after this item has been used appropriately for three full months.
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	Each	Phototherapy panel system	5160-10-01	$1,252.42	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	9	Miscellaneous equipment	Biologic drugs may be used in treatment only after this item has been used appropriately for three full months.
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	Each	Phototherapy cabinet system	5160-10-01	$3,986.35	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	9	Miscellaneous equipment	Biologic drugs may be used in treatment only after this item has been used appropriately for three full months.
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	Each	Safety Equipment	5160-10-01	Determined by PA	01/01/2026	Non-institutional only	Purchase only	2 per year	Always required	9	Miscellaneous equipment	(e.g. belt, harness, or vest)
E0700 U1	SAFETY EQUIPMENT, THERMAL FUSE	Each	Safety Equipment	5160-10-01	$10.82	01/01/2026	Non-institutional only	Purchase only	2 per unit per year	Never required	NA	NA	
E0705	TRANSFER DEVICE, ANY TYPE, EACH	Each	Transfer board	5160-10-01	$46.62	05/26/2006	Non-institutional only	Purchase only	1 per 2 years	Never required	NA	NA	
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	Each	Two lead	5160-10-15	$525.00	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Never required	NA	NA	All TENS units must include a battery charger and battery pack.
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Each	Four lead	5160-10-15	$564.18	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Limit-based	9	Miscellaneous equipment	All TENS units must include a battery charger and battery pack.
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Each	Non-spinal	5160-10-28	$1,965.59	01/01/2024	Non-institutional only	Purchase only	1 per 8 years	Limit-based	9	Miscellaneous equipment	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	Each	Spinal	5160-10-28	$1,856.53	01/01/2024	Non-institutional only	Purchase only	1 per 8 years	Limit-based	9	Miscellaneous equipment	
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Each	Low intensity	5160-10-28	$1,750.00	03/21/2007	Non-institutional only	Purchase only	1 per 8 years	Limit-based	9	Supplies (miscellaneous)	
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	Each	Low intensity	5160-10-28	Determined by PA	01/01/2009	Non-institutional only	Purchase only	1 per 8 years	Always required	9	Miscellaneous equipment	
E0776	IV POLE	Each	Infusion pump (non-nutrition) equipment	5160-10-29	$75.00	04/01/2006	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	If pump is authorized, payment for pole is included in pump rental
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Each	Infusion pump (non-nutrition) equipment	5160-10-29	$10.12	01/01/2024	Non-institutional only	Rental only	1 per day	Never required	NA	NA	
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Each	Infusion pump (non-nutrition) equipment	5160-10-29	$4,000.00	08/01/2006	Non-institutional only	Purchase only	1 per 4 years	Limit-based	9	Miscellaneous equipment	
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	Each	Infusion pump (non-nutrition) equipment	5160-10-29	Determined by PA	01/01/2024	Non-institutional only	Purchase only	1 per 4 years	Always required	9	Miscellaneous equipment	
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Each	Infusion pump (non-nutrition) equipment	5160-10-29	$8.73	08/01/2006	Non-institutional only	Rental only	1 per day	Never required	NA	NA	Includes pole
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	Each	Hospital bed accessories	5160-10-18	$58.62	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	Each	Hospital bed accessories	5160-10-18	$84.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	Each	Hospital bed accessories	5160-10-18	$30.82	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G., BUCK'S)	Each	Hospital bed accessories	5160-10-18	$93.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	Each	Hospital bed accessories	5160-10-18	$100.43	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	NA	NA	Only one code may be reported in each category of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.

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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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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	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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, BRIEF/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, REUSABLE, ANY SIZE	Each	Incontinence garment	5160-10-21	$11.00	01/01/2005	Non-institutional only	Purchase only	12 per year	Limit-based	8	Incontinence Supplies	
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE	Each	Incontinence supply	5160-10-21	$20.00	01/01/2005	Non-institutional only	Purchase only	6 per year	Limit-based	8	Incontinence Supplies	
T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER	Each	Incontinence service	5160-10-21	$0.53	01/01/2005	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE	Pack of 10	Incontinence garment	5160-10-21	$11.00	03/28/2005	Non-institutional only	Purchase only	12 per year	Limit-based	8	Incontinence Supplies	
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE	Each	Incontinence garment	5160-10-21	$10.00	01/01/2005	Non-institutional only	Purchase only	6 per year	Limit-based	8	Incontinence Supplies	
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE	Each	Incontinence garment	5160-10-21	$0.30	01/01/2024	Non-institutional only	Purchase only	300 per 2 months	Limit-based	8	Incontinence Supplies	
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE	Each	Incontinence garment	5160-10-21	$0.28	01/01/2005	Non-institutional only	Purchase only	300 per 2 months	Limit-based	8	Incontinence Supplies	
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE	Each	Incontinence garment	5160-10-21	$2.12	01/01/2010	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE	Each	Incontinence garment	5160-10-21	$2.12	07/16/2018	Non-institutional only	Purchase only	300 per month	Limit-based	8	Incontinence Supplies	
T5999	SUPPLY, NOT OTHERWISE SPECIFIED	Each	Miscellaneous supply item	5160-10-01	Determined by PA	01/01/2024	All	Purchase only	Medical necessity	Always required	16	Supplies (miscellaneous)	
T5999 U1	INFANT MILK FORTIFIER	Each	Miscellaneous supply item	5160-10-01	Determined by PA	01/01/2026	Non-institutional only	Purchase only	Medical necessity	Always required	5	Enteral nutrition and supplies	To be used when requesting fortifiers for pediatric cardiac outpatient use
V5014	REPAIR/MODIFICATION OF A HEARING AID	Each	Repair of hearing aid	5160-10-01	Usual and customary charge (provider-performed); 125% of invoice (subcontracted)	01/01/2006	All		3 per year	Limit-based	6, 12	Hearing Aids, 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, ITE/ITE	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, ITE/ITC	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, ITE/BTE	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, ITC/ITC	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, ITC/BTE	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, BTE/BTE	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, BINAURAL	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	

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PA -- Payment by prior authorization

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	RELATED RULE 5160-10-...	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	Each	Programmable	5160-10-11	$356.48	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	Each	Programmable	5160-10-11	$356.48	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	Each	Programmable	5160-10-11	$712.95	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	Each	Programmable	5160-10-11	$712.95	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	Each	Digital	5160-10-11	$763.88	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	Each	Digital	5160-10-11	$763.88	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	Each	Digital	5160-10-11	$1,527.75	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	Each	Digital	5160-10-11	$1,527.75	01/01/2024	All	Purchase only	1 per 5 years	Always required	6, 12	Hearing Aids, Repairs	
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	Each	Insert	5160-10-11	$25.46	01/01/2024	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	5160-10-11	Determined by PA	11/01/2004	All	Purchase only	1 per year	Always required	6, 12	Hearing Aids, Repairs	
Y9167	SHARPS DISPOSAL CONTAINER, CAPACITY 200	Each	Supply	5160-10-01	$4.00	06/20/1990	Non-institutional only	Purchase only	1 per 2 months	Limit-based	16	Supplies (miscellaneous)	

Prostheses and orthoses

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

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, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, 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-SHELF	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-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	Limit-based	10, 12	Orthotics, Repairs	
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	Limit-based	10, 12	Orthotics, Repairs	
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	Limit-based	10, 12	Orthotics, Repairs	
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	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	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, 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 INTRACAVITARY 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	Limit-based	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 SAGITTAL 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 PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED 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	
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED 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 NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED 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 INTERVERTEBRAL 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	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION 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	TLSO, 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 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	
L0469	TLSO, 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	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK 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	TLSO, 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, TRIPLANAR 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	TLSO, 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	TLSO, TRIPLANAR CONTROL, TWO 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, 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	TLSO, TRIPLANAR CONTROL, TWO 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, 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	TLSO, 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 INTERVERTEBRAL 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 L-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, BENT, 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 L-1 TO BELOW L-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	

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L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY 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 T-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 TRIMMED, 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 TRIMMED, 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 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, CUSTOM FABRICATED	Never required	NA	NA	
L0633	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/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, 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	
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/PANEL(S), 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 FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, 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, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON 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	
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 CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-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, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	

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L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-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 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, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0648	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, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L0649	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/PANELS, 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/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, 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 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, 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	
L0720	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	Limit-based	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
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	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
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, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INIDIVIDUAL 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	

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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 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	
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-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	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	Limit-based	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 ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Limit-based	10, 12	Orthotics, Repairs	
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	Limit-based	10, 12	Orthotics, Repairs	
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	Limit-based	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	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	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	Never required	NA	NA	
L2415	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	Never required	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 JOINT	Never required	NA	NA	
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	Never required	NA	NA	
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	Never required	NA	NA	
L2510	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	Never required	NA	NA	
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	Always required	10, 12	Orthotics, Repairs	
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	Always required	10, 12	Orthotics, Repairs	
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL	Limit-based	10, 12	Orthotics, Repairs	
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO	Never 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	
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	Never required	NA	NA	
L3040	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	

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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/TURNBUCKLE, 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 NONTORSION 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, MOLDED, 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	Limit-based	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 JOINT/SPRING, 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 NONTORSION 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	Limit-based	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	

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L4130	REPLACE PRETIBIAL SHELL	Limit-based	10, 12	Orthotics, Repairs	
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR, PER 15 MINUTES	Limit-based	10, 12	Orthotics, Repairs	
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
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
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
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 EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L4386	WALKING BOOT, NON-PNEUMATIC, 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 EXPERTISE	Never required	NA	NA	
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	Never required	NA	NA	
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE 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 PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Limit-based	10, 12	Orthotics, Repairs	
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF	Limit-based	10, 12	Orthotics, Repairs	
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	Never required	NA	NA	
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	Always required	10, 12	Orthotics, Repairs	
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Limit-based	10, 12	Orthotics, Repairs	
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE 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	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	Limit-based	10, 12	Orthotics, Repairs	
L5060	ANKLE, 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	
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Always required	10, 12	Orthotics, Repairs	
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	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 JOINTS	Limit-based	10, 12	Orthotics, Repairs	
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	Limit-based	10, 12	Orthotics, Repairs	
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Limit-based	10, 12	Orthotics, Repairs	
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Limit-based	10, 12	Orthotics, Repairs	
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Always required	10, 12	Orthotics, Repairs	
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	
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	Limit-based	10, 12	Orthotics, Repairs	
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Limit-based	10, 12	Orthotics, Repairs	
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	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	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION	Limit-based	10, 12	Orthotics, Repairs	
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	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	Limit-based	10, 12	Orthotics, Repairs	
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	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	DESCRIPTION	PRIOR AUTHORIZATION	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 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 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	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET 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 L5673 OR L5679)	Limit-based	10, 12	Orthotics, Repairs	
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	Limit-based	10, 12	Orthotics, Repairs	
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL	Never required	NA	NA	
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	Never required	NA	NA	
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	Never required	NA	NA	
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	Never required	NA	NA	
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	Never required	NA	NA	
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	Never required	NA	NA	
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL	Limit-based	10, 12	Orthotics, Repairs	
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	Limit-based	10, 12	Orthotics, Repairs	
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	Limit-based	10, 12	Orthotics, Repairs	
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE	Limit-based	10, 12	Orthotics, Repairs	
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	Limit-based	10, 12	Orthotics, Repairs	
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	Limit-based	10, 12	Orthotics, Repairs	
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	Limit-based	10, 12	Orthotics, Repairs	
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	Limit-based	10, 12	Orthotics, Repairs	
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	Limit-based	10, 12	Orthotics, Repairs	
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	Limit-based	10, 12	Orthotics, Repairs	
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	Limit-based	10, 12	Orthotics, Repairs	
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Always required	10, 12	Orthotics, Repairs	
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Always required	10, 12	Orthotics, Repairs	
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Limit-based	10, 12	Orthotics, Repairs	
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	Always required	10, 12	Orthotics, Repairs	
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Limit-based	10, 12	Orthotics, Repairs	
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Always required	10, 12	Orthotics, Repairs	
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Always required	10, 12	Orthotics, Repairs	
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Always required	10, 12	Orthotics, Repairs	
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Limit-based	10, 12	Orthotics, Repairs	
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	Limit-based	10, 12	Orthotics, Repairs	
L5783	ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM (WITH OR WITHOUT LAMINATION KIT)	Limit-based	10, 12	Orthotics, Repairs	
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Limit-based	10, 12	Orthotics, Repairs	
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, 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 MATERIAL	Limit-based	10, 12	Orthotics, Repairs	
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Limit-based	10, 12	Orthotics, Repairs	
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	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 PHASE CONTROL	Limit-based	10, 12	Orthotics, Repairs	
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Limit-based	10, 12	Orthotics, Repairs	
L5824	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	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	Limit-based	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	Limit-based	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	
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	Limit-based	10, 12	Orthotics, Repairs	
L5991	ADDITION TO LOWER EXTREMITY PROSTHESES, OSSEOINTEGRATED EXTERNAL PROSTHETIC CONNECTOR	Limit-based	10, 12	Orthotics, Repairs	
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	
L6028	PARTIAL HAND, FINGER, AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)/THUMB, AMPUTATION AT METACARPAL LEVEL, INCLUDING FLEXIBLE OR NON-FLEXIBLE INTERFACE, MOLDED TO PATIENT MODEL, INCLUDING PALM, FOR USE WITHOUT EXTERNAL POWER AND/OR PASSIVE PROSTHETIC DIGIT/THUMB, NOT INCLUDING INSERTS DESCRIBED BY L6692	Always required	10, 12	Orthotics, Repairs	
L6029	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	
L6034	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), AND/OR DISTAL INTERPHALANGEAL (DIP) JOINT(S), WITH OR WITHOUT	Always required	10, 12	Orthotics, Repairs	
L6036	PROSTHETIC THUMB, MECHANICAL, CAN INCLUDE METACARPOPHALANGEAL (MCP), INTERPHALANGEAL (IP) JOINT(S), WITH OR WITHOUT LOCKING MECHANISM, CAN INCLUDE FLEXION	Always required	10, 12	Orthotics, Repairs	
L6037	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	
L6038	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, INTERNAL LOCKING ELBOW, FOREARM	Always required	10, 12	Orthotics, Repairs	
L6310	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, INTERNAL LOCKING ELBOW, FOREARM	Limit-based	10, 12	Orthotics, Repairs	
L6360	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 SHAPING	Limit-based	10, 12	Orthotics, Repairs	
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Always required	10, 12	Orthotics, Repairs	
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Limit-based	10, 12	Orthotics, Repairs	
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Always required	10, 12	Orthotics, Repairs	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Always required	10, 12	Orthotics, Repairs	
L6600	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, OTTO BOCK OR EQUAL	Limit-based	10, 12	Orthotics, Repairs	
L6630	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	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	Always required	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	Limit-based	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 THORACIC	Limit-based	10, 12	Orthotics, Repairs	
L6686	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	Limit-based	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	Limit-based	10, 12	Orthotics, Repairs	
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	Always required	10, 12	Orthotics, Repairs	
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	Never required	NA	NA	
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST 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	
L7406	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	

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION 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 prior 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 U1	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, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Each	Compressor	$40.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	13, 12	Respiratory, Repairs	If criteria other than group I or group II are met, PA is required.
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Each	Labor	$18.50	01/01/2024	All		1 per 120 days	Always required	12	Repairs	Only for customer-owned oxygen equipment
E1390 U1 **AND** E1392	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE **AND** PORTABLE OXYGEN CONCENTRATOR, RENTAL	Set	Concentrator	$140.00	02/01/2020	Non-institutional only	Rental only	1 per month	Limit based	13	Respiratory	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

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1005	WHEELCHAIR ACCESSORY, POWER SEATNG SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
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
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	Never required	NA	NA		DMEB
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR	Never required	NA	NA		DMEB
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR	Never required	NA	NA		DMEB
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR	Never required	NA	NA		DMEB
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	Never required	NA	NA		DMEB
E1022	WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	Always required	9	Miscellaneous equipment		DMEB
E1023	WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES	Always required	9	Miscellaneous equipment		DMEB
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	Never required	NA	NA		DMEB
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Never required	NA	NA		DMEB
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5" OR GREATER	Never required	NA	NA		DMEB
E1032	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1033	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR HEADREST, CUSHIONED, ANY TYPE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1034	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY TYPE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	Never required	NA	NA		DMEB
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	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
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Never required	NA	NA		DMEB
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Never required	NA	NA		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
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

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Never required	NA	NA		DMEB
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Always required	19, 12	Wheelchairs, Repairs		DMEB
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Never required	NA	NA		DMEB
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Never required	NA	NA		DMEB
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
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY	Never required	NA	NA	BEP item	DMEB
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER	Never required	NA	NA		DMEB
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY	Never required	NA	NA		DMEB
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	Never required	NA	NA		DMEB
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE	Never required	NA	NA	BEP item	DMEB
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE	Never required	NA	NA		DMEB
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE	Never required	NA	NA		DMEB
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE	Never required	NA	NA		DMEB
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE	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
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), 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	Never required	NA	NA		DMEB
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Never required	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
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

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Never required	NA	NA		DMEB
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Never required	NA	NA		DMEB
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Never required	NA	NA		DMEB
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Never required	NA	NA		DMEB
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2610	WHEELCHAIR SEAT CUSHION, POWERED	Never required	NA	NA		DMEB
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Limit-based	19, 12	Wheelchairs, Repairs		DMEB
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Never required	NA	NA		DMEB
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Never required	NA	NA		DMEB
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Never required	NA	NA		DMEB
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	Always required	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 LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Never required	NA	NA		DMEB
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Never required	NA	NA		DMEB
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Always required	19, 12	Wheelchairs, Repairs		DMEB
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Never required	NA	NA		DMEB
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	Never required	NA	NA		DMEB
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	Never required	NA	NA		DMEB or DMESL
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	Never required	NA	NA		DMEB or DMESL
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	Never required	NA	NA		DMEB or DMESL
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION 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 ARM WITH ELASTIC BALANCE CONTROL	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 required	19, 12	Wheelchairs, Repairs		DMEB
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0006	HEAVY DUTY WHEELCHAIR	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0009	OTHER MANUAL WHEELCHAIR/BASE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	Always required	19, 12	Wheelchairs, Repairs		DMEB

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0012	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	BEP item	DMEB
K0073	CASTER PIN LOCK	Never required	NA	NA		DMEB
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	Never required	NA	NA		DMEB
K0105	IV HANGER, EACH	Never required	NA	NA		DMEB
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	Always required	19, 12	Wheelchairs, Repairs	Short-term rental only	DMEB or DMESL
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC	Always required	19, 12	Wheelchairs, Repairs		DMEB or DMESL
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Limit-based	19, 12	Wheelchairs, Repairs		DMEB or DMESL

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	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 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		DMEB
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	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Always required	19, 12	Wheelchairs, Repairs		DMEB
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
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		DMEB
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Never required	NA	NA		DMEB
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0851	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 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB

HCPCS CODE	DESCRIPTION	PRIOR AUTHORIZATION	PRIOR AUTHORIZATION ASSIGNMENT NUMBER	PRIOR AUTHORIZATION ASSIGNMENT NAME	NOTES	CONTRACT
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Always required	19, 12	Wheelchairs, Repairs		DMEB
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Always required	19, 12	Wheelchairs, Repairs		DMEB
97542	WHEELCHAIR MANAGEMENT, EACH 15 MINUTES					

Key to CATEGORY indicator

By 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

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

Miscellaneous codes

HCPCS 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	Orthotic 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	Specialty bifocal (by report)
V2599	Contact lens, other type
V2629	Prosthetic eye, other type
V2799	Vision item or service, miscellaneous
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified
V5299	Hearing service, miscellaneous

Atypical items: Items that are found to not usually meet ODM medical necessity criteria
Durable medical equipment, prosthetics, orthotics, and supplies
Appendix to OAC rule 5160-10-01
Atypical HCPCS code list effective 01/01/2026

Atypical items – Items that do not appear on a payment schedule, do not have a payment methodology, are not routinely covered, or do not meet ODM medical necessity criteria.
Exceptional PA – PA is required for all atypical items, as each item is reviewed on a case-by-case basis, there are no listed amounts or limits
Subcategory designations determine the difference between supplies and accessories from other items
PA assignment names may not always equate to the category item

HCPCS CODE	DESCRIPTION	RELATED RULE 5160-10-...	SECONDARY RELATED RULE	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	CATEGORY	SUBCATEGORY	RESIDENCE	PRIOR AUTHORIZATION	PA ASSIGNMENT	PA ASSIGNMENT NAME	NOTES	CONTRACT
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	$1.13	01/01/2026	Lancets	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	5160-10-01	N/A	$5.95	01/01/2026	Adhesive	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	5160-10-01	N/A	Determined by PA	01/01/2024	Irrigation	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	5160-10-01	5160-10-32	$2.64	01/01/2026	Clamp	Accessory	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4366	OSTOMY VENT, ANY TYPE, EACH	5160-10-01	5160-10-32	$1.44	01/01/2026	Vent	Accessory	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4368	OSTOMY FILTER, ANY TYPE, EACH	5160-10-01	5160-10-32	$0.28	01/01/2026	Filter	Accessory	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE	5160-10-01	5160-10-32	$2.89	01/01/2026	Deodorant	NA	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	5160-10-01	5160-10-32	$0.04	01/01/2026	Deodorant	NA	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	5160-10-01	5160-10-32	$0.12	01/01/2026	Absorbent material	Supply	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	5160-10-01	5160-10-32	$7.28	01/01/2026	Pouch	NA	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4429	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 FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	5160-10-01	5160-10-32	$9.52	01/01/2026	Pouch	NA	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4431	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	5160-10-01	5160-10-32	$6.93	01/01/2026	Pouch	NA	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	5160-10-01	5160-10-32	$4.00	01/01/2026	Pouch	NA	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4435	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	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	IRRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH	5160-10-01	5160-10-32	$21.43	01/01/2026	Sleeve	Supply	Non-LTCF	Always required	8	Incontinence Supplies		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	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT E0733	5160-10-01	N/A	$32.20	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)	Formerly K1017	DMEB
A4542	REPLACEMENT SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	5160-10-01	N/A	$413.21	01/01/2026	Supplies and accessories	Supplies and/or accessories	Non-LTCF	Always required	16	Supplies (miscellaneous)	Formerly K1019	DMEB
A4543	SUPPLIES FOR TRANSCUTANEOUS ELECTRICAL STIMULATOR, FOR NERVES IN THE AURICULAR REGION, PER MONTH	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A4544	ELECTRODE FOR EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEG SYNDROME	5160-10-01	N/A	$4.97	01/01/2026	Supply or accessory	Supplies and/or accessories	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4545	SUPPLIES AND ACCESSORIES FOR EXTERNAL TIBIAL NERVE STIMULATOR (E.G., SOCKS, GEL PADS, ELECTRODES, ETC.), NEEDED FOR ONE MONTH	5160-10-01	N/A	$30.22	01/01/2026	Supply or accessory	Supplies and/or accessories	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4553	NON-DISPOSABLE UNDERPADS, ALL SIZES	5160-10-01	5160-10-21	Determined by PA	01/01/2024	Underpad	NA	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4554	DISPOSABLE UNDERPADS, ALL SIZES	5160-10-01	5160-10-21	Determined by PA	01/01/2024	Underpad	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE EACH	5160-10-01	5160-10-32	$1,318.10	01/01/2026	Control system	NA	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	5160-10-01	N/A	Determined by PA	01/01/2024	Chamber	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4593	NEUROMODULATION STIMULATOR SYSTEM, ADJUNCT TO REHABILITATION THERAPY REGIME	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		SL
A4594	NEUROMODULATION STIMULATOR SYSTEM, ADJUNCT TO REHABILITATION THERAPY REGIME, MOUTHPIECE EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator mouthpiece	NA	Non-LTCF	Always required	9	Miscellaneous equipment		SL
A4596	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 accessories	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	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4601	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE, REPLACEMENT	5160-10-01	N/A	Determined by PA	01/01/2024	Battery	Accessory	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VOLT, EACH	5160-10-01	N/A	$4.16	01/01/2026	Battery	Accessory	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	5160-10-01	N/A	$56.03	01/01/2026	Respiratory care	NA	Non-LTCF	Always required	13	Respiratory		DMEB
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	5160-10-01	N/A	$26.58	01/01/2026	Respiratory care	NA	Non-LTCF	Always required	13	Respiratory		DMEB
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	5160-10-01	N/A	Determined by PA	01/01/2024	Respiratory care supplies	Supply	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	5160-10-01	N/A	Determined by PA	01/01/2024	Bulb	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Battery	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	5160-10-01	N/A	$32.11	01/01/2026	Pad	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	5160-10-01	5160-10-32	Determined by PA	01/01/2024	Belt	NA	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Syringes / needles	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A4928	SURGICAL MASK, PER 20	5160-10-01	N/A	Determined by PA	01/01/2024	Mask	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	5160-10-01	5160-10-32	$0.72	01/01/2026	Cover	Supply	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	5160-10-01	5160-10-32	$12.62	01/01/2026	Anchoring device	Supply	Non-LTCF	Always required	8	Incontinence Supplies		DMEB
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND WARMING CARD	5160-10-01	N/A	Determined by PA	01/01/2024	Warming device	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Gel sheet	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	5160-10-01	5160-10-34	$4.02	01/01/2026	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	5160-10-01	N/A	Determined by PA	01/01/2024	Lotions	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	5160-10-01	N/A	Determined by PA	01/01/2024	Cleanser	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	5160-10-01	5160-10-34	$2.08	01/01/2026	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6410	EYE PAD, STERILE, EACH	5160-10-01	5160-10-34	$0.41	01/01/2026	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6411	EYE PAD, NON-STERILE, EACH	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6412	EYE PATCH, OCCLUSIVE, EACH	5160-10-01	5160-10-34	$0.12	01/01/2026	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	5160-10-01	5160-10-34	$1.27	01/01/2026	Dressings / tape / gauze / bandages	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	5160-10-01	5160-10-14	Determined by PA	01/01/2024	Burn mask	NA	Non-LTCF	Always required	1	Compression garments		DMEB
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	5160-10-01	5160-10-14	Determined by PA	01/01/2024	Belt	NA	Non-LTCF	Always required	1	Compression garments		DMEB
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	5160-10-01	5160-10-14	$95.22	01/01/2026	Wrap	NA	Non-LTCF	Always required	1	Compression garments		DMEB
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	5160-10-01	N/A	$24.86	01/01/2026	Wound care set	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	5160-10-01	N/A	$36.96	01/01/2026	Canister	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)	1.36 payment methodology for combined supplies and accessories.	DMEB
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	5160-10-01	N/A	$12.28	01/01/2026	Respiratory care	NA	Non-LTCF	Always required	13	Respiratory		DMEB
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	5160-10-01	N/A	$47.00	01/01/2026	Respiratory care	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	5160-10-01	N/A	$15.64	01/01/2026	Respiratory care supplies	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	5160-10-01	N/A	$0.56	01/01/2026	Respiratory care supplies	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	5160-10-01	N/A	$3.29	01/01/2026	Respiratory care supplies	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	5160-10-01	N/A	$8.11	01/01/2026	Respiratory care supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	5160-10-01	N/A	$120.57	01/01/2026	Respiratory care	NA	Non-LTCF	Always required	13	Respiratory		DMEB
A7023	MECHANICAL ALLERGEN PARTICLE BARRIER/INHALATION FILTER, CREAM, NASAL, TOPICAL	5160-10-01	N/A	Determined by PA	01/01/2024	Allergen barrier	NA	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1026	DMEB
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	5160-10-01	N/A	$85.00	01/01/2026	Respiratory care	Accessory	Non-LTCF	Always required	13	Respiratory		DMEB
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Tracheostomy item	Accessory	Non-LTCF	Always required	13	Respiratory		DMEB
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	5160-10-01	N/A	$86.53	01/01/2026	Tracheostomy item	Accessory	Non-LTCF	Always required	13	Respiratory		DMEB
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	5160-10-01	N/A	$4.00	01/01/2026	Tracheostomy item	Supply	Non-LTCF	Always required	13	Respiratory		DMEB
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	5160-10-01	N/A	Determined by PA	01/01/2024	Helmet interface	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9270	NON-COVERED ITEM OR SERVICE	5160-10-01	N/A	Determined by PA	01/01/2024	Non-covered	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9272	WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, ANY TYPE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Wound suction	Supplies and/or accessories	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	5160-10-01	N/A	Determined by PA	01/01/2024	Test strips	Supply	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9279	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONCS, NOT OTHERWISE CLASSIFIED	5160-10-01	N/A	Determined by PA	01/01/2024	Monitor	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Supportive device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9284	SPIROMETER, NON-ELECTRONC, INCLUDES ALL ACCESSORIES	5160-10-01	N/A	Determined by PA	01/01/2024	Respiratory care	NA	Non-LTCF	Always required	13	Respiratory		DMEB

A9285	INVERSION/EVERSION CORRECTION DEVICE	5160-10-01	N/A	Determined by PA	01/01/2024	Correction device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Hygenic item	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous supply or accessory	Supply, accessory, and/or service	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER)	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutritional supplement	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOME MIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOME MIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOME MIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOME MIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOME MIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML = 1 UNIT) - HOME MIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4185	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML = 1 UNIT) - HOME MIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4187	OMEGAVEN, 10 GRAMS LIPIDS	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Omegaven	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN - PREMIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN - PREMIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN - PREMIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
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	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B4216	PARENTERAL NUTRITION, ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES), HOME MIX, PER DAY	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition additives	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL-AMINOSYN-RF, NEPHRAMINE, RENAMINE-PREMIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC,	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
B5200	PARENTERAL NUTRITION SOLUTION;COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS-BRANCH CHAIN AMINO ACIDS-FREAMINE-HBC-PREMIX	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Nutrition solution	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies		DMEB
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	5160-10-01	5160-10-30	$21.52	01/01/2026	Crutch	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR 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
E0150	COMBINATION WHEELED WALKER WITH SEAT AND TRANSPORT CHAIR, FOLDING, ADJUSTABLE OR FIXED HEIGHT	5160-10-01	5160-10-30	Determined by PA	10/01/2025	Walker	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0152	WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED HEIGHT	5160-10-01	5160-10-30	Determined by PA	01/01/2024	Walker	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	5160-10-01	5160-10-30	$65.93	01/01/2026	Platform	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	5160-10-01	N/A	$29.48	01/01/2026	Sitz bath	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	5160-10-01	N/A	$25.05	01/01/2026	Sitz bath	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0162	SITZ BATH CHAIR	5160-10-01	5160-10-07	$156.37	01/01/2026	Sitz bath	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	5160-10-01	5160-10-33	$1,625.60	01/01/2026	Commode	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	5160-10-01	5160-10-33	$304.80	01/01/2026	Commode	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	5160-10-01	N/A	Determined by PA	01/01/2024	Seat lift	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0175	FOOT REST; FOR USE WITH COMMODE CHAIR, EACH	5160-10-01	5160-10-33	$67.94	01/01/2026	Foot rest	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	5160-10-01	N/A	$88.61	01/01/2026	Heat lamp	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	5160-10-01	N/A	Determined by PA	01/01/2024	Lightbox	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	5160-10-01	N/A	$216.91	01/01/2026	Heat lamp	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	5160-10-01	N/A	$471.68	01/01/2026	Heat pad	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0218	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE	5160-10-01	N/A	Determined by PA	01/01/2024	Cold pad	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0221	INFRARED HEATING PAD SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Heat pad	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	5160-10-01	N/A	$369.25	01/01/2026	Hydrocollator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND POWER CORD) FOR USE WITH WARMING CARD AND WOUND COVER	5160-10-01	N/A	Determined by PA	01/01/2024	Warming device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0232	WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE AND NON CONTACT WOUND WARMING WOUND COVER	5160-10-01	N/A	Determined by PA	01/01/2024	Warming device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0236	PUMP FOR WATER CIRCULATING PAD	5160-10-01	N/A	$42.04	01/01/2026	Pump	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0242	BATH TUB RAIL, FLOOR BASE	5160-10-01	N/A	Determined by PA	01/01/2024	Bath and toilet aids	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	5160-10-01	N/A	$94.63	01/01/2026	Pad	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	5160-10-01	5160-10-18	Determined by PA	01/01/2024	Hospital bed	NA	Non-LTCF	Always required	7	Hospital beds		DMEB
E0273	BED BOARD	5160-10-01	N/A	Determined by PA	01/01/2024	Bed board	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0274	OVER-BED TABLE	5160-10-01	N/A	Determined by PA	01/01/2024	Bed table	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	5160-10-01	5160-10-18	$2,492.00	01/01/2026	Crib	NA	Non-LTCF	Always required	7	Hospital beds		DMEB
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	5160-10-01	5160-10-18	Determined by PA	01/01/2024	Accessory	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	5160-10-01	5160-10-18	$1,912.16	01/01/2026	Enclosure	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Control unit	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Bowel irrigation supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)		DMEB
E0370	AIR PRESSURE ELEVATOR FOR HEEL	5160-10-01	N/A	Determined by PA	01/01/2024	Elevator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Gaseous oxygen	NA	Non-LTCF	Always required	13	Respiratory		SL
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Gaseous oxygen	NA	LTCF	Always required	13	Respiratory		SL
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Gaseous oxygen	NA	Non-LTCF	Always required	13	Respiratory		SL
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Gaseous oxygen	NA	LTCF	Always required	13	Respiratory		SL
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	5160-10-01	5160-10-13	$38.68	01/01/2026	Liquid oxygen	NA	Non-LTCF	Always required	13	Respiratory	Refer to oxygen fee schedule for payment amount	SL
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	5160-10-01	5160-10-13	$19.34	01/01/2026	Liquid oxygen	NA	LTCF	Always required	13	Respiratory	1/2 of non-institutional amount	SL
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Liquid oxygen	NA	Non-LTCF	Always required	13	Respiratory		SL
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Liquid oxygen	NA	LTCF	Always required	13	Respiratory		SL
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Liquid oxygen	NA	Non-LTCF	Always required	13	Respiratory		SL
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	5160-10-01	5160-10-13	$47.24	01/01/2026	Gaseous oxygen	NA	LTCF	Always required	13	Respiratory	1/2 of non-institutional amount	SL
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	5160-10-01	5160-10-13	$47.24	01/01/2026	Gaseous oxygen	NA	LTCF	Always required	13	Respiratory	1/2 of non-institutional amount	SL
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Gaseous oxygen	NA	Non-LTCF	Always required	13	Respiratory		SL
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	5160-10-01	5160-10-18	$3,220.00	01/01/2026	Bed	NA	Non-LTCF	Always required	7	Hospital beds		DMEB
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	Determined by PA	01/01/2024	Respiratory care equipment	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	5160-10-01	N/A	Determined by PA	01/01/2024	Respiratory care equipment	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0490	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, CONTROLLED BY HARDWARE REMOTE	5160-10-01	N/A	$1,000.64	01/01/2026	Respiratory care equipment	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0491	ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER SOURCE AND CONTROL ELECTRONICS UNIT, CONTROLLED BY HARDWARE REMOTE, 90-DAY SUPPLY	5160-10-01	N/A	$82.64	01/01/2026	Supply or accessory	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0492	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, CONTROLLED BY PHONE APPLICATION	5160-10-01	N/A	Determined by PA	01/01/2024	Control unit	NA	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1028	DMEB
E0493	ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER SOURCE AND CONTROL ELECTRONCS UNIT, CONTROLLED BY PHONE APPLICATION, 90-DAY SUPPLY	5160-10-01	N/A	Determined by PA	01/01/2024	Supply	NA	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1029	DMEB
E0630	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT, WITH SENSOR, INCLUDES ALL COMPONENTS AND ACCESSORIES, ANY TYPE	5160-10-01	N/A	$291.12	01/01/2026	Sleep apnea treatment	NA	Both	Always required	9	Miscellaneous equipment	Formerly K1001	DMEB
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	5160-10-01	N/A	$476.32	01/01/2026	Respiratory care equipment	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	5160-10-01	N/A	Determined by PA	01/01/2024	Respiratory care equipment	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	5160-10-01	N/A	$165.22	01/01/2026	Respiratory care equipment	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	5160-10-01	N/A	$307.28	01/01/2026	Respiratory care equipment	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	5160-10-01	N/A	$449.92	01/01/2026	Respiratory care equipment	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	5160-10-01	N/A	$299.84	01/01/2026	Respiratory care equipment	NA	Non-LTCF	Always required	13	Respiratory		DMEB
E0606	POSTURAL DRAINAGE BOARD	5160-10-01	N/A	$256.48	01/01/2026	Drainage board	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0607	HOME BLOOD GLUCOSE MONITOR	5160-10-01	5160-10-29	$74.68	01/01/2026	Monitor	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	5160-10-01	5160-10-29	$265.85	01/01/2026	Monitor	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/AUISIBLE CHECK SYSTEMS	5160-10-01	5160-10-29	$496.30	01/01/2026	Monitor	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	5160-10-01	N/A	Determined by PA	01/01/2024	Recorder	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	5160-10-01	5160-10-06	$3,398.40	01/01/2026	Defibrillator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	5160-10-01	N/A	$1,124.72	01/01/2026	Lift	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	5160-10-01	N/A	$9,713.60	01/01/2026	Lift	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	5160-10-01	N/A	$1,110.88	01/01/2026	Lift	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	5160-10-01	N/A	$1,110.88	01/01/2026	Lift	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	5160-10-01	5160-10-15	$645.92	01/01/2026	Pneumatic equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	5160-10-01	5160-10-15	$606.80	01/01/2026	Pneumatic equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0658	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL ARMS AND CHEST	5160-10-01	5160-10-15	$1,440.66	10/01/2025	Pneumatic equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0659	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, HEAD, NECK AND CHEST	5160-10-01	5160-10-15	$1,440.66	10/01/2025	Pneumatic equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB

E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	5160-10-01	5160-10-15	$1,405.07	01/01/2026	Pneumatic equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	5160-10-01	5160-10-15	$464.26	01/01/2026	Pneumatic equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	5160-10-01	5160-10-15	$360.72	01/01/2026	Pneumatic equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	5160-10-01	5160-10-15	$299.73	01/01/2026	Pneumatic equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	5160-10-01	5160-10-15	$4,298.24	01/01/2026	Pneumatic equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	5160-10-01	5160-10-16	Determined by PA	01/01/2024	Compression	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0683	NON-PNEUMATIC, NON-SEQUENTIAL, PERISTALTIC WAVE COMPRESSION PUMP	5160-10-01	5160-10-16	$639.44	01/01/2026	Compression	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
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
E0715	INTRAVAGINAL DEVICE INTENDED TO STRENGTHEN PELVIC FLOOR MUSCLES DURING KEGEL EXERCISES	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E0716	SUPPLIES AND ACCESSORIES FOR INTRAVAGINAL DEVICE INTERNED TO STRENGTHEN PELVICE FLOOR MUSCLES DURING KEGEL EXERCISES	5160-10-01	N/A	Determined by PA	01/01/2024	Supplies and accessories	NA	Both	Always required	16	Supplies (miscellaneous)		DMEB
E0721	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORY, STIMULATES NERVES IN THE AURICULAR REGION	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMESL
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	5160-10-01	5160-10-14	$87.20	01/01/2026	Garment	NA	Non-LTCF	Always required	1	Compression garments		DMEB
E0732	CRANIAL 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
E0733	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	5160-10-01	N/A	$410.64	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1016	DMEB
E0734	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	5160-10-01	N/A	$3,516.32	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1018	DMEB
E0735	NON-INVASIVE VAGUS NERVE STIMULATOR	5160-10-01	N/A	$410.64	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1020	DMEB
E0736	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR	5160-10-01	N/A	$410.64	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0737	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR, CONTROLLED BY PHONE APPLICATION	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0738	UPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE MUSCLE RE-EDUCATION, INCLUDE MICROCOMPRESSOR, ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	$15,997.20	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0739	REHABILITATION SYSTEM WITH INTERACTIVE INTERFACE PROVIDING ACTIVE ASSISTANCE IN REHABILITATION THERAPY, INCLUDES ALL COMPONENTS AND ACCESSORIES, MOTORS,	5160-10-01	N/A	$12,530.60	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0740	NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR, COMPLETE SYSTEM	5160-10-01	N/A	$584.48	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0743	EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME, EACH	5160-10-01	N/A	$1,899.60	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	5160-10-01	N/A	$874.48	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
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
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0761	NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWER ELECTROMAGNETIC ENERGY TREATMENT DEVICE	5160-10-01	N/A	Determined by PA	01/01/2024	Radiowaves device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	5160-10-01	5160-10-15	$1,044.72	01/01/2026	Stimulation system	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED,	5160-10-01	5160-10-15	$12,369.80	01/01/2026	Spinal	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0765	FDA APPROVED NERVE STIMULATOR, FOR TREATMENT OF NAUSEA AND VOMITING	5160-10-01	N/A	$94.03	01/01/2026	Stimulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	5160-10-01	N/A	$128,508.00	01/01/2026	Stimulation device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0767	INTRABUCCAL, SYSTEMIC DELIVERY OF AMPLITUDE-MODULATED, RADIOFREQUENCY ELECTROMAGNETIC FIELD DEVICE, FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulation device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED	5160-10-01	N/A	Determined by PA	01/01/2024	Stimulation device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	5160-10-01	5160-10-29	$185.68	01/01/2026	Infusion pump (non-nutrition) equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	5160-10-01	5160-10-29	$11.59	01/01/2026	Infusion pump (non-nutrition) equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	5160-10-01	5160-10-29	$4,528.19	01/01/2026	Infusion pump (non-nutrition) equipment	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	5160-10-01	5160-10-29	$9,150.94	01/01/2026	Infusion pump (non-nutrition) equipment	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	5160-10-01	5160-10-29	$528.15	01/01/2026	Infusion pump (non-nutrition) equipment	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER)	5160-10-01	5160-10-29	$8,926.18	01/01/2026	Infusion pump (non-nutrition) equipment	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	5160-10-01	5160-10-18	Determined by PA	01/01/2024	Hospital bed accessories	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	5160-10-01	5160-10-18	$576.08	01/01/2026	Hospital bed accessories	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	5160-10-01	5160-10-18	$552.48	01/01/2026	Hospital bed accessories	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0856	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S)	5160-10-01	5160-10-18	$172.00	01/01/2026	Hospital bed accessories	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	5160-10-01	5160-10-18	$407.60	01/01/2026	Hospital bed accessories	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
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
E1301	WHIRLPOOL TUB, WALK-IN, PORTABLE	5160-10-01	N/A	Determined by PA	01/01/2024	Whirlpool	NA	Non-LTCF	Always required	9	Miscellaneous equipment	Formerly K1003	DMEB
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	5160-10-01	N/A	$2,040.24	01/01/2026	Whirlpool	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1352	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Accessory	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1353	REGULATOR	5160-10-01	5160-10-13	$31.65	01/01/2026	Regulator	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR 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
E1355	STAND/RACK	5160-10-01	5160-10-13	$23.85	01/01/2026	Accessory	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE 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
E1357	OXYGEN ACCESSORY, BATTERY CHARGER 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
E1358	OXYGEN 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
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	5160-10-01	5160-10-13	$131.64	01/01/2026	Heater	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	5160-10-01	5160-10-13	$1,073.44	01/01/2026	Vapor enriching system	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	5160-10-01	5160-10-13	$833.68	01/01/2026	Vapor enriching system	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1500	CENTRIFUGE, FOR DIALYSIS	5160-10-01	N/A	Determined by PA	01/01/2024	Centrifuge	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1510	KIDNEY, DIALYSATE DELIVERY SYST KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V. POLES,	5160-10-01	N/A	Determined by PA	01/01/2024	Kidney machine	NA	Non-LTCF	Always required	9	Miscellaneous equipment		SL
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	5160-10-01	N/A	Determined by PA	01/01/2024	Pump	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	5160-10-01	N/A	Determined by PA	01/01/2024	Bubble detector	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT	5160-10-01	N/A	Determined by PA	01/01/2024	Alarm	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Meter	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	5160-10-01	N/A	Determined by PA	01/01/2024	Blood leak detector	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	5160-10-01	N/A	Determined by PA	01/01/2024	Chair	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10	5160-10-01	N/A	Determined by PA	01/01/2024	Barrier	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1580	UNPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	5160-10-01	N/A	Determined by PA	01/01/2024	Control unit	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1590	HEMODIALYSIS MACHINE	5160-10-01	N/A	Determined by PA	01/01/2024	Hemodialysis machine	NA	Non-LTCF	Always required	9	Miscellaneous equipment		SL
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Dialysis system	NA	Non-LTCF	Always required	9	Miscellaneous equipment		SL
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	5160-10-01	N/A	Determined by PA	01/01/2024	Dialysis machine	NA	Non-LTCF	Always required	9	Miscellaneous equipment		SL
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT	5160-10-01	N/A	Determined by PA	01/01/2024	Charges	NA	Non-LTCF	Always required	9	Miscellaneous equipment		SL
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	5160-10-01	N/A	Determined by PA	01/01/2024	Water purification system	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	5160-10-01	N/A	Determined by PA	01/01/2024	Water purification system	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT	5160-10-01	N/A	Determined by PA	01/01/2024	Pump	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS	5160-10-01	N/A	Determined by PA	01/01/2024	Water softening system	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Dialysis system	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Artificial Kidney	NA	Non-LTCF	Always required	9	Miscellaneous equipment		SL
E1634	PERITONEAL DIALYSIS CLAMPS, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Clamp	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Hemodialyzer system	NA	Non-LTCF	Always required	9	Miscellaneous equipment		SL
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10	5160-10-01	N/A	Determined by PA	01/01/2024	Cartridges	Supply	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1637	HEMOSTATS, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Hemostats	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1639	SCALE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Scale	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous equipment	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E1700	JAW MOTION REHABILITATION SYSTEM	5160-10-01	N/A	$327.68	01/01/2026	Rehabilitation system	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	5160-10-01	N/A	$11.84	01/01/2026	Rehabilitation system	Supply	Both	Always required	16	Supplies (miscellaneous)		DMEB
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	5160-10-01	N/A	$25.21	01/01/2026	Rehabilitation system	Supply	Both	Always required	16	Supplies (miscellaneous)		DMEB
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,369.28	01/01/2026	Extension/flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	$1,442.00	01/01/2026	Extension/flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$3,652.96	01/01/2026	Pronation/supination device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1803	DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,369.28	01/01/2026	Extension device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1804	DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,369.28	01/01/2026	Flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1805	DYNAMIC ADJUSTABLE WRIST 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
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	$1,184.08	01/01/2026	Extension/flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1807	DYNAMIC ADJUSTABLE WRIST 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
E1808	DYNAMIC ADJUSTABLE WRIST 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
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,392.64	01/01/2026	Extension/flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	$1,499.04	01/01/2026	Extension/flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	5160-10-01	N/A	$96.12	01/01/2026	Extension/flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1813	DYNAMIC ADJUSTABLE KNEE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,392.64	01/01/2026	Extension device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1814	DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,392.64	01/01/2026	Flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/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
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	$1,522.88	01/01/2026	Extension/flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB

E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	$1,554.56	01/01/2026	Pronation/supination device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	5160-10-01	N/A	$117.63	01/01/2026	Replacement material	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1822	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,412.32	01/01/2026	Extension device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1823	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,412.32	01/01/2026	Flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,412.32	01/01/2026	Extension/flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1826	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$1,412.32	01/01/2026	Extension device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1827	DYNAMIC ADJUSTABLE FINGER 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
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	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	Both	Always required	9	Miscellaneous equipment		DMEB
E1832	STATIC PROGRESSIVE STRETCH FINGER DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	Determined by PA	04/01/2025	Extension/flexion device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	5160-10-01	N/A	$4,277.84	01/01/2026	Flexion/abduction/ rotation device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	$5,063.28	01/01/2026	Stretch device	NA	Both	Always required	9	Miscellaneous equipment		DMEB
E2000	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 MONITOR 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	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	5160-10-01	N/A	$6,170.24	01/01/2026	Pump	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
E2513	ACCESSORY FOR SPEECH GENERATING DEVICE, ELECTROMYOGRAPHIC SENSOR	5160-10-01	5160-10-24	$3,922.36	01/01/2026	Sgd sensor	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEOP
E3200	GAIT MODULATION SYSTEM, RHYTHMIC AUDITORY STIMULATION, INCLUDING RESTRICTED THERAPY SOFTWARE, ALL COMPONENTS AND ACCESSORIES, PRESCRIPTION ONLY	5160-10-01	N/A	Determined by PA	01/01/2024	Auditory stimulation device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEOP
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	5160-10-01	N/A	$2,960.48	01/01/2026	Pump	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	5160-10-01	N/A	$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	$0.62	01/01/2026	Battery	Accessory	Both	Always required	16	Supplies (miscellaneous)		DMEB
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	5160-10-01	N/A	$6.66	01/01/2026	Battery	Accessory	Both	Always required	16	Supplies (miscellaneous)		DMEB
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	5160-10-01	N/A	$15.92	01/01/2026	Battery	Accessory	Both	Always required	16	Supplies (miscellaneous)		DMEB
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	5160-10-01	N/A	$82.87	01/01/2026	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEB
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	5160-10-01	N/A	Determined by PA	01/01/2024	Pump	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
K0744	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 MORE THAN 16 SQUARE INCHES BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Wound dressing	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE GREATER THAN 48 SQUARE INCHES	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Wound dressing	Supply	Non-LTCF	Always required	4	Dressings, surgical		DMEB
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	10/16/5160	N/A	Determined by PA	01/01/2024	Power mobility device not coded	NA	Non-LTCF	Always required	9, 12	Wheelchairs, Repairs		DMEB
K1004	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL COMPONENTS AND ACCESSORIES	5160-10-01	N/A	Determined by PA	01/01/2024	Diathermy device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
K1007	BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED, INCLUDES PELVIC COMPONENT, SINGLE OR DOUBLE UPRIGHT(S), KNEE JOINTS ANY TYPE, WITH OR WITHOUT ANKLE JOINTS ANY TYPE, ALL COMPONENTS	5160-10-01	N/A	$74,573.40	01/01/2026	Powered mobility device	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
K1010	INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, PATIENT INSERTED, 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
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	5160-10-01	5160-10-32	Determined by PA	01/01/2024	Charger	Accessory	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
K1036	SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE, PER MONTH	5160-10-01	N/A	Determined by PA	01/01/2024	Supplies and accessories	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
K1037	DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY	5160-10-01	N/A	Determined by PA	01/01/2024	Supplies and accessories	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED	5160-10-01	N/A	$1,316.75	01/01/2026	Cranial cervical	NA	Both	Always required	10	Orthotics		DMEOP
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$278.71	01/01/2026	Cranial cervical	NA	Both	Always required	10	Orthotics		DMEOP
L0150	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	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 PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$839.01	01/01/2026	Thoracic spine	NA	Both	Always required	10	Orthotics		DMEOP
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, 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 SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$1,174.66	01/01/2026	Thoracic spine	NA	Both	Always required	10	Orthotics		DMEOP
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$266.14	01/01/2026	Thoracic spine	NA	Both	Always required	10	Orthotics		DMEOP
L0491	TLSO, SAGITTAL-CORONAL 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 PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$722.51	01/01/2026	Thoracic spine	NA	Both	Always required	10	Orthotics		DMEOP
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID,	5160-10-01	N/A	$475.23	01/01/2026	Thoracic spine	NA	Both	Always required	10	Orthotics		DMEOP
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	5160-10-01	N/A	$289.05	01/01/2026	Sacroiliac joints	NA	Both	Always required	10	Orthotics		DMEOP
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	5160-10-01	N/A	$47.06	01/01/2026	Sacroiliac joints	NA	Both	Always required	10	Orthotics		DMEOP
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	5160-10-01	N/A	Determined by PA	01/01/2024	Sacroiliac joints	NA	Both	Always required	10	Orthotics		DMEOP
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL	5160-10-01	N/A	$1,240.80	01/01/2026	Lumbar spine	NA	Both	Always required	10	Orthotics		DMEOP
L0820	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	5160-10-01	N/A	$3,413.47	01/01/2026	Halo procedure	NA	Both	Always required	10	Orthotics		DMEOP
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	Determined by PA	01/01/2024	Spine, scoliosis, cervical-thoracic-	NA	Both	Always required	10	Orthotics		DMEOP
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$3,011.14	01/01/2026	Scoliosis orthosis accessory	NA	Both	Always required	10	Orthotics		DMEOP
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	5160-10-01	N/A	$39.56	01/01/2026	Hip	NA	Both	Always required	10	Orthotics		DMEOP
L1653	HIP ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, OFF THE SHELF	5160-10-01	N/A	$335.34	01/01/2026	Hip	NA	Both	Always required	10	Orthotics		DMEOP
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	5160-10-01	N/A	$1,480.26	01/01/2026	Hip, Legg-Calvé-Perthes disease	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	Hip, 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 GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED	5160-10-01	N/A	$423.80	01/01/2026	Ankle-foot	NA	Both	Always required	10	Orthotics		DMEOP
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$304.85	01/01/2026	Ankle-foot	NA	Both	Always required	10	Orthotics		DMEOP
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY	5160-10-01	N/A	$3,855.06	01/01/2026	Knee-ankle-foot	NA	Both	Always required	10	Orthotics		DMEOP
L2006	KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND STANCE PHASE MICROPROCESSOR CONTROL WITH ADJUSTABILITY, INCLUDES ALL COMPONENTS (E.G., SENSORS, BATTERIES, CHARGER), ANY TYPE ACTIVATION, WITH OR WITHOUT ANKLE JOINT(S), CUSTOM FABRICATED	5160-10-01	N/A	$30,618.38	01/01/2026	Knee-ankle-foot	NA	Both	Always required	10	Orthotics		DMEOP
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	5160-10-01	N/A	$373.70	01/01/2026	Knee-ankle-foot	NA	Both	Always required	10	Orthotics		DMEOP
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED	5160-10-01	N/A	$526.93	01/01/2026	Knee-ankle-foot	NA	Both	Always required	10	Orthotics		DMEOP
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	5160-10-01	N/A	$158.93	01/01/2026	Lower limb, fracture, addition to orthosis	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	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	$163.95	01/01/2026	Molded insert	NA	Both	Always required	10	Orthotics		DMEOP
L3070	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	5160-10-01	N/A	$29.88	01/01/2026	Formed insert	NA	Both	Always required	10	Orthotics		DMEOP
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	5160-10-01	N/A	$29.88	01/01/2026	Arch support	NA	Both	Always required	10	Orthotics		DMEOP
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	5160-10-01	N/A	$38.29	01/01/2026	Arch support	NA	Both	Always required	10	Orthotics		DMEOP
L3212	BENESCH BOOT, PAIR, INFANT	5160-10-01	N/A	Determined by PA	01/01/2024	Boot	NA	Both	Always 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
L3250	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
L3254	NON-STANDARD SIZE OR WIDTH	5160-10-01	N/A	Determined by PA	01/01/2024	Shoe	NA	Both	Always required	10	Orthotics		DMEOP
L3255	NON-STANDARD SIZE OR LENGTH	5160-10-01	N/A	Determined by PA	01/01/2024	Shoe	NA	Both	Always required	10	Orthotics		DMEOP
L3260	SURGICAL BOOT/SHOE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Boot	NA	Both	Always required	10	Orthotics		DMEOP
L3265	PLASTAZOTE SANDAL, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Sandal	NA	Both	Always required	10	Orthotics		DMEOP
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	5160-10-01	N/A	$532.44	01/01/2026	Lift	NA	Both	Always required	10	Orthotics		DMEOP
L3485	HEEL, PAD, REMOVABLE FOR SPUR	5160-10-01	N/A	Determined by PA	01/01/2024	Heel pad	NA	Both	Always required	10	Orthotics		DMEOP
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	5160-10-01	N/A	$21.55	01/01/2026	Shoe	NA	Both	Always required	10	Orthotics		DMEOP
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	5160-10-01	N/A	$50.24	01/01/2026	Shoe	NA	Both	Always required	10	Orthotics		DMEOP
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	5160-10-01	N/A	$40.67	01/01/2026	Transfer	NA	Both	Always required	10	Orthotics		DMEOP
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE	5160-10-01	N/A	Determined by PA	01/01/2024	Shoulder	NA	Both	Always required	10	Orthotics		DMEOP
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	5160-10-01	N/A	Determined by PA	01/01/2024	Shoulder	NA	Both	Always required	10	Orthotics		DMEOP
L3765	ELBOW, WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$1,097.85	01/01/2026	Elbow	NA	Both	Always required	10	Orthotics		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	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	$388.93	01/01/2026	Elbow	NA	Both	Always required	10	Orthotics		DMEOP
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	5160-10-01	N/A	$2,582.71	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	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN	5160-10-01	N/A	$90.48	01/01/2026	Hand	NA	Both	Always required	10	Orthotics		DMEOP
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$231.88	01/01/2026	Hand	NA	Both	Always required	10	Orthotics		DMEOP
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$275.02	01/01/2026	Finger	NA	Both	Always required	10	Orthotics		DMEOP
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G., STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE	5160-10-01	N/A	$29.93	01/01/2026	Finger	NA	Both	Always required	10	Orthotics		DMEOP
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$189.13	01/01/2026	Finger	NA	Both	Always required	10	Orthotics		DMEOP
L3961	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 ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERB'S PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	5160-10-01	N/A	$787.58	01/01/2026	Shoulder-elbow-wrist-hand	NA	Both	Always required	10	Orthotics		DMEOP
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	5160-10-01	N/A	$1,698.40	01/01/2026	Shoulder-elbow-wrist-hand	NA	Both	Always required	10	Orthotics		DMEOP
L3975	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	Shoulder-elbow-wrist-hand-finger	NA	Both	Always required	10	Orthotics		DMEOP
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, 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-finger	NA	Both	Always required	10	Orthotics		DMEOP
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS,	5160-10-01	N/A	$1,612.18	01/01/2026	Shoulder-elbow-wrist-hand-finger	NA	Both	Always required	10	Orthotics		DMEOP
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), 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	5160-10-01	N/A	$423.64	01/01/2026	Immediate post-surgery or early fitting	NA	Both	Always required	10	Orthotics		DMEOP
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	5160-10-01	N/A	$423.64	01/01/2026	Immediate post-surgery or early fitting	NA	Both	Always required	10	Orthotics		DMEOP
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	5160-10-01	N/A	$1,233.20	01/01/2026	Initial socket	NA	Both	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 FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	5160-10-01	N/A	$1,380.81	01/01/2026	Preparatory prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MODIFIED TO MODEL	5160-10-01	N/A	$1,926.94	01/01/2026	Preparatory prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	5160-10-01	N/A	$2,183.04	01/01/2026	Preparatory prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L5615	ADDITION, 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, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	5160-10-01	N/A	$1,099.33	01/01/2026	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEOP
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	5160-10-01	N/A	$3,976.10	01/01/2026	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEOP
L5827	ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING	5160-10-01	N/A	Determined by PA	04/01/2025	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEOP
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	5160-10-01	N/A	$22,628.42	01/01/2026	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEOP
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	5160-10-01	N/A	$17,518.80	01/01/2026	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEOP
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	5160-10-01	N/A	$14,493.42	01/01/2026	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEOP
L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	5160-10-01	N/A	Determined by PA	01/01/2024	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEOP
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	5160-10-01	N/A	$235.52	01/01/2026	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEOP
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	5160-10-01	N/A	$16,570.71	01/01/2026	Addition to lower limb	NA	Both	Always required	10	Orthotics		DMEOP
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES,	5160-10-01	N/A	$4,193.22	01/01/2026	Upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	5160-10-01	N/A	$2,290.22	01/01/2026	Upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	5160-10-01	N/A	$2,879.89	01/01/2026	Upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	5160-10-01	N/A	$3,314.22	01/01/2026	Elbow	NA	Both	Always required	10	Orthotics		DMEOP
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST	5160-10-01	N/A	$1,313.03	01/01/2026	Immediate post-surgery or early fitting	NA	Both	Always required	10	Orthotics		DMEOP
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	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	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	5160-10-01	N/A	$1,956.92	01/01/2026	Immediate post-surgery or early fitting	NA	Both	Always required	10	Orthotics		DMEOP
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	5160-10-01	N/A	$443.24	01/01/2026	Immediate post-surgery or early fitting	NA	Both	Always required	10	Orthotics		DMEOP
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 HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	5160-10-01	N/A	$1,729.66	01/01/2026	Preparatory prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	5160-10-01	N/A	$1,374.50	01/01/2026	Preparatory prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	5160-10-01	N/A	$2,335.34	01/01/2026	Preparatory prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	5160-10-01	N/A	$1,995.90	01/01/2026	Preparatory prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	5160-10-01	N/A	$3,379.47	01/01/2026	Preparatory prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	5160-10-01	N/A	$3,113.91	01/01/2026	Preparatory prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L6611	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	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	5160-10-01	N/A	$2,156.06	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6624	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	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	5160-10-01	N/A	$2,357.25	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6646	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	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATION	5160-10-01	N/A	$489.44	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	5160-10-01	N/A	$3,066.24	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	5160-10-01	N/A	$279.62	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL	5160-10-01	N/A	$687.80	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	5160-10-01	N/A	$573.15	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE	5160-10-01	N/A	$1,239.92	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET 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	5160-10-01	N/A	$1,239.92	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	5160-10-01	N/A	$636.82	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6700	UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURE, MYOELECTRONIC CONTROL MODULE, ADDITIONAL EMG INPUTES, PATTERN-RECOGNITION DECODING INTENT MOVEMENT	5160-10-01	N/A	Determined by PA	04/01/2025	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	5160-10-01	N/A	$317.01	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	5160-10-01	N/A	$633.74	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	5160-10-01	N/A	$1,166.82	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	5160-10-01	N/A	$1,472.69	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	5160-10-01	N/A	$1,247.35	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	5160-10-01	N/A	$2,975.98	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	5160-10-01	N/A	$2,216.90	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	5160-10-01	N/A	$1,911.22	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY G	5160-10-01	N/A	$22,521.57	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	5160-10-01	N/A	$3,853.67	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	5160-10-01	N/A	$2,923.19	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	5160-10-01	N/A	$4,077.85	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	5160-10-01	N/A	$595.30	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$7,471.61	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$8,171.26	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF	5160-10-01	N/A	$8,106.58	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$8,567.54	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$9,705.90	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$10,754.07	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$10,137.50	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$11,468.09	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$12,490.06	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP

L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$14,104.80	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$14,004.35	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	5160-10-01	N/A	$15,344.33	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	5160-10-01	N/A	$3,349.95	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	5160-10-01	N/A	$5,802.02	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	5160-10-01	N/A	$3,622.98	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	5160-10-01	N/A	$2,892.12	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	5160-10-01	N/A	$1,551.90	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	5160-10-01	N/A	$5,863.02	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	5160-10-01	N/A	$35,179.27	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE	5160-10-01	N/A	$37,769.02	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	5160-10-01	N/A	$6,158.37	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	5160-10-01	N/A	$8,493.45	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	5160-10-01	N/A	$7,650.61	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	5160-10-01	N/A	$9,875.15	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	5160-10-01	N/A	$3,995.80	01/01/2026	Addition to upper limb, terminal device	NA	Both	Always required	10	Orthotics		DMEOP
L7360	SIX VOLT BATTERY, EACH	5160-10-01	N/A	$254.83	01/01/2026	Battery	Accessory	Both	Always required	10	Orthotics		DMEOP
L7362	BATTERY CHARGER, SIX VOLT, EACH	5160-10-01	N/A	$264.15	01/01/2026	Charger	Accessory	Both	Always required	10	Orthotics		DMEOP
L7364	TWELVE VOLT BATTERY, EACH	5160-10-01	N/A	$500.36	01/01/2026	Battery	Accessory	Both	Always required	10	Orthotics		DMEOP
L7366	BATTERY CHARGER, TWELVE VOLT, EACH	5160-10-01	N/A	$646.74	01/01/2026	Charger	Accessory	Both	Always required	10	Orthotics		DMEOP
L7367	LITHIUM ION BATTERY, RECHARGEABLE, REPLACEMENT	5160-10-01	N/A	$366.98	01/01/2026	Battery	Accessory	Both	Always required	10	Orthotics		DMEOP
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	5160-10-01	N/A	$323.44	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	5160-10-01	N/A	$349.28	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	5160-10-01	N/A	$523.93	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	5160-10-01	N/A	$685.21	01/01/2026	Addition to upper limb	NA	Both	Always required	10	Orthotics		DMEOP
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Sleeve	NA	Both	Always required	10	Orthotics		DMEOP
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	5160-10-01	N/A	$123.93	01/01/2026	Gasket/seal	NA	Both	Always required	10	Orthotics		DMEOP
L7900	MALE VACUUM ERECTION SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Vacuum	NA	Both	Always required	10	Orthotics		DMEOP
L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Tension ring	NA	Both	Always required	10	Orthotics		DMEOP
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE	5160-10-01	N/A	$118.24	01/01/2026	Breast prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY TYPE	5160-10-01	N/A	$155.50	01/01/2026	Breast prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	5160-10-01	N/A	$302.92	01/01/2026	Breast prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8032	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH	5160-10-01	N/A	$38.35	01/01/2026	Breast prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8033	NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Breast prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	5160-10-01	N/A	Determined by PA	01/01/2024	Breast prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	$2,356.70	01/01/2026	Facial prosthesis	NA	Both	Always required	10	Orthotics	KM modifier; $2238.86, KN modfier; $942.68	DMEOP
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	$2,840.80	01/01/2026	Facial prosthesis	NA	Both	Always required	10	Orthotics	KM modifier; $2698.71, KN modfier; $942.68	DMEOP
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	$3,191.86	01/01/2026	Facial prosthesis	NA	Both	Always required	10	Orthotics	KM modifier; $3032.0026, KN modfier; $1276.75	DMEOP
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	$3,574.80	01/01/2026	Facial prosthesis	NA	Both	Always required	10	Orthotics	KM modifier; $3396.15, KN modfier, $1429.96	DMEOP
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	$3,957.90	01/01/2026	Facial prosthesis	NA	Both	Always required	10	Orthotics	KM modifier; $3760.04, KN modfier, $1583.16	DMEOP
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	$2,484.54	01/01/2026	Facial prosthesis	NA	Both	Always required	10	Orthotics	KM modifier; $2360.30, KN modfier, $993.80	DMEOP
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	$2,553.48	01/01/2026	Facial prosthesis	NA	Both	Always required	10	Orthotics	KM modifier; $2425.52, KN modfier, $1021.36	DMEOP
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	$1,308.66	01/01/2026	Facial prosthesis	NA	Both	Always required	10	Orthotics	KM modifier; $1243.22, KN modfier, $523.45	DMEOP
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	Determined by PA	01/01/2024	Facial prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN	5160-10-01	N/A	Determined by PA	01/01/2024	Facial prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
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
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	5160-10-01	N/A	$39.48	01/01/2026	Voice prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	5160-10-01	N/A	$102.93	01/01/2026	Voice prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8510	VOICE AMPLIFIER	5160-10-01	N/A	$238.19	01/01/2026	Amplifier	NA	Both	Always required	10	Orthotics		DMEOP
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	5160-10-01	N/A	$68.56	01/01/2026	Insert	NA	Both	Always required	10	Orthotics		DMEOP
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, REPLACEMENT ONLY, PER 10	5160-10-01	N/A	$2.93	01/01/2026	Voice prosthesis gelatin capsules	Supply	Both	Always required	10	Orthotics		DMEOP
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	5160-10-01	N/A	$4.89	01/01/2026	Voice prosthesis cleaning device	Accessory	Both	Always required	10	Orthotics		DMEOP
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	5160-10-01	N/A	$88.87	01/01/2026	Puncture dilator	NA	Both	Always required	10	Orthotics		DMEOP
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, EACH	5160-10-01	N/A	$59.48	01/01/2026	Gelatin capsule application device	Supply	Both	Always required	10	Orthotics		DMEOP
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	5160-10-01	N/A	$700.26	01/01/2026	Breast prosthesis	NA	Both	Always required	10	Orthotics		DMEOP
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	5160-10-01	N/A	$422.96	01/01/2026	Bulking agent	NA	Both	Always required	10	Orthotics		DMEOP
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	5160-10-01	N/A	Determined by PA	01/01/2024	Bulking agent	NA	Both	Always required	10	Orthotics		DMEOP
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CANAL, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	5160-10-01	N/A	$675.13	01/01/2026	Bulking agent	NA	Both	Always required	10	Orthotics		DMEOP
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	5160-10-01	N/A	$214.47	01/01/2026	Bulking agent	NA	Both	Always required	10	Orthotics		DMEOP
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	5160-10-01	N/A	$40.42	01/01/2026	Bulking agent	NA	Both	Always required	10	Orthotics		DMEOP
L8608	MISCELLANEOUS EXTERNAL COMPONENT, SUPPLY OR ACCESSORY FOR USE WITH THE ARGUS II RETINAL PROSTHESIS SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	10	Orthotics		DMEOP
L8609	ARTIFICIAL CORNEA	5160-10-01	N/A	$6,141.60	01/01/2026	Cornea	NA	Both	Always required	10	Orthotics		DMEOP
L8610	OCULAR IMPLANT	5160-10-01	N/A	$636.97	01/01/2026	Implant	NA	Both	Always required	10	Orthotics		DMEOP
L8612	AQUEOUS SHUNT	5160-10-01	N/A	$695.41	01/01/2026	Shunt	NA	Both	Always required	10	Orthotics		DMEOP
L8613	OSSICULA IMPLANT	5160-10-01	N/A	$289.01	01/01/2026	Implant	NA	Both	Always required	10	Orthotics		DMEOP
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	5160-10-01	N/A	$18,038.06	01/01/2026	Cochlear device	NA	Both	Always required	10	Orthotics		DMEOP
L8630	METACARPOPHALANGEAL JOINT IMPLANT	5160-10-01	N/A	$323.49	01/01/2026	Implant	NA	Both	Always required	10	Orthotics		DMEOP
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON), FOR SURGICAL	5160-10-01	N/A	$2,046.34	01/01/2026	Joint replacement	NA	Both	Always required	10	Orthotics		DMEOP
L8641	METATARSAL JOINT IMPLANT	5160-10-01	N/A	$448.15	01/01/2026	Implant	NA	Both	Always required	10	Orthotics		DMEOP
L8642	HALLUX IMPLANT	5160-10-01	N/A	$294.90	01/01/2026	Implant	NA	Both	Always required	10	Orthotics		DMEOP
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	5160-10-01	N/A	$390.73	01/01/2026	Spacer	NA	Both	Always required	10	Orthotics		DMEOP
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	$1,818.96	01/01/2026	Joint replacement	NA	Both	Always required	10	Orthotics		DMEOP
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	5160-10-01	N/A	$534.50	01/01/2026	Implant	NA	Both	Always required	10	Orthotics		DMEOP
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	5160-10-01	N/A	$8,170.54	01/01/2026	Implantable generator	NA	Both	Always required	10	Orthotics		DMEOP
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Implantable electrode	NA	Both	Always required	10	Orthotics		DMEOP
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	5160-10-01	N/A	$1,035.86	01/01/2026	Patient programmer	NA	Both	Always required	10	Orthotics		DMEOP
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	5160-10-01	N/A	$5,837.72	01/01/2026	Implantable receiver	NA	Both	Always required	10	Orthotics		DMEOP
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	5160-10-01	N/A	$5,138.51	01/01/2026	Implantable generator	NA	Both	Always required	10	Orthotics		DMEOP
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT, REPLACEMENT	5160-10-01	N/A	$760.52	01/01/2026	Implantable generator	NA	Both	Always required	10	Orthotics		DMEOP
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	5160-10-01	N/A	Determined by PA	01/01/2024	Implantable generator	NA	Both	Always required	10	Orthotics		DMEOP
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	5160-10-01	N/A	Determined by PA	01/01/2024	Implantable generator	NA	Both	Always required	10	Orthotics		DMEOP
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	5160-10-01	N/A	Determined by PA	01/01/2024	Implantable generator	NA	Both	Always required	10	Orthotics		DMEOP
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	5160-10-01	N/A	Determined by PA	01/01/2024	Implantable generator	NA	Both	Always required	10	Orthotics		DMEOP
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	5160-10-01	N/A	$1,625.97	01/01/2026	Recharging system	Accessory	Both	Always required	10	Orthotics		DMEOP
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	5160-10-01	N/A	$4,484.22	01/01/2026	Auditory osseointegrated	NA	Both	Always required	10	Orthotics		DMEOP
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	5160-10-01	N/A	$1,429.32	01/01/2026	Auditory osseointegrated	NA	Both	Always required	10	Orthotics		DMEOP
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	5160-10-01	N/A	$890.18	01/01/2026	Auditory osseointegrated device	NA	Both	Always required	10	Orthotics		DMEOP
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	5160-10-01	N/A	$15.68	01/01/2026	Recharging system	NA	Both	Always required	10	Orthotics		DMEOP
L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULATION DEVICE, REPLACEMENT, EACH	5160-10-01	N/A	$204.30	01/01/2026	Antenna	NA	Both	Always required	10	Orthotics		DMEOP
L8698	MISCELLANEOUS COMPONENT, SUPPLY OR ACCESSORY FOR USE WITH TOTAL ARTIFICIAL HEART SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	10	Orthotics		DMEOP
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	5160-10-01	N/A	Determined by PA	01/01/2024	Implant	NA	Both	Always required	10	Orthotics		DMEOP
L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND	5160-10-01	N/A	$27,427.55	01/01/2026	Range of motion assist device	NA	Both	Always required	10	Orthotics		DMEOP
L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND	5160-10-01	N/A	$53,962.13	01/01/2026	Range of motion assist device	NA	Both	Always required	10	Orthotics		DMEOP
L8720	EXTERNAL LOWER EXTREMITY SENSORY PROSTHESIS, CULTANEOUS STIMULATION OF MECHANORECEPTORS PROXIMAL TO THE ANKLE, PER LEG	5160-10-01	N/A	Determined by PA	01/01/2024	Lower extremity	NA	Both	Always required	10	Orthotics		DMEOP
L8721	RECEPTOR SOLE FOR USE WITH L8720, REPLACEMENT, EACH	5160-10-01	N/A	Determined by PA	01/01/2024	Receptor	NA	Both	Always required	10	Orthotics		DMEOP
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	5160-10-01	N/A	Determined by PA	01/01/2024	Supply, accessory, or service	Supply, accessory, and/or service	Both	Always required	10	Orthotics		DMEOP
Q0477	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$731.28	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment		DMEB

Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE	5160-10-01	N/A	$173.23	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$11,286.01	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$79,999.92	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$13,697.08	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$4,290.18	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$17,673.66	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$3,432.17	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$331.35	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$275.80	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$321.76	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$15,322.09	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$662.76	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0491	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$1,041.94	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$83.92	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$239.03	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$202.27	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$3,937.38	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$1,413.19	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$441.28	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$484.20	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$157.32	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$28.79	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$481.37	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$612.85	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	5160-10-01	N/A	$1,225.76	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	5160-10-01	N/A	$646.80	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	5160-10-01	N/A	$805.12	01/01/2026	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST DEVICE	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UNDER MEDICARE PART A	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous supply or accessory	Supplies and/or accessories	Both	Always required	9	Miscellaneous equipment			DMEB
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	5160-10-01	N/A	$48.91	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	5160-10-01	N/A	$184.81	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$35.12	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$121.59	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$12.95	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$29.17	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$6.47	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$14.58	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$8.64	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$19.44	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$4.31	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$9.75	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$15.74	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$26.54	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$7.88	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$13.26	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$9.09	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
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
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$4.55	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$7.28	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$6.73	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$12.16	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
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
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$6.08	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$37.74	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$117.89	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$18.88	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$58.98	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$28.88	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$76.01	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$14.42	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$38.00	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$26.94	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
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
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$13.46	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$33.51	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$18.40	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$41.16	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$8.23	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$20.57	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$19.98	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$34.11	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$9.99	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$17.08	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	5160-10-01	N/A	$11.60	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	5160-10-01	N/A	$18.65	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	5160-10-01	N/A	$5.77	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	5160-10-01	N/A	$9.33	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4049	FINGER SPLINT, STATIC	5160-10-01	N/A	$2.10	01/01/2026	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	5160-10-01	N/A	Determined by PA	01/01/2024	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES)	5160-10-01	N/A	Determined by PA	01/01/2024	Supplies	NA	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
S1035	SENSOR, INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Sensor	NA	Non-LTCF	Always required	9	Miscellaneous equipment			DMEOP
S1036	TRANSMITTER, EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Transmitter	NA	Non-LTCF	Always required	9	Miscellaneous equipment			DMEB
S1037	RECEIVER (MONITOR), EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Receiver	NA	Non-LTCF	Always required	9	Miscellaneous equipment			DMEB
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITHOUT MASK	5160-10-01	N/A	Determined by PA	01/01/2024	Respiratory care supplies	Supply	Non-LTCF	Always required	9	Miscellaneous equipment			DMEB
S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FOOT	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Gaseous oxygen	NA	Non-LTCF	Always required	13	Respiratory			SL
S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FOOT	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Gaseous oxygen	NA	LTCF	Always required	13	Respiratory			SL
S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Liquid oxygen	NA	Non-LTCF	Always required	13	Respiratory			SL
S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND	5160-10-01	5160-10-13	Determined by PA	01/01/2024	Liquid oxygen	NA	LTCF	Always required	13	Respiratory			SL
S8429	GRADIENT PRESSURE EXTERIOR WRAP	5160-10-01	5160-10-14	Determined by PA	01/01/2024	Elastic supports	NA	Non-LTCF	Always required	4	Dressings, surgical			DMEB
S8430	PADDING FOR COMPRESSION BANDAGE, ROLL	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Wound dressing	Supply	Non-LTCF	Always required	4	Dressings, surgical			DMEB
S8431	COMPRESSION BANDAGE, ROLL	5160-10-01	5160-10-34	Determined by PA	01/01/2024	Wound dressing	Supply	Non-LTCF	Always required	4	Dressings, surgical			DMEB
S8450	SPLINT, PREFABRICATED, DIGIT (SPECIFY DIGIT BY USE OF MODIFIER)	5160-10-01	N/A	Determined by PA	01/01/2024	Splint	NA	Non-LTCF	Always required	9	Miscellaneous equipment			DMEB
S8451	SPLINT, PREFABRICATED, WRIST OR ANKLE	5160-10-01	N/A	Determined by PA	01/01/2024	Splint	NA	Non-LTCF	Always required	9	Miscellaneous equipment			DMEB
S8452	SPLINT, PREFABRICATED, ELBOW	5160-10-01	N/A	Determined by PA	01/01/2024	Splint	NA	Non-LTCF	Always required	9	Miscellaneous equipment			DMEB
S8490	INSULIN SYRINGES (100 SYRINGES, ANY SIZE)	5160-10-01	N/A	Determined by PA	01/01/2024	Syringes / needles	Supply	Non-LTCF	Always required	16	Supplies (miscellaneous)			DMEB
S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)	5160-10-01	N/A	Determined by PA	01/01/2024	Respiratory care	NA	Non-LTCF	Always required	9	Miscellaneous equipment			DMEB
S9433	MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTRITIONAL INTAKE	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Food	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies			DMEB
S9434	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM	5160-10-01	5160-10-26	Determined by PA	01/01/2024	Food	NA	Non-LTCF	Always required	5	Enteral nutrition and supplies			DMEB
T4545	INCONTINENCE PRODUCT, DISPOSABLE, PENILE WRAP, EACH	5160-10-01	5160-10-21	Determined by PA	01/01/2024	Incontinence garment	Supply	Non-LTCF	Always required	8	Incontinence Supplies			DMEB

T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS	5160-10-01	N/A	Determined by PA	01/01/2024	Seat	NA	Non-LTCF	Always required	9	Miscellaneous equipment		DMEB
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	5160-10-01	N/A	$43.00	01/01/2026	Sphere	NA	Both	Always required	18	Vision		DMEB
V2101	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	5160-10-01	N/A	$44.23	01/01/2026	Sphere	NA	Both	Always required	18	Vision		DMEB
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	5160-10-01	N/A	$55.75	01/01/2026	Sphere	NA	Both	Always required	18	Vision		DMEB
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	5160-10-01	N/A	$40.84	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	$42.04	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$47.43	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$50.88	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS	5160-10-01	N/A	$44.09	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	$43.03	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$52.82	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$46.97	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	5160-10-01	N/A	$48.96	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	$54.25	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$64.08	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	5160-10-01	N/A	$69.82	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	5160-10-01	N/A	$84.32	01/01/2026	Lenticular	NA	Both	Always required	18	Vision		DMEB
V2118	ANISEIKONIC LENS, SINGLE VISION	5160-10-01	N/A	$79.57	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2121	LENTICULAR LENS, PER LENS, SINGLE	5160-10-01	N/A	$89.07	01/01/2026	Lenticular	NA	Both	Always required	18	Vision		DMEB
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA	Both	Always required	18	Vision		DMEB
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	5160-10-01	N/A	$61.19	01/01/2026	Sphere	NA	Both	Always required	18	Vision		DMEB
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	5160-10-01	N/A	$61.44	01/01/2026	Sphere	NA	Both	Always required	18	Vision		DMEB
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	5160-10-01	N/A	$67.56	01/01/2026	Sphere	NA	Both	Always required	18	Vision		DMEB
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	5160-10-01	N/A	$60.04	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	$60.34	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$62.44	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$62.92	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	5160-10-01	N/A	$58.69	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	$57.58	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$66.47	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$75.37	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	5160-10-01	N/A	$62.30	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	$62.92	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$79.85	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	5160-10-01	N/A	$83.84	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	5160-10-01	N/A	$100.72	01/01/2026	Lenticular	NA	Both	Always required	18	Vision		DMEB
V2218	ANISEIKONIC, PER LENS, BIFOCAL	5160-10-01	N/A	$105.43	01/01/2026	Aniseikonic	NA	Both	Always required	18	Vision		DMEB
V2219	BIFOCAL SEG WIDTH OVER 28 MM	5160-10-01	N/A	$42.75	01/01/2026	Bifocal width	NA	Both	Always required	18	Vision		DMEB
V2220	BIFOCAL ADD OVER 3.25D	5160-10-01	N/A	$34.67	01/01/2026	Bifocal addition	NA	Both	Always required	18	Vision		DMEB
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	5160-10-01	N/A	$93.00	01/01/2026	Lenticular	NA	Both	Always required	18	Vision		DMEB
V2299	SPECIALTY BIFOCAL (BY REPORT)	5160-10-01	N/A	Determined by PA	01/01/2024	Bifocal	NA	Both	Always required	18	Vision		DMEB
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	5160-10-01	N/A	$72.48	01/01/2026	Sphere	NA	Both	Always required	18	Vision		DMEB
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	5160-10-01	N/A	$76.16	01/01/2026	Sphere	NA	Both	Always required	18	Vision		DMEB
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	5160-10-01	N/A	$78.73	01/01/2026	Sphere	NA	Both	Always required	18	Vision		DMEB
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS	5160-10-01	N/A	$72.03	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS	5160-10-01	N/A	$66.56	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	5160-10-01	N/A	$75.01	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$76.97	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	5160-10-01	N/A	$78.27	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	$86.80	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$89.75	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$85.69	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	5160-10-01	N/A	$85.55	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	5160-10-01	N/A	$88.10	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	5160-10-01	N/A	$98.82	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	5160-10-01	N/A	$103.20	01/01/2026	Spherocylinder	NA	Both	Always required	18	Vision		DMEB
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	5160-10-01	N/A	$116.80	01/01/2026	Lenticular	NA	Both	Always required	18	Vision		DMEB
V2318	ANISEIKONIC LENS, TRIFOCAL	5160-10-01	N/A	$140.84	01/01/2026	Aniseikonic	NA	Both	Always required	18	Vision		DMEB
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	5160-10-01	N/A	$47.68	01/01/2026	Trifocal width	NA	Both	Always required	18	Vision		DMEB
V2320	TRIFOCAL ADD OVER 3.25D	5160-10-01	N/A	$56.92	01/01/2026	Trifocal addition	NA	Both	Always required	18	Vision		DMEB
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	5160-10-01	N/A	$112.92	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2399	SPECIALTY TRIFOCAL (BY REPORT)	5160-10-01	N/A	Determined by PA	01/01/2024	Trifocal	NA	Both	Always required	18	Vision		DMEB
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	5160-10-01	N/A	$101.86	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	5160-10-01	N/A	$106.37	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA	Both	Always required	18	Vision		DMEB
V2599	CONTACT LENS, OTHER TYPE	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA	Both	Always required	18	Vision		DMEB
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	5160-10-01	N/A	Determined by PA	01/01/2024	Vision aid	NA	Both	Always required	18	Vision		DMEB
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA	Both	Always required	18	Vision		DMEB
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM	5160-10-01	N/A	Determined by PA	01/01/2024	Lens system	NA	Both	Always required	18	Vision		DMEB
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	5160-10-01	N/A	$1,033.04	01/01/2026	Prosthetic eye	NA	Both	Always required	18	Vision		DMEB
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	5160-10-01	N/A	$473.84	01/01/2026	Prosthetic eye	NA	Both	Always required	18	Vision		DMEB
V2626	REDUCTION OF OCULAR PROSTHESIS	5160-10-01	N/A	$255.42	01/01/2026	Prosthetic eye	NA	Both	Always required	18	Vision		DMEB
V2627	SCLERAL COVER SHELL	5160-10-01	N/A	$1,649.66	01/01/2026	Shell	NA	Both	Always required	18	Vision		DMEB
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	5160-10-01	N/A	$389.52	01/01/2026	Fabrication/fitting	NA	Both	Always required	18	Vision		DMEB
V2629	PROSTHETIC EYE, OTHER TYPE	5160-10-01	N/A	Determined by PA	01/01/2024	Prosthetic eye	NA	Both	Always required	18	Vision		DMEB
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	5160-10-01	N/A	$114.29	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2631	IRIS SUPPORTED INTRAOCULAR LENS	5160-10-01	N/A	$114.29	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	5160-10-01	N/A	$114.29	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2700	BALANCE LENS, PER LENS	5160-10-01	N/A	$42.06	01/01/2026	Lens modification	NA	Both	Always required	18	Vision		DMEB
V2702	DELUXE LENS FEATURE	5160-10-01	N/A	Determined by PA	01/01/2024	Lens modification	NA	Both	Always required	18	Vision		DMEB
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	5160-10-01	N/A	$61.56	01/01/2026	Slab	NA	Both	Always required	18	Vision		DMEB
V2715	PRISM, PER LENS	5160-10-01	N/A	$13.72	01/01/2026	Lens modification	NA	Both	Always required	18	Vision		DMEB
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	5160-10-01	N/A	$27.42	01/01/2026	Lens modification	NA	Both	Always required	18	Vision		DMEB
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	5160-10-01	N/A	$20.24	01/01/2026	Lens modification	NA	Both	Always required	18	Vision		DMEB
V2744	TINT, PHOTOCHROMATIC, PER LENS	5160-10-01	N/A	$17.44	01/01/2026	Tint	NA	Both	Always required	18	Vision		DMEB
V2745	ADDITION TO LENS, TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER LENS	5160-10-01	N/A	$11.79	01/01/2026	Tint	NA	Both	Always required	18	Vision		DMEB
V2750	ANTI-REFLECTIVE COATING, PER LENS	5160-10-01	N/A	$18.32	01/01/2026	Coating	NA	Both	Always required	18	Vision		DMEB
V2755	U-V LENS, PER LENS	5160-10-01	N/A	$17.08	01/01/2026	Lens modification	NA	Both	Always required	18	Vision		DMEB
V2756	EYE GLASS CASE	5160-10-01	N/A	Determined by PA	01/01/2024	Case	NA	Both	Always required	18	Vision		DMEB
V2760	SCRATCH RESISTANT COATING, PER LENS	5160-10-01	N/A	$15.37	01/01/2026	Coating	NA	Both	Always required	18	Vision		DMEB
V2761	MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS	5160-10-01	N/A	Determined by PA	01/01/2024	Coating	NA	Both	Always required	18	Vision		DMEB
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	5160-10-01	N/A	$56.18	01/01/2026	Polarization	NA	Both	Always required	18	Vision		DMEB
V2770	OCCLUDER LENS, PER LENS	5160-10-01	N/A	$18.91	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2780	OVERSIZE LENS, PER LENS	5160-10-01	N/A	$12.03	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2781	PROGRESSIVE LENS, PER LENS	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA	Both	Always required	18	Vision		DMEB
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS	5160-10-01	N/A	$60.68	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS	5160-10-01	N/A	$68.40	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	5160-10-01	N/A	$44.48	01/01/2026	Lens	NA	Both	Always required	18	Vision		DMEB
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS	5160-10-01	N/A	Determined by PA	01/01/2024	Lens modification	NA	Both	Always required	18	Vision		DMEB
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	5160-10-01	N/A	Determined by PA	01/01/2024	Lens	NA	Both	Always required	18	Vision		DMEB
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

V2797	VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE	5160-10-01	N/A	Determined by PA	01/01/2024	Accessory/service	NA	Both	Always required	18	Vision		DMEB
V2799	VISION ITEM OR SERVICE, MISCELLANEOUS	5160-10-01	N/A	Determined by PA	01/01/2024	Miscellaneous	NA	Both	Always required	18	Vision		DMEB
V5010	ASSESSMENT FOR HEARING AID	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assessment	NA	Both	Always required	6	Hearing Aids		DMEB
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Fitting	NA	Both	Always required	6	Hearing Aids		DMEB
V5020	CONFORMITY EVALUATION	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Evaluation	NA	Both	Always required	6	Hearing Aids		DMEB
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Dispensing	NA	Both	Always required	6	Hearing Aids		DMEB
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5100	HEARING AID, BILATERAL, BODY WORN	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5120	BINAURAL, BODY	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5248	HEARING AID, ANALOG, BINAURAL, CIC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5249	HEARING AID, ANALOG, BINAURAL, ITC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5262	HEARING AID, DISPOSABLE, 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
V5263	HEARING AID, DISPOSABLE, 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
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Mold/insert	NA	Both	Always required	6	Hearing Aids		DMEB
V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA	Both	Always required	6	Hearing Aids		DMEB
V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA	Both	Always required	6	Hearing Aids		DMEB
V5272	ASSISTIVE LISTENING DEVICE, TDD	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA	Both	Always required	6	Hearing Aids		DMEB
V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA	Both	Always required	6	Hearing Aids		DMEB
V5274	ASSISTIVE LISTENING DEVICE, 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
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
V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, MONAURAL, (1 RECEIVER, TRANSMITTER, MICROPHONE), ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA	Both	Always required	6	Hearing Aids		DMEB
V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA	Both	Always required	6	Hearing Aids		DMEB
V5283	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA	Both	Always required	6	Hearing Aids		DMEB
V5284	ASSISTIVE LISTENING DEVICE, 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
V5285	ASSISTIVE LISTENING DEVICE, 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
V5286	ASSISTIVE LISTENING DEVICE, 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, 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, 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, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER, ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA	Both	Always required	6	Hearing Aids		DMEB
V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Assistive listening device	NA	Both	Always required	6	Hearing Aids		DMEB
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing aid	NA	Both	Always required	6	Hearing Aids		DMEB
V5299	HEARING SERVICE, MISCELLANEOUS	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Hearing service	NA	Both	Always required	6	Hearing Aids		DMEB
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	5160-10-01	5160-10-11	Determined by PA	01/01/2024	Repair/modification	NA	Both	Always required	6	Hearing Aids		DMEB